AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO

Federal Register

4–25–03 Friday
Vol. 68 No. 80 Apr. 25, 2003
Book 1 of 4 Books
Pages 20327–21000

The **FEDERAL REGISTER** is published daily, Monday through Friday, except official holidays, by the Office of the Federal Register, National Archives and Records Administration, Washington, DC 20408, under the Federal Register Act (44 U.S.C. Ch. 15) and the regulations of the Administrative Committee of the Federal Register (1 CFR Ch. I). The Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 is the exclusive distributor of the official edition.

The **Federal Register** provides a uniform system for making available to the public regulations and legal notices issued by Federal agencies. These include Presidential proclamations and Executive Orders, Federal agency documents having general applicability and legal effect, documents required to be published by act of Congress, and other Federal agency documents of public interest.

Documents are on file for public inspection in the Office of the Federal Register the day before they are published, unless the issuing agency requests earlier filing. For a list of documents currently on file for public inspection, see http://www.archives.gov/federal__register/.

The seal of the National Archives and Records Administration authenticates the Federal Register as the official serial publication established under the Federal Register Act. Under 44 U.S.C. 1507, the contents of the **Federal Register** shall be judicially noticed.

The **Federal Register** is published in paper and on 24x microfiche. It is also available online at no charge as one of the databases on GPO Access, a service of the U.S. Government Printing Office.

The online edition of the **Federal Register** is issued under the authority of the Administrative Committee of the Federal Register as the official legal equivalent of the paper and microfiche editions (44 U.S.C. 4101 and 1 CFR 5.10). It is updated by 6 a.m. each day the **Federal Register** is published and it includes both text and graphics from Volume 59, Number 1 (January 2, 1994) forward.

GPO Access users can choose to retrieve online **Federal Register** documents as TEXT (ASCII text, graphics omitted), PDF (Adobe Portable Document Format, including full text and all graphics), or SUMMARY (abbreviated text) files. Users should carefully check retrieved material to ensure that documents were properly downloaded.

On the World Wide Web, connect to the **Federal Register** at http://www.access.gpo.gov/nara. Those without World Wide Web access can also connect with a local WAIS client, by Telnet to swais.access.gpo.gov, or by dialing (202) 512–1661 with a computer and modem. When using Telnet or modem, type swais, then log in as guest with no password.

For more information about GPO Access, contact the GPO Access User Support Team by E-mail at gpoaccess@gpo.gov; by fax at (202) 512–1262; or call (202) 512–1530 or 1–888–293–6498 (toll free) between 7 a.m. and 5 p.m. Eastern time, Monday–Friday, except Federal holidays.

The annual subscription price for the **Federal Register** paper edition is $699, or $764 for a combined **Federal Register, Federal Register** Index and List of CFR Sections Affected (LSA) subscription; the microfiche edition of the **Federal Register** including the **Federal Register** Index and LSA is $264. Six month subscriptions are available for one-half the annual rate. The charge for individual copies in paper form is $10.00 for each issue, or $10.00 for each group of pages as actually bound; or $2.00 for each issue in microfiche form. All prices include regular domestic postage and handling. International customers please add 25% for foreign handling. Remit check or money order, made payable to the Superintendent of Documents, or charge to your GPO Deposit Account, VISA, MasterCard or Discover. Mail to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954.

There are no restrictions on the republication of material appearing in the **Federal Register.**

How To Cite This Publication: Use the volume number and the page number. Example: 68 FR 12345.

SUBSCRIPTIONS AND COPIES

PUBLIC

Subscriptions:

Paper or fiche	**202–512–1800**
Assistance with public subscriptions	**202–512–1806**

General online information **202–512–1530; 1–888–293–6498**

Single copies/back copies:

Paper or fiche	**202–512–1800**
Assistance with public single copies	**1–866–512–1800 (Toll-Free)**

FEDERAL AGENCIES

Subscriptions:

Paper or fiche	**202–741–6005**
Assistance with Federal agency subscriptions	**202–741–6005**

What's NEW!

Federal Register Table of Contents via e-mail

Subscribe to FEDREGTOC, to receive the **Federal Register** Table of Contents in your e-mail every day.

If you get the HTML version, you can click directly to any document in the issue.

To subscribe, go to **http://listserv.access.gpo.gov** and select:

Online mailing list archives
FEDREGTOC-L
Join or leave the list

Then follow the instructions.

Printed on recycled paper.

Contents

Federal Register

Vol. 68, No. 80

Friday, April 25, 2003

Agency for International Development
NOTICES
Meetings:
Voluntary Foreign Aid Advisory Committee, 20363

Agriculture Department
See Animal and Plant Health Inspection Service
See Commodity Credit Corporation
See Forest Service
See Rural Utilities Service
NOTICES
Agency information collection activities; proposals, submissions, and approvals, 20363–20366

Animal and Plant Health Inspection Service
RULES
Interstate transportation of animals and animal products (quarantine):
Tuberculosis in cattle and bison—
State and area classifications, 20333–20336

Army Department
NOTICES
Patent licenses; non-exclusive, exclusive, or partially exclusive:
Prophylactic and therapeutic monoclonal antibodies, 20383

Arts and Humanities, National Foundation
See National Foundation on the Arts and the Humanities

Blind or Severely Disabled, Committee for Purchase From People Who Are
See Committee for Purchase From People Who Are Blind or Severely Disabled

Centers for Medicare & Medicaid Services
RULES
Medicare:
Hospital inpatient prospective payment systems and 2003 FY rates; correction, 22267–22291
Medicare+Choice appeal and grievance procedures; improvements
Correction, 20349
Medicare and Medicaid:
Physicians' referrals to health care entities with which they have financial relationships; effective date partial delay extended, 20347–20348
PROPOSED RULES
Medicare:
Billing privileges; establishment and maintenance requirements, 22063–22265
NOTICES
Agency information collection activities; proposals, submissions, and approvals, 20391
Medicare and Medicaid programs:
National accreditation organizations; approval—
Community Health Accreditation Program, 20391–20393
Meetings:
Medicare Education Advisory Panel, 20393–20394
Practicing Physicians Advisory Council, 20394–20395

Coast Guard
RULES
Ports and waterways safety:
Oahu, Maui, Hawaii, and Kauai, HI; anchorage grounds and security zones, 20344–20347

Commerce Department
See Industry and Security Bureau
See International Trade Administration
See National Oceanic and Atmospheric Administration

Committee for Purchase From People Who Are Blind or Severely Disabled
NOTICES
Procurement list; additions and deletions, 20370–20372

Committee for the Implementation of Textile Agreements
NOTICES
Textile and apparel categories:
African Growth and Opportunity Act and Caribbean Basin Trade Partnership Act; short supply requests—
Lastol elastic yarn; denied, 20379–20380

Commodity Credit Corporation
RULES
Loan and purchase programs:
Cottonseed Payment Program, 20331–20333

Consumer Product Safety Commission
PROPOSED RULES
Practice and procedure:
Conduct standards for outside attorneys practicing before Commission, 20356

Customs and Border Protection Bureau
NOTICES
Agency information collection activities; proposals, submissions, and approvals, 20395–20398
IRS interest rates used in calculating interest on overdue accounts and refunds, 20398–20399

Defense Department
See Army Department
NOTICES
Environmental statements; availability, etc.:
Fort Greely, AK; Ground-Based Midcourse Defense Initial Defensive Operations capability, 20380–20383

Education Department
NOTICES
Meetings:
Assistive Technology Mobility Devices Interagency Working Group, 20384–20385

Employment and Training Administration
NOTICES
Agency information collection activities; proposals, submissions, and approvals, 20408–20409

Employment Standards Administration
NOTICES
Minimum wages for Federal and federally-assisted construction; general wage determination decisions, 20409–20410

Environmental Protection Agency
PROPOSED RULES
Air quality implementation plans; approval and promulgation; various States:
California, 20356–20360
NOTICES
Air quality; prevention of significant deterioration (PSD):
Permit determinations, etc.—
Michigan, 20385–20386
Environmental statements; availability, etc.:
Agency statements—
Comment availability, 20386
Weekly receipts, 20386–20387
Meetings:
Environmental Policy and Technology National Advisory Council, 20388
Water pollution control:
Total maximum daily loads—
Mermentau and Vermilion/Teche river basins, LA, 20388–20389

Executive Office of the President
See Presidential Documents

Federal Aviation Administration
RULES
Airworthiness directives:
Boeing, 20341–20344
McDonnell Douglas, 20336–20341

Federal Election Commission
NOTICES
Meetings; Sunshine Act, 20389

Federal Emergency Management Agency
NOTICES
Agency information collection activities; proposals, submissions, and approvals, 20399–20401
Disaster and emergency areas:
Colorado, 20401
Tennessee, 20401

Federal Highway Administration
NOTICES
Environmental statements; notice of intent:
Seattle, King County, WA, 20425–20426

Federal Railroad Administration
NOTICES
Agency information collection activities; proposals, submissions, and approvals, 20426–20428

Federal Reserve System
NOTICES
Banks and bank holding companies:
Formations, acquisitions, and mergers, 20389

Federal Trade Commission
NOTICES
Meetings:
Consumer information; collection and use; costs and benefits to consumers and businesses; workshop, 20389–20390

Fish and Wildlife Service
NOTICES
Endangered and threatened species and marine mammal permit applications, 20402

Forest Service
NOTICES
Environmental statements; notice of intent:
Plumas and Lassen National Forests, CA, 20366
Umpqua National Forest, OR, 20367–20368
Meetings:
Black Hills National Forest Advisory Board, 20369
Olympic Provincial Advisory Committee, 20369
Resource Advisory Committees—
Flathead County, 20369

General Accounting Office
NOTICES
Reports and guidance documents; availability, etc.:
Joint Financial Management Improvement Program; Federal Financial Management System Requirements, 20390–20391

Geological Survey
NOTICES
Agency information collection activities; proposals, submissions, and approvals, 20403

Health and Human Services Department
See Centers for Medicare & Medicaid Services
See Substance Abuse and Mental Health Services Administration

Homeland Security Department
See Coast Guard
See Customs and Border Protection Bureau
See Federal Emergency Management Agency

Housing and Urban Development Department
NOTICES
Grants and cooperative agreements; availability, etc.:
Discretionary grant programs (SuperNOFA), 21001–22062
Facilities to assist homeless—
Excess and surplus Federal property, 20401

Industry and Security Bureau
NOTICES
Export privileges, actions affecting:
Curic, Frank, 20372–20373
Meetings:
Sensors and Instrumentation Technical Advisory Committee, 20373

Interior Department
See Fish and Wildlife Service
See Geological Survey
See Land Management Bureau
See National Park Service

International Trade Administration
NOTICES
Antidumping:
Lawn and garden steel fence posts from—
China, 20373–20376

Labor Department
See Employment and Training Administration
See Employment Standards Administration

Land Management Bureau
NOTICES
Environmental statements; availability, etc.:
Desolation Flats Natural Gas Field Development Project, WY, 20403–20404
Meetings:
Resource Advisory Councils—
Roseburg District, 20404
Survey plat filings:
Arizona, 20404–20406

National Aeronautics and Space Administration
NOTICES
Meetings:
Aerospace Technology Advisory Committee, 20410

National Foundation on the Arts and the Humanities
NOTICES
Agency information collection activities; proposals, submissions, and approvals, 20410
Meetings:
Arts and Artifacts Indemnity Panel, 20410–20411

National Highway Traffic Safety Administration
NOTICES
Agency information collection activities; proposals, submissions, and approvals, 20428–20429

National Oceanic and Atmospheric Administration
PROPOSED RULES
Fishery conservation and management:
Alaska; fisheries of Exclusive Economic Zone—
Bering Sea and Aleutian Islands groundfish; Pacific cod, 20360–20362
NOTICES
Endangered and threatened species:
Sea turtle conservation requirements—
Gulf of Mexico and Atlantic Ocean; shrimp fishermen; turtle excluder devices, 20376–20377
Meetings:
Gulf of Mexico Fishery Management Council, 20377–20378
South Atlantic Fishery Management Council, 20378–20379

National Park Service
NOTICES
Native American human remains and associated funerary objects:
Engineer Corps, Portland District, OR—
Inventory from Old Town Umatilla site, OR, 20406–20407
University of California, Riverside, CA—
Inventory from Riverside County, CA, 20407–20408

National Transportation Safety Board
NOTICES
Agency information collection activities; proposals, submissions, and approvals, 20411

Nuclear Regulatory Commission
NOTICES
Agency information collection activities; proposals, submissions, and approvals, 20411–20412
Environmental statements; availability, etc.:
PSEG Nuclear, LLC, 20412

Presidential Documents
ADMINISTRATIVE ORDERS
Palestine Liberation Organization; waiver of statutory provisions (Presidential Determination No. 2003-20 of April 16, 2003), 20327
Sudan; determination under the Sudan Peace Act (Presidential Determination No. 2003-21 of April 21, 2003), 20329

Rural Utilities Service
NOTICES
Agency information collection activities; proposals, submissions, and approvals, 20369–20370

Securities and Exchange Commission
NOTICES
Meetings; Sunshine Act, 20413
Self-regulatory organizations; proposed rule changes:
National Association of Securities Dealers, Inc., 20413–20417
Options Clearing Corp., 20417–20418
Applications, hearings, determinations, etc.:
Surge Components, Inc., 20412–20413

Small Business Administration
PROPOSED RULES
Small business size standards:
Size for Multiple Award Schedule and other multiple award contract purposes and 8(a) business development/small disadvantaged business status determinations, 20350–20356

Social Security Administration
NOTICES
Grants and cooperative agreements; availability, etc.:
Retirement Research Consortium, 20418–20425

Substance Abuse and Mental Health Services Administration
NOTICES
Agency information collection activities; proposals, submissions, and approvals, 20395

Textile Agreements Implementation Committee
See Committee for the Implementation of Textile Agreements

Transportation Department
See Federal Aviation Administration
See Federal Highway Administration
See Federal Railroad Administration
See National Highway Traffic Safety Administration

Treasury Department
NOTICES
Agency information collection activities; proposals, submissions, and approvals, 20429–20431

Separate Parts In This Issue

Part II
Housing and Urban Development Department, 21001–22062

Part III
Health and Human Services Department, Centers for Medicare & Medicaid Services, 22063–22265

Part IV
Health and Human Services Department, Centers for Medicare & Medicaid Services, 22267–22291

Reader Aids
Consult the Reader Aids section at the end of this issue for phone numbers, online resources, finding aids, reminders, and notice of recently enacted public laws.

To subscribe to the Federal Register Table of Contents LISTSERV electronic mailing list, go to http://listserv.access.gpo.gov and select Online mailing list archives, FEDREGTOC-L, Join or leave the list (or change settings); then follow the instructions.

CFR PARTS AFFECTED IN THIS ISSUE

A cumulative list of the parts affected this month can be found in the Reader Aids section at the end of this issue.

3 CFR

Administrative Orders:

Presidential Determinations:

No. 2003-20 of April 16, 2003 20327

No. 2003-21 of April 21, 2003 20329

7 CFR

1427 20331

9 CFR

77 20333

13 CFR

Proposed Rules:

121 20350

124 20350

14 CFR

39 (3 documents) 20336, 20339, 20341

16 CFR

Proposed Rules:

1026 10356

33 CFR

110 20344

165 20344

40 CFR

Proposed Rules:

52 20356

42 CFR

405 22268

411 20347

412 22268

413 22268

422 20349

485 22268

489 20349

Proposed Rules:

420 22064

424 22064

489 22064

498 22064

50 CFR

Proposed Rules:

679 20360

Federal Register
Vol. 68, No. 80
Friday, April 25, 2003

Presidential Documents

Title 3—

The President

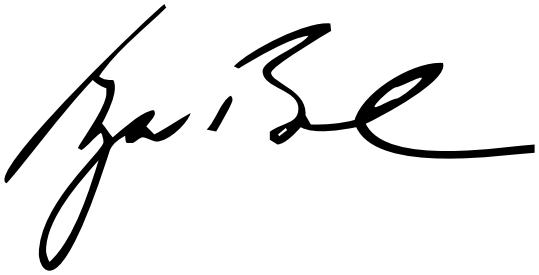
Presidential Determination No. 2003–20 of April 16, 2003

Waiver and Certification of Statutory Provisions Regarding the Palestine Liberation Organization

Memorandum for the Secretary of State

Pursuant to the authority vested in me under section 534(d) of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 2003, Public Law 108–7, I hereby determine and certify that it is important to the national security interests of the United States to waive the provisions of section 1003 of the Anti-Terrorism Act of 1987, Public Law 100–204.

This waiver shall be effective for a period of 6 months from the date hereof. You are hereby authorized and directed to transmit this determination to the Congress and to publish it in the **Federal Register**.



THE WHITE HOUSE,
Washington, April 16, 2003.

[FR Doc. 03–10401
Filed 4–24–03; 8:45 am]
Billing code 4710–10–P

Presidential Documents

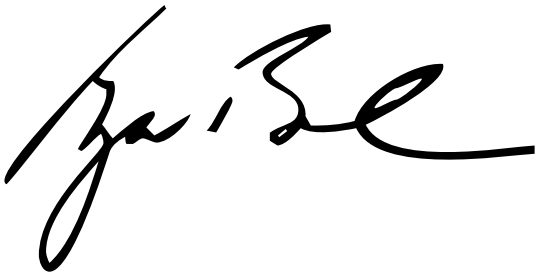
Presidential Determination No. 2003–21 of April 21, 2003

Presidential Determination Under the Sudan Peace Act

Memorandum for the Secretary of State

Pursuant to section 6(b)(1)(A) of the Sudan Peace Act (Public Law 107–245), I hereby determine and certify that the Government of Sudan and the Sudan People's Liberation Movement are negotiating in good faith and that negotiations should continue.

You are authorized and directed to notify the Congress of this determination and to arrange for its publication in the **Federal Register**.



THE WHITE HOUSE,
Washington, April 21, 2003.

[FR Doc. 03–10402
Filed 4–24–03; 8:45 am]
Billing code 4710–10–P

Rules and Regulations

Federal Register
Vol. 68, No. 80
Friday, April 25, 2003

This section of the FEDERAL REGISTER contains regulatory documents having general applicability and legal effect, most of which are keyed to and codified in the Code of Federal Regulations, which is published under 50 titles pursuant to 44 U.S.C. 1510.

The Code of Federal Regulations is sold by the Superintendent of Documents. Prices of new books are listed in the first FEDERAL REGISTER issue of each week.

DEPARTMENT OF AGRICULTURE

Commodity Credit Corporation

7 CFR Part 1427

RIN 0560–AG97

Cottonseed Payment Program

AGENCY: Commodity Credit Corporation, USDA.

ACTION: Final rule.

SUMMARY: This rule implements the 2002-crop Cottonseed Payment Program authorized by section 206 of the Agricultural Assistance Act of 2003. Section 206 requires the Commodity Credit Corporation to provide assistance to producers and first-handlers of the 2002 crop of cottonseed. Other provisions of Agricultural Assistance Act of 2003 will be implemented under separate rules.

EFFECTIVE DATE: April 24, 2003.

FOR FURTHER INFORMATION CONTACT: Gene Rosera at (202) 720–8481, or via electronic mail at *gene_rosera@wdc.usda.gov*.

SUPPLEMENTARY INFORMATION:

Notice and Comment

Section 217(b) of Title II of Division N of the Consolidated Appropriations Resolution, 2003 (Public Law 108–7) provides that the regulations to implement that title, including those implemented in this notice, may be promulgated without regard to the notice and comment provisions of 5 U.S.C. 553, the Statement of Policy of the Secretary of Agriculture relating to notices of proposed rulemaking and public participation in rulemaking (36 FR 13804, July 24, 1971). Thus, this rule is final as published. Division N, Title II, of Public Law 108–7 is also known as the ''Agricultural Assistance Act of 2003'' (''2003 Act'').

Executive Order 12866

This final rule has been determined to be not significant under Executive Order 12866 and has not been reviewed by the Office of Management and Budget (OMB).

Federal Assistance Programs

This final rule applies to the following Federal assistance programs, as found in the Catalog of Federal Domestic Assistance: 10.073—Crop Disaster Program.

Regulatory Flexibility Act

The Regulatory Flexibility Act does not apply to this rule because CCC is not required by 5 U.S.C. 553 or any other law to publish a notice of proposed rulemaking with respect to the subject of this rule.

Environmental Assessment

The environmental impacts of this proposed rule have been considered in accordance with the provisions of the National Environmental Policy Act of 1969 (NEPA), 42 U.S.C. 4321 *et seq.*, the regulations of the Council on Environmental Quality (40 CFR parts 1500–1508), and FSA's regulations for compliance with NEPA, 7 CFR part 799. To the extent these authorities may apply, CCC has concluded that this rule is categorically excluded from further environmental review as evidenced by the completion of an environmental evaluation. No extraordinary circumstances or other unforeseeable factors exist which would require preparation of an environmental assessment or environmental impact statement. A copy of the environmental evaluation is available for inspection and review upon request.

Executive Order 12988

The final rule has been reviewed in accordance with Executive Order 12988. This final rule preempts State laws to the extent such laws are inconsistent with it. This rule is not retroactive. Before judicial action may be brought concerning this rule, all administrative remedies must be exhausted.

Executive Order 12372

This program is not subject to Executive Order 12372, which requires intergovernmental consultation with State and local officials. See the notice related to 7 CFR part 3015, subpart V, published at 48 FR 29115 (June 24, 1983).

Unfunded Mandates

Title II of the Unfunded Mandates Reform Act of 1995 (UMRA) does not apply to this rule because CCC is not required by 5 U.S.C. 553 or any other law to publish a notice of proposed rulemaking for the subject of this rule. Further, this rule contains no unfunded mandates as defined in sections 202 and 205 of UMRA.

Small Business Regulatory Enforcement Fairness Act of 1996

Section 217(c) of the 2003 Act requires CCC to use the authority in section 808 of the Small Business Regulatory Enforcement Fairness Act of 1996, Public Law 104–121 (SBREFA), to forgo the usual 60-day delay in the effective date of major final rules required by SBREFA (5 U.S.C. 801(a)(3)(A)(ii)). Also, this rule affects a number of persons who may have a strong need for the relief provided in this rule. For these reasons, the rule is made effective on publication in the **Federal Register**.

Paperwork Reduction Act

Section 217 of the Agricultural Assistance Act of 2003 requires that these regulations be promulgated and the programs administered without regard to 44 U.S.C. 35, the Paperwork Reduction Act. This means that the information to be collected from the public to implement these programs and the burden, in time and money, the collection of the information would have on the public do not have to be approved by the Office of Management and Budget or be subject to the 60-day public comment period required by 5 CFR 1320.8(d)(1).

Background

Section 206 of the 2003 Act directs the Secretary of Agriculture to use $50 million of funds of the Commodity Credit Corporation (CCC) to provide assistance to producers and first handlers of the 2002 crop of cottonseed. Previous 1999-crop and 2000-crop cottonseed programs were codified in 7 CFR part 1427. This rule follows the model set by those preceding programs.

The major provisions of this program are as follows. The CCC will announce a period during which U.S. cotton gins may apply for cottonseed payments. To

participate, cotton gins must complete an application form including: (1) Applicant name, address, and a contact person and phone; (2) bank account information for payees electing to have payments made by direct account deposit; (3) the gin 5-digit identifying code; (4) the number of bales of cotton ginned from the 2002 cotton crop; and, (5) the weight (in pounds) of cotton lint of the reported bales for which payment is requested. CCC must receive the application within the announced application period.

Upon receipt of all payment applications from gins, CCC will estimate the national total quantity of cottonseed for payment based on the number of bales and the weight of cotton lint for which payment is requested. The payment rate per ton of cottonseed will be determined by dividing the available $50 million by the total quantity of cottonseed for payment. With the available funding, the resulting payments to individual cotton gins are not subject to any payment limitation.

CCC plans to provide all 2002-crop cottonseed payments to cotton gins and to require gins to share such payments with cotton producers to the extent that the effect of low cottonseed prices for the 2002 crop were borne by producers or to the extent that such sharing is consistent with the arrangements between the producer and the gins. This is as it was in previous cottonseed programs which appeared to work well. Presumably, Congress expected the old program to serve as the model for the program provided for in the new legislation as no dissatisfaction was expressed. Based on their contractual or marketing agreements, ginners and producers are best suited to know how to most equitably distribute the funds. A producer's recourse, for an unfavorable distribution, will be against the ''first handler'' or ginner that receives the payments. Other program provisions also remain as before except that changes have been made for clarity and to allow for greater program efficiency.

List of Subjects in 7 CFR Part 1427

Agriculture, Cottonseeds.

■ For the reasons set out in the preamble, 7 CFR part 1427 is amended as set forth below.

PART 1427—COTTON

■ 1. The authority citation for 7 CFR part 1427 is revised to read as follows:

Authority: 7 U.S.C. 7213–7237; 15 U.S.C. 714b, 714c; Pub. L. 108–7.

■ 2. Add subpart F to read as follows:

Subpart F—2002-Crop Cottonseed Payment Program

Sec.
1427.1100 Applicability.
1427.1101 Administration.
1427.1102 Definitions.
1427.1103 Eligible cottonseed.
1427.1104 Eligible first handlers.
1427.1105 Payment application.
1427.1106 Available funds.
1427.1107 Applicant payment quantity.
1427.1108 Total payment quantity.
1427.1109 Payment rate.
1427.1110 Payment calculation and form.
1427.1111 Liability of first handler.

Subpart F—2002-Crop Cottonseed Payment Program

§ 1427.1100 Applicability.

(a) This subpart sets forth the terms and conditions under which the Commodity Credit Corporation (CCC) shall provide payments under the cottonseed payment program for the 2002 crop of cottonseed. Additional terms and conditions may be set forth in the application or other forms which must be executed to participate in the cottonseed payment program.

(b) Payments shall be available only for cottonseed produced and ginned in the United States.

§ 1427.1101 Administration.

(a) The cottonseed payment program shall be administered by the Executive Vice President, CCC, or a designee and carried out by employees of the Farm Service Agency (FSA).

(b) Representatives and employees of FSA have no authority to modify or waive any of the provisions of the regulations of this subpart.

(c) The Executive Vice President, CCC, or a designee, may determine any question arising under the program or reverse or modify any determination made by any FSA official or employee.

(d) The Deputy Administrator for Farm Programs, FSA, may specify, waive or modify deadlines and other program requirements where lateness or failure to meet such other requirements do not affect adversely the operation of the cottonseed payment program.

(e) A representative of CCC may execute cottonseed payment program applications and related documents only under the terms and conditions determined and announced by CCC.

(f) Payment applications and related documents not executed in accordance with the terms and conditions determined and announced by CCC, including any purported execution outside of the dates authorized by CCC, shall be null and void except as otherwise provided in this part.

§ 1427.1102 Definitions.

The definitions in this section shall apply to the cottonseed payment program provided for in this subpart. The terms defined in § 1427.3 of this part shall also be applicable to this subpart.

Application period means a period, as announced by CCC, during which applications for payments under the Cottonseed Payment Program must be received to be considered for payment.

Cottonseed means the seed from any varieties of upland cotton and extra long staple (ELS) cotton produced and ginned in the United States.

Gin means a person (*i.e.*, an individual, partnership, association, corporation, cooperative marketing association, estate, trust, State or political subdivision or agency thereof, or other legal entity) that removes cotton seed from cotton lint in commercial quantities.

Lint means cotton lint as contained in bales of cotton ordinarily marketed as cotton and excludes any linters, raw motes, re-ginned motes, cleaned motes, and any other gin waste or byproduct not traditionally defined as cotton lint.

Number of ginned cotton bales means the number of ginned running bales of cotton based on individual bale weights unadjusted to a uniform bale weight.

Running bale means a bale of cotton lint that has a minimum weight of 425 pounds and is not a bale of motes, linters, gin waste, or other gin byproduct.

Ton means a unit of weight equal to 2,000 pounds avoirdupois (907.18 kilograms).

§ 1427.1103 Eligible cottonseed.

To be eligible for payments under this subpart, cottonseed must:

(a) Have been grown in the United States during the 2002-crop production period.

(b) Have been ginned by the applicant from 2002-crop cotton.

(c) Not have been destroyed or damaged by fire, flood, or other events such that its loss or damage was compensated by other local, State, or Federal government or private or public insurance or disaster relief payments.

§ 1427.1104 Eligible first handlers.

(a) For the purpose of this subpart, an eligible first handler of cottonseed shall be a gin that ginned 2002-crop cotton.

(b) Applicants must comply with the terms and conditions set forth in this subpart and instructions issued by CCC, and sign and submit an accurate, legible and complete Cottonseed Payment Program Application and Certification.

(c) Applicants signing the cottonseed payment application or receiving

payment under this subpart must share any payment with the producer of the cotton that was the basis of the cottonseed payment to the extent that the effect of low cottonseed prices was borne by the producer rather than the gin. To the extent that such funds will be shared with the producer by the gin, those funds will be considered to have been received by the applicant on behalf of such producers.

§ 1427.1105 Payment application.

(a) Payments in accordance with this subpart shall be made available only to eligible first handlers of cottonseed based on information provided on a Cottonseed Payment Program Application and Certification.

(b) Payment applications must be received by the program application deadline announced by CCC. Applications received after such application deadline will not be accepted for payment.

(c) Cottonseed Payment Program Application and Certifications may be obtained from the CCC as announced by press release. In order to participate in the cottonseed payment program under this subpart, first handlers of cottonseed must execute and submit to CCC according to announced instructions the Cottonseed Payment Program Application and Certification.

§ 1427.1106 Available funds.

The total available program funds shall be $50 million for 2002-crop cottonseed.

§ 1427.1107 Applicant payment quantity.

The applicant's payment quantity of cottonseed will be determined by CCC based on the eligible number of ginned cotton bales and the cotton lint weight from those bales as submitted on the Cottonseed Payment Application and Certification and/or obtained by CCC, with the agreement of the applicant, from the Agricultural Marketing Service. The applicant's payment quantity of cottonseed shall be calculated by multiplying:

(a) The applicant's weight of eligible lint for which payment is requested, as approved by CCC, by;

(b) The national Olympic average of estimated pounds of cottonseed per pound of ginned cotton lint, as determined by CCC for the 5 years preceding the 2002 crop year.

§ 1427.1108 Total payment quantity.

The total quantity of 2002-crop cottonseed produced in the United States is potentially eligible for payment under this subpart. The total payment quantity of cottonseed will be the total of eligible quantities of cottonseed for which completed applications for payment are received within the application period announced by CCC. Eligible cottonseed for which no application is received according to announced application instructions shall not be included in the total payment quantity of cottonseed. The total payment quantity of cottonseed (ton-basis) shall be calculated by multiplying:

(a) The weight of cotton lint (ton-basis) for which payment is requested by all applicants, as approved by CCC, by

(b) The national Olympic average of estimated pounds of cottonseed per pound of ginned cotton lint, as determined by CCC for the 5 years preceding the crop year for which the cottonseed payments are provided.

§ 1427.1109 Payment rate.

The payment rate (dollars per ton) for the purpose of calculating payments made available in accordance with this subpart shall be determined by CCC by dividing the total available program funds by the total eligible payment quantity of cottonseed unless the calculation would provide an excess rate of payment in which case an alternative method will be used as determined appropriate by CCC.

§ 1427.1110 Payment calculation and form.

(a) Payments in accordance with this subpart shall be determined for individual applicants by multiplying:

(1) The payment rate, determined in accordance with § 1427.1109, by

(2) The eligible payment quantity of the applicant, determined in accordance with § 1427.1107 and other provisions of this subpart.

(b) After receipt of the application for payment, CCC will issue payments to the applicant by electronic funds transfer to the applicant's account except that applicants may request that payment be made by mailed check.

§ 1427.1111 Liability of first handler.

(a) If any person makes any erroneous or fraudulent representation in obtaining a cottonseed payment under this part, or in connection with such a payment engages in a scheme or device that tends to defeat the purposes of this program, the person shall be liable to CCC for the amount of the payment and interest on such payment as determined by CCC. Such remedy will be in addition to whatever additional remedies may be allowed by law.

(b) If more than one person executes a program payment application with CCC and payments are made thereunder, each such person shall be jointly and severally liable for any violation of the terms and conditions for any payment made to anyone under that application or for any refund due from any person signing that application. Such liability shall remain until payment in full is made of any such refund and its related charges.

(c) If a person receives a program payment in excess of the amount authorized by this subpart, that person shall refund to CCC an amount equal to the excess payment, plus interest thereon, as determined by CCC.

(d) From the date of the payment application until the earlier of 3 years after the date of the application or July 31, 2006, the applicant shall keep records, including records supporting the quantity of cottonseed for which payment was requested, and furnish such information and reports relating to the application to CCC as requested. Such records shall be available at all reasonable times for an audit or inspection by authorized representatives of CCC, United States Department of Agriculture, or the Comptroller General of the United States. Failure to keep, or make available, such records may result in refund to CCC of all payments received, plus interest thereon, as determined by CCC. In the event of a controversy concerning payments or questions involving the payments, records must be kept for such longer period as may be specified by CCC until such controversy is resolved.

Signed in Washington, DC, on April 9, 2003.

James R. Little,

Executive Vice President, Commodity Credit Corporation.

[FR Doc. 03–10222 Filed 4–24–03; 8:45 am]

BILLING CODE 3410–05–P

DEPARTMENT OF AGRICULTURE

Animal and Plant Health Inspection Service

9 CFR Part 77

[Docket No. 03–005–1]

Tuberculosis in Cattle and Bison; State Designations; California

AGENCY: Animal and Plant Health Inspection Service, USDA.

ACTION: Interim rule and request for comments.

SUMMARY: We are amending the bovine tuberculosis regulations regarding State and zone classifications by removing California from the list of accredited-free States and adding it to the list of

modified accredited advanced States. This action is necessary to help prevent the spread of tuberculosis because California no longer meets the requirements for accredited-free State status.

DATES: This interim rule is effective April 25, 2003.

Compliance Date: The date for complying with certain requirements of 9 CFR 77.10 for sexually intact heifers, steers, and spayed heifers moving interstate from the State of California is September 30, 2003 (see ''Delay in Compliance'' under **SUPPLEMENTARY INFORMATION**). The compliance date for all other provisions in 9 CFR 77 applicable to the interstate movement of cattle and bison from the State of California is April 25, 2003.

Comment Date: We will consider all comments that we receive on or before June 24, 2003.

ADDRESSES: You may submit comments by postal mail/commercial delivery or by e-mail. If you use postal mail/commercial delivery, please send four copies of your comment (an original and three copies) to: Docket No. 03–005–1, Regulatory Analysis and Development, PPD, APHIS, Station 3C71, 4700 River Road Unit 118, Riverdale, MD 20737–1238. Please state that your comment refers to Docket No. 03–005–1. If you use e-mail, address your comment to *regulations@aphis.usda.gov.* Your comment must be contained in the body of your message; do not send attached files. Please include your name and address in your message and ''Docket No. 03–005–1'' on the subject line.

You may read any comments that we receive on this docket in our reading room. The reading room is located in room 1141 of the USDA South Building, 14th Street and Independence Avenue SW., Washington, DC. Normal reading room hours are 8 a.m. to 4:30 p.m., Monday through Friday, except holidays. To be sure someone is there to help you, please call (202) 690–2817 before coming.

APHIS documents published in the **Federal Register**, and related information, including the names of organizations and individuals who have commented on APHIS dockets, are available on the Internet at *http://www.aphis.usda.gov/ppd/rad/webrepor.html.*

FOR FURTHER INFORMATION CONTACT: Dr. Joseph VanTiem, Senior Staff Veterinarian, National Animal Health Programs, VS, APHIS, 4700 River Road Unit 43, Riverdale, MD 20737–1231; (301) 734–7716.

SUPPLEMENTARY INFORMATION:

Background

Bovine tuberculosis is a contagious, infectious, and communicable disease caused by *Mycobacterium bovis.* It affects cattle, bison, deer, elk, goats, and other species, including humans. Bovine tuberculosis in infected animals and humans manifests itself in lesions of the lung, bone, and other body parts, causes weight loss and general debilitation, and can be fatal.

At the beginning of the 20th century, bovine tuberculosis caused more losses of livestock than all other livestock diseases combined. This prompted the establishment of the National Cooperative State/Federal Bovine Tuberculosis Eradication Program for bovine tuberculosis in livestock.

Federal regulations implementing this program are contained in 9 CFR part 77, ''Tuberculosis'' (referred to below as the regulations), and in the ''Uniform Methods and Rules—Bovine Tuberculosis Eradication'' (UMR), which is incorporated by reference into the regulations. The regulations restrict the interstate movement of cattle, bison, and captive cervids to prevent the spread of bovine tuberculosis. Subpart B of the regulations contains requirements for the interstate movement of cattle and bison not known to be infected with or exposed to tuberculosis. The interstate movement requirements depend upon whether the animals are moved from an accredited-free State or zone, modified accredited advanced State or zone, modified accredited State or zone, accreditation preparatory State or zone, or nonaccredited State or zone.

The status of a State or zone is based on its freedom from evidence of tuberculosis in cattle and bison, the effectiveness of the State's tuberculosis eradication program, and the degree of the State's compliance with the standards for cattle and bison contained in the UMR. In an interim rule effective October 14, 1999, and published in the **Federal Register** on October 20, 1999 (64 FR 56399–56400, Docket No. 99–063–1), we raised the designation of California (as well as Pennsylvania and Puerto Rico) from modified accredited to accredited-free.

Recently, two tuberculosis-affected herds (two dairy herds in the spring and fall of 2002) were detected in Tulare County, CA. Under the regulations in § 77.7(c), if two or more affected herds are detected in an accredited-free State or zone within a 48-month period, the State or zone will be removed from the list of accredited-free States or zones and will be reclassified as modified accredited advanced. Therefore, we are amending the regulations by removing California from the list of accredited-free States or zones and adding it to the list of modified accredited advanced States or zones.

The two affected herds detected in the State have been depopulated or quarantined, and a complete epidemiological investigation into the potential sources of the disease has been conducted. In cooperation with the State, we have continuously tested area cattle for tuberculosis since the investigation began.

Under the regulations in § 77.10, cattle or bison that originate in a modified accredited advanced State or zone, and are not known to be infected with or exposed to tuberculosis, may be moved interstate only under one of the following conditions:

- The cattle or bison are moved directly to slaughter at an approved slaughtering establishment (§ 77.10(a));
- The cattle or bison are sexually intact heifers moved to an approved feedlot, or are steers or spayed heifers; and are either officially identified or identified by premises of origin identification (§ 77.10(b));
- The cattle or bison are from an accredited herd and are accompanied by a certificate stating that the accredited herd completed the testing necessary for accredited status with negative results within 1 year prior to the date of movement (§ 77.10(c)); or
- The cattle or bison are sexually intact animals, are not from an accredited herd, are officially identified, and are accompanied by a certificate stating that they were negative to an official tuberculin test conducted within 60 days prior to the date of movement (§ 77.10(d)).

Delay in Compliance

In an interim rule effective June 3, 2002, and published the **Federal Register** on June 6, 2002 (67 FR 38841–38844, Docket No. 02–021–1), we amended the regulations by classifying the State of Texas as modified accredited advanced. Given the size and complexity of the cattle industry in Texas, we have delayed the date for complying with certain identification and certification requirements in § 77.10 for sexually intact heifers, steers, and spayed heifers moving interstate from the State of Texas until September 30, 2003. In that interim rule, we also solicited comments on the current regulatory provisions of the domestic bovine tuberculosis eradication program, and we are currently considering proposing several changes to the regulations as a result of comments received regarding those provisions.

In the interests of equitable treatment for producers in California, we are similarly delaying the date of compliance with the following interstate movement requirements of § 77.10 for sexually intact heifers, steers, and spayed heifers moving interstate from the State of California until September 30, 2003:

- The identification of sexually intact heifers moving to approved feedlots and steers and spayed heifers (§ 77.10(b));
- The identification requirements for sexually intact heifers moving to feedlots that are not approved feedlots (§ 77.10(d));
- Because identification is required for certification, the certification requirements for sexually intact heifers moving to unapproved feedlots (§ 77.10(d)).

All other applicable provisions of the regulations will be in effect as of the effective date of this rule.

Emergency Action

This rulemaking is necessary on an emergency basis to prevent the spread of tuberculosis in the United States. Under these circumstances, the Administrator has determined that prior notice and opportunity for public comment are contrary to the public interest and that there is good cause under 5 U.S.C. 553 for making this rule effective less than 30 days after publication in the **Federal Register**.

We will consider comments we receive during the comment period for this interim rule (see **DATES** above). After the comment period closes, we will publish another document in the **Federal Register**. The document will include a discussion of any comments we receive and any amendments we are making to the rule.

Executive Order 12866 and Regulatory Flexibility Act

This rule has been reviewed under Executive Order 12866. For this action, the Office of Management and Budget has waived its review under Executive Order 12866.

Prior to this rule, the State of California was classified as an accredited-free State for cattle and bison. However, two infected herds have been discovered within a 48-month period. Under the regulations, if two or more affected herds are detected in an accredited-free State or zone within a 48-month period, the State or zone must be reclassified as modified accredited advanced. In keeping with that requirement, this interim rule removes California from the list of accredited-free States and adds it to the list of modified accredited advanced States.

As of January 2002, there were approximately 22,000 cattle and bison operations in California, totaling 5.2 million head. According to the National Agricultural Statistics Service, the total cash value of cattle in California was over $4.80 billion as of that year. Over 90 percent of California's cattle operations yield less than $750,000 annually and are, therefore, considered small entities under criteria established by the Small Business Administration.

This interim rule changes the status of California to modified accredited advanced, resulting in interstate movement restrictions where none existed previously. Specifically, as explained previously, § 77.10 requires that, for movement to certain destinations, animals must test negative to an official tuberculin test and/or be officially identified by premises of origin identification before interstate movement.

This rule will prove beneficial by preventing the spread of tuberculosis to other areas of the United States. However, the stricter requirements for interstate movement will have an economic effect on those producers involved in the interstate movement of cattle and bison from California. As such, this analysis will focus on the expenses incurred by those producers engaged in interstate movement and in determining whether those negative impacts are significant.

The cost of tuberculin testing and individual identification for an average-sized herd of 101 animals is about $396. The approximate per-animal testing cost is $3.76, and the cost of official identification (an eartag) and an applicator is about $0.16 per head plus the cost of labor to apply the eartags. On January 1, 2002, the average value per animal in California was estimated to be $930, which translates to an average value per 101-head herd of about $94,000. Thus, we believe that the added cost of the required tuberculin testing and identification is small relative to the average value of cattle and bison, representing less than 1 percent of the per-head value. Further, since this rule provides for a delay in date of compliance with the identification requirements in § 77.10(b) and (d), the identification costs for sexually intact heifers, steers, and spayed heifers moving interstate from the State of California will be deferred until at least September 30, 2003.

The expenses stemming from the testing and identification requirements are not expected to be substantial for cattle and bison owners in California. The more a particular herd owner engages in interstate movement, the greater the resulting expense. Unfortunately, the exact number of herd owners involved in interstate movement is unknown. However, we believe that this change in status will not have an economically substantial effect on cattle and bison herd owners in California.

Under these circumstances, the Administrator of the Animal and Plant Health Inspection Service has determined that this action will not have a significant economic impact on a substantial number of small entities.

Executive Order 12372

This program/activity is listed in the Catalog of Federal Domestic Assistance under No. 10.025 and is subject to Executive Order 12372, which requires intergovernmental consultation with State and local officials. (See 7 CFR part 3015, subpart V.)

Executive Order 12988

This rule has been reviewed under Executive Order 12988, Civil Justice Reform. This rule: (1) Preempts all State and local laws and regulations that are inconsistent with this rule; (2) has no retroactive effect; and (3) does not require administrative proceedings before parties may file suit in court challenging this rule.

Paperwork Reduction Act

In accordance with section 3507(j) of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), the information collection and recordkeeping requirements included in this interim rule have been submitted for emergency approval to the Office of Management and Budget (OMB). OMB has assigned control number 0579–0220 to the information collection and recordkeeping requirements.

We plan to request continuation of that approval for 3 years. Please send written comments on the 3-year approval request to the following addresses: (1) Office of Information and Regulatory Affairs, OMB, Attention: Desk Officer for APHIS, Washington, DC 20503; and (2) Docket No. 03–005–1, Regulatory Analysis and Development, PPD, APHIS, Station 3C71, 4700 River Road Unit 118, Riverdale, MD 20737–1238. Please state that your comments refer to Docket No. 03–005–1 and send your comments within 60 days of publication of this rule.

This interim rule removes California from the list of accredited-free States for bovine tuberculosis and adds it to the list of modified accredited advanced States. Cattle or bison that originate in a modified accredited advanced State or

zone, and are not known to be infected with or exposed to tuberculosis, may be moved interstate only if the animals meet certain conditions with regards to transport, identification, and accreditation. These conditions are detailed in the **SUPPLEMENTARY INFORMATION** portion of this document as well as in § 77.10 of the regulations. As previously noted however, these requirements are suspended until September 30, 2003. We are soliciting comments from the public (as well as affected agencies) concerning our information collection and recordkeeping requirements. These comments will help us:

(1) Evaluate whether the information collection is necessary for the proper performance of our agency's functions, including whether the information will have practical utility;

(2) Evaluate the accuracy of our estimate of the burden of the information collection, including the validity of the methodology and assumptions used;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) Minimize the burden of the information collection on those who are to respond (such as through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology; *e.g.*, permitting electronic submission of responses).

Estimate of burden: Public reporting burden for this collection of information is estimated to average 0.016 hours per response.

Respondents: Certain herd owners in California.

Estimated annual number of respondents: 600.

Estimated annual number of responses per respondent: 100.

Estimated annual number of responses: 60,000.

Estimated total annual burden on respondents: 960 hours. (Due to averaging, the total annual burden hours may not equal the product of the annual number of responses multiplied by the reporting burden per response.)

Copies of this information collection can be obtained from Mrs. Celeste Sickles, APHIS'' Information Collection Coordinator, at (301) 734–7477.

Government Paperwork Elimination Act Compliance

The Animal and Plant Health Inspection Service is committed to compliance with the Government Paperwork Elimination Act (GPEA), which requires Government agencies in general to provide the public the option of submitting information or transacting business electronically to the maximum extent possible. For information pertinent to GPEA compliance related to this interim rule, please contact Mrs. Celeste Sickles, APHIS'' Information Collection Coordinator, at (301) 734–7477.

List of Subjects in 9 CFR Part 77

Animal diseases, Bison, Cattle, Reporting and recordkeeping requirements, Transportation, Tuberculosis.

■ Accordingly, we are amending 9 CFR part 77 as follows:

PART 77—TUBERCULOSIS

■ 1. The authority citation for part 77 continues to read as follows:

Authority: 7 U.S.C. 8301–8317; 7 CFR 2.22, 2.80, and 371.4.

§ 77.7 [Amended]

■ 2. In § 77.7, paragraph (a) is amended by removing the word ''California,''.

§ 77.9 [Amended]

■ 3. In § 77.9, paragraph (a) is amended by adding the words ''California and'' immediately before the word ''Texas''.

§ 77.10 [Amended]

■ 4. Section 77.10 is amended by revising the OMB control number citation at the end of the section to read as follows: ''(Approved by the Office of Management and Budget under control numbers 0579–0146 and 0579–0220)''.

Done in Washington, DC, this 22nd day of April 2003.

Peter Fernandez,

Acting Administrator, Animal and Plant Health Inspection Service.

[FR Doc. 03–10242 Filed 4–24–03; 8:45 am]

BILLING CODE 3410–34–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 2003–NM–42–AD; Amendment 39–13127; AD 2003–08–14]

RIN 2120–AA64

Airworthiness Directives; McDonnell Douglas Model DC–10–10, DC–10–10F, DC–10–15, DC–10–30, DC–10–30F, DC–10–30F (KC10A and KDC–10), DC–10–40, DC–10–40F, MD–10–10F, MD–10–30F, MD–11, and MD–11F Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule; request for comments.

SUMMARY: This amendment adopts a new airworthiness directive (AD) that is applicable to certain McDonnell Douglas airplane models. This action requires revising the airplane flight manual (AFM) to include new operating limitations, installing placards to advise the flightcrew of certain minimum fuel levels to be maintained in the fuel tanks, and deactivating certain auxiliary fuel tanks. For fuel tanks that are not deactivated, this AD also requires replacement of certain existing fuel boost/transfer pumps with pumps inspected—and modified, if necessary—per certain procedures. Accomplishment of this replacement will allow operators to remove the operating limitations from the AFM, remove the placards, and reactivate the auxiliary fuel tanks (if deactivated). This action is necessary to prevent electrical arcing in the connector for a fuel boost/transfer pump, which could result in a fire or explosion of a fuel tank. This action is intended to address the identified unsafe condition.

DATES: Effective May 12, 2003.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of May 12, 2003.

Comments for inclusion in the Rules Docket must be received on or before June 24, 2003.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 2003–NM–42–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056. Comments may be inspected at this location between 9 a.m. and 3 p.m., Monday through Friday, except Federal holidays. Comments may be submitted via fax to (425) 227–1232. Comments may also be sent via the Internet using the following address: *9-anm-iarcomment@faa.gov*. Comments sent via fax or the Internet must contain ''Docket No. 2003–NM–42–AD'' in the subject line and need not be submitted in triplicate. Comments sent via the Internet as attached electronic files must be formatted in Microsoft Word 97 for Windows or ASCII text.

The service information referenced in this AD may be obtained from Boeing Commercial Aircraft Group, Long Beach Division, 3855 Lakewood Boulevard, Long Beach, California 90846, Attention: Data and Service Management, Dept. C1–L5A (D800–

0024). This information may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; at the FAA, Los Angeles Aircraft Certification Office, 3960 Paramount Boulevard, Lakewood, California; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Philip Kush, Aerospace Engineer, Propulsion Branch, ANM–140L, FAA, Los Angeles Aircraft Certification Office, 3960 Paramount Boulevard, Lakewood, California 90712–4137; telephone (562) 627–5263; fax (562) 627–5210.

SUPPLEMENTARY INFORMATION: The FAA has received reports indicating that chafed stator lead wires have been found on certain fuel boost/transfer pumps installed on all McDonnell Douglas Model DC–10–10, DC–10–10F, DC–10–15, DC–10–30, DC–10–30F, DC–10–30F (KC10A and KDC–10), DC–10–40, DC–10–40F, MD–10–10F, MD–10–30F, MD–11, and MD–11F airplanes. Investigation has revealed that this chafing is due to improper routing of the lead wires connecting the pumping unit stator to the pump connector during assembly of the pump. This improper routing could cause chafing of the lead wires, which could lead to a short circuit and electrical arcing, and result in a fire or explosion of the fuel tank.

Other Relevant Rulemaking

The FAA previously issued AD 2000–22–21, amendment 39–11969 (65 FR 69658, November 20, 2000). That AD applies to the same airplanes as this AD and requires revising the airplane flight manual (AFM) to ensure that the flightcrew is advised of appropriate procedures for disabling certain fuel pump electrical circuits following failure of a fuel pump electrical connector. For certain airplanes, that AD also requires revising the AFM to prohibit resetting of tripped fuel pump circuit breakers. Those actions are intended to prevent continued arcing following a short circuit of a fuel pump electrical connector, which could damage the conduit that protects the power lead wire inside the fuel tank and result in the creation of a potential ignition source in the fuel tank.

We have also previously issued AD 2002–13–10, amendment 39–12798 (67 FR 45053, July 8, 2002), which applies to certain McDonnell Douglas Model DC–10–10, DC–10–10F, DC–10–15, DC–10–30, DC–10–30F, DC–10–30F (KC10A and KDC–10), DC–10–40, DC–10–40F, MD–10–10F, MD–10–30F, MD–11, and MD–11F airplanes. That AD requires repetitive tests for electrical continuity and resistance; repetitive inspections to detect discrepancies of the fuel boost/transfer pump connectors; and corrective actions, if necessary. (Accomplishment of these actions necessitates removal of the fuel boost/transfer pumps from the airplane.) Those actions are intended to prevent arcing of connectors in the fuel boost/transfer pump circuit, which could result in a fire or explosion of the fuel tank. (We have also issued a separate notice of proposed rulemaking, Rules Docket No. 2002–NM–134–AD, that would require these same actions on one additional McDonnell Douglas Model DC–10–30 airplane that was omitted from the service information referred to in AD 2002–13–10.)

Explanation of Relevant Service Information

The FAA has reviewed and approved Boeing Alert Service Bulletins DC10–28A240 and MD11–28A121, both dated January 6, 2003. These service bulletins describe operating limitations relating to maintaining minimum fuel levels in the airplane's fuel tanks. These service bulletins also describe procedures for performing maintenance actions on the fuel boost/transfer pumps, installing placards to ensure that the flightcrew is informed of minimum fuel levels that must be maintained in the fuel tanks, and deactivating certain auxiliary fuel tanks.

These service bulletins also refer to a ''terminating action'' to be accomplished per Boeing Alert Service Bulletins DC10–28A239 or MD11–28A120, both dated December 3, 2002; as applicable. The terminating action described in these service bulletins involves removing the installed fuel boost/transfer pumps; performing a detailed inspection of the pumps to determine whether certain lead wires are routed improperly; modifying the fuel boost/transfer pumps if the wires are routed improperly; and installing inspected and, if necessary, modified pumps on the airplane. Accomplishing these actions eliminates the need for the operating limitations, placards, and deactivation of the fuel tanks described previously. Boeing Alert Service Bulletins DC10–28A239 and MD11–28A120 refer to Crane Hydro-Aire Service Bulletin 60–847–28–2, dated December 2, 2002, as the appropriate source of service information for accomplishing the inspection—and modification, if necessary—of the fuel boost/transfer pumps.

Explanation of the Requirements of the Rule

Since an unsafe condition has been identified that is likely to exist or develop on other airplanes of the same type design, this AD is being issued to prevent electrical arcing in the connector for the fuel boost/transfer pump, which could result in a fire or explosion of the fuel tank. This AD requires accomplishment of the actions specified in the applicable service bulletins described previously, except as discussed below.

Differences Between Service Bulletins and This AD

While Boeing Alert Service Bulletins DC10–28A240 and MD11–28A121 contain procedures (under the heading ''Fuel Tank Maintenance'') for defueling the airplane prior to deactivating the fuel boost/transfer pumps, this AD does not require these procedures to be followed. We have determined that operators' standard procedures for such defueling will provide an acceptable level of safety.

Determination of Rule's Effective Date

Since a situation exists that requires the immediate adoption of this regulation, it is found that notice and opportunity for prior public comment hereon are impracticable, and that good cause exists for making this amendment effective in less than 30 days.

Comments Invited

Although this action is in the form of a final rule that involves requirements affecting flight safety and, thus, was not preceded by notice and an opportunity for public comment, comments are invited on this rule. Interested persons are invited to comment on this rule by submitting such written data, views, or arguments as they may desire. Communications shall identify the Rules Docket number and be submitted in triplicate to the address specified under the caption **ADDRESSES**. All communications received on or before the closing date for comments will be considered, and this rule may be amended in light of the comments received. Factual information that supports the commenter's ideas and suggestions is extremely helpful in evaluating the effectiveness of the AD action and determining whether additional rulemaking action would be needed.

Submit comments using the following format:

- Organize comments issue-by-issue. For example, discuss a request to change the compliance time and a

request to change the service bulletin reference as two separate issues.

• For each issue, state what specific change to the AD is being requested.

• Include justification (*e.g.*, reasons or data) for each request.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the rule that might suggest a need to modify the rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report that summarizes each FAA-public contact concerned with the substance of this AD will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this rule must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket Number 2003–NM–42–AD.'' The postcard will be date stamped and returned to the commenter.

Regulatory Impact

The regulations adopted herein will not have a substantial direct effect on the States, on the relationship between the national Government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, it is determined that this final rule does not have federalism implications under Executive Order 13132.

The FAA has determined that this regulation is an emergency regulation that must be issued immediately to correct an unsafe condition in aircraft, and that it is not a ''significant regulatory action'' under Executive Order 12866. It has been determined further that this action involves an emergency regulation under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979). If it is determined that this emergency regulation otherwise would be significant under DOT Regulatory Policies and Procedures, a final regulatory evaluation will be prepared and placed in the Rules Docket. A copy of it, if filed, may be obtained from the Rules Docket at the location provided under the caption **ADDRESSES**.

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

Adoption of the Amendment

■ Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

■ 1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

■ 2. Section 39.13 is amended by adding the following new airworthiness directive:

2003–08–14 McDonnell Douglas: Amendment 39–13127. Docket 2003–NM–42–AD.

Applicability: All Model DC–10–10, DC–10–10F, DC–10–15, DC–10–30, DC–10–30F, DC–10–30F (KC10A and KDC–10), DC–10–40, DC–10–40F, MD–10–10F, and MD–10–30F, MD–11 and MD–11F airplanes; certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (e) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To prevent electrical arcing in the connector for a fuel boost/transfer pump, which could result in a fire or explosion of a fuel tank, accomplish the following:

Compliance Time for Initial Action

(a) Do the actions specified in paragraph (a)(1) or (a)(2) of this AD.

Alternative 1: Airplane Flight Manual Revision, Placard Installation, and Fuel Tank Deactivation.

(1) Within 45 days after the effective date of this AD, do the actions specified in paragraphs (a)(1)(i), (a)(1)(ii), and (a)(1)(iii) of this AD, per the Accomplishment Instructions of Boeing Alert Service Bulletin DC10–28A240, dated January 6, 2003 (for Model DC–10–10, DC–10–10F, DC–10–15, DC–10–30, DC–10–30F, DC–10–30F (KC10A and KDC–10), DC–10–40, DC–10–40F, MD–10–10F, and MD–10–30F airplanes); or Boeing Alert Service Bulletin MD11–28A121, dated January 6, 2003 (for Model MD–11 and MD–11F airplanes); as applicable.

(i) Revise the Operating Limitations section of the airplane flight manual (AFM) to include the applicable recommended operating limitations specified in section 3.B.1.a., 3.B.1.b., 3.B.1.c., 3.B.1.d. or 3.B.1.e. of Boeing Alert Service Bulletin DC10–28A240; or section 3.B.1.a. of Boeing Alert Service Bulletin MD11–28A121; as applicable.

(ii) Install placards to advise the flightcrew of certain minimum fuel levels that must be maintained in certain fuel tanks, as specified in section 3.B.1.f. of Boeing Alert Service Bulletin DC10–28A240 or section 3.B.1.b. of Boeing Alert Service Bulletin MD11–28A121, as applicable.

(iii) Deactivate the upper auxiliary fuel tank, lower auxiliary fuel tank, aft auxiliary fuel tank, tail (horizontal stabilizer) fuel tank, and ER forward auxiliary tank, as applicable, as specified in section 3.B.2. of Boeing Alert Service Bulletin DC10–28A240 or MD11–28A121, as applicable.

Alternative 2: Replacement of Pumps.

(2) Within 45 days after the effective date of this AD, do paragraph (c) of this AD.

Fuel Tank Deactivation: Resetting Circuit Breakers.

(b) Circuit breakers that are opened to deactivate a fuel tank per this AD may be reset without accomplishing the continuity and resistance test of the fuel pump connector required by AD 2002–13–10, amendment 39–12798, provided that there has been no reported problem with the fuel boost/transfer pump associated with the fuel tank.

Replacement of Pumps

(c) For any fuel tank that is not deactivated per section 3.B.2. of Boeing Alert Service Bulletin DC10–28A240 or Boeing Alert Service Bulletin MD11–28A121, both dated January 6, 2003, as applicable, as specified in paragraph (a)(1)(iii) of this AD: Within 90 days after the effective date of this AD, except as provided by paragraph (a)(2) of this AD, replace any fuel boost/transfer pump having Hydro-Aire part number 60–847–1A, 60–847–2, or 60–847–3, with a serviceable fuel boost/transfer pump that has been inspected and modified per Crane Hydro-Aire Service Bulletin 60–847–28–2, dated December 2, 2002. Do this replacement per Boeing Alert Service Bulletins DC10–28A239, dated December 3, 2002 (for Model DC–10–10, DC–10–10F, DC–10–15, DC–10–30, DC–10–30F, DC–10–30F (KC10A and KDC–10), DC–10–40, DC–10–40F, MD–10–10F, and MD–10–30F airplanes); or MD11–28A120, dated December 3, 2002 (for Model MD–11 and MD–11F airplanes); as applicable. Once the replacement has been accomplished, or once it has been determined that the fuel boost/transfer pump does not have an affected Hydro-Aire part number, as identified above, the AFM revisions and placards specified in paragraph (a)(1)(i) and (a)(1)(ii) of this AD may be removed, and the fuel tanks that were deactivated as specified in paragraph (a)(1)(iii) of this AD may be reactivated.

Parts Installation and Fuel Tank Reactivation

(d)(1) As of the effective date of this AD, no person may install a fuel boost/transfer pump having Hydro-Aire part number 60–847–1A, 60–847–2, or 60–847–3, unless it has been inspected and modified, as applicable, per Crane Hydro-Aire Service Bulletin 60–847–28–2, dated December 2, 2002.

(2) As of the effective date of this AD, no person may reactivate a fuel tank deactivated per section 3.B.2. of Boeing Alert Service Bulletin DC10–28A240 or Boeing Alert Service Bulletin MD11–28A121, both dated January 6, 2003, as applicable, as specified in paragraph (a)(1)(iii) of this AD, unless paragraph (c) of this AD has been accomplished on the fuel boost/transfer pump for that tank.

Note 2: AD 2002–13–10, amendment 39–12798, requires repetitive tests for electrical continuity and resistance, and repetitive inspections to detect discrepancies of the fuel boost/transfer pump connectors, and any applicable corrective actions. Accomplishment of these actions necessitates removal of the fuel boost/transfer pumps from the airplane. After the effective date of this AD, whenever the fuel boost/transfer pumps are removed from the airplane for accomplishment of the tests and inspections required by AD 2002–23–10, they must be inspected and found to have properly routed lead wires before reinstallation, as specified in paragraph (c) of this AD.

Alternative Methods of Compliance

(e) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Los Angeles Aircraft Certification Office (ACO), FAA. Operators shall submit their requests through an appropriate FAA Principal Maintenance or Operations Inspector, as applicable, who may add comments and then send it to the Manager, Los Angeles ACO.

Note 3: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Los Angeles ACO.

Special Flight Permits

(f) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

Incorporation by Reference

(g) The actions shall be done in accordance with Boeing Alert Service Bulletin DC10–28A239, dated December 3, 2002, and Boeing Alert Service Bulletin DC10–28A240, dated January 6, 2003; or Boeing Alert Service Bulletin MD11–28A120, dated December 3, 2002, and Boeing Alert Service Bulletin MD11–28A121, dated January 6, 2003; as applicable. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from Boeing Commercial Aircraft Group, Long Beach Division, 3855 Lakewood Boulevard, Long Beach, California 90846, Attention: Data and Service Management, Dept. C1–L5A (D800–0024). Copies may be inspected at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; at the FAA, Los Angeles Aircraft Certification Office, 3960 Paramount Boulevard, Lakewood, California; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

Effective Date

(h) This amendment becomes effective on May 12, 2003.

Issued in Renton, Washington, on April 17, 2003.

Ali Bahrami,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 03–9981 Filed 4–24–03; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 2001–NM–173–AD; Amendment 39–13129; AD 2003–08–16]

RIN 2120–AA64

Airworthiness Directives; McDonnell Douglas Model MD–90–30 Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment adopts a new airworthiness directive (AD), applicable to certain McDonnell Douglas Model MD–90–30 airplanes, that requires a one-time inspection for chafing of the RDB wire bundle against the No. 2 automatic direction finder (ADF) receiver located at the aft end of the forward right radio rack; repair or replacement, if necessary; and modification of the wire bundle. The actions specified by this AD are intended to prevent chafing of the RDB wire bundle against the No. 2 ADF receiver, which could result in electrical arcing and consequent smoke and/or fire in the cockpit. This action is intended to address the identified unsafe condition.

DATES: Effective May 30, 2003.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of May 30, 2003.

ADDRESSES: The service information referenced in this AD may be obtained from Boeing Commercial Aircraft Group, Long Beach Division, 3855 Lakewood Boulevard, Long Beach, California 90846, Attention: Data and Service Management, Dept. C1-L5A (D800–0024). This information may be examined at the Federal Aviation Administration (FAA), Transport Airplane Directorate, Rules Docket, 1601 Lind Avenue, SW., Renton, Washington; or at the FAA, Los Angeles Aircraft Certification Office, 3960 Paramount Boulevard, Lakewood, California; or at the Office of the Federal Register, 800 North Capitol Street, NW., Suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: George Mabuni, Aerospace Engineer, Systems and Equipment Branch, ANM–130L, FAA, Los Angeles Aircraft Certification Office, 3960 Paramount Boulevard, Lakewood, California 90712–4137; telephone (562) 627–5341; fax (562) 627–5210.

SUPPLEMENTARY INFORMATION: A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to include an airworthiness directive (AD) that is applicable to certain McDonnell Douglas MD–90–30 airplanes was published in the **Federal Register** on September 23, 2002 (67 FR 59481). That action proposed to require a one-time inspection for chafing of the RDB wire bundle against the automatic direction finder (ADF) receiver located at the aft end of the forward right radio rack; repair or replacement, if necessary; and modification of the wire bundle.

Comment

Interested persons have been afforded an opportunity to participate in the making of this amendment. Due consideration has been given to the single comment received.

The commenter states that the unsafe condition corrected by the proposed AD only exists when the No. 2 ADF receiver is installed on the airplane, and asks that explicit relief be included in the proposed AD to preclude action if the operator does not use the No. 2 ADF receiver. The commenter notes that without the No. 2 ADF receiver installed, there is no unsafe condition.

The FAA agrees with the commenter, and notes that the referenced service bulletin specified that the chafing condition could exist only on airplanes equipped with the No. 2 ADF receiver. We have changed the applicability in this final rule to add that it is only applicable to airplanes equipped with the No. 2 ADF receiver. In addition, we have changed the term, ''ADF receiver'' to ''No. 2 ADF receiver'' throughout the final rule.

Explanation of Editorial Change

We have changed the service bulletin citation throughout this final rule to exclude the Evaluation Form. The form is intended to be completed by operators and submitted to the manufacturer to provide input on the quality of the service bulletin; however, this AD does not include such a requirement.

Conclusion

After careful review of the available data, including the comment and change noted above, the FAA has determined that air safety and the public interest require the adoption of the rule with the changes previously described. The FAA has determined that these changes will neither increase the economic burden on any operator nor increase the scope of the AD.

Cost Impact

There are approximately 96 airplanes of the affected design in the worldwide fleet. The FAA estimates that 21 airplanes of U.S. registry will be affected by this AD.

It will take approximately 1 work hour per airplane to accomplish the inspection, at an average labor rate of $60 per work hour. Based on these figures, the cost impact of the inspection required by this AD on U.S. operators is estimated to be $1,260, or $60 per airplane.

It will take approximately 4 work hours per airplane to accomplish the modification of the RDB wire bundle, at an average labor rate of $60 per work hour. Parts cost is minimal. Based on these figures, the cost impact of the modification required by this AD on U.S. operators is estimated to be $5,040, or $240 per airplane.

Should an operator be required to accomplish the repair or replacement of the wire bundle, it will take approximately 2 work hours per airplane to accomplish the actions, at an average labor rate of $60 per work hour. Parts cost is minimal. Based on these figures, the cost impact of the repair or replacement required by this AD is estimated to be $120 per airplane.

The cost impact figures discussed above are based on assumptions that no operator has yet accomplished any of the requirements of this AD action, and that no operator would accomplish those actions in the future if this AD were not adopted. The cost impact figures discussed in AD rulemaking actions represent only the time necessary to perform the specific actions actually required by the AD. These figures typically do not include incidental costs, such as the time required to gain access and close up, planning time, or time necessitated by other administrative actions.

Regulatory Impact

The regulations adopted herein will not have a substantial direct effect on the States, on the relationship between the national Government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, it is determined that this final rule does not have federalism implications under Executive Order 13132.

For the reasons discussed above, I certify that this action (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A final evaluation has been prepared for this action and it is contained in the Rules Docket. A copy of it may be obtained from the Rules Docket at the location provided under the caption **ADDRESSES**.

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

Adoption of the Amendment

■ Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

■ 1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by adding the following new airworthiness directive:

2003–08–16 McDonnell Douglas: Amendment 39–13129. Docket 2001–NM–173–AD.

Applicability: Model MD–90–30 airplanes equipped with a No. 2 automatic direction finder (ADF) receiver, and listed in McDonnell Douglas Alert Service Bulletin MD90–24A051, Revision 02, dated August 14, 2002; certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (c) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To prevent chafing of the RDB wire bundle against the No. 2 ADF receiver, which could result in electrical arcing and consequent smoke and/or fire in the cockpit, accomplish the following:

Inspection/Repair or Replacement/Modification

(a) Within 6 months after the effective date of this AD, do the requirements specified in paragraphs (a)(1) and (a)(2) of this AD, per McDonnell Douglas Alert Service Bulletin MD90–24A051, Revision 02, excluding Evaluation Form, dated August 14, 2002.

(1) Do a one-time general visual inspection for chafing of the RDB wire bundle against the No. 2 ADF receiver located at the aft end of the forward right radio rack. If any chafing is found, before further flight, repair or replace the affected wire bundle.

Note 2: For the purposes of this AD, a general visual inspection is defined as: ''A visual examination of an interior or exterior area, installation, or assembly to detect obvious damage, failure, or irregularity. This level of inspection is made from within touching distance unless otherwise specified. A mirror may be necessary to enhance visual access to all exposed surfaces in the inspection area. This level of inspection is made under normally available lighting conditions such as daylight, hangar lighting, flashlight, or droplight and may require removal or opening of access panels or doors. Stands, ladders, or platforms may be required to gain proximity to the area being checked.''

(2) Modify the RDB wire bundle (including installation of three new tie mounts using new screws and clip nuts, removal of the existing tie straps and splitting the wire bundle into two separate bundles, installation of six new straps, and verification of adequate clearance between the wire bundle and the ADF receiver), and do the return-to-service test.

(b) Accomplishment of the actions specified in paragraphs (a)(1) and (a)(2) of this AD, per McDonnell Douglas Alert Service Bulletin MD90–24A051, dated October 28, 1999; or Revision 01, dated March 26, 2001; before the effective date of this AD, is considered acceptable for compliance with the requirements of this AD.

Alternative Methods of Compliance

(c) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Los Angeles Aircraft Certification Office (ACO), FAA. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, Los Angeles ACO.

Note 3: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Los Angeles ACO.

Special Flight Permits

(d) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

Incorporation by Reference

(e) The actions shall be done in accordance with McDonnell Douglas Alert Service Bulletin MD90–24A051, Revision 02, excluding Evaluation Form, dated August 14, 2002. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from Boeing Commercial Aircraft Group, Long Beach Division, 3855 Lakewood Boulevard, Long Beach, California 90846, Attention: Data and Service Management, Dept. C1–L5A (D800–0024). Copies may be inspected at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the FAA, Los Angeles Aircraft Certification Office, 3960 Paramount Boulevard, Lakewood, California; or at the Office of the Federal Register, 800 North Capitol Street, NW., Suite 700, Washington, DC.

Effective Date

(f) This amendment becomes effective on May 30, 2003.

Issued in Renton, Washington, on April 18, 2003.

Michael J. Kaszycki,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 03–10116 Filed 4–24–03; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 2002–NM–329–AD; Amendment 39–13128; AD 2003–08–15]

RIN 2120–AA64

Airworthiness Directives; Boeing Model 737–200, –200C, –300, –400, and –500 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule; request for comments.

SUMMARY: This amendment adopts a new airworthiness directive (AD) that is applicable to certain Boeing Model 737–200, –200C, –300, –400, and –500 series airplanes. This action requires a one-time mid-frequency eddy current (MFEC), a low-frequency eddy current (LFEC), and a detailed inspection for damage or cracking of stringer S–4L and S–4R lap joints and stringer clips between body station (BS) 540 and BS 727, and follow-on inspections and repair if necessary. This action is necessary to find and fix cracking of the fuselage lap joints, which could result in sudden decompression of the airplane.

DATES: Effective May 12, 2003.

The incorporation by reference of Boeing Alert Service Bulletin 737–53A1255, dated October 17, 2002, as listed in the regulations, is approved by the Director of the Federal Register as of May 12, 2003.

The incorporation by reference of Boeing Service Bulletin 737–53A1177, Revision 6, dated May 31, 2001, as listed in the regulations, was approved previously by the Director of the Federal Register as of May 17, 2002 (67 FR 17917, April 12, 2002).

Comments for inclusion in the Rules Docket must be received on or before June 24, 2003.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 2002–NM–329–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056. Comments may be inspected at this location between 9 a.m. and 3 p.m., Monday through Friday, except Federal holidays. Comments may be submitted via fax to (425) 227–1232. Comments may also be sent via the Internet using the following address: *9-anm-iarcomment@faa.gov*. Comments sent via fax or the Internet must contain ''Docket No. 2002–NM–329–AD'' in the subject line and need not be submitted in triplicate. Comments sent via the Internet as attached electronic files must be formatted in Microsoft Word 97 for Windows or ASCII text.

The service information referenced in this AD may be obtained from Boeing Commercial Airplane Group, P.O. Box 3707, Seattle, Washington 98124–2207. This information may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Duong Tran, Aerospace Engineer, Airframe Branch, ANM–120S, FAA, Seattle Aircraft Certification Office, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (425) 917–6452; fax (425) 917–6590.

SUPPLEMENTARY INFORMATION:

Related AD

On April 2, 2002, the FAA issued AD 2002–07–08, amendment 39–12702 (67 FR 17917, April 12, 2002), applicable to certain Boeing Model 737 series airplanes. That AD specifies Boeing Service Bulletin (SB) 737–53A1177, Revision 6, dated May 31, 2001, as an appropriate source of service information for that AD. That AD requires repetitive inspections to find cracking of the lower skin at the lower row of fasteners in the lap joints of the fuselage, and repair of any cracking found. That AD also requires modification of the fuselage lap joints at certain locations, which constitutes terminating action for certain repetitive inspections of the modified areas. Additionally, that AD requires repetitive inspections and requires replacement of a certain preventive modification with an improved modification. That AD was prompted by our determination that, in light of crack findings, certain modifications of the fuselage lap joints do not provide an adequate level of safety. The actions specified by that AD are intended to find and fix cracking of the fuselage lap joints, which could result in sudden decompression of the airplane.

Since the Issuance of That AD

We have received a report indicating that, during a walk-around inspection on a Model 737–200 series airplane with 60,333 total flight cycles, a 23-inch-long crack was found in the lower row of the stringer S–4L lap joint between body station (BS) 616 and BS 639. The crack was noticed above the over-wing exit because the lower skin was pushed outward approximately 1 inch with the crack ends turning downward at the tear straps. The flight crew did not report any pressurization problems, and the passengers and cabin crew did not report any abnormal noise in that area. Further external and internal non-destructive testing methods for cracking of the lap joint revealed additional cracking. The possible extent of cracking both forward and aft of the 23-inch-long cracked section is a concern. Cracks were found in between the tear straps and in the skin locations common to the tear straps. The intact tear straps were able to turn the cracks as they were designed to do; however, due to the condition of the skin at the tear straps forward and aft of the 23-inch crack area, it is likely that similar crack link-up just forward in an area that had a higher percentage of cracked fastener holes could have resulted in an uncontained decompression. Of particular concern is the total number and length of cracks found at that particular lap joint. The damage found apparently exceeds all prior in-service crack findings and also exceeds the

manufacturer's crack growth predictions based on test and analysis for an airplane with 60,000 total flight cycles.

Additionally, we received a report of significant cracking on stringer S–4R of the lap joint between BS 600 and BS 727 on a Model 737–300 series airplane having 52,400 total flight cycles. Although the individual cracks had not linked up, it was clear that, within a limited number of flights, the cracking could have linked up with a length of over 10 inches. Those cracks were detected by performing a low-frequency eddy current (LFEC) and a medium-frequency eddy current (MFEC) inspection. Such cracking, if not corrected, could result in sudden decompression of the airplane.

Explanation of Relevant Service Information

We have reviewed and approved Boeing Alert Service Bulletin (ASB) 737–53A1255, dated October 17, 2002. The ASB describes procedures for performing an internal detailed inspection, and MFEC and LFEC inspections for damage and cracking of the stringer S–4L and S–4R lap joints and stringer clips between BS 540 and BS 727. If no damage or cracking is found, the ASB advises operators to continue the lap joint repetitive inspections as specified in Boeing SB 737–53A1177, Revision 6, dated May 31, 2001 (referenced in AD 2002–07–08 as an appropriate source of service information for that AD). Boeing ASB 737–53A1255 also describes procedures for performing an external sliding probe inspection or internal MFEC and LFEC inspections for cracking that is defined as ''significant'' in the ASB. Boeing ASB 737–53A1255 also describes an optional open hole non-destructive testing inspection that may be used in addition to the MFEC, LFEC, and detailed inspections to confirm crack indications. Additionally, Boeing ASB 737–53A1255 specifies that the repair of any cracked lap joints be done per Boeing SB 737–53A1177, Revision 6, dated May 31, 2001. Also, Boeing ASB 737–53A1255 describes procedures for replacing any broken or damaged stringer clips. Boeing ASB 737–53A1255 also requests that operators report certain information resulting from the inspection findings, such as the type of inspection method used and the inspection results, a description of any damage or cracking found, the airplane serial number, and the number of current flight cycles and flight hours on the airplane.

Explanation of the Requirements of the Rule

Since an unsafe condition has been identified that is likely to exist or develop on other airplanes of the same type design, this AD is being issued to find and fix cracking of the fuselage lap joints, which could result in sudden decompression of the airplane. This AD requires accomplishment of the actions specified in the service bulletins described previously, except as discussed below.

Differences Between ASB and This AD

If cracking or damage is found per Boeing ASB 737–53A1255, dated October 17, 2002, that ASB references Boeing SB 737–53A1177, Revision 6, dated May 31, 2001, for procedures to repair any cracking or damage that may be found. Operators should note that this AD also will require repair of cracking or damage that is within the limits specified in Boeing SB 737–53A1177, Revision 6, dated May 31, 2001, per that service bulletin. However, this AD requires that, for any damage or cracking that is found to be outside the limits specified in Boeing SB 737–53A1177, Revision 6, dated May 31, 2001, repair must be accomplished per a method approved by the FAA, or per data meeting the type certification basis of the airplane approved by a Boeing Company Designated Engineering Representative who has been authorized by the FAA to make such findings.

In addition, Boeing ASB 737–53A1255, dated October 17, 2002, specifies that, if no cracking or damage is found, operators should repeat the lap joint inspections specified in Boeing ASB 737–53A1177. This AD, however, requires only the one-time inspections and, if no damage or cracking is found, operators need only to accomplish the reporting requirements of this AD. (Detailed inspections required by this AD do not replace, but are in addition to the repetitive inspections required by AD 2002–07–08, amendment 39–12702.)

Operators also should note that Boeing ASB 737–53A1255 does not recommend the internal mid-frequency MFEC, LFEC, or detailed inspections described in the ASB for airplanes with less than 45,000 total flight cycles. However, this AD requires those inspections (and repair if necessary) on airplanes prior to the accumulation of 45,000 total flight cycles or within 90 days after the effective date of this AD, whichever occurs later. We consider that the identified unsafe condition must be addressed for all airplanes when 45,000 total flight cycles have been accumulated. Requiring a specific compliance time for those airplanes addresses that issue.

Interim Action

This is considered to be interim action. The inspection reports that are required by this AD will enable the manufacturer to obtain better insight into the nature, cause, and extent of the cracking, and eventually to develop final action to address the unsafe condition. Once final action has been identified, we may consider further rulemaking.

Determination of Rule's Effective Date

Since a situation exists that requires the immediate adoption of this regulation, it is found that notice and opportunity for prior public comment hereon are impracticable, and that good cause exists for making this amendment effective in less than 30 days.

Comments Invited

Although this action is in the form of a final rule that involves requirements affecting flight safety and, thus, was not preceded by notice and an opportunity for public comment, comments are invited on this rule. Interested persons are invited to comment on this rule by submitting such written data, views, or arguments as they may desire. Communications shall identify the Rules Docket number and be submitted in triplicate to the address specified under the caption **ADDRESSES**. All communications received on or before the closing date for comments will be considered, and this rule may be amended in light of the comments received. Factual information that supports the commenter's ideas and suggestions is extremely helpful in evaluating the effectiveness of the AD action and determining whether additional rulemaking action would be needed.

Submit comments using the following format:

- Organize comments issue-by-issue. For example, discuss a request to change the compliance time and a request to change the service bulletin reference as two separate issues.
- For each issue, state what specific change to the AD is being requested.
- Include justification (*e.g.*, reasons or data) for each request.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the rule that might suggest a need to modify the rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report that

summarizes each FAA-public contact concerned with the substance of this AD will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this rule must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket Number 2002–NM–329–AD.'' The postcard will be date stamped and returned to the commenter.

Regulatory Impact

The regulations adopted herein will not have a substantial direct effect on the States, on the relationship between the national Government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, it is determined that this final rule does not have federalism implications under Executive Order 13132.

The FAA has determined that this regulation is an emergency regulation that must be issued immediately to correct an unsafe condition in aircraft, and that it is not a ''significant regulatory action'' under Executive Order 12866. It has been determined further that this action involves an emergency regulation under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979). If it is determined that this emergency regulation otherwise would be significant under DOT Regulatory Policies and Procedures, a final regulatory evaluation will be prepared and placed in the Rules Docket. A copy of it, if filed, may be obtained from the Rules Docket at the location provided under the caption **ADDRESSES**.

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

Adoption of the Amendment

■ Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

■ 1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

■ 2. Section 39.13 is amended by adding the following new airworthiness directive:

2003–08–15 Boeing: Amendment 39–13128. Docket 2002–NM–329–AD.

Applicability: Model 737–200, –200C, –300, –400, and –500 series airplanes, having line numbers 292 through 2552 inclusive, and on which the modification specified in Boeing Service Bulletin (SB) 737–53A1177, Revision 6, dated May 31, 2001, has not been accomplished; certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been otherwise modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (h) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To find and fix cracking of the fuselage lap joints, which could result in sudden decompression of the airplane, accomplish the following:

Note 2: Detailed inspections required by this AD do not replace, but are in addition to the repetitive inspections required by AD 2002–07–08, amendment 39–12702.

One-Time Inspections

(a) With the exception of any area of any lap joints that are specified in this paragraph that have previously been repaired or modified per Boeing SB 737–53A1177, Revision 4, dated September 2, 1999; Revision 5, dated February 15, 2001; and Revision 6, dated May 31, 2001: Perform an internal mid-frequency eddy current (MFEC), a low-frequency eddy current (LFEC), and a detailed inspection for damage or cracking on stringers S–4L and S–4R lap joints between body station (BS) 540 and BS 727; and perform a detailed inspection for damage of the stringer clips at all frame locations at stringers S–4L and S–4R between BS 540 and BS 727 at the applicable time specified in paragraph (a)(1), (a)(2), or (a)(3) of this AD; per the Accomplishment Instructions of Boeing Alert Service Bulletin (ASB) 737–53A1255, dated October 17, 2002. If no damage or cracking is found, no further action is required by this paragraph.

Note 3: For the purposes of this AD, a detailed inspection is defined as: ''An intensive visual examination of a specific structural area, system, installation, or assembly to detect damage, failure, or irregularity. Available lighting is normally supplemented with a direct source of good lighting at intensity deemed appropriate by the inspector. Inspection aids such as mirror, magnifying lenses, etc., may be used. Surface cleaning and elaborate access procedures may be required.''

(1) For airplanes that have accumulated less than 45,000 total flight cycles as of the effective date of this AD: Perform the inspections prior to the accumulation of 45,000 total flight cycles or within 90 days after the effective date of this AD, whichever occurs later.

(2) For airplanes that have accumulated 45,000 total flight cycles but not more than 49,999 total flight cycles as of the effective date of this AD: Perform the inspections within 90 days after the effective date of this AD.

(3) For airplanes that have accumulated 50,000 total flight cycles or more as of the effective date of this AD: Perform the inspections within 45 days after the effective date of this AD.

(b) The optional accomplishment of an open-hole non-destructive testing (NDT) inspection per Boeing ASB 737–53A1255, dated October 17, 2002, is acceptable as a method of verification of any cracking of the fastener holes found during the inspections required by paragraph (a) of this AD.

(c) If any damage or cracking is found during the inspections required by paragraph (a), (b), (d), or (e) of this AD that is not ''significant,'' as defined in Boeing ASB 737–53A1255, dated October 17, 2002, repair per paragraph (c)(1) or (c)(2) of this AD, as applicable.

(1) For cracking that is within the limits specified by Boeing SB 737–53A1177, Revision 6, dated May 31, 2001: Before further flight, repair per the Accomplishment Instructions of Boeing SB 737–53A1177, Revision 6, dated May 31, 2001; and before further flight, replace any damaged stringer clips with a new part, per Boeing ASB 737–53A1255, dated October 17, 2002.

(2) For any cracking that exceeds the limits specified in Boeing SB 737–53A1177, Revision 6, dated May 31, 2001: Before further flight, repair per a method approved by the Manager, Seattle Aircraft Certification Office (ACO), FAA; or per data meeting the type certification basis of the airplane approved by a Boeing Company Designated Engineering Representative (DER) who has been authorized by the Manager, Seattle ACO, to make such findings. For a repair method to be approved, the approval must specifically reference this AD.

(d) If any damage or cracking is found during the inspections required by paragraphs (a), (b), (d), or (e) of this AD that is ''significant,'' as defined in Boeing ASB 737–53A1255, dated October 17, 2002: Before further flight, accomplish the actions specified by paragraph (d)(1) or (d)(2) of this AD, per the Accomplishment Instructions of the ASB.

(1) With the exception of BS 540 through 727 inclusive: Perform an external sliding probe inspection for damage or cracking, per Figure 2 of Boeing ASB 737–53A1255, dated October 17, 2002, for each model (Model 737–200, –200C, –300, –400, and –500 series airplanes) at the applicable locations specified in the Compliance Section of Boeing SB 737–53A1177, Revision 6, dated May 31, 2001.

(2) With the exception of BS 540 through 727 inclusive: Perform internal MFEC, LFEC, and detailed inspections for damage or cracking, per Figure 1 of Boeing ASB 737–53A1255, dated October 17, 2002, for each model (Model 737–200, –200C, –300, –400,

and –500 series airplanes) at the applicable locations specified in the Compliance Section of Boeing SB 737–53A1177, Revision 6, dated May 31, 2001.

(e) If any ''significant'' cracking, as defined in Boeing ASB 737–53A1255, dated October 17, 2002, is found in any lap joint during the external inspection required by paragraph (d) of this AD: Before further flight, accomplish the actions required by paragraphs (e)(1) and (e)(2) of this AD.

(1) Perform internal MFEC, LFEC, and detailed inspections for cracking of the entire affected section of the lap joint, specified in the Compliance Section and Inspection Zone Figures of Boeing SB 737–53A1177, Revision 6, dated May 31, 2001; per Boeing ASB 737–53A1255, dated October 17, 2002.

(2) Perform a detailed inspection for damage of the stringer clips and replace any damaged stringer clip with a new part, per Boeing ASB 737–53A1255, dated October 17, 2002.

(f) If any cracking, ''significant'' (as defined in Boeing ASB 737–53A1255, dated October 17, 2002) or otherwise, is found during the inspections required by paragraphs (a), (b), (d), or (e) of this AD: Before further flight, accomplish the actions specified by paragraph (f)(1) or (f)(2) of this AD, as applicable.

(1) For cracking that is within the limits specified in Boeing SB 737–53A1177, Revision 6, dated May 31, 2001: Repair per the Accomplishment Instructions of that ASB; and replace any damaged stringer clips with a new part per Boeing ASB 737–53A1255, dated October 17, 2002.

(2) For any cracking that exceeds the limits specified in Boeing SB 737–53A1177, Revision 6, dated May 31, 2001, repair per a method approved by the Manager, Seattle ACO; or per data meeting the type certification basis of the airplane approved by a Boeing Company DER who has been authorized by the Manager, Seattle ACO, to make such findings. For a repair method to be approved, the approval must specifically reference this AD.

Reporting Requirements

(g) Submit a report of inspection findings (both positive and negative) to the Boeing Commercial Airplane Group, P.O. Box 3707, Seattle, Washington 98124–2207, as specified in paragraph B.10 of the Accomplishment Instructions of Boeing ASB 737–53A1255, dated October 17, 2002, at the applicable time specified by paragraph (g)(1) or (g)(2) of this AD. Information collection requirements contained in this AD have been approved by the Office of Management and Budget (OMB) under the provisions of the Paperwork Reduction Act of 1980 (44 U.S.C. 3501 *et seq.*) and have been assigned OMB Control Number 2120–0056.

(1) For airplanes on which the inspection required by paragraph (a) of this AD is accomplished after the effective date of this AD: Submit the report within 10 days after performing the inspection required by paragraph (a) of this AD.

(2) For airplanes on which the inspection required by paragraph (a) of this AD has been accomplished prior to the effective date of this AD: Submit the report within 10 days after the effective date of this AD.

Alternative Methods of Compliance

(h) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, ACO, FAA. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, Seattle ACO.

Note 4: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Seattle ACO.

Special Flight Permits

(i) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

Incorporation by Reference

(j) Unless otherwise specified by this AD, the actions shall be done in accordance with Boeing Alert Service Bulletin 737–53A1255, dated October 17, 2002; and Boeing Service Bulletin 737–53A1177, Revision 6, dated May 31, 2001; as applicable.

(1) This incorporation by reference of Boeing Alert Service Bulletin 737–53A1255, dated October 17, 2002, is approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51.

(2) The incorporation by reference of Boeing Service Bulletin 737–53A1177, Revision 6, dated May 31, 2001, was approved previously by the Director of the Federal Register as of May 17, 2002 (67 FR 17917, April 12, 2002).

(3) Copies may be obtained from Boeing Commercial Airplane Group, P.O. Box 3707, Seattle, Washington 98124–2207. Copies may be inspected at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

Effective Date

(k) This amendment becomes effective on May 12, 2003.

Issued in Renton, Washington, on April 18, 2003.

Ali Bahrami,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 03–10115 Filed 4–24–03; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

33 CFR Parts 110 and 165

[CGD14–03–001]

RIN 1625–AA00 [Formerly 2115–AA97]
RIN 1625–AA01

Anchorage Grounds and Security Zones; Oahu, Maui, Hawaii, and Kauai, HI

AGENCY: Coast Guard, DHS.

ACTION: Final rule.

SUMMARY: The Coast Guard is establishing permanent security zones in designated waters adjacent to the islands of Oahu, Maui, Hawaii, and Kauai, HI. These security zones and a related amendment to regulations for anchorage grounds in Mamala Bay are necessary to protect personnel, vessels, and facilities from acts of sabotage or other subversive acts, accidents, or other causes of a similar nature during operations and will extend from the surface of the water to the ocean floor. Entries into the zones are prohibited unless authorized by the Coast Guard Captain of the Port Honolulu, HI.

DATES: This rule is effective April 19, 2003.

ADDRESSES: Comments and material received from the public, as well as documents indicated in this preamble as being available in the docket, are part of docket CGD14–03–001 and are available for inspection or copying at Coast Guard Marine Safety Office Honolulu, 433 Ala Moana Blvd., Honolulu, HI 96813 between 7 a.m. and 3:30 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: Lieutenant (Junior Grade) E. G. Cantwell, U.S. Coast Guard, Marine Safety Office Honolulu, Hawaii at (808) 522–8260.

SUPPLEMENTARY INFORMATION:

Regulatory Information

On February 4, 2003, we published a notice of proposed rulemaking (NPRM) entitled ''Security Zones; Oahu, Maui, Hawaii, and Kauai, HI'' in the **Federal Register** (68 FR 5614). We received three public comments on the proposed rule. No public hearing was requested and none was held.

Under 5 U.S.C. 553(d)(3), the Coast Guard finds that good cause exists for making this rule effective less than 30 days after publication in the **Federal Register**. Delaying the effective date of this rule would be contrary to the public

interest since there is a continuing and immediate need to protect persons, vessels, and facilities in the various areas on the islands of Oahu, Maui, Hawaii, and Kauai, HI. Under these circumstances, following the normal rulemaking procedures would be impracticable.

Background and Purpose

Terrorist attacks in New York City, New York and on the Pentagon Building in Arlington, Virginia, on September 11, 2001, have called for the implementation of additional measures to protect national security. National security and intelligence officials warn that future terrorist attacks against civilian targets may be anticipated. This rule is similar to a temporary rule published October 30, 2002, creating security zones in these areas until April 19, 2003 (67 FR 66049).

Discussion of Comments and Changes

The Coast Guard received three comments following the publication of the notice of proposed rulemaking (NPRM) in the **Federal Register**. The first commenter raised four issues.

The first issue focused on the requirements for recreational, commercial fishing and commercial tourism vessels to request permission to transit the various security zones. The commenter indicated that the requirement is burdensome for vessel operators that are not required to carry a VHF–FM marine radio. These vessel operators are unable to contact the Captain of the Port via radio to request permission to transit a security zone and they are unable to hear the Broadcast Notices to Mariners announcing the status of the temporary zones. In the absence of a VHF–FM radio, the vessel operators may contact the Command Center via telephone, but a long distance call to the Command Center from the Outer Islands was considered to be unreasonable.

The Coast Guard understands that all vessels are not required to carry a VHF–FM marine radio. For those vessels, operators have the option to contact the Coast Guard via telephone either locally at 541–2477 or toll free at (800) 552–6458. While the Broadcast Notice to Mariners are only transmitted over the VHF–FM marine radio, if a vessel operator calls the Coast Guard on the telephone, they will be able to find out the status of the security zones and if necessary ask permission to enter the zone. Additionally, all Broadcast Notices to Mariners may be viewed on the U.S. Coast Guard Navigation Center Web site at *www.navcen.uscg.gov/lnm/d14.* Due to the various options available to contact the Coast Guard, we do not believe it is an unreasonable burden to require the mariner to determine the status of the security zone before transiting the area. To provide additional options, the final rule includes the toll free number and also allows mariners to submit written requests by mail or fax.

The second issue concerns communications issues of recreational vessels complying with these regulations. The questions were raised as to how a recreational boater may obtain information about security zones, and what the penalties were for transiting a security zone without permission.

Current enforcement status information on security zones is reflected in the Broadcast Notice to Mariners, and on a website as stated in the response to comment number one. In addition, recreational boaters may contact the Command Center at VHF–FM channel 16, via the local telephone number 541–2477, or toll free at (800) 552–6458 for additional status information. Entering a security zone without the permission of the Captain of the Port is a violation of the Magnuson Act, 50 U.S.C. 191 and 33 CFR part 6. A violation of this section may result in a civil penalty of not more than $25,000 for each violation or a criminal penalty resulting in imprisonment of not more than ten years and a fine not more than $10,000. A reference to the penalty provision has been added to the final rule.

The third issue concerned possible impact on Small Entities. This comment was concerned that the small vessel operators lacking VHF–FM marine radios might be impeded in transiting security zones. Therefore, the commenter felt that this might constitute an economic impact on Small Entities.

The Coast Guard believes that the burden of requiring small vessels to contact the Captain of the Port prior to transiting the area is reasonable in relation to the security provided to the respective ports. All small vessel operators have had, and will continue to have, reasonable access to the navigable waters.

The fourth issue was a request that all the security zones be depicted on nautical charts. The commenter felt that this would improve awareness of and compliance with security zone regulations.

The Coast Guard has made arrangements for the zones to be published in both the Coast Pilot and on the applicable nautical charts once the proposed rule becomes final. The Coast Guard looks forward to working with the local harbor safety committee to increase the public awareness of these zones through various methods in addition to publication in the Coast Pilot and updated nautical charts.

The second commenter requested that commercial Tugboat and Marine Transportation Companies who provide frequent and routine delivery of freight and fuel to the Hawaiian Islands be exempt from the requirement of asking permission to enter a port where a security zone is in place. Their concern is that the burden of asking permission would tie up phone lines, distract watch standers, and possibly delay deliveries of freight and fuel.

The Coast Guard believes that the requirement of asking permission to enter a security zone is the least restrictive means to maintain an adequate level of security and is not excessively burdensome to the commercial Tugboat and Marine Transportation Companies or to the Coast Guard to field these requests.

The third commenter stated that the distance between the furthest in-shore point of the security zone at the Tesoro and Chevron offshore moorings and the reef is too short to allow recreational traffic to safely pass.

The span of water between the furthest shoreward point of the security zone and the 3-fathom curve is approximately 200 yards. This span has an average depth of approximately 6 fathoms. The Coast Guard believes this span is adequate to allow safe passage of recreational traffic.

There are additional revisions to the final rule. The Authority list was amended to include more relevant federal statutes and to reflect the Coast Guard's transition from the Department of Transportation to the Department of Homeland Security. The definition for the term ''voyage'' was revised to provide a more accurate description of the term.

Regulatory Evaluation

This rule is not a ''significant regulatory action'' under section 3(f) of Executive Order 12866, Regulatory Planning and Review, and does not require an assessment of potential costs and benefits under section 6(a)(3) of that Order. The Office of Management and Budget has not reviewed it under that Order. It is not ''significant'' under the regulatory policies and procedures of the Department of Homeland Security (DHS).

The Coast Guard expects the economic impact of this rule to be so minimal that a full Regulatory Evaluation under the regulatory policies

and procedures of DHS is unnecessary. This expectation is based on the fact that vessels will be able to freely transit the areas outside of any security zones. In addition, vessels can request the COTP allow their transit through the security zones.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601–612), we have considered whether this rule would have a significant economic impact on a substantial number of small entities. The term ''small entities'' comprises small businesses, not-for-profit organizations that are independently owned and operated and are not dominant in their fields, and governmental jurisdictions with populations of less than 50,000.

The Coast Guard certifies under 5 U.S.C. 605(b) that this rule will not have a significant economic impact on a substantial number of small entities.

The Coast Guard received one comment indicating that the small vessel operators lacking VHF–FM marine radios might be impeded in transiting security zones. Therefore, the commenter felt that this might constitute an economic impact on Small Entities.

The Coast Guard believes that the burden of requiring small vessels to contact the Captain of the Port prior to transiting the area is reasonable in relation to the security provided to the respective ports. All small vessel operators have had, and will continue to have, reasonable access to the navigable waters.

Assistance for Small Entities

Small businesses may send comments on the actions of Federal employees who enforce, or otherwise determine compliance with, Federal regulations to the Small Business and Agriculture Regulatory Enforcement Ombudsman and the Regional Small Business Regulatory Fairness Boards. The Ombudsman evaluates these actions annually and rates each agency's responsiveness to small business. If you wish to comment on actions by employees of the Coast Guard, call 1–888–REG–FAIR (1–888–734–3247).

Collection of Information

This rule calls for no new collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520).

Federalism

A rule has implications for federalism under Executive Order 13132, Federalism, if it has a substantial direct effect on State or local governments and would either preempt State law or impose a substantial direct cost of compliance on them. We have analyzed this rule under that Order and have determined that it does not have implications for federalism.

Unfunded Mandates Reform Act

The Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1531–1538) requires Federal agencies to assess the effects of their discretionary regulatory actions. In particular, the Act addresses actions that may result in the expenditure by a State, local, or tribal government, in the aggregate, or by the private sector of $100,000,000 or more in any one year. Though this rule will not result in such expenditure, we do discuss the effects of this rule elsewhere in this preamble.

Taking of Private Property

This rule will not effect a taking of private property or otherwise have taking implications under Executive Order 12630, Governmental Actions and Interference with Constitutionally Protected Property Rights.

Civil Justice Reform

This rule meets applicable standards in sections 3(a) and 3(b)(2) of Executive Order 12988, Civil Justice Reform, to minimize litigation, eliminate ambiguity, and reduce burden.

Protection of Children

We have analyzed this rule under Executive Order 13045, Protection of Children from Environmental Health Risks and Safety Risks. This rule is not an economically significant rule and does not create an environmental risk to health or risk to safety that may disproportionately affect children.

Indian Tribal Governments

This rule does not have tribal implications under Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, because it does not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal government and Indian tribes, or on the distribution of power and responsibilities between the Federal government and Indian tribes.

Energy Effects

We have analyzed this rule under Executive Order 13211, Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use. We have determined that it is not a ''significant energy action'' under that order because it is not a ''significant regulatory action'' under Executive Order 12866 and is not likely to have a significant adverse effect on the supply, distribution, or use of energy. The Administrator of the Office of Information and Regulatory Affairs has not designated it as a significant energy action. Therefore, it does not require a Statement of Energy Effects under Executive Order 13211.

Environment

We have analyzed this rule under Commandant Instruction M16475.lD, which guides the Coast Guard in complying with the National Environmental Policy Act of 1969 (NEPA)(42 U.S.C. 4321–4370f), and have concluded that there are no factors in this case that would limit the use of a categorical exclusion under section 2.B.2 of the Instruction. Therefore, this rule is categorically excluded, under figure 2–1, paragraph (34)(g), of the Instruction, from further environmental documentation. A final ''Environmental Analysis Check List'' and a final ''Categorical Exclusion Determination'' are available in the docket where indicated under **ADDRESSES**.

List of Subjects

33 CFR Part 110

Anchorage grounds.

33 CFR Part 165

Harbors, Marine safety, Navigation (water), Reports and record keeping requirements, Security measures, Waterways.

■ For the reasons set out in the preamble, the Coast Guard amends 33 CFR parts 110 and 165 as follows:

PART 110—ANCHORAGE REGULATIONS

■ 1. The authority citation for part 110 continues to read as follows:

Authority: 33 U.S.C. 471, 1221 through 1236, 2030, 2035, 2071; 33 CFR 1.05–1(g), and Department of Homeland Security Delegation No 0170.

■ 2. In § 110.235 add a new paragraph (c) to read as follows:

§ 110.235 Pacific Ocean (Mamala Bay), Honolulu Harbor, Hawaii (Datums: NAD 83).

* * * * *

(c) Before entering into the anchorage grounds in this section you must first obtain permission from the Captain of the Port Honolulu.

PART 165—REGULATED NAVIGATION AREAS AND LIMITED ACCESS AREAS

■ 3. The authority citation for part 165 continues to read as follows:

Authority: 33 U.S.C. 1221 through 1236; 50 U.S.C. 191; 33 CFR 1.05–1(g), 6.04–1, 6.04–6, and 160.5; Department of Homeland Security Delegation No. 0170.

■ 4. A new § 165.1407 is added to read as follows:

§ 165.1407 Security Zones; Oahu, Maui, Hawaii, and Kauai, HI.

(a) Location. The following areas, from the surface of the water to the ocean floor, are security zones:

(1) All waters of Honolulu Harbor and entrance channel, Keehi Lagoon, and General Anchorages A, B, C, and D as defined in 33 CFR 110.235 that are shoreward of the following coordinates: The shoreline at 21°17.68′ N, 157°52.0′ W; thence due south to 21°16.0′ N, 157°52.0′ W; thence due west to 21°16.0′ N, 157°55.58′ W; thence due north to Honolulu International Airport Reef Runway at 21°18.25′ N, 157°55.58′ W.

(2) The waters around the Tesoro Single Point and the Chevron Conventional Buoy Moorings beginning at 21°16.43′ N, 158°6.03′ W; thence northeast to 21°17.35′ N, 158°3.95′ W; thence southeast to 21°16.47′ N, 158°3.5′ W; thence southwest to 21°15.53′ N, 158°5.56′ W; thence north to the beginning point.

(3) The Kahului Harbor and Entrance Channel, Maui, HI consisting of all waters shoreward of the COLREGS DEMARCATION line. (*See* 33 CFR 80.1460).

(4) All waters within the Nawiliwili Harbor, Kauai, HI shoreward of the COLREGS DEMARCATION line (*See* 33 CFR 80.1450).

(5) All waters of Port Allen Harbor, Kauai, HI shoreward of the COLREGS DEMARCATION line (*See* 33 CFR 80.1440).

(6) The waters within a 100-yard radius centered on each cruise ship in Hilo Harbor, Hawaii, HI and Entrance Channel shoreward of the COLREGS DEMARCATION (See 33 CFR 80.1480). This is a moving security zone when the cruise ship is in transit and becomes a fixed zone when the cruise ship is anchored or moored.

(7) The waters extending out 500 yards in all directions from cruise ships anchored or position keeping within 3 miles of:

(i) Lahaina Harbor, Maui, HI, between Makila Point and Puunoa Point.

(ii) Kailua-Kona Harbor, Hawaii, HI, between Keahulolu Point and Puapuaa Point.

(8) All waters contained within the Barbers Point Harbor, Oahu, HI, enclosed by a line drawn between Harbor Entrance Channel Light 6 and the jetty point day beacon at 21° 19.5′ N, 158°07.3′ W.

(b) Designated Representative: A designated representative of the Captain of the Port is any Coast Guard commissioned officer, warrant or petty officer that has been authorized by the Captain of the Port Honolulu to act on his behalf.

(c) Cruise ship: For the purposes of this section, the term ''cruise ship'' is defined as a passenger vessel over 100 gross tons, carrying more than 12 passengers for hire, making a voyage lasting more than 24 hours, any part of which is on the high seas, and for which passengers are embarked or disembarked in the United States or its territories. A ''voyage'' in this section means the cruise ship's entire course of travel, from the first port at which the cruise ship embarks passengers until its return to its last port of call where the majority of passengers are disembarked.

(d) Regulations. (1) In accordance with § 165.33, entry into these zones is prohibited unless authorized by the Coast Guard Captain of the Port Honolulu, or his designated representatives. Section 165.33 also contains other general requirements.

(2) The existence or status of the security zones in this section will be announced periodically by Broadcast Notice to Mariners.

(3) Persons desiring to transit the areas of the security zones may contact the Captain of the Port by calling the Command Center at telephone numbers (808) 541–2477 or (800) 552–6458, or on VHF channel 16 (156.8 Mhz) to seek permission to transit the area. Written requests may be submitted to the Captain of the Port, Coast Guard Marine Safety Office Honolulu, 433 Ala Moana Blvd., Honolulu, HI 96813 or faxed to (808) 522–8270. If permission is granted, all persons and vessels shall comply with the instructions of the Captain of the Port or his designated representatives.

(4) Persons entering a security zone without authorization of the Captain of the Port may be subject to a civil penalty of not more than $25,000 for each violation or a criminal penalty resulting in imprisonment of not more than ten years and a fine not more than $10,000.

Dated: April 14, 2003.

G.A. Wiltshire,

Captain, U.S. Coast Guard, Commander, Fourteenth Coast Guard District, Acting.

[FR Doc. 03–10215 Filed 4–24–03; 8:45 am]

BILLING CODE 4910–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 411

[CMS–1809–F3]

RIN 0938–AM21

Medicare and Medicaid Programs; Physicians' Referrals to Health Care Entities With Which They Have Financial Relationships: Extension of Partial Delay of Effective Date

AGENCY: Centers for Medicare & Medicaid Services (CMS), DHHS.

ACTION: Final rule; extension of partial delay in effective date.

SUMMARY: This final rule further delays for 6 months, until January 7, 2004, the effective date of the last sentence of 42 CFR 411.354(d)(1). This section was promulgated in the final rule entitled ''Medicare and Medicaid Programs; Physicians' Referrals to Health Care Entities With Which They Have Financial Relationships,'' published in the **Federal Register** on January 4, 2001. A 1-year delay of the effective date of the last sentence in this section was published in the **Federal Register** on December 3, 2001. An additional 6-month delay, until July 7, 2003, was published on November 22, 2002. This further extension of the delay in the effective date of that sentence will give us additional time to reconsider the definition of compensation that is ''set in advance'' as it relates to percentage compensation methodologies in order to avoid unnecessarily disrupting existing contractual arrangements for physician services. Accordingly, the last sentence of § 411.354(d)(1), which would have become effective July 7, 2003, will not become effective until January 7, 2004. We expect that the definition of ''set in advance'' will be addressed definitively before January 7, 2004 in a final rule with comment period, entitled ''Medicare Program; Physicians' Referrals to Health Care Entities With Which They Have Financial Relationships'' (Phase II).

DATES: *Effective date:* The effective date of the last sentence in § 411.354(d)(1) of the final rule published in the **Federal Register** on January 4, 2001 (66 FR 856), is delayed to January 7, 2004.

FOR FURTHER INFORMATION CONTACT: Karen Raschke, (410) 786–0016.

SUPPLEMENTARY INFORMATION: This **Federal Register** document is available from the **Federal Register** online database through *GPO Access*, a service

of the U.S. Government Printing Office. The Web site address is: *http://www.access.gpo.gov/nara/index.html.*

In addition, the information in this final rule will be available soon after publication in the **Federal Register** on our MEDLEARN Web site: *http://cms.hhs.gov/medlearn/refphys.asp.*

I. Background

The final rule, entitled ''Medicare and Medicaid Programs; Physicians' Referrals to Health Care Entities With Which They Have Financial Relationships,'' published in the **Federal Register** on January 4, 2001 (66 FR 856), interpreted certain provisions of section 1877 of the Social Security Act (the Act). Under section 1877, if a physician or a member of a physician's immediate family has a financial relationship with a health care entity, the physician may not make referrals to that entity for the furnishing of designated health services (DHS) under the Medicare program, and the entity may not bill for the services, unless an exception applies. Many of the statutory and new regulatory exceptions that apply to compensation relationships require that the amount of compensation be ''set in advance.'' Section 411.354(d)(1) of the final rule defines the term ''set in advance.''

The last sentence of § 411.354(d)(1) reads: ''Percentage compensation arrangements do not constitute compensation that is 'set in advance' in which the percentage compensation is based on fluctuating or indeterminate measures or in which the arrangement results in the seller receiving different payment amounts for the same service from the same purchaser.'' Many of the comments we received regarding the January 4, 2001 physician self-referral final rule indicated that physicians are commonly paid for their professional services using a formula that takes into account a percentage of a fluctuating or indeterminate measure (for example, revenues billed or collected for physician services). According to the commenters, this compensation methodology is frequently used by hospitals, physician group practices, academic medical centers, and medical foundations. Several commenters pointed out that this aspect of the final rule, which is applicable to academic medical centers and medical foundations (among others), is inconsistent with the compensation methods permitted under the statute for many physician group practices and employed physicians (that is, neither section 1877(h)(4)(B)(i) of the Act nor section 1877(e)(2) of the Act contains the ''set in advance'' requirement). We understand that hospitals, academic medical centers, medical foundations and other health care entities would have to restructure or renegotiate thousands of physician contracts to comply with the language in § 411.354(d)(1) regarding percentage compensation arrangements.

Accordingly, we published a 1-year delay of the effective date of the last sentence in § 411.354(d)(1) in the **Federal Register** on December 3, 2001 (66 FR 60154), and an additional 6-month delay in the effective date on November 22, 2002 (67 FR 70322,) in order to reconsider the definition of compensation that is ''set in advance'' as it relates to percentage compensation methodologies.

II. Provisions of this Final Rule

To avoid any unnecessary disruption to existing contractual arrangements while we consider modifying this provision, we are further postponing, for an additional 6 months, until January 7, 2004, the effective date of the last sentence of § 411.354(d)(1). This delay is intended to avoid disruptions in the health care industry, and potential attendant problems for Medicare beneficiaries, which could be caused by allowing the last sentence of § 411.354(d)(1) to become effective on July 7, 2003. In the meantime, compensation that is required to be ''set in advance'' for purposes of compliance with section 1877 of the Act may continue to be based on percentage compensation methodologies, including those in which the compensation is based on a percentage of a fluctuating or indeterminate measure. We note that the remaining provisions of § 411.354(d)(1) will still apply and that all other requirements for exceptions must be satisfied (including, for example, the fair market value and ''volume and value'' requirements.)

III. Waiver of Proposed Rulemaking

We ordinarily publish a notice of proposed rulemaking and invite public comment on the proposed rule. This procedure can be waived, however, if an agency finds good cause that the notice and comment rulemaking procedure is impracticable, unnecessary, or contrary to the public interest and if the agency incorporates in the rule a statement of such a finding and the reasons supporting that finding.

Our implementation of this action without opportunity for public comment is based on the good cause exception in 5 U.S.C. 553(b). We find that seeking public comment on this action would be impracticable and unnecessary. We believe public comment is unnecessary because we are implementing this additional delay of effective date as a result of our review of the public comments that we received on the January 4, 2001 physician self-referral final rule. As discussed above, we understand from those comments and the comments we received on the December 3, 2001 interim final rule that, unless we further delay the effective date of the last sentence of § 411.354(d)(1), hospitals, academic medical centers, and other entities will have to renegotiate numerous contracts for physician services, potentially causing significant disruption within the health care industry. We are concerned that the disruption could unnecessarily inconvenience Medicare beneficiaries or interfere with their medical care and treatment. We do not believe that it is necessary to offer yet another opportunity for public comment on the same issue in the limited context of whether to delay this sentence of the regulation. In addition, given the imminence of the July 7, 2003 effective date, we find that seeking public comment on this delay in effective date would be impracticable because it would generate uncertainty regarding an imminent effective date. This uncertainty could cause health care providers to renegotiate thousands of contracts with physicians in an effort to comply with the regulation by July 7, 2003 if the proposed delay is not finalized until after the opportunity for public comment. Thus, providing the opportunity for public comment could result in the very disruption that this delay of effective date is intended to avoid.

(Catalog of Federal Domestic Assistance Program No. 93.773 Medicare—Hospital Insurance Program; Program No. 93.774, Medicare—Supplementary Medical Insurance Program; and Program No. 93.778, Medical Assistance Program)

Dated: March 31, 2003.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

Approved: April 10, 2003.

Tommy G. Thompson,

Secretary.

[FR Doc. 03–9495 Filed 4–24–03; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 422 and 489

[CMS–4024–CN]

RIN 0938–AK48

Medicare Program; Improvements to the Medicare+Choice Appeal and Grievance Procedures; Correction

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Correction of final rule with comment period.

SUMMARY: This document corrects technical errors that appeared in the final rule with comment period published in the **Federal Register** on April 4, 2003, entitled ''Medicare Program; Improvements to the Medicare+Choice Appeal and Grievance Procedures.''

EFFECTIVE DATE: This correction notice is effective May 5, 2003.

FOR FURTHER INFORMATION CONTACT: Anthony Culotta, (410) 786–4661.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 03–8204 of April 4, 2003 (68 FR 16652–16669), there were a number of technical errors that are identified and corrected in the Correction of Errors section below. The provisions in this correction notice are effective as if they had been included in the document published April 4, 2003. Accordingly, the corrections are effective May 5, 2003.

The corrections clarify the effective date of several provisions of the final rule, and delete the reference to a provision mistakenly cited in the preamble. Further detail regarding these corrections is provided in the Correction of Errors section.

II. Correction of Errors

In FR Doc. 03–8204 of April 4, 2003 (68 FR 16652–16669), we make the following corrections:

1. On page 16652, in the first column; in the second paragraph, we revise the **DATES** section to read: *Effective date:* This final rule with comment period is effective May 5, 2003. However, new information collection requirements associated with the notices described in § 422.620, § 422.624, and § 422.626 are subject to the Paperwork Reduction Act (PRA) and thus will not take effect until approval is obtained from the Office of Management and Budget. We will publish the effective dates of these new requirements in the **Federal Register** after these notices have been approved through the PRA process.

2. On page 16662, in the third column; in the section entitled, IV. Provisions of This Final Rule with Comment Period, in the second paragraph, we are deleting the bulleted entry that reads—New § 422.502(i)(3)(iv) specifies that M+C organization contracts with providers and other related entities entered into after (the effective date of this rule) must contain a provision specifying that these entities will comply with the applicable notice and appeal provisions in §§ 422.620, 422.624, and 422.626.

III. Waiver of Proposed Rulemaking

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** to provide a period for public comment before the provisions of a notice take effect. We can waive this procedure, however, if we find good cause that notice and comment procedure is impracticable, unnecessary, or contrary to the public interest and incorporate a statement of the finding and the reasons for it into the notice issued.

We find it unnecessary to undertake notice and comment rulemaking because this notice merely provides technical corrections to the regulations. Therefore, we find good cause to waive notice and comment procedures.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: April 18, 2003.

Ann Agnew,

Executive Secretary to the Department.

[FR Doc. 03–10160 Filed 4–24–03; 8:45 am]

BILLING CODE 4120–01–P

Proposed Rules

Federal Register
Vol. 68, No. 80
Friday, April 25, 2003

This section of the FEDERAL REGISTER contains notices to the public of the proposed issuance of rules and regulations. The purpose of these notices is to give interested persons an opportunity to participate in the rule making prior to the adoption of the final rules.

SMALL BUSINESS ADMINISTRATION

13 CFR Parts 121 and 124

RIN 3245–AF06

Size for Purposes of the Multiple Award Schedule and Other Multiple Award Contracts; Small Business Size Regulations; 8(a) Business Development/Small Disadvantaged Business Status Determinations

AGENCY: U.S. Small Business Administration.

ACTION: Proposed rule.

SUMMARY: The U.S. Small Business Administration (SBA) proposes to amend its regulations to address the time at which size is determined for purposes of the General Services Administration's (GSA) Multiple Award Schedule (MAS) Program, including the Federal Supply Schedule (FSS), and other multiple award contracts, including Governmentwide Acquisition Contracts and multi-agency contracts. SBA also proposes to amend its 8(a) Business Development regulations to address when a business concern may receive orders as an 8(a) program participant under GSA's MAS Program, including the FSS, and other multiple award contracts.

DATES: Comments must be received on or before June 24, 2003.

ADDRESSES: Written comments should be addressed to Linda G. Williams, Associate Administrator, Office of Government Contracting, U.S. Small Business Administration, 409 3rd Street, SW., Washington, DC 20416, or by FAX to (202) 205–6390 or by e-mail to *Linda.Williams@sba.gov*. You may also submit comments electronically to *http://www.regulations.gov*.

FOR FURTHER INFORMATION CONTACT: Dean Koppel, Assistant Administrator, Office of Policy and Research, Office of Government Contracting, (202) 205–7322, *dean.koppel@sba.gov*.

SUPPLEMENTARY INFORMATION: The SBA's small business size regulations (13 CFR part 121) are used to determine eligibility for all SBA and Federal programs that require a concern to be a small business. Currently, SBA's regulations provide that SBA determines the size of a concern as of the date the concern submits a written self-certification that it is small to the procuring agency as part of its initial offer, including price. 13 CFR 121.404. Therefore, for a multiple award schedule (MAS), Federal Supply Schedule (FSS), multiple award, or Governmentwide Acquisition (GWAC) contract, size is determined as of the date of a concern's initial offer, including price. If a concern is small as of that date, agencies may place orders pursuant to the original contract and consider these orders as awards to a ''small business'' for the length of the MAS, FSS, multiple award contract or GWAC.

This has led to skewed and, in SBA's view, misleading results. Such contracts may have terms of five, ten, or twenty years, and can be amended to incorporate goods and services with varying size standards, and unlimited quantities. Therefore, orders to concerns receiving such contracts would be considered to be awards to small business even though a firm had grown to be large (either through natural growth or by merger or acquisition) during the term of the contract, and even though the firm is not (and may never have been) small with respect to the size standard corresponding to the work to be performed under a particular order.

For example, SBA has reviewed Federal Procurement Data System (FPDS) statistics as they relate to four business concerns that received contracts as small businesses under the GSA's MAS Program, but which have become other than small since that time. These four business concerns are continuing to receive orders issued pursuant to a MAS contract in which each certified that they were small at the time of the original MAS contract. In fiscal year 2000, these four business concerns received over $190 million in such orders. Because these concerns were considered small at the time of the original MAS contract, each of these 1,313 contracting actions, valued at over $190 million, could be counted as awards to small businesses. The figures for these same concerns in fiscal year 2001 are equally astounding—1,271 contracting actions amounting to over $200 million in awards to other than small businesses.

In addition, SBA's Office of Hearings and Appeals (OHA) recently decided a size appeal relating to an order issued pursuant to the FSS. In *Size Appeals of SETA Corporation and Federal Emergency Management Agency*, SBA No. SIZ–4477 (2002) (OHA decisions are available at *www.sba.gov/oha/searchpage.html* or by contacting OHA by e-mail at *oha@sba.gov* or by phone at 202–401–8200), OHA ruled that a request for quotations (RFQ) issued pursuant to a FSS contract was a new small business set-aside procurement. As such, OHA held that size should be determined as of the date of the firm's submission of its certification as an eligible small business with its price quotation in response to the RFQ, and not at the date of the firm's offer in response to the initial FSS solicitation.

Further, the U.S. General Accounting Office (GAO) weighed in on the issue in a recent bid protest. In *CMS Information Services, Inc.*, B–290541 (Aug. 7, 2002) (available at *http://www.gao.gov* or contact the Government Printing Office at 202–512–1530), the procuring agency limited competition to small businesses and required businesses to certify their size at the time they submitted their quotations. The protester argued that this certification requirement was improper because the offerors had each certified their size at the time they submitted their initial offer to GSA for award of its FSS contract. GAO ruled that when an agency limits competition to small business vendors under a competitive RFQ issued pursuant to the FSS, the agency may properly require firms to certify as to their small business size status as of the time they submit their quotations.

In addition, GSA implemented a Federal Acquisition Regulation (FAR) deviation requiring contractors operating under the MAS Program or any other multiple award contract (such as the FAST program in GSA's Federal Technology Service), to recertify that the concern qualifies as a small business each time their contract is up for renewal. See GSA News Release # 9991 (November 15, 2002) (available at *http://www.gsa.gov/Portal/newsreleases.jsp*).

This evidence indicates that agencies may be counting orders issued pursuant to a MAS or other multiple award

contract as awards to small businesses when, in reality, the order is actually made to an entity other than a small business. As a result, agencies, including GSA, are attempting to remedy the situation, as are administrative tribunals such as OHA and GAO. Consequently, SBA is proposing a regulation at 13 CFR 121.404(c) to specifically address size as it relates to awards issued pursuant to multiple award contracts, including specifically GSA's MAS Program.

Under the proposed rule, a firm that receives a MAS or other multiple award contract must certify annually on the anniversary date of the contract award that it continues to be a small business for a specified size standard. A concern that is small at the time of the initial offer for a MAS or other multiple award contract would be considered small for one year from the date of its certification. The concern would then have to re-certify its size each year, for the term of the contract. Under the proposed rule, procuring agencies would then publish a list of the re-certifications received, within 10 days of receipt, on their agency's Web site, in the **Federal Register**, or otherwise. The rule would permit any interested party to file a protest with the contracting officer challenging the size of the concern seeking re-certification. If the recertification is challenged, SBA would then perform a formal size determination with respect to the challenged firm. SBA specifically requests comments as to the best or most expedient way to post these re-certifications so as to ensure that interested parties may appropriately protest, but at the same time not imposing an undue burden on procuring agencies or on the small business concerns.

SBA also may review or request a formal size determination with respect to any re-certification. However, once a firm is recertified, the concern will be considered to be a small business with respect to any order it receives with a North American Industry Classification Code (NAICS) code having the same or higher size standard during that one year period. Each order issued pursuant to the contract could then be counted as an award to small business.

However, under the GAO decision in *CMS* cited above, a contracting officer would have the discretion to ask for size certifications for individual orders. This proposed rule does not seek to, and does not in fact, change such discretion.

The proposed rule is based on SBA's view that receiving a multiple award contract or getting on GSA's FSS is similar to being admitted to SBA's 8(a) Business Development (BD) or HUBZone programs, and orders issued under multiple award contracts or off the schedule are similar to the actual award of an 8(a) BD or HUBZone contract. In the 8(a) BD and HUBZone programs, a concern must be small (for its primary NAICS code) at the time it is admitted to the program, and it must be small for each 8(a) BD or HUBZone contract it is awarded. Although the proposed rule would not require a firm to certify its status as (and in fact be) a small business for each order it receives under a multiple award contract (as an 8(a) or HUBZone concern must do for individual contracts once admitted to either of those programs), its requirement for annual certification makes size relevant for orders.

SBA also recognizes, however, that an order issued pursuant to a multiple award contract is intended to be a simple, fast way to procure needed goods and services. SBA does not seek to delay the procurement process or make it more complicated.

SBA considered three other alternatives to the proposed rule. The first alternative would require that for an agency to count an award issued under a multiple award or schedule contract as an award to a small business, the concern must be small as of the date of each order (in addition to being small at the time of its self-certification for the multiple award or schedule contract). The second alternative would require a firm to re-certify its status as a small business at the time of any option on the multiple award or schedule contract. SBA believes that the first alternative might require size certifications too often (and could delay the procurement process), and that the second alternative would require them too infrequently (letting a firm that has been purchased by a large business immediately after receiving its multiple award or schedule contract, for example, to be considered a small business for almost five years after becoming large). The third alternative SBA considered is similar to that proposed, but would require annual recertification or notification for a MAS or other multiple award contract only where a firm's size status for the MAS or other multiple award contract at issue has changed. While this alternative would significantly reduce paperwork and have a minimal effect on the procurement process, SBA was concerned about timely compliance with such a requirement. For example, if a firm that has grown to be other than small is seeking a substantial order as a small business under a MAS or other multiple award contract, it might not notify the contracting officer of its changed status until after it received the order. SBA specifically requests comments on each of these three alternatives.

SBA also proposes to amend 13 CFR 121.1004(a)(3), regarding time limits for size protests in the case of multiple award and schedule procurements, including FSS contracts. The proposed regulation would authorize size protests challenging firms seeking re-certification of their status as small businesses for a MAS or other multiple award contract. In addition, it would specifically authorize size protests in connection with orders issued under those contracts. Since time of size for an order issued under a MAS or other multiple award contract is determined as of the date the concern submits a written self-certification that it is small to the procuring agency as part of its initial offer, including price (during the one-year period immediately following contract award) and as of the date the concern submits its re-certification (for the one-year period after any re-certification), a protest challenging the size of a concern for a specific order under a MAS or other multiple award contract relates to the date of the certification or re-certification, as applicable. Again, a contracting officer can request size certifications in connection with a specific order. In such a case, size would then be determined as of the date of the certification in connection with the order. Absent such a request by a contracting officer, the certification or re-certifcation date is the date at which SBA would determine a concern's size for a specific order.

SBA specifically requests comments on the appropriate time frame within which to require size protests relating to such orders. SBA recognizes that multiple award and schedule contracts are intended to be a fast, easy way for an agency to meet its procurement needs. However, SBA does not believe that a size protest would slow down the process or delay performance. A size protest in this context most probably would relate to whether an agency can count the award as an award to small business. Whether an award counts or does not count as a small business award has no bearing on whether the award can be made to a particular firm, or whether that firm can perform the award. Thus, the proposed rule would permit a protest to be made at any time prior to the expiration of the underlying multiple award or schedule contract.

Finally, the proposed rule would amend 13 CFR 124.503(h)(2) to ensure that size eligibility for 8(a) multiple award contracts is consistent with the

changes made to the size regulations generally by this rule. A concern would be able to continue to receive orders as an 8(a) small business under an 8(a) MAS contract (including the Federal Supply Schedule (FSS)) or other multiple award contract (including a GWAC, with respect to any orders issued pursuant to the MAS or other multiple award contract having a NAICS code with the same or higher size standard as the one(s) under which it qualified for a period of one year from the date of its certification or re-certification as a small business.

Compliance With Executive Orders 12612, 12988, and 12866, the Regulatory Flexibility Act (5 U.S.C. 601–612), and the Paperwork Reduction Act (44 U.S.C. Ch. 35)

OMB has determined that this proposed rule constitutes a significant regulatory action under Executive Order 12866.

For purposes of the Paperwork Reduction Act, 44 U.S.C. Ch. 35, SBA has determined that this rule, if adopted in final form, would impose a new reporting requirement but not a new recordkeeping requirement. The proposed rule provides that in order to be considered small for purposes of an order issued pursuant to a multiple award or schedule contract, a concern must qualify as small at the time it receives the intial contract and annually. SBA does not believe that this requirement imposes a new recordkeeping requirement. SBCs have always been required to keep records pertaining to their size and to certify as to their size status to receive Federal benefits. Firms have always had to certify their size status with respect to new solicitations/contracts. No new records would be required in order to meet this change regarding multiple award contracts. In addition, these records are those kept in the ordinary course of business, such as federal income tax returns.

However, the proposed regulation would require business concerns to certify annually as to their size, in addition to certifying at the time of the intial MAS or other multiple award contract. Thus, the proposed regulation imposes a new reporting requirement. SBA believes that this additional certification would not be a burden to small business. In fact, small businesses have contacted SBA requesting such an additional certification in order to ensure that those receiving awards as small businesses are in fact small. The following sets forth further detail about this information collection request and specifically requests comments on the issue.

A. Application

Title: Re-Certification of Size for Multiple Award Contracts.

Summary: This application, described in proposed 13 CFR 121.404(c)(i), would require each business concern that certifies as small at the time of award for purposes of the General Services Administration's Multiple Award Schedule Program, including the Federal Supply Schedule, and other multiple award contracts, including Governmentwide Acquisition Contracts and multi-agency contracts, to re-certify once each year to the procuring agency's contracting officer that it is still small for purposes of that contract and consequently for any orders issued pursuant to the MAS or other multiple award contract having a NAICS code with the same or higher size standard. The application information provided to the contracting officers and subsequently published on the agency's Web site, in the **Federal Register**, or otherwise will allow all parties to determine whether a business concern is small pursuant to SBA's size regulations.

Need and Purpose: Pursuant to SBA's current regulations, a concern's size status is determined as of the date that it submits its initial offer, including price, for MAS and other multiple award contracts. If a concern is small as of that date, it is deemed to be small for the life of the contract and all orders issued pursuant to that contract. Contracts issued pursuant to some multiple award schedules are being extended for ten or twenty years. Therefore, a business concern that certified as small to receive a schedule contract ten years ago may still be considered small for orders issued pursuant to the same contract even if the business concern is clearly no longer small. Agencies are then able to count these orders as awards to small business even though the firm may have grown to be other than small or has merged with or been acquired by a large business many years ago. Unfortunately, this means that Federal agencies that meet their SBC goals by counting awards to former SBCs do so at the expense of legitimately defined SBCs. The information submitted in the re-certification will help determine whether or not these business concerns continue to be small and thus whether the orders issued pursuant to the initial schedule or other multiple award contract may be deemed an award to a small business concern.

Description of Respondents: All business concerns that certified as small for the initial MAS or other multiple award contract will be required to re-certify each year as to the concern's size pursuant to this proposed rule. SBA estimates that approximately 6,000 SBCs receive MAS or other multiple award contracts each year. SBA estimates the burden of this collection of information as follows: A business concern will re-certify annually as to its size for each MAS or other multiple award contract it receives and to which it initially certified itself as small. SBA estimates the time needed to complete this collection will average at most a half hour. SBA estimates the cost to complete this collection will be approximately $30 per hour. The total estimated aggregated burden is 3,000 hours per annum costing an aggregated $45,000 for the year.

SBA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of SBA's functions, including whether the information will have a practical utility; (2) the accuracy of SBA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

Please send comments about this information collection request by the closing date for this proposed rule to David Rostker, Office of Management and Budget, Office of Information and Regulatory Affairs, 725 17th Street, NW., Washington, DC 20503 and to Linda Williams, Associate Administrator for Government Contracting, Office of Government Contracting and Business Development, U.S. Small Business Administration, 409 Third Street, SW., Washington, DC 20416.

For purposes of Executive Order 12988, SBA has drafted this proposed rule, to the extent practicable, in accordance with the standards set forth in section 3 of that Order.

For purposes of Executive Order 13132, SBA has determined that this proposed rule has no federalism implications warranting the preparation of a Federalism Assessment.

SBA has determined that this proposed rule, if adopted in final form, could have a significant economic impact on a substantial number of small

entities within the meaning of the Regulatory Flexibility Act (RFA), 5 U.S.C. 601–612. Therefore, SBA has prepared an Initial Regulatory Flexibility Act (IRFA) analysis addressing the proposed regulation.

B. IRFA

The RFA provides that when preparing a Regulatory Flexibility Analysis, an agency shall address all of the following: the reasons, objectives, and legal basis for the proposed rule; the kind and number of small entities which may be affected; the projected recordkeeping, reporting, and other compliance requirements of the proposed rule, including an estimate of the classes of small entities which will be subject to the requirement and the type of professional skills necessary for preparation of the report or record; federal rules which may duplicate, overlap, or conflict with the proposed rule; and any significant alternatives to the proposed rule. This IRFA considers these points and the impact the proposed regulation concerning multiple award or schedule contracts may have on small entities.

(a) Reasons, Objectives and Legal Basis

Under the Small Business Act, SBA is authorized to specify detailed definitions and standards by which an entity may be determined to be a small business concern. 15 U.S.C. 632(a)(2). SBA's definitions and standards relating to SBCs are set forth in 13 CFR part 121.

Pursuant to SBA's current regulations, a concern's size status is determined as of the date that it submits its initial offer, including price, for the MAS or other multiple award contract. If a concern is small as of that date, it is deemed to be small for the life of the contract and for all orders issued pursuant to that contract. It is our understanding that contracts issued pursuant to some multiple award schedules are being extended for ten or twenty years. This means that a concern that certified as small to receive a schedule contract ten years ago, could still be considered small for orders issued pursuant to the same contract even if the business concern is clearly no longer small. Agencies are then able to count these orders as awards to small business even though the firm may have grown to be other than small or has merged with or been acquired by a large business many years ago. Unfortunately, this means that Federal agencies that meet their SBC goals by counting awards to former SBCs do so at the expense of legitimately defined SBCs. Agencies may not seek other procurement opportunities with legitimate SBCs because they have met their SBC goal through schedule orders to firms that are no longer small. As a result of the increasing use of these schedules and other multiple award contracts, SBA believes it is necessary to amend its regulations and address these size eligibility issues for orders issued pursuant to MAS and other multiple award contracts.

(b) Description and Estimate of the Number of Small Entities to Which the Rule May Apply

The RFA directs agencies to provide a description of and, where feasible, an estimate of the number of small entities that may be affected by the proposed rules, if adopted. The RFA defines ''small entity'' to include ''small businesses,'' ''small organizations,'' and ''small governmental jurisdictions.'' SBA's programs do not apply to ''small organizations'' or ''small governmental jurisdictions'' because they are non-profit or governmental entities and do not qualify as ''business concerns'' within the meaning of SBA's regulations. SBA's programs apply only to for-profit business concerns. Therefore, the proposed regulation (like the regulation currently in effect) will not impact small organizations or small governmental jurisdictions.

Small businesses that participate in federal government contracting are the specific group of small entities affected most by this proposed rule. While there is no precise estimate for the number of SBCs that will be affected by this proposed rule, SBA has reasoned the following. First, there are over 200,000 SBCs registered on PRO-Net. PRO-Net is a database containing profiles of SBCs that includes information from SBA's files and other available databases, as well as information inputted by SBCs. Second, in 2001, SBA approved over 48,000 loans. Thus, based on a simplistic review of PRO-Net, it may appear that the proposed rule could affect, at a minimum, at least 250,000 SBCs. SBA notes, however, that this rule would likely affect only those small businesses having a MAS or other multiple award contract that were small at the time of the initial schedule or multiple award contract, and are no longer small. The number of SBCs awarded a MAS or other multiple award contract are much less than the PRO-Net figure, and those that have grown to be other than small since the award of their MAS or other multiple award contract is even smaller than that. Therefore, this rule will not impact all of the ''SBCs'' with MAS or other multiple award contracts, but, as identified below, would impact at least 6–12 businesses each year.

According to the Federal Procurement Data System (FPDS), in fiscal year 2001, there were 241,581 orders issued pursuant to the FSS and 648,522 orders issued pursuant to other Federal schedules for prime contract actions of $25,000 or less. (Federal Procurement Report, Section III, Agency Views, *http://www.fpdc.gov/fpdc/fpr.htm*). Over $600 million of these FSS orders and over $180 million of the other Federal schedule orders were reported as orders to SBCs. For contract actions over $25,000, there were over 61,000 orders, or $13.8 billion in orders issued pursuant to the FSS, and over 47,000 or $15 billion in orders issued pursuant to MAS contracts. *Id.* For FSS contracts above $25,000, approximately $4 billion was reported as awarded to 2,610 small businesses. This means that the average of orders awarded to SBCs is about $1.5 million (3,950,853,000/2610=1,513,737).

In addition to examining FPDS data, SBA has examined the growth trends of businesses between the 1992 and 1997 Economic Censuses using the 1992 and 1997 Special Tabulation of the Economic Census for SBA. The data shows that the share of total businesses with 100 employees or more (an approximate average employment size of all size standards) increased by 0.2 percent. According to the Census data (*www.census.gov*), the share of total businesses with 100 employees or more increased by only 0.1 percent and according to SBA's Office of Advocacy data (*see www.sba.gov/advo/stats/us88_99.pdf*), the increase was 0.1 between 1992–1997 and about 0.15 percent between 1992–1999. Applying these general trends to the 6,000 small businesses SBA believes are participating in the GSA's MAS program, approximately 3 to 4 small businesses per year would outgrow their small business classification. SBA, however, expects the actual number of businesses that outgrow their small business classification would be two to three times higher (6 to 12 business concerns) than this estimate, since studies have shown businesses receiving Federal contracts tend to be stronger businesses. Therefore, SBA expects 6 to 12 business concerns each year that have a multiple award contract to become other than small during the year. SBA expects the number of concerns affected the first year to be greater because firms have not had to certify their size status annually since being awarded a multiple award contract, and firms may have received such contracts several years ago and

could not recertify their small business status today.

SBA welcomes comments on the potential number of small businesses that would have to change their business designation and its implications as a result of this proposed provision.

This proposed rule could have a significant economic impact on SBCs. Using both the census and FPDS data discussed above, concerns that grow and no longer qualify as SBCs (about 6–12 a year) attain over $18 million a year in FSS awards (average of task order awards to SBCs is $1.5 million). Therefore, this rule could result in a corresponding increase in over $18 million in awards to those concerns that are actually small, although such a result is unlikely.

As an example, SBA has researched four actual business concerns that it believes are no longer small, and yet are still receiving orders issued pursuant to a MAS contract where each business certified itself as small on the original contract. The concerns, and the number of schedule orders received, as well as the total value of the awards, were obtained from FPDS data and are as follows:

	FY2000 # actions	Dollars ($000)	FY2001 # actions	Dollars ($000)
Business #1	1,019	154,321	902	124,063
Business #2	88	8,043	55	6,073
Business #3	28	18,217	0	0
Business #4	178	16,235	314	77,360

SBA notes that it is difficult to access FPDS data with only a business concern's name because concerns typically have many different variations of their name (*i.e.*, divisions, sections, etc). Therefore, the total number of actions and dollar value may be higher for the four concerns listed above.

SBA also notes that some could argue that this rule provides a disincentive for contracting officers to select a small business. Contracting officers may fear that there will be a size protest that would ultimately slow down the contracting process.

SBA does not believe this rule would alter the decisions of contracting officers in any way. First, the procuring activity will select a concern for an order because it is the best value to the Federal Government. Second, SBA does not believe that the activity will refuse to issue the order, which results in the best value to the Government, because the concern has to certify its size and may no longer be small. SBA believes that the only consequence is that the procuring activity will not be able to count the award as one to a SBC.

SBA believes that this is similar to how orders issued pursuant to MAS contracts currently interact with the 8(a) BD program. Today, a contracting officer can consider an offer from an 8(a) BD program participant, a SBC, and a large business simultaneously. Under a Memorandum of Understanding between SBA and the GSA, if the contracting officer determines that the best value to the Government is the offer submitted by the 8(a) BD participant, the order to that firm may be counted as an 8(a) award and counted towards the agency's SDB goal. If the best value to the Government is the offer from the large business, the large business would receive the award and the order would not count toward any small business goal. It is SBA's view that the same would happen under the proposed rule where a schedule holder grows to be other than small. In that case, if a firm that is no longer small would provide the best value to the Government, SBA believes that the firm would still get the MAS or FSS order, but, as with an award to any other large business, the order could not count toward any small business goal.

Therefore, if implemented, SBA believes this rule will ultimately impact the data collected on orders issued to SBCs, rather than affect the number of orders received by business concerns who have grown to be other than small since they received a federal multiple award or schedule contract.

(c) Additional Reporting or Record Keeping Requirements on Small Businesses

This proposed rule would impose a new information collection requirement on small businesses. However, the information collection is the same as that small business concerns currently submit for Government contracts to receive a preference or for an agency to count the award as one to a small business.

SBA does not believe that this provision imposes any new recordkeeping requirements. SBCs have always been required to keep records pertaining to their size and to certify as to their size status to receive Federal benefits. In addition, these records are those kept in the ordinary course of businesses, such as federal income tax returns.

(d) Relevant Federal Rules That May Duplicate, Overlap or Conflict With This Rule

This rule does not duplicate, overlap, or conflict with any other Federal rules. Under this proposed rule, SBCs would have to certify that they are small at the time they receive the MAS or other multiple award contract and then annually each year thereafter, so long as the MAS or other multiple award contract is still in effect, in order for the procuring activity to count the order as an award to a SBC. SBA does not believe this rule conflicts with any FAR rule. For example, according to FAR 19.804–6, separate offers and acceptances need not be made for individual orders under MAS or FSS contracts for the 8(a) BD Program. SBA's acceptance of the original multiple award or MAS contract is valid for the term of the contract. The same is set forth in 13 CFR 124.503(h) of SBA's regulations. The rule proposed does not conflict with this FAR regulation, which addresses offer and acceptance of a contract for the 8(a) BD Program.

In addition, typically, SBCs only certify their size on initial contracts and not annually, and therefore the FAR will need to be amended to address this rule, if promulgated as final. SBA does not believe this rule conflicts with FAR rules addressing multiple award or schedule orders and notes that SBA has exclusive statutory jurisdiction in establishing size definitions and standards. It is important to remember, however, that size eligibility generally, and in this case size for purposes of a multiple award or schedule order, falls within SBA's jurisdiction. The Small Business Act gives to SBA the exclusive authority to determine when and under what circumstances a business entity may be considered small.

(e) Alternatives That SBA Considered

SBA has proposed a new provision addressing orders issued pursuant to MAS and other multiple award contracts. Currently, size is determined

as of the date of a concern's initial offer on the MAS or other multiple award contract, not for each order issued pursuant to that contract. If a concern is small on that date, orders may be placed and considered to be awards to ''small business'' for the length of the MAS or other multiple award contracts. SBA understands that such contracts may have terms of five, ten, or more years, and can be amended to incorporate goods and services with varying size standards and unlimited quantities. Orders to concerns issued pursuant to a MAS or other multiple award contract would be deemed awards to small businesses even if a concern had grown to be large many years ago and even though the concern is not small with respect to the size standard corresponding to the work to be performed under a particular task order.

In determining how to address this issue, SBA considered first not amending the current regulation. However, SBA believes that if it does not address this issue, then awards will continue to be made to concerns that are not small businesses, yet agencies will get credit for making an award to a small business. SBA believes that this would harm legitimate small business concerns by reducing the number of opportunities and additional awards to them, either through the MAS program or otherwise. In addition, SBA has been contacted by several legitimate small businesses complaining that MAS orders are going to firms clearly not small, but that such awards are being counted as awards to small business. These businesses believe that their opportunites of receiving orders are reduced because agencies can go to large businesses and count the orders as awards to small businesses.

SBA also considered that, instead of determining size eligibility annually for purposes of orders issued pursuant to a MAS or other multiple award contract, it would determine size as of the date that a firm certifies that it is small for a particular order. Although this approach is appealing to SBA, SBA believes that some procuring agencies would oppose it. They could argue that such an approach would delay the procurement process, which is contrary to the intent of the MAS program. SBA also considered a longer time period, such as five years (one contract year plus four option years), in which the concern could be considered small. SBA decided not to propose this approach because it would not adequately address the perceived problem (*i.e.*, awards to other than small businesses would continue to be counted as small business awards for too long a period of time and too often, since agencies are increasingly using multiple award and schedule contracts). SBA believes that a process which requires a concern to self-certify annually that it continues to be small for orders issued pursuant to a MAS or other multiple award contract represents little or no burden to the SBC or to the procurement process.

SBA also proposes a rule regarding time limits for size protests in the case of MAS procurements, including FSS contracts. The proposed rule would specifically authorize protests in connection with awards and orders issued under those contracts as well as multiple award contracts. SBA proposes that a protest relating to an individual order is timely so long as it is received anytime before the expiration of the contract period. SBA considered the fact that multiple award and schedule contracts are intended to be a fast and easy way for an agency to contract. SBA does not believe that a size protest would slow down the contracting process or delay performance because a size protest, in this instance, would likely relate to whether an agency can count the award as an award to a SBC, not to whether award can or should be made to a particular business entity. SBA specifically requests comments as to other options for these time limits.

(f) Conclusion

Based upon the foregoing, SBA has determined that this proposed rule may have a significant impact on a substantial number of small entities within the meaning of the RFA. SBA requests comments addressing any of the issues raised in this IRFA, including comments on the economic effect this rule could have on small entities.

List of Subjects

13 CFR Part 121

Administrative practice and procedure, Government procurement, Government property, Grant programs—business, Loan programs—business, Reporting and recordkeeping requirements, Small businesses.

13 CFR Part 124

Administrative practice and procedure, Minority businesses, Reporting and recordkeeping requirements, Technical assistance.

For the reasons set forth in the preamble, SBA proposes to amend parts 121 and 124 of Title 13 of the Code of Federal Regulations, as follows:

PART 121—SMALL BUSINESS SIZE REGULATIONS

1. The authority citation for part 121 continues to read as follows:

Authority: 15 U.S.C. 632(a), 634(b)(6), 637(a), 644(c) and 662(5) and Sec. 304, Pub. L. 103–403, 108 Stat. 4175, 4188.

2. In § 121.404 add paragraph (c) to read as follows:

§ 121.404 When does SBA determine the size status of a business concern?

* * * * *

(c) In order to be considered small for purposes of the General Services Administration's Multiple Award Schedule (MAS) Program, including the Federal Supply Schedule, and other multiple award contracts, including Governmentwide Acquisition Contracts (GWAC) and multi-agency contracts, a concern must qualify as small as of the date it submits a written self-certification to the procuring agency as part of its initial offer including price. The concern will be considered small with respect to any orders issued under the MAS or other multiple award contract having a NAICS code with the same or higher size standard as the one(s) under which it qualified for a period of one year from the date of its certification.

(1) A business concern awarded a MAS or other multiple award contract must annually re-certify to the contracting officer on the anniversary date of the contract award that it continues to qualify as a small business for the contract. Contracting officers will publish a list of the re-certifications received, within 10 days of receipt, on their agency's website, and may also publish it in the **Federal Register** or otherwise. SBA may review or request a formal size determination with respect to that re-certification, and any interested party may protest that re-certification pursuant to § 121.1004(a)(3)(iii). The business concern may be considered small with respect to any orders issued pursuant to the MAS or other multiple award contract having a NAICS code with the same or higher size standard as the one(s) under which it re-certified for a period of one year from the date of its re-certification.

(2) The contracting officer must assign an appropriate NAICS code to each order issued under a MAS or other multiple award contract to assist in determining whether a concern is small for a particular order.

(3) Time of size for a specific order relates back to the date of the initial written self-certification that it is small to the procuring agency for the award of

the MAS or other multiple award contract (during the one-year period immediately following contract award) and as of the date the concern submits its re-certification (for the one-year period after any re-certification).

3. Revise § 121.1004(a)(3) to read as follows:

§ 121.1004 What time limits apply to size protests?

(a) * * *

(3) *Multiple Award Contracts.* (i) Except as set forth in paragraph (a)(3)(ii) of this section, protests relating to the award of a MAS or other multiple award contract are considered timely if they meet the requirements of paragraphs (a)(1) or (a)(2) of this section.

(ii) Protests relating to the award of a contract under the General Services Administration's MAS Program, including the Federal Supply Schedule, are considered timely if received by the contracting officer within 10 days of a concern being listed on the multiple award schedule.

(iii) Protests relating to re-certifications issued pursuant to § 121.404(c) are considered timely if received by the contracting officer within 10 days of a concern being listed on an agency's website or published in the **Federal Register** or otherwise. Protests relating to individual awards or orders issued pursuant to the MAS Program or other multiple award contracts are considered timely if received by the contracting officer at any time prior to the expiration of the contract period (including renewals).

* * * * *

PART 124—8(A) BUSINESS DEVELOPMENT/SMALL DISADVANTAGED BUSINESS STATUS DETERMINATIONS

4. The authority citation for part 124 continues to read as follows:

Authority: 15 U.S.C. 634(b)(6), 636(j), 637(a), 637(d) and Pub. L. 99–661, Pub. L. 100–656, sec. 1207, Pub. L. 101–37, Pub. L. 101–574, and 42 U.S.C. 9815.

5. Revise § 124.503(h)(2) to read as follows:

§ 124.503 How does SBA accept a procurement for award through the 8(a) BD program?

* * * * *

(h) * * *

(2)(i) A concern can continue to receive orders as an 8(a) small business under the General Services Administration's Multiple Award Schedule (MAS) Program, including the Federal Supply Schedule, and other multiple award contracts, including Governmentwide Acquisition Contracts (GWACs) and multi-agency contracts, with respect to any orders issued pursuant to the MAS or other multiple award contract having a NAICS code with the same or higher size standard as the one(s) under which it qualified for a period of one year from the date of its certification or re-certification as a small business.

(ii) A concern can continue to receive orders under the MAS Program, including the Federal Supply Schedule, and multiple award contracts, including GWACs and multi-agency contracts, even after it no longer meets the requirement of paragraph (h)(2)(i) of this section, but such award will not count as an award to an 8(a) small business.

* * * * *

Dated: April 21, 2003.

Hector V. Barreto,

Administrator.

[FR Doc. 03–10286 Filed 4–24–03; 8:45 am]

BILLING CODE 8025–01–P

CONSUMER PRODUCT SAFETY COMMISSION

16 CFR Part 1026

Standards of Conduct for Outside Attorneys Practicing Before the Consumer Product Safety Commission; Termination of Rulemaking

AGENCY: Consumer Product Safety Commission.

ACTION: Notice.

SUMMARY: In November 2000, the Consumer Product Safety Commission published a notice of proposed rulemaking to issue a new rule addressing the behavior of attorneys on matters before the Commission. 65 FR 66515. The Commission has now decided that such a new rule is not necessary, and has terminated this regulatory proceeding.

FOR FURTHER INFORMATION CONTACT: Melissa V. Hampshire, Office of the General Counsel, Consumer Product Safety Commission, Washington, DC 20207; (301) 504–7631; *mhampshire@cpsc.gov.*

SUPPLEMENTARY INFORMATION: The Commission does not have rules governing the behavior of attorneys outside the context of a formal adjudication. The Commission conducts the majority of its business outside of such adjudications. In November 2000 the Commission proposed a new rule that would cover attorney conduct outside of formal adjudications.

The Commission received five comments opposing the proposal. These comments criticized the proposed rule on the following grounds: (1) The rule is unnecessary because there is no attorney misconduct problem at the Commission and existing state bar regulations are adequate to regulate any future attorney misconduct; (2) the ''bad faith'' standard set forth in the proposed rule is vague and overly broad; and (3) the procedures contained in the proposed rule are inadequate to protect the rights of the attorneys subject to it. The Commission received one comment endorsing the need for a new rule and favoring the standards and enforcement procedures contained in it.

The Commission has evaluated the comments and has decided the proposed attorney conduct rules are not necessary and, accordingly, the November 2000 notice of proposed rulemaking is withdrawn.

Dated: April 22, 2003.

Todd A. Stevenson,

Secretary, Consumer Product Safety Commission.

[FR Doc. 03–10277 Filed 4–24–03; 8:45 am]

BILLING CODE 6355–01–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[CA264–373; FRL–7488–3]

Revisions to the California State Implementation Plan, San Joaquin Valley Unified Air Pollution Control District, Yolo-Solano Air Quality Management District

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: EPA is proposing a limited approval and limited disapproval of revisions to the San Joaquin Valley Unified Air Pollution Control District (SJVUAPCD) and Yolo-Solano Air Quality Management District (YSAQMD) portions of the California State Implementation Plan (SIP). These revisions concern volatile organic compound (VOC) emissions from industries storing, loading, and transfering organic liquids as part of their operations. We are proposing action on local rules regulating these emission sources under the Clean Air Act as amended in 1990 (CAA or the Act). We are taking comments on this proposal and plan to follow with a final action.

DATES: Any comments must arrive by May 27, 2003.

ADDRESSES: Mail comments to Andy Steckel, Rulemaking Office Chief (AIR–4), U.S. Environmental Protection Agency, Region IX, 75 Hawthorne Street, San Francisco, CA 94105–3901.

You can inspect copies of the submitted SIP revision and EPA's technical support document (TSD) at our Region IX office during normal business hours. You may also see copies of the submitted SIP revisions at the following locations:

California Air Resources Board, Stationary Source Division, Rule Evaluation Section, 1001 ''I'' Street, Sacramento, CA 95814;

San Joaquin Valley Unified Air Pollution Control District, 1990 East Gettysburg Street, Fresno, CA 93726; and,

Yolo-Solano Air Quality Management District, 1947 Galileo Court, Suite 103, Davis, CA 95616.

A copy of the rule may also be available via the Internet at *http://www.arb.ca.gov/drdb/drdbltxt.htm*. Please be advised that this is not an EPA Web site and may not contain the same version of the rule that was submitted to EPA.

FOR FURTHER INFORMATION CONTACT: Jerald S. Wamsley, EPA Region IX, (415) 947–4111.

SUPPLEMENTARY INFORMATION: Throughout this document, ''we,'' ''us'' and ''our'' refer to EPA.

Table of Contents

I. The State's Submittal
A. What rules did the State submit?
B. Are there other versions of these rules?
C. What is the purpose of the rule revisions?
II. EPA's Evaluation and Action
A. How is EPA evaluating the rules?
B. Do the rules meet the evaluation criteria?
C. What are the rule deficiencies?
D. EPA recommendations to further improve the rules.
E. Proposed action and public comment.
III. Background Information
Why were these rules submitted?
IV. Statutory and Executive Order Reviews

I. The State's Submittal

A. What Rules Did the State Submit?

Table 1 lists the rules addressed by this proposal with the dates they were adopted by the local air agency and submitted by the California Air Resources Board (CARB).

TABLE 1.—SUBMITTED RULES

Local agency	Rule #	Rule title	Adopted	Submitted
SJVUAPCD	4623	Storage of Organic Liquids	12/20/01	03/15/02
YSAQMD	2.21	Organic Liquid Loading	06/12/02	08/06/02

On May 7, 2002 and August 30, 2002, respectively, EPA found that the SJVUAPCD Rule 4623 and YSAQMD Rule 2.21 submittals met the completeness criteria in 40 CFR part 51, appendix V. These criteria must be met before formal EPA review can begin.

B. Are There Other Versions of These Rules?

We approved a version of SJVUAPCD Rule 4623 into the SIP on May 13, 1993 (*see* 58 FR 28354). Similarly, we approved a version of YSAQMD Rule 2.21 into the SIP on August 21, 1995 (*see* 60 FR 43383). CARB has made no subsequent submittals of these rules.

C. What Is the Purpose of the Rule Revisions?

To reduce VOC emissions at industrial sites storing and transfering organic liquids, Rule 4623 establishes vapor pressure containment and control requirements for organic liquid storage tanks. Tanks and systems of tanks must have a vapor recovery system that recovers at least 95% of ROC vapors by weight or combusts excess vapors. Rule 4623 also sets specific requirements for vapor loss control devices, closure devices, external floating roofs, and internal floating roofs.

SJVUAPCD's December 20, 2001 amendments to Rule 4623 included these significant changes to the 1991 version within the SIP.

- Rule applicability was changed from tanks that store organic liquids of 1.5 total vapor pressure (TVP) to tanks storing organic liquids of 0.5 TVP. Also, the rule applies to tanks with a design capacity of 1100 gallons or more.
- Twenty new definitions were added to the rule and several others were amended.
- Section 5.4 was deleted and replaced with an exemption for gasoline storage tanks with a capacity less than 19,800 gallons subject to SJVUAPCD Rule 4621-Gasoline Transfer Into Stationary Storage Container, Delivery Vessels and Bulk Plants.
- An exemption for tanks storing or processing ''clean produced water'' was added.
- An exemption was added for tanks used in wine fermentation and for the storage of resulting by-products, and spirits.
- The exemption for small producer's tanks with capacity of 2000 barrels (84,000 gallons) or less with a throughput of less than 150 barrels (6300 gallons) of oil per day will sunset by November 14, 2003. This exemption is replaced with one for small producer's tanks having a daily throughput of 50 barrels per tank.
- The rule's general VOC control system requirements are now based on the tank size and the TVP of the stored liquid.
- Requirements were added for when internal and external floating roofs are landed on their leg supports.
- Requirements were added for floating roof deck fittings, inspection of floating roof tanks, and submitting tank inspection plans and deviation inspection reports.
- A voluntary tank inspection, maintenance, and cleaning program was added.
- A requirement was added for initial and periodic TVP and/or API gravity testing of stored organic liquid in each uncontrolled fixed roof tank or a representative tank. Instead of periodic testing, an operator may install and operate the appropriate VOC control system.
- To complement the requirements listed above and to enhance rule effectiveness, several recordkeeping requirements were added.
- A ''Test Method for Vapor Pressure of Reactive Organic Compounds for Heavy Crude Oil using Gas Chromatograph'' for crude oil with an API gravity of 20 degrees or less was added, as was Test Method ASTM D 323–94 for determining the TVP of other organic liquids.

YSAQMD Rule 2.21 establishes vapor pressure containment and control requirements for organic liquid storage tanks, as well as specific requirements for external floating roofs, internal floating roofs, vapor recovery systems, deck fittings, mechanical shoe seal and

secondary seal, resilient toroid or liquid mounted seals and secondary seals, terminal loading, bulk plant loading, transport vessels, switch loading operating practices, and storage tank cleaning. YSAQMD's June 12, 2002 amendments to Rule 2.21 listed below included these significant changes to the 1995 SIP version.

- YSAQMD deleted exemptions for low volume loading facilities, small gasoline storage containers, containers serviced by exempted delivery vessels, and implements of husbandry. Also, special circumstance exemptions for terminals were deleted.
- Thirty new definitions were added.
- A requirement was added that for storage tanks greater than 40,000 gallons using internal and external floating roofs that all new or replacement primary seal installations be a mechanical shoe or liquid mounted. Several other requirements were added for these tanks at sections 301.1–301.5.
- A lower explosive limit monitoring requirement was added for internal floating roof tanks.
- Deck fitting requirements were added for internal and external floating roof tanks.
- Annual emission testing requirements were added for external floating roof tanks, bulk plants and terminals.
- Periodic maintenance, monitoring, reporting, and record keeping requirements were added to stroage tanks, bulk plants, and terminals.

The subject TSD has more information about these rules and their amendments.

II. EPA's Evaluation and Action

A. How Is EPA Evaluating the Rule?

Generally, SIP rules must be enforceable (see section 110(a) of the Act), must require Reasonably Available Control Technology (RACT) for major sources in nonattainment areas (see section 182(a)(2)(A)), and must not relax existing requirements (see sections 110(l) and 193). Both the SJVUAPCD and the YSAQMD regulate an ozone nonattainment area (*see* 40 CFR part 81), so both SJVUAPCD Rule 4623 and Rule YSAQMD Rule 2.21 must fulfill RACT.

Guidance and policy documents that we used to help evaluate specific enforceability and RACT requirements consistently include the following:

1. Portions of the proposed post-1987 ozone and carbon monoxide policy that concern RACT, 52 FR 45044, November 24, 1987;
2. ''Issues Relating to VOC Regulation Cutpoints, Deficiencies, and Deviations,'' EPA, May 25, 1988 (the Bluebook);
3. ''Guidance Document for Correcting Common VOC & Other Rule Deficiencies,'' EPA Region 9, August 21, 2001 (the Little Bluebook);
4. ''Control of Volatile Organic Emissions from Petroleum Liquid Storage in External Floating Roof Tanks,'' EPA–450/2–78–047, USEPA, December 1978;
5. ''Control of Volatile Organic Emissions from Storage of Petroleum Liquids in Fixed-Roof Tanks,'' EPA–450/2–77–036, USEPA, December 1977; and,
6. ''Control of Volatile Organic Compound Leaks from Gasoline Tank Trucks and Vapor Collection Systems,'' EPA–450/2–78–051, USEPA, December 1978.

B. Do the Rules Meet the Evaluation Criteria?

Both SJVUAPCD Rule 4623 and YSAQMD 2.21 improve the SIP by establishing more stringent emission limits and monitoring and maintenance requirements, and eliminating exemptions. Each rule is largely consistent with the relevant policy and guidance regarding enforceability, RACT and SIP relaxations. However, within each rule there are provisions which do not meet the evaluation criteria. These provisions are summarized below and discussed further in the TSD.

C. What Are the Rule Deficiencies?

Within SJVUAPCD Rule 4623, the provisions discussed below conflict with section 110 of the Act and raise enforceability issues preventing EPA's full approval of the SIP revision.

- Section 5.6.1 is unclear on two points. First, it references requirements in section 6.4.6; these requirements are unclear in how they apply to section 5.6.1. For example, no VOC control requirement is clearly specified. Second, a typographical error exists in how section 5.6.1 references either section 6.4.6 or section 6.4.7.
- Section 7.1 has a missing compliance date and conflicting dates in its last sentence.

Within YSAQMD 2.21, the provisions discussed below conflict with section 110 of the Act and raise rule enforceability issues preventing EPA's full approval of the SIP revision. In part, Rule 2.21's deficiencies relate to an EPA policy described within a memorandum dated September 20, 1999, entitled ''State Implementation Plans: Policy Regarding Excess Emissions During Malfunctions, Start-up, and Shutdown'' (the Excess Emissions Policy).

Taken together Section 111 and Section 501 are inconsistent with the EPA policy on exemptions for excess emissions during malfunctions, start-up and shutdown. Furthermore, the Air Pollution Control Officer (APCO) discretion within section 111 for approving maintenance plans is a case of unbounded ''director's discretion'' as there are no criteria delimiting the APCO's authority for approving maintenance plans. These provisions violate EPA requirements concerning enforceability and and rule relaxations.

D. EPA Recommendations To Further Improve the Rules

SJVUAPCD added an exemption to Rule 4623 for tanks used in wine fermentation and for storage of resulting products, by-products, and spirits. Formerly, these tanks were not subject to the SIP rule given the TVP of ethanol is less than 1.5 psia under the storage conditions assumed by the rule. Now, given the amendment of the rule to include tanks with a TVP of 0.5 psia, wine and spirit industry storage tanks may be subject to the rule depending upon their size. However, an examination of our guidance and the rule's regulatory history shows that Rule 4623 has been and is intended to regulate storage tanks containing organic liquids derived primarily from petroleum extraction, refining, and storage. Consequently, we have not listed the exemption for winery and spirit industry storage tanks as a rule deficiency.

What remains at issue is whether or not winery and spirit industry storage tanks represent a significant source of VOC emissions that must be reduced if the San Joaquin Valley is to meet CAA RACT and NAAQS requirements. Recently, the SJVUAPCD listed a winery rule as a potential control measure in their Reasonable Further Progress Planning Document. They estimated potential VOC emissions from the wine and spirit industries at 8.5 tons per day (page 4–11, Table 4–3: Tier II Control Measures, ''Proposed 2003 and 2005 Rate of Progress Plan,'' 7/24/02).

We believe this level of VOC emissions to be significant and deserving of further study and analysis. SJVUAPCD should determine whether a regulation reducing VOC emissions from the winery and spirits industry in the San Joaquin Valley should be developed to meet CAA RACT and NAAQS attainment requirements. This determination should be done as part of demonstrating that their attainment plan to meet the ozone NAAQS contains all reasonably available control measures per section 172(c)(1) of the CAA.

E. Proposed Action and Public Comment

As authorized in sections 110(k)(3) and 301(a) of the Act, EPA is proposing a limited approval of these submitted rules to improve the SIP. If finalized, this action would incorporate the submitted rules into the SIP, including those provisions identified as deficient. This approval is limited because EPA is simultaneously proposing a limited disapproval of the rules under section 110(k)(3). If this disapproval is finalized, sanctions will be imposed under section 179 of the Act unless EPA approves subsequent SIP revisions that correct each rule's deficiencies within 18 months. These sanctions would be imposed according to 40 CFR 52.31. A final disapproval would also trigger the federal implementation plan (FIP) requirement under section 110(c). Note that the respective submitted rule has been adopted by the SJVUAPCD and YSAQMD. EPA's final limited disapproval would not prevent these local agencies from enforcing their rule.

We will accept comments from the public on the proposed limited approval and limited disapproval for the next 30 days.

III. Background Information

Why Were These Rules Submitted?

VOCs help produce ground-level ozone and smog, which harm human health and the environment. Section 110(a) of the CAA requires states to submit regulations that control VOC emissions. Table 2 lists some of the national milestones leading to the submittal of this local agency VOC rule.

TABLE 2.—OZONE NONATTAINMENT MILESTONES

Date	Event
March 3, 1978	EPA promulgated a list of ozone nonattainment areas under the Clean Air Act as amended in 1977. 43 FR 8964; 40 CFR 81.305.
May 26, 1988	EPA notified Governors that parts of their SIPs were inadequate to attain and maintain the ozone standard and requested that they correct the deficiencies (EPA's SIP-Call). See section 110(a)(2)(H) of the pre-amended Act.
November 15, 1990	Clean Air Act Amendments of 1990 were enacted. Pub. L. 101–549, 104 Stat. 2399, codified at 42 U.S.C. 7401–7671q.
May 15, 1991	Section 182(a)(2)(A) requires that ozone nonattainment areas correct deficient RACT rules by this date.

IV. Statutory and Executive Order Reviews

A. Executive Order 12866, Regulatory Planning and Review

The Office of Management and Budget (OMB) has exempted this regulatory action from Executive Order 12866, entitled ''Regulatory Planning and Review.''

B. Paperwork Reduction Act

This rule does not impose an information collection burden under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

C. Regulatory Flexibility Act

The Regulatory Flexibility Act (RFA) generally requires an agency to conduct a regulatory flexibility analysis of any rule subject to notice and comment rulemaking requirements unless the agency certifies that the rule will not have a significant economic impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises, and small governmental jurisdictions.

This rule will not have a significant impact on a substantial number of small entities because SIP approvals under section 110 and subchapter I, part D of the Clean Air Act do not create any new requirements but simply approve requirements that the State is already imposing. Therefore, because the Federal SIP approval does not create any new requirements, I certify that this action will not have a significant economic impact on a substantial number of small entities.

Moreover, due to the nature of the Federal-State relationship under the Clean Air Act, preparation of flexibility analysis would constitute Federal inquiry into the economic reasonableness of state action. The Clean Air Act forbids EPA to base its actions concerning SIPs on such grounds. *Union Electric Co.*, v. *U.S. EPA*, 427 U.S. 246, 255–66 (1976); 42 U.S.C. 7410(a)(2).

D. Unfunded Mandates Reform Act

Under sections 202 of the Unfunded Mandates Reform Act of 1995 (''Unfunded Mandates Act''), signed into law on March 22, 1995, EPA must prepare a budgetary impact statement to accompany any proposed or final rule that includes a Federal mandate that may result in estimated costs to State, local, or tribal governments in the aggregate; or to the private sector, of $100 million or more. Under section 205, EPA must select the most cost-effective and least burdensome alternative that achieves the objectives of the rule and is consistent with statutory requirements. Section 203 requires EPA to establish a plan for informing and advising any small governments that may be significantly or uniquely impacted by the rule.

EPA has determined that the partial approval action proposed does not include a Federal mandate that may result in estimated costs of $100 million or more to either State, local, or tribal governments in the aggregate, or to the private sector. This Federal action proposes to approve in part pre-existing requirements under State or local law, and imposes no new requirements. Accordingly, no additional costs to State, local, or tribal governments, or to the private sector, result from this action.

E. Executive Order 13132, Federalism

Federalism (64 FR 43255, August 10, 1999) revokes and replaces Executive Orders 12612 (Federalism) and 12875 (Enhancing the Intergovernmental Partnership). Executive Order 13132 requires EPA to develop an accountable process to ensure ''meaningful and timely input by State and local officials in the development of regulatory policies that have federalism implications.'' ''Policies that have federalism implications'' is defined in the Executive Order to include regulations that have ''substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.'' Under Executive Order 13132, EPA may not issue a regulation that has federalism implications, that imposes substantial direct compliance costs, and that is not required by statute, unless the Federal government provides the funds necessary to pay the direct compliance costs incurred by State and local governments, or EPA consults with State and local officials early in the

process of developing the proposed regulation. EPA also may not issue a regulation that has federalism implications and that preempts State law unless the Agency consults with State and local officials early in the process of developing the proposed regulation.

This rule will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government, as specified in Executive Order 13132, because it merely approves in part a state rule implementing a federal standard, and does not alter the relationship or the distribution of power and responsibilities established in the Clean Air Act. Thus, the requirements of section 6 of the Executive Order do not apply to this rule.

F. Executive Order 13175, Coordination With Indian Tribal Governments

Executive Order 13175, entitled ''Consultation and Coordination with Indian Tribal Governments'' (65 FR 67249, November 9, 2000), requires EPA to develop an accountable process to ensure ''meaningful and timely input by tribal officials in the development of regulatory policies that have tribal implications.'' This proposed rule does not have tribal implications, as specified in Executive Order 13175. It will not have substantial direct effects on tribal governments, on the relationship between the Federal government and Indian tribes, or on the distribution of power and responsibilities between the Federal government and Indian tribes. Thus, Executive Order 13175 does not apply to this rule.

EPA specifically solicits additional comment on this proposed rule from tribal officials.

G. Executive Order 13045, Protection of Children From Environmental Health Risks and Safety Risks

Protection of Children from Environmental Health Risks and Safety Risks (62 FR 19885, April 23, 1997), applies to any rule that: (1) Is determined to be ''economically significant'' as defined under Executive Order 12866, and (2) concerns an environmental health or safety risk that EPA has reason to believe may have a disproportionate effect on children. If the regulatory action meets both criteria, the Agency must evaluate the environmental health or safety effects of the planned rule on children, and explain why the planned regulation is preferable to other potentially effective and reasonably feasible alternatives considered by the Agency.

This rule is not subject to Executive Order 13045 because it does not involve decisions intended to mitigate environmental health or safety risks.

H. Executive Order 13211, Actions That Significantly Affect Energy Supply, Distribution, or Use

This rule is not subject to Executive Order 13211, ''Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use'' (66 FR 28355, May 22, 2001) because it is not a significant regulatory action under Executive Order 12866.

I. National Technology Transfer and Advancement Act

Section 12 of the National Technology Transfer and Advancement Act (NTTAA) of 1995 requires Federal agencies to evaluate existing technical standards when developing a new regulation. To comply with NTTAA, EPA must consider and use ''voluntary consensus standards'' (VCS) if available and applicable when developing programs and policies unless doing so would be inconsistent with applicable law or otherwise impractical.

The EPA believes that VCS are inapplicable to this action. Today's action does not require the public to perform activities conducive to the use of VCS.

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Intergovernmental relations, Ozone, Reporting and recordkeeping requirements, Volatile organic compound.

Authority: 42 U.S.C. 7401 *et seq.*

Dated: April 11, 2003.

Alexis Strauss,

Acting Regional Administrator, Region IX.

[FR Doc. 03–10267 Filed 4–24–03; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 679

[Docket No. 030416087–3087–01; I.D. 032603C]

RIN 0648–AQ75

Fisheries of the Exclusive Economic Zone Off Alaska; Amendment of Eligibility Criteria for the Bering Sea and Aleutian Islands Management Area Pacific Cod Hook-and-line and Pot Gear Fisheries

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Proposed rule; request for comments.

SUMMARY: NMFS issues a proposed rule to amend eligibility criteria for Pacific cod endorsements to groundfish licenses issued under the License Limitation Program (LLP). These endorsements are necessary to participate in the Bering Sea and Aleutian Islands Management Area (BSAI) Pacific cod hook-and-line or pot gear fisheries with vessels greater than or equal to 60 feet (18.3 m) length overall (LOA). This action is necessary to allow additional participation in the BSAI Pacific cod hook-and-line or pot gear fisheries, as intended by the North Pacific Fishery Management Council (Council). The intended effect of this action is to prevent unnecessary restriction on participation in the BSAI Pacific cod hook-and-line or pot gear fisheries and to conserve and manage the Pacific cod resources in the BSAI in accordance with the Magnuson-Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act).

DATES: Comments must be received by May 27, 2003.

ADDRESSES: Comments may be sent to Sue Salveson, Assistant Regional Administrator for Sustainable Fisheries, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK, 99802, Attn: Lori Durall, or delivered to room 401 of the Federal Building, 709 West 9th Street, Juneau, AK. Comments will not be accepted if submitted via e-mail or Internet. Copies of the Regulatory Impact Review/Initial Regulatory Flexibility Analysis (RIR/IRFA) prepared for this proposed action are available at the above NMFS address; telephone 907–586–7247. Copies of the Environmental Assessment (EA)/RIR/IRFA prepared for Amendment 67 are available from the

North Pacific Fishery Management Council, 605 W. 4th Avenue, Suite 306, Anchorage, AK, 99501; telephone 907–271–2809.

FOR FURTHER INFORMATION CONTACT: Melanie Brown, 907–586–7228, or *melanie.brown@noaa.gov*.

SUPPLEMENTARY INFORMATION: NMFS manages the groundfish fisheries in the exclusive economic zone off Alaska under the Fishery Management Plan for the Groundfish Fishery of the Bering Sea and Aleutian Islands Area (FMP). The Council prepared the FMP under the authority of the Magnuson-Stevens Act. Regulations governing U.S. fisheries and implementing this FMP appear at 50 CFR parts 600 and 679.

Background of Amendment 67

The Council recommended, and NMFS approved, the LLP to address concerns about excess fishing capacity in the groundfish and crab fisheries off Alaska. More information on the specifics of the LLP and the problems it was designed to resolve can be found in the final rule implementing the LLP (63 FR 52642, October 1, 1998). To address excess fishing capacity and to protect long-term participants with extensive catch histories in the BSAI Pacific cod hook-and-line or pot gear fisheries, the Council recommended Amendment 67 to the FMP. Amendment 67 authorized regulatory criteria for a Pacific cod endorsement to the LLP groundfish license. The endorsement is required for any vessel owner or operator to participate in the directed fishery for Pacific cod using hook-and-line or pot gear on a vessel greater than or equal to 60 feet (18.3 m) LOA in the BSAI. The details of Amendment 67 are provided in the proposed rule (66 FR 49908, October 1, 2001) and in the EA/RIR/IRFA for Amendment 67 (see **ADDRESSES**). This proposed action concerns the criteria applicable to harvests used by participants to establish their eligibility for an LLP groundfish license with a Pacific cod endorsement.

The final rule implementing Amendment 67 (67 FR 18129, April 15, 2002) specified eligibility criteria for a BSAI Pacific cod endorsement on an LLP groundfish license. In the final rule, § 679.4(k)(9)(iii)(F) specifies that harvests used to determine a person's eligibility to participate in the BSAI Pacific cod hook-and-line or pot gear fisheries must be made from the vessel that was used for the basis of eligibility for the person's LLP groundfish license.

In October 2002, the Council clarified the intended effect of Amendment 67 and recommended amending the regulations that implement the eligibility criteria for a Pacific cod endorsement for the hook-and-line or pot gear fisheries. Specifically, the Council recommended that a person be able to use BSAI Pacific cod harvests to meet these eligibility criteria under certain circumstances, even if the harvests were not made from the vessel used as the basis for the license holder's LLP groundfish licenses, as is currently required.

Hence, this proposed action would amend the regulatory language at § 679.4(k)(9)(iii)(F) to specify that a person who owns the qualifying harvests of Pacific cod from a different vessel, but who also owned an LLP-qualifying groundfish fishing history at the time the qualifying Pacific cod threshold harvests were made, is also eligible for the Pacific cod endorsement on the person's LLP groundfish license. To prevent an increase in the number of LLP groundfish licenses, the regulations would also be amended to restrict the LLP qualifying history and the Pacific cod qualifying history of any one vessel to no more than one LLP groundfish license endorsed for Pacific cod hook-and-line or pot gear fisheries. This amendment would limit the number of vessels allowed to participate in the Pacific cod hook-and-line or pot gear fisheries as intended by the LLP.

Classification

NOAA Fisheries prepared an IRFA to evaluate the impact of this action on small entities, in accordance with the provisions of the Regulatory Flexibility Act of 1980, as modified by the Small Business Regulatory Fairness Act of 1996 (5 U.S.C. 603(b)). The purposes of this action were described earlier in the preamble to this proposed rule. The entities regulated by this action are those that did not qualify for a Pacific cod endorsement under the final rule published in April 2002 and that will qualify under the recommendations by the Council in October 2002. The six entities that may be affected by this proposed rule are: two hook-and-line catcher processors, one pot catcher-processor, and three pot catcher vessels. Because of the small numbers of vessels, confidentiality rules make it impossible to provide detailed information on these entities. All BSAI pot vessels are believed to be small entities, and 31 of 45 hook-and-line catcher processors are believed to be small entities. For the purposes of this analysis, these six entities have been treated as small entities. This action is not expected to have adverse impacts on these entities; each will be allowed to claim additional annual harvests to qualify for the BSAI Pacific cod endorsement.

This regulation does not impose new recordkeeping or reporting requirements on the regulated small entities.

This analysis did not reveal any Federal rules that duplicate, overlap or conflict with the proposed action.

The status quo was evaluated as an alternative to the proposed action. This alternative would have had adverse impacts on the regulated small entities, in contrast to the preferred alternative, because it would have prevented them from claiming the additional harvests required to qualify for the Pacific cod endorsement. Failure to qualify for the endorsement would preclude the operations from participating in the fishery as initial issuees.

This proposed rule has been determined to be not significant for purposes of E.O. 12866.

List of Subjects in 50 CFR Part 679

Alaska, Fisheries, Reporting and recordkeeping requirements.

Dated: April 21, 2003.

Rebecca Lent,

Deputy Assistant Administrator for Regulatory Programs, National Marine Fisheries Service.

For reasons set out in the preamble, 50 CFR part 679 is proposed to be amended to read as follows:

PART 679—FISHERIES OF THE EXCLUSIVE ECONOMIC ZONE OFF ALASKA

1. The authority citation for part 679 continues to read as follows:

Authority: 16 U.S.C. 773 *et seq.*; 1801 *et seq.*; 3631 *et seq.*; Title II of Division C, Pub. L. 105–277; Sec. 3027, Pub. L. 106–31; 113 Stat. 57; 16 U.S.C. 1540(f); and Sec. 209, Pub. L. 106–554.

2. In § 679.4, paragraph (k)(9)(iii)(F) is revised to read as follows:

§ 679.4 Permits.

* * * * *

(k) * * *

(9) * * *

(iii) * * *

(F) Harvests within the BSAI will count toward eligibility amounts in the table at paragraph (k)(9)(ii) of this section if:

(*1*) Those harvests were made from the vessel that was used as the basis of eligibility for the license holder's LLP groundfish license, or

(*2*) Those harvests were made from a vessel that was not the vessel used as the basis of eligibility for the license holder's LLP groundfish license, provided that, at the time the endorsement-qualifying Pacific cod

harvests were made by that vessel, the person who owned such endorsement-qualifying fishing history also owned the fishing history of a vessel that satisfied the requirements for the LLP groundfish license.

(*3*) Notwithstanding the provisions of paragraph (k)(9)(iii)(F)(*2*) of this section, the LLP groundfish license qualifying history or the Pacific cod qualifying history of any one vessel may not be used to satisfy the requirements for issuance of more than one LLP groundfish license endorsed for the BSAI Pacific cod hook-and-line or pot gear fisheries.

* * * * *

[FR Doc. 03–10282 Filed 4–24–03; 8:45 am]

BILLING CODE 3510–22–S

Notices

Federal Register
Vol. 68, No. 80
Friday, April 25, 2003

This section of the FEDERAL REGISTER contains documents other than rules or proposed rules that are applicable to the public. Notices of hearings and investigations, committee meetings, agency decisions and rulings, delegations of authority, filing of petitions and applications and agency statements of organization and functions are examples of documents appearing in this section.

AGENCY FOR INTERNATIONAL DEVELOPMENT

Notice of Meeting

Pursuant to the Federal Advisory Committee Act, Notice is Hereby Given of a Meeting of the Advisory Committee on Voluntary Foreign Aid (ACVFA).

Date: May 14, 2003 (9 a.m. to 5 p.m.).

Location: National Press Club, 529 14th St., NW., 13th Floor, Washington, DC.

This meeting will feature discussion of the administration's proposed Millennium Challenge Account and post-conflict reconstruction. Participants will have an opportunity to ask questions of the speakers and participate in the discussion.

The meeting is free and open to the public. Persons wishing to attend the meeting can fax or e-mail their name to Brenda Jackson, (202) 347–9212, *pvcsupport@datexinc.com*.

Dated: April 14, 2003.

Noreen O'Meara,

Executive Director, Advisory Committee on Voluntary Foreign Aid (ACVFA).

[FR Doc. 03–10224 Filed 4–24–03; 8:45 am]

BILLING CODE 6116–01–P

DEPARTMENT OF AGRICULTURE

Submission for OMB Review; Comment Request

April 21, 2003.

The Department of Agriculture has submitted the following information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Public Law 104–13. Comments regarding (a) whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) the accuracy of the agency's estimate of burden including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology should be addressed to: Desk Officer for Agriculture, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB), Washington, DC 20503 and to Departmental Clearance Office, USDA, OCIO, Mail Stop 7602, Washington, DC 20250–7602. Comments regarding these information collections are best assured of having their full effect if received within 30 days of this notification. Copies of the submission(s) may be obtained by calling (202) 720–8681.

An agency may not conduct or sponsor a collection of information unless the collection of information displays a currently valid OMB control number and the agency informs potential persons who are to respond to the collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rural Business-Cooperative Service

Title: National Rural Development Partnership.

OMB Control Number: 0570–0043.

Summary of Collection: The Farm Security and Rural Investment Act of 2002 authorized the Secretary of the Department of Agriculture to continue the National Rural Development Partnership (NRDP). The objective of the National Rural Development Partnership is to facilitate the establishment and recognition of one State Rural Development Council (SRDCs) per state. The statue requires that membership of the SRDC is responsible for the governance and operations of the SRDC and that the applicant has matching funds available, or in-kind goods and services to support the activities of the SRDC. SRDCs are members of the NRDP.

Need and Use of the Information: The information collected is used to confirm that an applicant meet the eligibility requirements. The following items: Description of Council, copies of organizational documents and rules of governance, membership list, policy statement regarding operations, summary profile of state, and evidence of matching funds are required in the application package and is necessary for USDA to verify eligibility. Without this information, USDA cannot assure that new or existing SRDCs meet the statutory requirements for eligibility.

Description of Respondents: Not-for-profit institutions; Business or other for-profit; Farms; Individuals or households; Federal Government; State, Local or Tribal Government.

Number of Respondents: 50.

Frequency of Responses: Reporting: Annually.

Total Burden Hours: 300.

Rural Utility Service

Title: 7 CFR part 1755, Telecommunications Standards and Specifications.

OMB Control Number: 0572–NEW.

Summary of Collection: 7 CFR part 1755 establishes Agency policy that materials and equipment purchased by Rural Utility Service (RUS) telecommunications borrowers or accepted as contractor-furnished material must conform to RUS standards and specifications where they have been established and, if included in RUS IP 344–02, ''List of Materials Acceptable for Use on Telecommunications System of RUS Borrowers'', must be selected from that list or must have received technical acceptance from RUS. To protect the security of loans it makes and to ensure that the telecommunications services provided to rural Americans are comparable to those offered in urban and suburban areas, RUS establishes the minimum acceptable performance criteria for materials and equipment to be employed on telecommunications system financed by RUS. Manufacturers wishing to sell their products to RUS borrowers, request RUS' consideration for acceptance of their products and submit data demonstrating their products' compliance with RUS specification.

Need and Use of the Information: RUS will evaluate the data to determine that the quality of the products is acceptable and that their use will not jeopardize loan security. The information is closely reviewed to be certain that test data, product dimensions and product material compositions fully comply with RUS technical standards and specifications

that have been established for the particular product.

Description of the Respondents: Business or other for-profit; Not-for-profit institutions.

Number of Respondents: 60.

Frequency of Responses: Reporting: On occasion.

Total Burden Hours: 2020.

Forest Service

Title: Urgent Removal of Timber.

OMB Control Number: 0596–0167.

Summary of Collection: Periodically, catastrophic events such as severe drought conditions, insect and disease outbreaks, wildfires, floods, and wind throw occur on forested lands within, or near, National Forest System lands. As a result of such catastrophic events, substantial amounts of private and other public timber may be severely damaged. The damaged timber must be harvested within a relatively short time period to avoid substantial losses in both the quantity and quality of the timber due to deterioration. The critical time period available for harvesting this damaged timber and avoiding substantial deterioration varies with the season of the year, the species of timber, the damaging agent, and the location of the damaged timber. The National Forest Management Act of 1976 (16 U.S.C. 472a) provides that timber sale contracts with an original term of 2 years or more may not be extended unless there is a finding that substantial overriding public interest justifies an extension.

Need and Use of the Information: The Forest Service (FS) will collect information to verify that: (a) A specific catastrophe occurred and identifies the particular geographic area which was affected for which urgent removal extensions may be granted; (b) there is a high risk that substantial timber quantities or values of the damaged non-National Forest System timber in the affected geographic area would deteriorate unless urgently removed; (c) the manufacturing facilities and/or logging equipment capacity available to purchasers are insufficient to provide for both the rapid harvest of damaged non-National Forest System timber in need of urgent removal and the continued harvest of undamaged National Forest System timber under contract with the FS; (d) failure to harvest the damaged non-National Forest System timber promptly may result in significant public or private resource loss, pose a threat to public safety, or create a threat of an insect and/or disease epidemic to National Forest System, other public, or private lands or resources.

Description of Respondents: Business or other for-profit; Individuals or households; Federal Government; State, Local or Tribal Government.

Number of Respondents: 25.

Frequency of Responses: Reporting: On occasion.

Total Burden Hours: 50.

Rural Business Service

Title: 7 CFR 4287–B, ''Servicing Business and Industry Guaranteed Loans.

OMB Control Number: 0570–0016.

Summary of Collection: The Business and Industry (B&I) program was legislated in 1972 under section 310B of the Consolidated Farm and Rural Development Act, as amended (the Act). The purpose of the B&I program, as authorized by the Act, is to improve economic and environmental climate in rural communities, including pollution abatement and control. This purpose is achieved through bolstering the existing private credit structure through the guaranteeing of quality loans, which will provide lasting community benefits. The B&I program is administered by the Rural Business Service (RBS) through Rural Development State and sub-State offices serving each State. RBS will collect information using various forms from the lender and the borrower. This information is vital for making prudent financial decisions.

Need and Use of the Information: RBS will collect information to monitor the guaranteed loan portfolio to ensure that the lenders are adequately servicing the loans. RBS through its respective Business Programs Divisions in Washington, DC and its 47 State Offices throughout the United States will be the primary users of the information collected. If the information is not collected, RBS would not be able to make prudent credit decisions nor would the Agency be able to effectively monitor the lender's servicing activities and thus minimize losses under the program.

Description of Respondents: Business or other for-profit; State, Local or Tribal Government.

Number of Respondents: 12,430.

Frequency of Responses: Reporting: On occasion; Quarterly; Annually.

Total Burden Hours: 16,860.

Rural Business Service

Title: 7 CFR 4279–B, Guaranteed Loan Making—Business and Industry Loans.

OMB Control Number: 0570–0017.

Summary of Collection: The Business and Industry (B&I) program was legislated in 1972 under section 310B of the Consolidated Farm and Rural Development Act, as amended. The purpose of the program is to improve, develop, or finance businesses, industries, and employment and improve the economic and environmental climate in rural communities. This purpose is achieved through bolstering the existing private credit structure through the guaranteeing of quality loans made by lending institutions, thereby providing lasting community benefits. The B&I program is administered by the Rural Business Service (RBS) through Rural Development State and sub-State offices serving each State.

Need and Use of the Information: RBS will collect information to determine a lender and borrower eligibility and creditworthiness. The information is used by RBS loan officers and approval officials to determine program eligibility and for program monitoring.

Description of Respondents: Business or other for-profit; State, Local or Tribal Government; Farms; Not-for-profit institutions.

Number of Respondents: 8,544.

Frequency of Responses: Reporting: On occasion.

Total Burden Hours: 20,561.

Rural Business Service (RBS)

Title: 7 CFR 4279–A, Guaranteed Loanmaking General.

OMB Control Number: 0570–0018.

Summary of Collection: The Business and Industry (B&I) program was legislated in 1972 under Section 310B of the Consolidated Farm and Rural Development Act, as amended. The purpose of the program is to improve, develop, or finance businesses, industries, and employment and improve the economic and environmental climate in rural communities. This purpose is achieved through bolstering the existing private credit structure through the guaranteeing of quality loans made by lending institutions, thereby providing lasting community benefits. The B&I program is administered by the RBS through Rural Development State and sub-State offices serving each state.

Need and Use of the Information: RBS will collect information to determine eligibility and credit worthiness for a lender or borrower. The information is used by Agency loan officers and approval officials to determine lender program eligibility and for program monitoring.

Description of Respondents: Business or other for-profit; State, Local or Tribal Government; Farms; Not-for-profit institutions.

Number of Respondents: 1,037.

Frequency of Responses: Reporting: On occasion.

Total Burden Hours: 1,494.

Rural Utilities Service

Title: Financial and Statistical Report for Telephone Borrowers.

OMB Control Number: 0572–0031.

Summary of Collection: The Rural Utilities Service's (RUS) is a credit agency of the Department of Agriculture. The department makes mortgage loans and loan guarantees to finance electric, telecommunications and water and waste facilities in rural areas. In addition to providing loans and loan guarantees, one of RUS' main objectives is to safeguard loan security until the loan is repaid. The RE Act (7 U.S.C. 901 *et seq*) authorizes the Administrator to make loans for the purpose of providing telephone service to the widest practicable number of rural subscribes. The RE Act also authorizes the Administrator to make studies, investigations, and reports concerning the progress of borrowers' furnishing of adequate telephone service and publish and disseminate this information.

Need and Use of the Information: RUS will use Form 479, ''Financial and Statistical Report for Telephone Borrowers''. This form provides RUS with (1) vital financial information needed to ensure the maintenance and security of the Government's loans, and (2) statistical data that enables RUS to ensure the provision of quality telephone service as mandated by the Rural Electrification Act of 1936, as amended (RE Act). In addition, RUS will collect information on toll revenues of telephone systems, loan feasibility to assure the loan can be repaid and use this data to compile the agency's Annual Statistical Report. These functions are essential to protect loan security and to achieve the objectives of the RE Act.

Description of Respondents: Business or other for-profit; Not-for-profit institutions.

Number of Respondents: 725.

Frequency of Responses: Reporting: Annually.

Total Burden Hours: 2,900.

Rural Utilities Service

Title: RUS Specification for quality control and Inspection of Timber Products.

OMB Control Number: 0572–0036.

Summary of Collection: The Rural Utilities Service (RUS) is a credit agency of the U.S. Department of Agriculture (USDA). It makes mortgage loans and loan guarantees to finance electric, telecommunications, and water and waste facilities in rural areas. Loan programs are managed in accordance with the Rural Electrification Act (RE Act) of 1936, 7 U.S.C. 901 *et seq.*, as amended.

Need and Use of the Information: RUS will use the information in verifying acceptability of poles and crossarms purchased by RUS borrowers. Each year, RUS borrowers are required to submit an Annual Summary of Purchases that provides a list of plants from which it obtained poles or crossarms during the preceding calendar year and Treaters must provide notification that they will treat poles for the upcoming year. Test reports are needed so that the purchaser, the inspectors, and RUS will be able to spot-check the general accuracy of the tests.

Description of the Respondents: Business or other for-profit; Not-for-profit institutions.

Number of Respondents: 700.

Frequency of Responses: Reporting: On occasion.

Total Burden Hours: 40,763.

Rural Utilities Service

Title: 7 CFR 1744–E, Borrower Investments—Telecommunications Loan Program.

OMB Control Number: 0572–0098.

Summary of Collection: The Rural Economic Development Act of 1990, Title XXIII of the Farm Bill, Pub. L. 101–624, authorized qualified Rural Utilities Service (RUS) borrowers to make investments in rural development projects without the prior approval of the RUS Administrator, provided, however that such investments do not cause the borrower to exceed its allowable qualified investment level as determined in accordance with the procedures set forth in 7 CFR part 1744, Subpart E. RUS requests that the borrower submit (1) a description of the rural development project and type of investment; (2) a reasonable estimate of the amount the borrower is committed to provide to the project including future expenditures; and (3) a pro forma balance sheet and cash flow statement for the period covering the borrower's future commitments to determine that the ''excess'' or proposed ''excess'' investments will not impair the borrower's ability to repay the loan or cause financial hardship.

Need and Use of the Information: RUS will collect information to consider whether or not to approve a borrower's request to make an investment in a rural development project when such an investment would cause the borrower to exceed its allowable investment level. If this information was not collected, RUS could not thoroughly assess the economic impact of such an investment.

Description of Respondents: Business or other for-profit; Not-for-profit institutions.

Number of Respondents: 25.

Frequency of Responses: Reporting: On occasion.

Total Burden Hours: 238.

Rural Housing Service

Title: 7 CFR 1944–I, ''Self-Help Technical Assistance Grants''.

OMB Control Number: 0575–0043.

Summary of Collection: This regulation prescribes policies and responsibilities, including the collection and use of information, necessary to administer the Section 523 Mutual and Self-Help housing (MSH) program. The MSH program affords low-income families the opportunity for home ownership by providing funds to non-profit organizations for supervisory and technical assistance to the homebuilding families. Rural Housing Service (RHS) will collect information from non-profit organizations that want to develop a Self-Help program in their area to increase the availability of affordable housing. The information is collected at the local, district and state levels. The information requested by RHS includes financial and organizational information about the non-profit organization.

Need and Use of the Information: RHS needs this information to determine if the organization is capable of successfully carrying out the requirements of the Self-Help program. The information is collected on an as requested or needed basis. RHS has reviewed the program's need for the collection of information versus the burden placed on the public.

Description of Respondents: State, Local or Tribal Government; Not-for-profit institutions.

Number of Respondents: 160.

Frequency of Responses: Recordkeeping; Reporting: Monthly, Annually.

Total Burden Hours: 4,372.

Rural Housing Service

Title: 7 CFR 1951–E, ''Servicing of Community and Direct Business Programs Loans and Grants''.

OMB Control Number: 0575–0066.

Summary of Collection: Rural Development (including Farm Credit Programs of the Farm Service Agency), hereinafter referred to as Agency, is the credit agency for agricultural and rural development for the Department of Agriculture. The Agency offers supervised credit to build and operate family farms, modest housing, water

and sewer systems, essential community facilities, and business and industrial operations in rural areas. Section 331 and 335 of the Consolidated Farm and Rural Development Act, as amended, authorize the Secretary of Agriculture, acting through the Agency, to establish provisions for security servicing policies for the loans and grants in questions. If there is a problem which exists, a recipient of the loan, grant, or loan guarantee must furnish financial information which is used to aid in resolving the problem through reamortization, sale, transfer, debt restructuring, liquidation, or other means provided in the regulations.

Need and Use of the Information: RHS will collect information to determine applicant/borrower eligibility and project feasibility for various servicing actions. The information enables field staff to ensure that borrowers operate on a sound basis and use loan and grant funds for authorized purposes.

Description of Respondents: State, Local or Tribal Government; Not-for-profit institutions.

Number of Respondents: 275.

Frequency of Responses: Reporting: On occasion.

Total Burden Hours: 932.

Agricultural Marketing Service

Title: Application for Plant Variety Protection Certificate and Objective Description of Variety.

OMB Control Number: 0581–0055.

Summary of Collection: The Plant Variety Protection Act (PVPA, was approved December 24, 1970; 84 Stat. 1542, 7 U.S.C. 2321 *et seq.*) was established to encourage the development of novel varieties of sexually-reproduced plants and make them available to the public, providing intellectual property rights (IPR) protection to those who breed, develop, or discover such novel varieties, and thereby promote progress in agriculture in the public interest. The PVPA is a voluntary user funded program that grants intellectual property ownership rights to breeders of new and novel seed- and tuber-reproduced plant varieties. To obtain these rights the applicant must provide information that shows the variety is eligible for protection and that it is indeed new, distinct, uniform, and stable, as the law requires. Applicants are provided with applications to identify the information that is required to issue a certificate of protection.

Need and Use of the Information: AMS will collect information from the applicant to determine if the variety is eligible for protection under the PVPA. If this information is not collected, applicants would not be able to obtain the protection that the PVPA is intended to provide.

Description of Respondents: Business or other for-profit; Not-for-profit institutions; Federal Government.

Number of Respondents: 129.

Frequency of Responses: Reporting: On occasion.

Total Burden Hours: 1,283.

Forest Service

Title: Forest Land Enhancement Program.

OMB Control Number: 0596–NEW.

Summary of Collection: The Forest Land Enhancement Program (FLEP) is authorized in the Farm Security and Rural Investment Act of 2002 (Public Law 107–711) through an amendment to the Cooperative Forestry Assistance Act (16 U.S.C. 2103). The goals of FLEP are to: (1) Enhance the productivity of timber, fish and wildlife habitat, soil and water quality, wetland, recreational resources and aesthetic values of private non-industrial private forestland; and (2) establish, manage, maintain, enhance, and restore such forests. The act requires establishing a grants program to achieve sustainable forestry; assist owners of non-industrial private forestlands to more actively manage these lands and related resources; and encourage such owners to use State, Federal, and private sector resource management expertise, financial assistance and educational programs. Through FLEP, States can cost-share up to 75% to implement eligible forest management practices on non-industrial private forest ownerships. In order to be eligible for cost-share, landowners must have a forest management plan that has been approved by their State forester.

Need and Use of the Information: The Forest Service (FS) will collect information to describe how the program will be implemented in each State. The plans must (1) describe how the State will allocate FLEP funding among the four major categories of administration, resource management expertise, education, and financial assistance; (2) describe how cost-share funds shall be made available to eligible participants; (3) describe ownership and acreage limitations; (4) define what constitutes a forest management plan; (5) identify landowner payment limitations; (6) identify eligible cost-share practices; (7) describe how funds may be distributed to participants; and (8) describe program application and reimbursement processes. If these information collection requirements were not implemented, it would be virtually impossible to provide proper Federal oversight for the new program.

Description of Respondents: State, Local or Tribal Government; Individuals or households; Farms.

Number of Respondents: 8,418.

Frequency of Responses: Recordkeeping; Reporting: Semi-annually; Annually.

Total Burden Hours: 54,747.

Sondra A. Blakey,

Departmental Information Collection Clearance Officer.

[FR Doc. 03–10223 Filed 4–24–03; 8:45 am]

BILLING CODE 3410–01–P

DEPARTMENT OF AGRICULTURE

Forest Service

Plumas and Lassen National Forests; California, Administrative Study 4202–02–01

AGENCY: Forest Service, USDA.

ACTION: Cancellation of notice of intent.

SUMMARY: The Plumas and Lassen National Forests, in conjunction with the Pacific Southwest Research Station, hereby cancel the notice of intent to prepare an Environmental Impact Statement (EIS) for an administrative study, as published on December 4, 2002 (64 FR 72136–72138). The notice is cancelled because of the need to configure a different study proposal that accommodates the Forests' implementation of the HFQLG legislation and the National Fire Plan while simultaneously addressing concerns with the scientific design of the originally-proposed study. Based on issues and questions raised during scoping,the proposed study was determined to be unacceptable regarding these factors.

FOR FURTHER INFORMATION CONTACT: Lee Anne Taylor, Public affairs Officer, Plumas National Forest, P.O. Box 11500, Quincy, CA 95971, telephone (530) 283–7850.

SUPPLEMENTARY INFORMATION:

Dated: April 21, 2003.

James M. Peña,

Forest Supervisor.

[FR Doc. 03–10228 Filed 4–24–03; 8:45 am]

BILLING CODE 3410–11–M

DEPARTMENT OF AGRICULTURE

Forest Service

Diamond Lake Restoration Project, Umpqua National Forest, Douglas County, OR

AGENCY: Forest Service, USDA.

ACTION: Notice of intent to prepare an environmental impact statement.

SUMMARY: The USDA Forest Service will prepare an environmental impact statement (EIS) for improvement of water quality and the recreational fishery at Diamond Lake in the Umpqua National Forest. Eradication or control of the existing tui chub (*Gila bicolor*) population, an introduced minnow species, is considered essential for accomplishing restoration objectives. Proposed actions include: canal reconstruction, lake draw down, mechanical fish removal and utilization, a September rotenone (fish toxicant) treatment, fish carcass removal and utilization, water management during lake refilling, monitoring, fish restocking, educational activities, and contingency measures for controlling tui chub if they are reintroduced to Diamond Lake in the future. The planning area is located approximately 61 miles east of Roseburg, Oregon and 11 miles north of Crater Lake. The project is expected to be implemented in 2004 through 2006. The agency gives notice of the full environmental analysis and decision-making process that will occur on the proposal so that interested and affected people may become aware of how they can participate in the process and contribute to the final decision.

DATES: Comments concerning the scope of the analysis should be received in writing, by May 30, 2003.

ADDRESSES: Send written comments and suggestions concerning this proposal to James A. Caplan, Forest Supervisor, Umpqua National Forest, 2900 NW Stewart Parkway, Roseburg, Oregon 97470.

FOR FURTHER INFORMATION: Direct questions about the proposed action or EIS to Sherri L. Chambers, ID Team Leader, North Umpqua Ranger District, 18782 North Umpqua Highway, Glide, Oregon 97443, or (541) 496–3532.

SUPPLEMENTARY INFORMATION: The area being analyzed in the Diamond Lake Restoration Project EIS encompasses Diamond Lake proper, Lake Creek, Lemolo Lake, and the North Umpqua River. The project area is Diamond Lake proper, an approximately 3,031 acre lake located on National Forest System land on the Diamond Lake Ranger District. The project area is bounded to the North by the North Umpqua River, to the South by Crater Lake, to the East by Mt. Thielsen, and to the West by Mt. Bailey. The project area includes all or portions of sections 30 through 32, T27S, R6E; sections 25 and 36, T27S, R5E; sections 4 through 9 and sections 16 through 21, T28S, R51/2E; and sections 1 and 12, T28S, R5E Willamette Meridian, Douglas County, Oregon.

Purpose and Need for Action. The proposed action is based on the need for improvement of Diamond Lake's water quality and recreational fishery. Diamond Lake is included in the Oregon Department of Environmental Quality's (ODEQ) 303(d) list of water quality limited water bodies for the parameters of pH and algae. In the summers of 2001 and 2002, Diamond Lake experienced severe blooms of the blue-green ''algae'' *Anabaena flos-aquae.* This type of algae produces a neuro-toxin that in high concentrations is harmful to humans and other animals. To protect public health and safety, the Umpqua National Forest in cooperation with the Douglas County Health Department closed Diamond Lake to some public uses (wading, swimming, water skiing, and boating) during portions of both summers. Changes in lake ecology associated with overpopulation of the lake by tui chub are believed to be the primary factors influencing the development of toxic algae blooms at Diamond Lake.

For several decades, Diamond Lake has supported a large and popular recreational trout fishery of some importance to the local and regional economy. In recent years, the recreational fishery at Diamond Lake has declined dramatically from a high annual average harvest rate of about 270,000 trout during the 1963–1978 time period to a 1999 low annual harvest rate of 5,000 trout. Failure of the formerly successful recreational fishery is attributed largely to changes in lake ecology caused by overpopulation of the lake by tui chub.

Proposed Action. The proposed action is to eradicate tui chub from Diamond Lake as an essential step in improving water quality and the recreational fishery. Proposed activities are described below in the order in which they would be implemented.

—*A blocked and debris-filled existing earthen canal that connects Diamond Lake to Lake Creek would be reconstructed to facilitate a lake draw down.* The portion of the canal within Diamond Lake would be dredged to its original depth using a floating suction dredge. Dredge spoils would be used to expand an existing wetland. From the lakeshore to the canal outlet, the canal would be excavated to its original configuration and fitted with a new head-gate structure to control water flow. If necessary, new bridges or culverts would be constructed over the canal to maintain access to the bike trail and summer cabins using Forest Service Road 4795.

—*Diamond Lake's water level would be lowered by eight feet from its normal summer level, by using both the reconstructed canal and Lake Creek for water transport.* The lake draw down would begin on or around September 15 in the year prior to a chemical treatment. A gravity-driven draw down would occur at a discharge rate approximating a bankfull flow in Lake Creek.

—*Several methods would be used to remove and utilize fish biomass from Diamond Lake prior to chemical treatment* including: liberalizing catch limits on fishing at the lake; harvest of fish by individual crews using traps, nets and seines; and harvest of fish through commercial fishing operations. Harvested fish carcasses would be converted to an organic fish emulsion product on site (lake shore) or trucked to an off-site plant for utilization as fertilizer.

—*The powdered formulation of the fish toxicant rotenone would be applied to Diamond Lake in September.* This would happen when water temperature and chemistry reached conditions considered optimal for achieving a complete fish kill. Rotenone would be administered according to label instructions at the necessary amounts based on water volume, temperature, and chemistry in Diamond Lake at the time of application. Sections of Silent Creek and Lake Creek would also be treated with liquid rotenone.

—*A commercial fishing or professional fish mortality recovery and recycling operation would be employed to collect fish carcasses* following a chemical treatment of the lake. Fish carcasses would be converted to an organic fish emulsion product on site or trucked to an off-site plant for utilization as fertilizer.

—*An active water management strategy would be implemented to limit the length of time that Lake Creek is reduced to no or very low flows.* When water in Diamond Lake becomes suitable for release (about November), canal headgates would be opened to allow approximately 10 cubic feet per second (cfs) of water to flow into Lake Creek and through the North Umpqua River system.

—*A variety of monitoring activities would be used to verify assumptions, evaluate project success, and formulate appropriate lake management strategies* including: stream flows and water quality in Lake Creek; water quality in Diamond and Lemolo Lakes and the North Umpqua River; tui chub presence; and phytoplankton, zooplankton and benthic invertebrate and trout populations.

—*Diamond Lake would be restocked with fish using an ecologically appropriate stocking strategy.* The Oregon Department of Fish and Wildlife would manage the lake for hatchery production under the basic yield alternative of Oregon's Trout Plan. However, ecological indices of lake health, existing data and knowledge, annual fish monitoring data and guidance provided in ODEQ's pending Total Maximum Daily Load (TMDL) publication would be used to determine appropriate numeric goals for annual fish stocking and harvest post-project.

—*A number of educational activities would be considered to reduce the likelihood of tui chub reintroduction into Diamond Lake* including: ''angler stamps'', interpretive signs and brochures, and boat inspections.

—*Because it is recognized that tui chub may be illegally reintroduced, several actions designed to control tui chub populations would be implemented* including: An extensive monitoring program to facilitate early detection of tui chub presence in the lake; stocking with predacious fish species following rotenone treatment and increasing the numbers of predacious fish if tui chub are detected; and using mechanical treatments such as netting and electro-shocking to limit tui chub population growth.

Alternatives. The alternatives to be considered include the No Action Alternative, the Proposed Action, and alternatives to the proposed action.

Issues. Preliminary issues, as identified to date by the Forest and by scoping, include the following: Potential effects of rotenone on non-target species in and around Diamond Lake; Potential effects of rotenone on non-target species in the North Umpqua River if treated water escaped Diamond Lake through Lake Creek or groundwater; potential effects of a lake draw down on the physical integrity of Lake Creek and on water quality in Lake Creek, Lemolo Lake, and the North Umpqua River; potential effects of added nutrients from decomposed fish on water quality in Lake Creek, Lemolo Lake, and the North Umpqua River; the ecologic and economic expense of the proposed action, if history repeated itself and another chemical treatment were needed to eliminate tui chub in the next several decades; the ability and effectiveness of the proposed action to improve water quality in Diamond Lake; and the concern that legislative action would be used to establish fish stocking goals if the proposed ecologically based fish stocking strategy failed to provide an adequate recreational fishery.

Scoping Process. The scoping effort is intended to identify issues, which may lead to the development of alternatives to the proposed action. One of the purposes of this notice of intent is to solicit input from the public as part of the overall scoping effort. In addition to this notice, the public will be notified of the EIS through the Umpqua National Forest's April 2003 Schedule of Proposed Actions.

Public Comments. Comments received in response to this notice and through scoping, including names and addresses of those who comment, will be considered part of the public record on this proposed action and will be available for public inspection. Comments submitted anonymously will be accepted and considered; however, those who submit anonymous comments will not have standing to appeal the subsequent decision under 36 CFR Parts 215. Additionally, pursuant to 7 CFR 1.27(d), any person may request the agency to withhold a submission from the public record by showing how the Freedom of information Act (FOIA) permits such confidentiality. Persons requesting such confidentiality should be aware that, under the FOIA, confidentiality may be granted in only very limited circumstances, such as to protect trade secrets. The Forest Service will inform the requester of the agency's decision regarding the request for confidentiality, and where the request is denied, the agency will return the submission and notify the requester that the comments may be resubmitted with or without name and address within a specified number of days.

Public comments are appreciated throughout the analysis process. The draft EIS is expected to be filed with the Environmental Protection Agency (EPA) and be available for public review by February 2004. The comment period on the draft EIS will be 45 days from the date the EPA publishes the notice of availability in the **Federal Register**. The final EIS is scheduled to be available in May 2004.

The Forest Service believes it is important to give reviewers notice of this early stage of public participation and of several court rulings related to public participation in the environmental review process. First, reviewers of a draft EIS must structure their participation in the environmental review of the proposal so that it is meaningful and alerts an agency to the reviewer's position and contentions. *Vermont Yankee Nuclear Power Corp.* v. *NRDC,* 435 U.S. 519, 553 (1978). Also, environmental objections that could have been raised at the draft stage may be waived or dismissed by the court if not raised until after completion of the final EIS. *City of Angoon* v. *Hodel,* 803 f.2d 1016, 1022 (9th Cir, 1986) and *Wisconsin Heritages, Inc.* v. *Harris,* 490 F. Supp. 1334, 1338 (E.D. Wis. 1980). Because of these court rulings, it is very important that those interested in this proposed action participate by the close of the 45-day comment period so substantive comments and objections are made available to the Forest Service at a time when it can meaningfully consider and respond to them in the final EIS.

To assist the Forest Service in identifying and considering issues and concerns on the proposed action, comments on the draft EIS should be as specific as possible. It is also helpful if comments refer to specific pages or chapters of the draft statement. Comments may also address the adequacy of the draft EIS or the merits of the alternatives formulated and discussed in the statement. (Reviewers may wish to refer to the Council on Environmental Quality Regulations for implementing the procedural provisions of the National Environmental Policy Act of 40 CFR 1503.3 in addressing these points.)

In the final EIS, the Forest Service is required to respond to substantive comments and responses received during the comment period that pertain to the environmental consequences discussed in the draft EIS and applicable laws, regulations, and policies considered in making a decision regarding the proposal. The Responsible Official is Forest Supervisor of the Umpqua National Forest. The Responsible Official will document the Diamond Lake Restoration Project decision and rationale for the decision in a Record of Decision. The decision will be subject to review under Forest Service Appeal Regulations (36 CFR Part 215).

Dated: April 18, 2003.

James A. Caplan,

Forest Supervisor.

[FR Doc. 03–10241 Filed 4–24–03; 8:45 am]

BILLING CODE 3410–11–M

DEPARTMENT OF AGRICULTURE

Public Meeting of the Black Hills National Forest Advisory Board

AGENCY: Forest Service, USDA.

ACTION: Notice of meeting.

SUMMARY: The Black Hills National Forest Advisory Board (NFAB) will hold a meeting to review and continue discussion of its operational procedures and develop a list of issues areas. The meeting is open, and the public may attend any part of the meeting.

DATES: The meeting will be held on Friday, May 2, 2003, from 1 to 5 p.m.

ADDRESSES: The meeting will take place at the Ramkota Best Western Hotel located at 2111 LaCrosse Street, Rapid City, SD.

FOR FURTHER INFORMATION CONTACT: Frank Carroll, Black Hills National Forest, 25041 North Highway 16, Custer, SD, 57730, (605) 673–9200.

Dated: April 21, 2003.

David M. Thom,

Acting Black Hills National Forest Supervisor.

[FR Doc. 03–10226 Filed 4–24–03; 8:45 am]

BILLING CODE 3410–11–M

DEPARTMENT OF AGRICULTURE

Forest Service

Olympic Provincial Advisory Committee

AGENCY: Forest Service, USDA.

ACTION: Notice of meeting.

SUMMARY: The Olympic Province Advisory Committee (OPAC) will meet on Friday, May 23, 2002. The meeting will be held at the Forest Service/DNR Conference Room at 437 Tillicum Lane in Forks, Washington. The meeting will begin at 9:30 a.m. and end at approximately 3:30 p.m. Agenda topics are: Current status of key Forest issues; Status update on Resource Advisory Committees for Rural Schools and Community Self-Determination Act of 2000 Title II Projects; NW Forest Plan Implementation Monitoring; Access & Travel Management Plan update; Timber Management Activities; Open forum; Public comments; and field trip to review two recently completed timber sales with objectives to create favorable conditions for wildlife.

All Olympic Province Advisory Committee Meetings are open to the public. Interested citizens are encouraged to attend.

FOR FURTHER INFORMATION CONTACT: Direct questions regarding this meeting to Ken Eldredge, Province Liaison, USDA, Olympic National Forest Headquarters, 1835 Black Lake Blvd. Olympia, WA 98512–5623, (360) 956–2323 or Dale Hom, Forest Supervisor, at (360) 956–2301.

Dated: April 21, 2003

Dale Hom,

Forest Supervisor, Olympic National Forest.

[FR Doc. 03–10229 Filed 4–24–03; 8:45 am]

BILLING CODE 3410–11–M

DEPARTMENT OF AGRICULTURE

Forest Service

Flathead County Resource Advisory Committee

AGENCY: Forest Service, USDA.

ACTION: Notice of meeting.

SUMMARY: The Flathead County Resource Advisory Committee will meet in Kalispell, Montana May 6th and May 20th. The purpose of the meetings is to discuss potential Title II projects for fiscal year 2004 funded by the Secure Rural Schools and Community Self Determination Act.

DATES: The meetings will be held from 4 p.m. to 6 p.m.

ADDRESSES: The meeting will be held at the Flat-head County Commissioner's Office, Commissioner's Conference Room, 800 South Main, Kalispell, Montana, 59901.

FOR FURTHER INFORMATION CONTACT: Kaaren Arnoux, Flathead National Forest, Administrative Assistant, (406) 758–5251.

SUPPLEMENTARY INFORMATION: The meeting is open to the public. Time will be available for public input on potential projects the committee may be discussing.

Al Koss,

Acting Public Affairs Specialist.

[FR Doc. 03–10227 Filed 4–24–03; 8:45 am]

BILLING CODE 3410–11–M

DEPARTMENT OF AGRICULTURE

Rural Utilities Service

Information Collection Activity; Comment Request

AGENCY: Rural Utilities Service, USDA.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35, as amended), the Rural Utilities Service (RUS) invites comments on this information collection for which RUS intends to request approval from the Office of Management and Budget (OMB).

DATES: Comments on this notice must be received by June 24, 2003.

FOR FURTHER INFORMATION CONTACT: F. Lamont Heppe, Jr., Director, Program Development and Regulatory Analysis, Rural Utilities Service, 1400 Independence Ave., SW., STOP 1522, Room 4036 South Building, Washington, DC 20250–1522. Telephone: (202) 720–9550. FAX: (202) 720–4120.

SUPPLEMENTARY INFORMATION: The Office of Management and Budget's (OMB) regulation (5 CFR part 1320) implementing provisions of the Paperwork Reduction Act of 1995 (Pub. L. 104–13) requires that interested members of the public and affected agencies have an opportunity to comment on information collection and recordkeeping activities (see 5 CFR 1320.8(d)). This notice identifies an information collection that RUS is submitting to OMB for extension.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the Agency, including whether the information will have practical utility; (b) the accuracy of the Agency's estimate of the burden of the proposed collection of information including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology. Comments may be sent to: F. Lamont Heppe, Jr., Director, Program Development and Regulatory Analysis, Rural Utilities Service, U.S. Department of Agriculture, STOP 1522, 1400 Independence Ave., SW., Washington, DC 20250–1522. FAX: (202) 720–4120.

Title: RUS Form 675, Certification of Authority.

OMB Control Number: 0572–0074.

Type of Request: Extension of a currently approved collection.

Abstract: The Rural Utilities Service (RUS) manages loan programs in accordance with the Rural Electrification Act of 1936, as amended (7 U.S.C. 901 *et seq.*) (RE Act). A major factor in managing loan programs is controlling the advance of funds. One reason to control funds is so that the actual borrowers get their money. The use of RUS Form 675 allows this control

to be achieved by providing a list of authorized signatures against which signatures requesting funds are compared. RUS Form 675 provides an effective control against the unauthorized release of funds by providing a list of authorized signatures. OMB Circular A–123, Management Accountability and Control, states that information should be maintained on a current basis and that cash should be protected from unauthorized use. Form 675 allows borrowers to keep RUS up-to-date of any changes in signature authority and controls the release funds only to authorized borrower representatives.

Estimate of Burden: Public reporting for this collection of information is estimated to average .10 hours per response.

Respondents: Business or other for profit; Not-for-profit institutions; and State, Local, or Tribal government.

Estimated Number of Respondents: 625.

Estimated Number of Responses per Respondent: 1.

Estimated Total Annual Burden on Respondents: 62.50 hours.

Copies of this information collection can be obtained from Michele Brooks, Program Development and Regulatory Analysis, at (202) 690–1078. FAX: (202) 720–4120.

All responses to this notice will be summarized and included in the request for OMB approval. All comments will also become a matter of public record.

Dated: April 18, 2003.

Hilda Gay Legg,

Administrator, Rural Utilities Service.

[FR Doc. 03–10219 Filed 4–24–03; 8:45 am]

BILLING CODE 3410–15–P

DEPARTMENT OF AGRICULTURE

Rural Utilities Service

Information Collection Activity; Comment Request

AGENCY: Rural Utilities Service, USDA.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35, as amended), the Rural Utilities Service (RUS) invites comments on this information collection for which RUS intends to request approval from the Office of Management and Budget (OMB).

DATES: Comments on this notice must be received by June 24, 2003.

FOR FURTHER INFORMATION CONTACT: F. Lamont Heppe, Jr., Director, Program Development and Regulatory Analysis, Rural Utilities Service, 1400 Independence Ave., SW., STOP 1522, Room 4036 South Building, Washington, DC 20250–1522. Telephone: (202) 720–9550. FAX: (202) 720–4120.

SUPPLEMENTARY INFORMATION: The Office of Management and Budget's (OMB) regulation (5 CFR part 1320) implementing provisions of the Paperwork Reduction Act of 1995 (Pub. L. 104–13) requires that interested members of the public and affected agencies have an opportunity to comment on information collection and recordkeeping activities (*see* 5 CFR 1320.8(d)). This notice identifies an information collection that RUS is submitting to OMB for reinstatement.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the Agency, including whether the information will have practical utility; (b) the accuracy of the Agency's estimate of the burden of the proposed collection of information including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology. Comments may be sent to: F. Lamont Heppe, Jr., Director, Program Development and Regulatory Analysis, Rural Utilities Service, U.S. Department of Agriculture, STOP 1522, 1400 Independence Ave., SW., Washington, DC 20250–1522. FAX: (202) 720–4120.

Title: 7 CFR 1717, Subpart Y, Settlement of Debt Owed by Electric Borrowers.

OMB Control Number: 0572–0116.

Type of Request: Extension of a currently approved information collection.

Abstract: The Rural Utilities Service (RUS) makes mortgage loans and loan guarantees to electric systems to provide and improve electric service in rural areas pursuant to the Rural Electrification Act of 1936, as amended (7 U.S.C. 901 *et seq.*) (RE Act). This information collection requirement stems from passage of Pub. L. 104–127, on April 4, 1996, which amended section 331(b) of the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 *et seq.*) to extend to RUS the Secretary of Agriculture's authority to settle debts with respect to loans made or guaranteed by RUS. Only those electric borrowers that are unable to fully repay their debts to the government and who apply to RUS for relief will be affected by this information collection.

The collection will require only that information which is essential for determining: the need for debt settlement; the amount of relief that is needed; the amount of debt that can be repaid; the scheduling of debt repayment; and, the range of opportunities for enhancing the amount of debt that can be recovered. The information to be collected will be similar to that which any prudent lender would require to determine whether debt settlement is required and the amount of relief that is needed. Since the need for relief is expected to vary substantially from case to case, so will the required information collection.

Estimate of Burden: Public reporting burden for this collection is estimated to average 3,000 hours per response.

Respondents: Not-for-profit institutions; Business or other for-profit institutions.

Estimated Number of Respondents: 1.

Estimated Number of Responses per Respondent: 1.

Estimated Total Annual Burden on Respondents: 3,000 hours.

Copies of this information collection can be obtained from Michele Brooks, Program Development and Regulatory Analysis, at (202) 690–1078. FAX: (202) 720–4120

All responses to this notice will be summarized and included in the request for OMB approval. All comments will also become a matter of public record.

Dated: April 18, 2003.

Hilda Gay Legg,

Administrator, Rural Utilities Service.

[FR Doc. 03–10220 Filed 4–24–03; 8:45 am]

BILLING CODE 3410–15–P

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Procurement List; Proposed Additions

AGENCY: Committee for Purchase From People Who Are Blind or Severely Disabled.

ACTION: Proposed additions to Procurement List.

SUMMARY: The Committee is proposing to add to the Procurement List services to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities.

DATES: Comments must be received on or before: May 25, 2003.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Jefferson Plaza 2, Suite 10800, 1421 Jefferson Davis Highway, Arlington, Virginia 22202–3259.

FOR FURTHER INFORMATION CONTACT: Sheryl D. Kennerly, (703) 603–7740.

SUPPLEMENTARY INFORMATION: This notice is published pursuant to 41 U.S.C 47(a)(2) and 41 CFR 51–2.3. Its purpose is to provide interested persons an opportunity to submit comments of the proposed actions. If the Committee approves the proposed additions, the entities of the Federal government identified in the notice for each service will be required to procure the services listed below from nonprofit agencies employing persons who are blind or have other severe disabilities. I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. If approved, the action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other than the small organizations that will furnish the services to the government.

2. If approved, the action will result in authorizing small entities to furnish the services to the government.

3. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46–48c) in connection with the services proposed for addition to the Procurement List. Comments on this certification are invited.

Commenters should identify the statement(s) underlying the certification on which they are providing additional information.

The following services are proposed for addition to Procurement List for production by the nonprofit agencies listed:

Services

Service Type/Location: Custodial Service, Capt Alden D Allen AFRC, Horseheads, New York.
NPA: NYSARC, Inc., Seneca-Cayuga Counties Chapter, Waterloo, New York.
Contract Activity: 77th Regional Support Command (DOC), Fort Totten, New York.
Service Type/Location: Custodial Service, Social Security Administration, High Rise and Low Rise Buildings, Baltimore, Maryland.
NPA: Goodwill Industries of the Chesapeake, Inc., Baltimore, Maryland.
Contract Activity: Social Security Administration, Baltimore, Maryland.
Service Type/Location: Custodial Service, SSG Reynold J King USARC, Ithaca, New York.
NPA: NYSARC, Inc., Seneca-Cayuga Counties Chapter, Waterloo, New York.
Contract Activity: 77th Regional Support Command (DOC), Fort Totten, New York.
Service Type/Location: Custodial Service, U.S. Border Station, Wellesley Island, Alexandria Bay, New York.
NPA: Jefferson County Chapter, NYSARC, Watertown, New York.
Contract Activity: GSA/PBS Upstate New York Service Center, Syracuse, New York.
Service Type/Location: Grounds Maintenance, U.S. Border Station, Old Champlain, New York.
NPA: Clinton County Chapter, NYSARC, Inc., Plattsburgh, New York.
Contract Activity: GSA/PBS Upstate New York Service Center, Syracuse, New York.
Service Type/Location: Grounds Maintenance, U.S. Border Station, Overton Corners, New York.
NPA: Clinton County Chapter, NYSARC, Inc., Plattsburgh, New York.
Contract Activity: GSA/PBS Upstate New York Service Center, Syracuse, New York.
Service Type/Location: Grounds Maintenance, U.S. Border Station, St. John Highway, New York.
NPA: Clinton County Chapter, NYSARC, Inc., Plattsburgh, New York.
Contract Activity: GSA/PBS Upstate New York Service Center, Syracuse, New York.
Service Type/Location: Janitorial/Grounds Maintenance, T–3 Olaf T. Fredericksen USARC, Penn Yan, New York.
NPA: Yates County Chapter NYSARC, Inc., Penn Yan, New York.
Contract Activity: 77th Regional Support Command (DOC), Fort Totten, New York.

Sheryl D. Kennerly,
Director, Information Management.

[FR Doc. 03–10255 Filed 4–24–03; 8:45 am]

BILLING CODE 6353–01–P

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Procurement List; Additions

AGENCY: Committee for Purchase From People Who Are Blind or Severely Disabled.

ACTION: Additions to Procurement List.

SUMMARY: This action adds to the Procurement List services to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities.

EFFECTIVE DATE: May 25, 2003.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Jefferson Plaza 2, Suite 10800, 1421 Jefferson Davis Highway, Arlington, Virginia 22202–3259.

FOR FURTHER INFORMATION CONTACT: Sheryl D. Kennerly, (703) 603–7740.

SUPPLEMENTARY INFORMATION: On October 11, 2002, January 10, January 17, and February 14, 2003, the Committee for Purchase From People Who Are Blind or Severely Disabled published notice (67 FR 63376, 68 FR 1434, 2498, and 7499) of proposed additions to the Procurement List. After consideration of the material presented to it concerning capability of qualified nonprofit agencies to provide the services and impact of the additions on the current or most recent contractors, the Committee has determined that the services listed below are suitable for procurement by the Federal government under 41 U.S.C. 46–48c and 41 CFR 51–2.4. I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. The action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other than the small organizations that will furnish the services to the government.

2. The action will result in authorizing small entities to furnish the services to the government.

3. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46–48c) in connection with the services proposed for addition to the Procurement List.

Accordingly, the following services are added to the Procurement List:

Services

Service Type/Location: Base Supply Center, Oceana Naval Air Station, Virginia Beach, Virginia.
NPA: Virginia Industries for the Blind, Charlottesville, Virginia.
Contract Activity: Fleet and Industries Supply Center, Norfolk, Virginia.
Service Type/Location: Base Supply Center, Space and Naval Warfare Systems Center, San Diego, California.
NPA: The Lighthouse for the Blind, Inc., Seattle, Washington.
Contract Activity: Space and Naval Warfare Systems Center, San Diego, California.
Service Type/Location: Custodial Service, U.S. Customs Service, Aviation Hanger, 457 Sandau Road, Bldg #2, 447 Sandau Road, San Antonio, Texas.
NPA: Mavagi Enterprises, Inc., San Antonio, Texas.
Contract Activity: U.S. Customs Service, Indianapolis, Indiana.
Service Type/Location: Food Service Attendant, U.S. Navy Sub Base, Galley 446, Groton, Connecticut.
NPA: CW Resources, Inc., New Britain, Connecticut.
Contract Activity: Fleet Industrial Supply Center, Philadelphia, Pennsylvania.

This action does not affect current contracts awarded prior to the effective date

of this addition or options that may be exercised under those contracts.

Sheryl D. Kennerly,

Director, Information Management.

[FR Doc. 03–10256 Filed 4–24–03; 8:45 am]

BILLING CODE 6353–01–P

DEPARTMENT OF COMMERCE

Bureau of Industry and Security

[Docket No. 02–BXA–09]

Action Affecting Export Privileges; FRANK CURIC, In the Matter of: Frank Curic, Bisce Polje, BB, 88104 Mostar, Bosnia Herzegovina, Respondent; Order

The Bureau of Industry and Security, United States Department of Commerce (''BIS''), having initiated an administrative proceeding against Frank Curic, (''Curic''), pursuant to section 13(c) of the Export Administration Act of 1979, as amended (50 U.S.C. app. §§ 2401–2420 (2000)) (''Act''),[1] and the Export Administration Regulations (currently codified at 15 CFR parts 730–774 (2002)) (''Regulations''),[2] based on the charging letter issued to Curic that alleged that Curic violated the Regulations on three occasions. Specially, the charges are:

1. *One Violation of 15 CFR 764.2(c)—Attempting To Export a Shotgun Without the Required License:* On or about July 31, 2000, Curic attempted to export a Mossberg shotgun with a barrel length of at least 18 inches but less than 24 inches (the ''shotgun''), an item subject to the Regulations and covered by export control classification number 0A984, from the United States to Bosnia and Herzegovina without obtaining an export license from the Department of Commerce as required by Section 742.7(a) of the Regulations.

2. *One violation of 15 CFR 764.2(e)—Concealing a Shotgun with Knowledge that a Violation of the Regulations Was Intended to Occur:* In connection with the attempted export referenced above, Curic concealed the shotgun knowing that the shotgun would be exported from the United States in violation of the Regulations. Pursuant to section 742.7(a) of the Regulations, an export license was required to export the shotgun, an item subject to the Regulations and covered by export control classification number 0A984, from the United States to Bosnia and Herzegovina. Curic knew that an export license was required from the Department of Commerce to export the shotgun to Bosnia and Herzegovina. However, Curic did not obtain a license to export the item.

3. *One Violation of 15 CFR 764.2(g)(1)—Making a Material Misrepresentation on a Shipper's Export Declaration:* In connection with the attempted export referenced above, Curic, through a freight forwarder, made a material misrepresentation to the United States Government by filing or causing to be filed a Shipper's Export Declaration[3] that stated falsely that Curic's vehicle would be ''unpacked,'' *i.e.,* would not contain any personal belongings or other effects, when it was exported from the United States to Bosnia and Herzegovina and that license exception BAG authorized the export. In response to Curic's statement that his vehicle would be unpacked, the freight forwarder prepared and filed a Shipper's Export Declaration that stated ''1 unpacked Lincoln Town Car'' was being exported to Bosnia and Herzegovina under license exception BAG. These statements were false as Curic packed this vehicle with his belongings, including the shotgun, before attempting to export it. An export license was required for the export of the shotgun to Bosnia and Herzegovina.

BIS and Curic having entered into a Settlement Agreement pursuant to section 766.18(b) of the Regulations whereby they agreed to settle this matter in accordance with the terms and conditions set forth therein, and the terms of the Settlement Agreement having been approved by me;

It is therefore Ordered

First, that for a period of three years from the date of this Order, Curic, and when acting for or on behalf of Curic, his representatives, agents, assigns or employees (''denied person'') may not, directly or indirectly, participate in any way in any transaction involving any commodity, software, or technology (hereinafter collectively referred to as ''item'') exported or to be exported from the United States that is subject to the Regulations, or in any other activity subject to the Regulations, including, but not limited to:

A. Applying for, obtaining, or using any license, License Exception, or export control document;

B. Carrying on negotiations concerning, or ordering, buying, receiving, using, selling, delivering, storing, disposing of, forwarding, transporting, financing, or otherwise servicing in any way, any transaction involving any item exported or to be exported from the United States that is subject to the regulations, or in any other activity subject to the Regulations; or

C. Benefitting in any way from any transaction involving any item exported or to be exported from the United States that is subject to the Regulations, or in any other activity subject to the Regulations.

Second, that no person may, directly or indirectly, do any of the following:

A. Export or reexport to or on behalf of the denied person any item subject to the Regulations;

B. Take any action that facilitates the acquisition or attempted acquisition by the denied person of the ownership, possession, or control of any item subject to the Regulations that has been or will be exported from the United States, including financing or other support activities related to a transaction whereby the denied person acquires or attempts to acquire such ownership, possession or control;

C. Take any action to acquire from or to facilitate the acquisition or attempted acquisition from the denied person of any item subject to the Regulations that has been exported from the United States;

D. Obtain from the denied person in the United States any item subject to the Regulations with knowledge or reason to know that the item will be, or is intended to be, exported from the United States; or

E. Engage in any transaction to service any item subject to the Regulations that has been or will be exported from the United States and which is owned, possessed or controlled by the denied person, or service any item, of whatever origin, that is owned, possessed or controlled by the denied person if such service involves the use of any item subject to the Regulations that has been or will be exported from the United States. For purposes of this paragraph,

[1] From August 21, 1994 through November 12, 2000, the Act was in lapse. During that period, the President, through Executive Order 12924, which has been extended by successive Presidential Notices, the last of which was issued on August 3, 2000 (3 CFR, 2000 Comp. 397 (2001)), continued the Regulations in effect under the International Emergency Economic Powers Act (50 U.S.C. 1701–1706 (2000)) (''IEEPA''). On November 13, 2000, the Act was reauthorized and it remained in effect through August 20, 2001. Since August 21, 2001, the Act has been in lapse and the President, through Executive Order 13222 of August 17, 2001 (3 CFR., 2001 Comp., 783 (2002)), as extended by the Notice of August 14, 2002 (67 FR 53721 (August 16, 2002)), has continued the Regulations in effect under IEEPA.

[2] The Regulations governing the violations at issue are found in the 2000 version of the Code of Federal Regulations (15 CFR parts 730–774 (2000)) and they are substantially the same as the 2002 version of the Regulations which govern the procedural aspects of this case.

[3] A Shipper's Export Declaration is an export control document as defined in Part 772 of the Regulations.

servicing means installation, maintenance, repair, modification or testing.

Third, that after notice and opportunity for comment as provided in Section 766.23 of the Regulations, any person, firm, corporation, or business organization related to Curic by affiliation, ownership, control, or position of responsibility in the conduct of trade or related services may also be subject to the provisions of this Order.

Fourth, that this Order does not prohibit any export, reexport, or other transaction subject to the Regulations where the only items involved that are subject to the Regulations are the foreign-produced direct product of U.S.-origin technology.

Fifth, that a copy of this Order shall be delivered to the United States Coast Guard ALJ Docketing Center, 40 Gay Street, Baltimore, Maryland 21202–4022, notifying that office that this case is withdrawn from adjudication, as provided by Section 766.18 of the Regulations.

Sixth, that the charging letter, the Settlement Agreement, and this Order shall be made available to the public.

This Order, which constitutes the final agency action in this matter, is effective upon the date of its publication in the **Federal Register**.

Entered this 16th day of April 2003.

Dexter M. Price,

Acting Assistant Secretary of Commerce for Export Enforcement.

[FR Doc. 03–10218 Filed 4–24–03; 8:45 am]

BILLING CODE 3510–DT–M

DEPARTMENT OF COMMERCE

Bureau of Industry and Security

Sensors and Instrumentation, Technical Advisory Committee; Notice of Partially Closed Meeting

The Sensors and Instrumentation Technical Advisory Committee will meet on May 13, 2003, 9:30 a.m., in the Herbert C. Hoover Building, Room 3884, 14th Street between Constitution and Pennsylvania Avenues, NW., Washington, DC. The Committee advises the Office of the Assistant Secretary for Export Administration on technical questions that affect the level of export controls applicable to sensors and instrumentation equipment and technology.

Agenda

Public Session

1. Opening remarks and introductions.

2. Update on Bureau of Industry and Security initiatives.

3. Discussion on proposed measures of military utility for thermal imaging products.

4. Presentation on Office of Export Enforcement issues.

5. Presentation of papers and comments by the public.

Closed Session

6. Discussion of matters properly classified under Executive Order 12958, dealing with the U.S. export control program and strategic criteria related thereto.

A limited number of seats will be available during the public session of the meeting. Reservations are not accepted. To the extent that time permits, members of the public may present oral statements to the Committee. The public may submit written statements at any time before or after the meeting. However, to facilitate distribution of public presentation materials to the Committee members, the Committee suggests that presenters forward the public presentation materials prior to the meeting date to the following address: Ms. Lee Ann Carpenter, OSIES/EA/BIS MS: 3876, U.S. Department of Commerce, 14th St. & Constitution Ave., NW., Washington, DC 20230.

The Assistant Secretary for Administration, with the concurrence of the General Counsel, formally determined on November 29, 2001, pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, that the series of meetings of the Committee and of any Subcommittees thereof, dealing with the classified materials listed in 5 U.S.C. 552b(c)(1) shall be exempt from the provisions relating to public meetings found in section 10(a)(1) and 10(a)(3), of the Federal Advisory Committee Act. The remaining series of meetings or portions thereof will be open to the public.

For more information contact Lee Ann Carpenter on (202) 482–2583.

Dated: April 22, 2003.

Lee Ann Carpenter,

Committee Liaison Officer.

[FR Doc. 03–10243 Filed 4–24–03; 8:45 am]

BILLING CODE 3510–JT–M

DEPARTMENT OF COMMERCE

International Trade Administration

[A–570–877]

Notice of Final Determination of Sales at Less Than Fair Value: Lawn and Garden Steel Fence Posts From the People's Republic of China

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

ACTION: Notice of final determination of sales at less than fair value.

SUMMARY: We determine that lawn and garden steel fence posts (fence posts) from the People's Republic of China (PRC) are being sold, or are likely to be sold, in the United States at less than fair value (LTFV), as provided in section 735 of the Tariff Act of 1930, as amended (the Act). The estimated margins of sales at LTFV are shown in the *Final Determination of Investigation* section of this notice.

EFFECTIVE DATE: April 25, 2003.

FOR FURTHER INFORMATION CONTACT: Salim Bhabhrawala or Chris Welty, Group II, Office 5, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW., Washington, DC 20230; telephone: (202) 482–1784, (202) 482–0186, respectively.

SUPPLEMENTARY INFORMATION:

Case History

The preliminary determination in this investigation was published on December 4, 2002. *See Notice of Preliminary Determination of Sales at Less Than Fair Value and Postponement of Final Determination: Lawn and Garden Steel Fence Posts from the People's Republic of China,* 67 FR 72141 (December 4, 2002) (*Preliminary Determination*). Since the preliminary determination, the following events have occurred.

We conducted verification of the questionnaire responses of Shanghai BaoSteel International Economic and Trading Corporation, Ltd. (BaoSteel),[1] Hebei Metals and Minerals Import and Export Corporation (Hebei), and China Nanyang Import & Export Corporation (Nanyang),[2] from January 13 through

[1] Hangzhou Hongyuan Sporting Goods Company, Ltd. was the producer of the subject merchandise sold by BaoSteel during the period of investigation (POI).

[2] Tianjin Shenyuan Steel Company, Ltd. and Tianjin Sunny Steel Products Company, Ltd. were the producers of the subject merchandise sold by Nanyang during the POI.

January 24, 2003. *See Verification of Sales and Factors of Production Data Submitted by Shanghai BaoSteel International Economic and Trading Corporation, Ltd.* (Feb. 20, 2003); *Verification of Sales and Factors of Production Data Submitted by Hebei Metals and Minerals Import and Export Corporation and its Suppliers,* (Mar. 4, 2003); and *Verification of Sales and Factor of Production Data Submitted by China Nanyang Import & Export Co., Ltd.* (Mar. 4, 2003).

On January 15, 2003, the petitioner [3] submitted information to support its contention that the price of BaoSteel's market-economy supplied input should not be included in the calculation of normal value. *See Issues and Decision Memorandum for the Final Determination of the Antidumping Duty Investigation of Lawn and Garden Steel Fence Posts from the People's Republic of China,* from Holly A. Kuga, Acting Deputy Assistant Secretary, Import Administration, to Joseph A. Spetrini, Acting Assistant Secretary for Import Administration (*Decision Memorandum*) dated April 18, 2003, at Comment 2.

Respondents Hebei and Nanyang filed surrogate value information and data on January 21, 2003.

On February 23, 2003, the Department of Commerce (the Department) issued a correction to the *Preliminary Determination,* correcting the scope of the investigation to be consistent with the International Trade Commission's preliminary determination. *See Lawn and Garden Steel Fence Posts from China,* 67 FR 42581 (June 24, 2002). No other changes were made to the *Preliminary Determination. See Correction: Notice of Preliminary Determination of Sales at Less Than Fair Value and Postponement of Final Determination: Lawn and Garden Steel Fence Posts from the People's Republic of China,* 68 FR 8737 (Feb. 25, 2003).

On March 13, 2003, Hebei, Nanyang, and the petitioner filed case briefs. BaoSteel did not file a case brief. On March 17, 2003, the Department filed a letter rejecting the petitioner's March 13, 2003, case brief because it contained untimely filed new information. We asked the petitioner to resubmit its case brief in compliance with the Department's specific redaction instructions contained within that letter. (*See* Letter from the Department to Steel City Corporation dated March 17, 2003). On March 18, 2003, the petitioner submitted a revised version of its case brief, complying with the Department's instructions in the Department's March 17, 2003, letter. The petitioner also filed its rebuttal brief on March 18, 2003. All three respondents filed rebuttal briefs on March 24, 2003.

No hearing was requested by the interested parties in this proceeding.

Scope of Investigation

For purposes of this investigation, the products covered consist of all ''U'' shaped or ''hat'' shaped lawn and garden fence posts made of steel and/or any other metal, weighing 1 pound or less per foot, and produced in the PRC. The fence posts included within the scope of this investigation weigh up to 1 pound per foot and are made of steel and/or any other metal. Imports of these products are classified under the following categories: fence posts, studded with corrugations, knobs, studs, notches or similar protrusions with or without anchor posts and exclude round or square tubing or pipes.

These posts are normally made in two different classes, light and heavy duty. Light duty lawn and garden fence posts are normally made of 14 gauge steel (0.068 inches—0.082 inches thick), 1.75 inches wide, in 3, 4, 5, or 6 foot lengths. These posts normally weigh approximately 0.45 pounds per foot and are packaged in mini-bundles of 10 posts and master bundles of 400 posts. Heavy duty lawn and garden steel fence posts are normally made of 13 gauge steel (0.082 inches—0.095 inches thick), 3 inches wide, in 5, 6, 7, and 8 foot lengths. Heavy duty posts normally weigh approximately 0.90 pounds per foot and are packaged in mini-bundles of 5 and master bundles of 200. Both light duty and heavy duty posts are included within the scope of the investigation.

Imports of these products are classified under the Harmonized Tariff Schedule of the United States (HTSUS) subheading 7326.90.85.35. Fence posts classified under subheading 7308.90 are also included within the scope of the investigation if the fence posts are made of steel and/or metal.

Specifically excluded from the scope are other posts made of steel and/or other metal including ''tee'' posts, farm posts, and sign posts, regardless of weight.[4] Although the HTSUS subheadings are provided for convenience and U.S. Customs Service (Customs) purposes, the written description of the merchandise under investigation is dispositive.

Period of Investigation

The POI is October 1, 2001, through March 31, 2002.

Analysis of Comments Received

All issues raised in the case and rebuttal briefs by parties to this proceeding and to which we have responded are listed in the *Appendix* to this notice and addressed in the *Decision Memorandum,* which is hereby adopted by this notice. Parties can find a complete discussion of the issues raised in this investigation and the corresponding recommendations in this public memorandum which is on file in the Central Records Unit (CRU), room B–099 of the main Department building. In addition, a complete version of the *Decision Memorandum* can be accessed directly on the internet at *http://ia.ita.doc.gov.* The paper copy and electronic version of the *Decision Memorandum* are identical in content.

Non-Market Economy

The Department has treated the PRC as an non-market economy (NME) country in all its past antidumping investigations. *See e.g., Notice of Final Determination of Sales at Less Than Fair Value: Ferrovanadium From the People's Republic of China,* 67 FR 71137, 71138 (Nov. 29, 2002); and *Notice of Final Determination of Sales at Less Than Fair Value: Certain Circular Welded Carbon-Quality Steel Pipe From the People's Republic of China,* 67 FR 36570, 36571 (May 24, 2002). An NME country designation remains in effect until it is revoked by the Department. *See* section 771(18)(C) of the Act. The respondents in this investigation have not requested revocation of the PRC's NME status. Therefore, we have continued to treat the PRC as an NME country in this investigation. For further details, see the *Preliminary Determination.*

Separate Rates

In our *Preliminary Determination,* we found that all three responding companies met the criteria for the application of separate, company-specific antidumping duty rates. We have not received any other information since the preliminary determination which would warrant reconsideration of our separates rates determination with respect to these companies. For a complete discussion of the Department's determination that the respondents are entitled to a separate rate, see the *Preliminary Determination.*

The PRC-Wide Rate

In the preliminary determination, we found that the use of adverse facts

[3] The petitioner in this investigation is Steel City Corporation.

[4] Tee posts are made by rolling red hot steel into a ''T'' shape. These posts do not have tabs or holes to help secure fencing to them and have primarily farm and industrial uses.

available for the PRC-wide rate was appropriate for other exporters in the PRC based on our presumption that those respondents who failed to demonstrate entitlement to a separate rate constitute a single enterprise under common control by the Chinese government. The PRC-wide rate applies to all entries of the merchandise under investigation except for entries from Hebei, entries from Nanyang which were produced by Tianjin Shenyuan Steel Company, Ltd. or Tianjin Sunny Steel Products Company, Ltd., and entries from BaoSteel which were produced by Hangzhou Hongyuan Sporting Goods Company, Ltd.

When analyzing the petition for purposes of the initiation, the Department reviewed all of the data upon which the petitioners relied in calculating the estimated dumping margin and determined that the margin in the petition was appropriately calculated and supported by adequate evidence in accordance with the statutory requirements for initiation. In order to corroborate the petition margin for purposes of using it as adverse facts available, we examined the price and cost information provided in the petition in the context of our preliminary determination. For further details, *see* Memorandum from Christopher Smith to Gary Taverman, *Corroboration of Secondary Information*, dated November 27, 2002 (*Preliminary Corroboration Memorandum*). We received no comments on this decision and continue to find in this final determination that the rate contained in the petition, as recalculated, has probative value. We have continued to apply this rate in the final determination. For further discussion, *see Preliminary Determination.*

Since the preliminary determination, we have obtained new information regarding several surrogate values. In order to take into account the more recent information, we recalculated the petition margin using, where possible, revised surrogate values to value the petitioners' consumption rates. As a result of this recalculation, the PRC-wide rate is, for the final determination, 15.61 percent. *See* Memorandum from Christopher Smith to the File, *Corroboration of Secondary Information*, dated April 18, 2003.

Surrogate Country

For purposes of the final determination, we continue to find that India remains the appropriate surrogate country for the PRC. For further discussion and analysis regarding the surrogate country selection for the PRC, see the *Preliminary Determination.*

Verification

As provided in section 782(i) of the Act, we verified the information submitted by the respondents for use in our final determination. We used standard verification procedures including examination of relevant accounting and production records, and original source documents provided by the respondents. For changes from the *Preliminary Determination* as a result of verification, see the *Changes Since the Preliminary Determination* section below.

Changes Since the Preliminary Determination

Based on our findings at verification and on our analysis of the comments received, we have made the following adjustments to the calculation methodologies used in the preliminary determination. These adjustments are discussed in detail in the *Decision Memorandum; Final Calculation of Antidumping Duty Investigation of Lawn and Garden Steel Fence Posts From the People's Republic of China for Shanghai BaoSteel International Economic and Trading Co., Ltd.* (Apr. 18, 2003) (*BaoSteel's Final Calculation Memorandum*); *Final Calculation of Antidumping Duty Investigation of Lawn and Garden Steel Fence Posts From the People's Republic of China for Hebei Metals and Minerals Import and Export Corporation* (Apr. 18, 2003) *Hebei's Final Calculation Memorandum*); and *Final Calculation of Antidumping Duty Investigation of Lawn and Garden Steel Fence Posts From the People's Republic of China for China Nanyang Import & Export Corporation* (Apr. 18, 2003) (*Nanyang's Final Calculation Memorandum*).

BaoSteel

1. We revised our calculation of freight costs for the factors of production to include the revised distances identified during verification. *See BaoSteel's Final Calculation Memorandum.*

2. We revised the calculations for the following packing materials for BaoSteel as a result of changes discovered at verification: packing labels, plastic hanging ties, and plastic ties. *See id.*

Hebei

1. Hebei omitted certain bank fees from its reporting of U.S. sales. Accordingly, we have included these verified fees as adjustments to U.S. price. *See Hebei's Final Calculation Memorandum.*

2. We removed non-subject ''T-posts'' from Hebei's U.S. sales database. *See id.*

3. We revised our calculation of freight costs for the factors of production to include the revised distances identified during verification. *See id.*

4. We revised certain packing material weights to account for remeasurements conducted at verification. *See id.*

5. We revised the electricity factor for one of Hebei's suppliers in accordance with our verification findings. *See id.*

Nanyang

1. As reported by Nanyang during the company's presentation of minor corrections at verification, the company omitted certain bank fees from its reporting of U.S. sales. Accordingly, we have included these verified fees as adjustments to U.S. price. *See Nanyang's Final Calculation Memorandum.*

2. At verification, certain differences were found between reported transportation distances and remeasured distances. We have revised the transportation distances previously used to reflect the remeasured amounts. *See id.*

3. We revised our calculation for certain rivet costs to reflect changes in weight, loss rate, and consumption rates discovered at verification. *See id.*

4. We revised our acid bath and phosphate acid calculations to reflect changes in input allocations discovered at verification. *See id.*

5. At verification, certain differences were found between reported packing material weights and remeasured weights. We have revised the packing material weights previously used to reflect the remeasured amounts. *See id.*

6. We revised certain electricity calculations to reflect changes in electricity consumption discovered as a result of verification. *See id.*

7. We revised certain labor calculations to reflect changes in labor allocations discovered as a result of verification. *See id.*

8. We revised certain calculations for steel coil scrap production to reflect changes in steel allocations discovered as a result of verification. *See id.*

Surrogate Values

1. We adjusted the surrogate value for steel coil to reflect updated surrogate data. *See Decision Memorandum* at Comment 3.

2. We adjusted the surrogate values for the following packing materials to reflect updated surrogate data: steel screws, nails, wood pallets, wood, plastic sheet/strips, foam, plastic twine, and steel pallets. *See id.*

3. We revised the surrogate value for hydrochloric acid to reflect less aberrational data. *See Decision Memorandum* at Comment 4.

4. We revised the surrogate value for brokerage and handling to include a more representative and contemporaneous source of surrogate data. *See Decision Memorandum* at Comment 5.

5. We revised the surrogate value for labor to reflect the Department's updated wage rate regression calculation. *See Decision Memorandum* at Comment 6.

Continuation of Suspension of Liquidation

In accordance with section 735(c)(1)(B)(ii) of the Act, we are directing the Customs Service to continue suspension liquidation of entries of subject merchandise from the PRC, with the exception of merchandise exported by Shanghai BaoSteel International Economic and Trading Co., Ltd. which was produced by Hangzhou Hongyuan Sporting Goods Company, Ltd., and merchandise exported by China Nanyang Import & Export corporation which was produced by Tianjin Shenyuan Steel Company, Ltd. or Tianjin Sunny Steel Products Company, Ltd., that are entered, or withdrawn from warehouse, for consumption on or after December 4, 2002 (the date of publication of the *Preliminary Determination* in the **Federal Register**). We will instruct the Customs Service to require a cash deposit or the posting of a bond equal to the weighted-average amount by which NV exceeds the U.S. price, as indicated in the chart below. These suspension-of-liquidation instructions will remain in effect until further notice.

Final Determination

We determine that the following weighted-average percentage margins exist for the period October 1, 2001, through March 31, 2002:

Manufacturer/Exporter	Weighted-average margin (percent)
Shanghai BaoSteel International Economic and Trading Co., Ltd	0.00
Hebei Metals and Minerals Imports and Export Corporation	6.60
China Nanyang Import & Export Corporation	1.42
PRC-Wide Rate	15.61

The PRC-wide rate applies to all entries of the merchandise under investigation except for entries from Hebei, entries from Nanyang which were produced by Tianjin Shenyuan Steel company, Ltd. or Tianjin Sunny Steel Products Company, Ltd., and entries from BaoSteel which were produced by Hangzhou Hongyuan Sporting Goods Company, Ltd.

International Trade Commission Notification

In accordance with section 735(d) of the Act, we have notified the International Trade Commission (ITC) of our determination. As our final determination is affirmative, the ITC will determine, within 45 days, whether these imports are materially injuring, or threaten material injury to, the U.S. industry. If the ITC determines that material injury, or threat of material injury does not exist, the proceeding will be terminated and all securities posted will be refunded or cancelled. If the ITC determines that such injury does exist, the Department will issue an antidumping duty order directing Customs officials to assess antidumping duties on all imports of subject merchandise entered for consumption on or after the effective date of the suspension of liquidation.

Notification Regarding Administrative Protective Order (APO)

This notice also serves as a reminder to parties subject to APO of their responsibility concerning the disposition of proprietary information disclosed under APO in accordance with 19 CFR 351.305. Timely notification of return/destruction of APO materials or conversion to judicial protective order is hereby requested. Failure to comply with the regulations and the terms of an APO is a sanctionable violation.

This determination is issued and published in accordance with sections 735(d) and 777(i)(1) of the Act.

Dated: April 18, 2003.

Joseph A. Spetrini,

Acting Assistant Secretary for Import Administration.

Appendix—Decision Memorandum

Comment 1: Department's Acceptance of New Information
Comment 2: Use of BaoSteel's Market Economy Steel Value
Comment 3: Surrogate Value Selection for Steel Coil and Packing Materials
Comment 4: Surrogate Value Selection for Powder Coating, Coal, and Hydrochloric Acid
Comment 5: Surrogate Value Selection for Selection for Brokerage and Handling
Comment 6: Surrogate Value Selection for Labor
Comment 7: Exclusion of Labor Costs from Calculation of Surrogate Overhead and SG&A Ratios
Comment 8: Use of Gross, Rather Than Net, Material Costs in the Calculation of Surrogate Overhead and SG&A Ratios

[FR Doc. 03–10257 Filed 4–24–03; 8:45 am]

BILLING CODE 3510–DS–M

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D.041403I]

Endangered and Threatened Wildlife; Sea Turtle Conservation Requirements

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notice of Issuance of permit.

SUMMARY: Notice is hereby given that shrimp fishermen in the Gulf and Atlantic Areas have been issued a permit to use Turtle Excluder Devices (TEDs) in accordance with allowable configurations under a final rule amending the TED regulations February 21, 2003, prior to the final rule taking effect. The permit allows fishermen to use the new TEDs to maximize shrimp retention and eliminate operational difficulties and facilitates fishermen's transition to the new TED configurations.

ADDRESSES: The permit and related documents are available for review upon written request or by appointment in the following office:

Southeast Region, NMFS, 9721 Executive Center Drive North, St. Petersburg, FL 33702–2432; phone (727)570–5301; fax (727)570–5320.

FOR FURTHER INFORMATION CONTACT: David Bernhart (*david.bernhart@noaa.gov*) or Robert Hoffman (*robert.hoffman@noaa.gov*), (727)570–5312.

SUPPLEMENTARY INFORMATION: On February 21, 2003, NMFS published a final rule (68 FR 8456) amending the TED regulations affecting shrimp trawl fishermen. The final rule takes effect April 15, 2003, in the Atlantic Area and August 21, 2003, in the Gulf Area. The primary element of the final rule is the requirement for fishermen to modify the openings of their TEDs to allow the escape of large sea turtles.

On March 14, 2003, the NMFS Southeast Region, received an application for a permit from Mr. Noah Saunders, Jr., on behalf of shrimp trawl fishermen in the Gulf and South Atlantic. The request was for fishermen to be allowed to use the gear configurations specified in the final rule

amending the TED regulations, during the transition period before the final rule takes effect. NMFS, Southeast Region accepted the request as an application under 50 CFR 223.207(e)(2), which provides that NMFS may issue permits, subject to such conditions and restrictions as NMFS deems appropriate, authorizing public or private experimentation aimed at improving shrimp retention efficiency of existing approved TEDs and at developing additional TEDs. The authority to issue such permits has been delegated to the NMFS Southeast Regional Administrator.

The TED configurations that will be required when the final rule takes effect generally match or exceed the current regulatory standards for TEDs. Thus, fishermen who transition to the new TED configurations, in advance of the rule taking effect, would be in compliance with both the current and future regulatory requirements. The final rule does lift two restrictions on TED configurations under the current regulations. Specifically: (a) currently, accelerator funnels may not be used with the double cover TED. Under the final rule, double cover offshore TEDs may be used with an accelerator funnel. The inside horizontal opening of the funnel must be at least 71 inches (180 cm) in offshore waters and in the inshore waters of Georgia and South Carolina and at least 44 inches (112 cm) in all other inshore waters; and (b)currently, webbing flaps on bottom-opening TEDs in the Shrimp Fishery-Sea Turtle Conservation Areas (SFSTCAs) must be shortened to extend no further than the posterior edge of the TED grid. Under the final rule, the 71–inch (180 cm) offshore TED may be used with a webbing flap extending up to 24 inches (61 cm) behind the posterior edge of the grid on top- and bottom-opening TEDs, in all waters, including the Shrimp Fishery-Sea Turtle Conservation Areas (SFSTCAs).

Because the final rule did not contain any special provisions for the transition period between its publication and effective dates, the specific changes in the final rule that are more permissive than the current TED requirements are technically not approved changes until the final rule takes effect. NMFS, in issuing the final rule however, determined that the newly required 71–inch (180 cm) and double cover offshore TEDs are far more effective than the TEDs approved under the current regulations and that the new TEDs can be used effectively with these changes. Mr. Saunders' permit application requested that fishermen be allowed to use TED configurations, consistent with the final rule and including these more permissive changes, prior to the final rule taking effect.

Permit Issuance

On March 26, 2003, the Southeast Regional Administrator, NMFS, issued the requested permit, pursuant to 50 CFR 223.207(e)(2). Issuance of the permit is necessary to encourage the early transition by shrimp fishermen to the use of more effective TEDs, furthering NMFS' goal of sea turtle conservation. The newly required TEDs are more effective at releasing sea turtles than those currently required. The use of a funnel with the double cover offshore TED and a long flap with the 71–inch (180 cm) offshore TED have already been determined by NMFS to be effective modifications that may enhance shrimp retention on these highly effective TEDs. This permit will remove regulatory barriers to fishermen's transition to the newly required TEDs and will allow them to experiment with gear configurations to maximize their shrimp retention, prior to the final rule coming into effect.

Dated: April 21, 2003.

Laurie K. Allen,

Acting Director, Office of Protected Resources, National Marine Fisheries Service.

[FR Doc. 03–10283 Filed 4–24–03; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 042103A]

Gulf of Mexico Fishery Management Council; Public Meetings

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notice of public meeting.

SUMMARY: The Gulf of Mexico Fishery Management Council (Council) will convene public meetings.

DATES: The meetings will be held on May 12–15, 2003.

ADDRESSES: These meetings will be held at the Edgewater Beach Resort, 11212 Front Beach Road, Panama City Beach, FL; telephone: 850–235–4044.

Council address: Gulf of Mexico Fishery Management Council, 3018 U.S. Highway 301 North, Suite 1000, Tampa, FL 33619.

FOR FURTHER INFORMATION CONTACT: Wayne E. Swingle, Executive Director, Gulf of Mexico Fishery Management Council; telephone: (813) 228–2815.

SUPPLEMENTARY INFORMATION:

Council

May 14

8:30 a.m.—Convene.

8:45 a.m. - 12 noon—Receive public testimony on the Draft Coastal Migratory Pelagics (CMP) Regulatory Amendment and Draft Reef Fish Amendment 21. The draft CMP Regulatory Amendment sets standards for maximum sustainable yield (MSY), optimum yield (OY), overfished and overfishing for king and Spanish mackerel, and cobia. Draft Reef Fish Amendment 21 contains a proposal to extend the time period for the Madison/Swanson and Steamboat Lumps marine reserves beyond their June 16, 2004 expiration date. Final action to approve Reef Fish Amendment 21 will be taken at a subsequent meeting.

1:30 p.m. - 2:30 p.m.—Receive presentations on individual fishing quotas (IFQ).

2:30 p.m. - 4:30 p.m.—Receive the report of the Reef Fish Management Committee.

4:30 p.m. - 5 p.m.—(Closed Session) Receive the report of the Personnel Committee.

May 15

8:30 a.m. - 9 a.m.—Receive the Mackerel Management Committee report.

9 a.m. - 9:30 a.m.—Receive the Shrimp Management Committee report.

9:30 a.m. - 10:30 a.m.—Receive the Law Enforcement Committee report.

10:30 a.m. - 10:45 a.m.—Receive the Administrative Policy Committee report.

10:45 a.m. - 11 a.m.—Receive the Joint Reef Fish/Mackerel/Red Drum Management Committee report.

11 a.m. - 11:15 a.m.—Receive a report of the International Commission for the Conservation of Atlantic Tunas (ICCAT) Advisory Committee.

11:15 a.m. - 11:30 a.m.—Receive a report of the Gulf Safety Committee.

11:30 a.m. - 11:45 a.m.—Receive a report of the Logo Selection Committee.

11:45 a.m. - 12 noon—Receive Enforcement Reports.

12 noon - 12:15 p.m.—Receive the NMFS Regional Administrator's Report.

12:15 p.m. - 12:45 p.m.—Receive Director's Reports.

12:45 p.m. - 1 p.m.—Other Business.

Committees

May 12

8:30 a.m. - 10 a.m.—Closed Session - Convene the Personnel Committee.

10 a.m. - 11:30 a.m.—Convene the Shrimp Management Committee to discuss the provisions of Draft Shrimp Amendment 13 Options Paper and consider potential actions regarding Shrimp Amendment 10.

1 p.m. - 5:30 p.m.—Convene the Reef Fish Management Committee to hear presentations regarding the evaluation of the Madison/Swanson and Steamboat Lumps Marine Reserves and the results of a National Marine Fisheries Service (NMFS) trolling study. There will also be presentations by Florida Keys National Marine Sanctuary (FKNMS) personnel on fish traps and by NMFS on vessel monitoring systems (VMS). The committee will review public comments and recommendations by the Scientific and Statistical Committee and Reef Fish Advisory Panel on Amendment 21 and make recommendations to be considered by the full Council on Wednesday afternoon.

May 13

8:30 a.m. - 10 a.m.—Convene the Administrative Policy Committee to discuss proposed revisions to the Council's Administrative Handbook.

10 a.m. - 12 noon—Convene the Law Enforcement Committee to discuss criminal penalties for managing game and fish resources and to approve the Enforcement Operations Plan. They will also hear a request by the Worldwide Water Foundation for fishing vessel designation.

1:30 p.m. - 3 p.m.—Convene a joint meeting of the Reef Fish, Mackerel, and Red Drum Management Committees to discuss the proposed scoping document on a generic aquaculture amendment.

3 p.m. - 5 p.m.—Convene the Mackerel Management Committee to review and comment on the final CMP Regulatory Amendment and to discuss a scoping document for Draft CMP Amendment 15.

Although non-emergency issues not contained in the agenda may come before the Council for discussion, in accordance with the Magnuson-Stevens Fishery Conservation and Management Act (MSFCMA), those issues may not be the subject of formal Council action during this meeting. Council action will be restricted to those issues specifically identified in this notice and any issues arising after publication of this notice that require emergency action under section 305 (c) of the MSFCMA, provided the public has been notified of the Council's intent to take final action to address the emergency. A copy of the Committee schedule and agenda can be obtained by calling (813) 228–2815.

Special Accommodations

These meetings are physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aids should be directed to Anne Alford at the Council (see **ADDRESSES**) by May 5, 2003.

Dated: April 21, 2003.

Matteo J. Milazzo,

Acting Director, Office of Sustainable Fisheries, National Marine Fisheries Service.

[FR Doc. 03–10279 Filed 4–24–03; 8:45 am]

BILLING CODE 3510–22–S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 042103B]

South Atlantic Fishery Management Council; Technical Workshops

AGENCY: NOAA Fisheries (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notice of workshop series to address Essential Fish Habitat (EFH), Fishery Ecosystem Plans (FEP) and Ecosystem Models.

SUMMARY: The South Atlantic Fishery Management Council (Council) will hold a series of technical workshops involving selected members from its Habitat and Environmental Protection Advisory Panel, Coral Advisory Panel and invited scientists with background in specific habitat type or species utilization patterns.

DATES: The workshops will be held during the months of May, July, August, September and October. See **SUPPLEMENTARY INFORMATION** for specific dates and times.

ADDRESSES: The workshop series will be held in St. Petersburg, FL, Beaufort, NC, and Charleston, SC. See **SUPPLEMENTARY INFORMATION** for specific locations.

FOR FURTHER INFORMATION CONTACT: Kim Iverson, Public Information Officer, South Atlantic Fishery Management Council, One Southpark Circle, Suite 306, Charleston, SC, 29407; telephone: (843) 571–4366 or (866) SAFMC–10; fax: (843) 769–4520.

SUPPLEMENTARY INFORMATION: The workshops will take place: May 19–21,2003, May 21–23, 2003, July 1–2, 2003, August 19–21, 2003, September 23–25, 2003 and October 20–22, 2003.

The workshop process will initiate development of a South Atlantic Council Fishery Ecosystem Plan (FEP) which presents fishery and resource information for fisheries in the South Atlantic Bight ecosystem in context. The workshop processes will integrate two directives in the Final Rule for Essential Fish Habitat: (1) Review and update Essential Fish Habitat information, and (2) Consider ecosystem-based management through development of a Fishery Ecosystem Plan for the South Atlantic Region.

The Council recognizes the scope of the significant task necessary to meet the new essential fish habitat mandates and directive to begin evaluating ecosystem-based management through the development of a Fishery Ecosystem Plan (FEP) and is again calling upon the Habitat Advisory Panel members and other technical experts involved in the previous Habitat Plan development process to serve as or identify appropriate experts to function on a quasi-plan development team for this task. The Habitat and Coral Advisory Panel are scheduled to meet this fall and will provide additional guidance on the workshop process and ecosystem management.

A Final EFH Rule was published on January 17, 2002 replacing the interim Final Rule of December 19, 1997 on which the original EFH and EFH-Habitat Area of Particular Concern (HAPC) designations were made. The Councils have, pursuant to the Final EFH Rule, been directed to update EFH and EFH-HAPC information and designations; in addition, pursuant to revisions to NOAA General Counsel interpretation of the National Environmental Policy Act the Councils will be required to update all Environmental Impact Statements for all Federal Fishery Management Plans under their jurisdiction. Information compiled during this process will further facilitate meeting both the EFH and the NEPA mandate. As was done with the original Habitat Plan, a series of technical workshops will be conducted by Council habitat staff, in cooperation with NOAA Beaufort Laboratory, NMFS Southeast Fishery Science Center Miami Laboratory, NMFS Southeast Regional Office personnel and invited participants. Workshops are intended to build on a review of existing information presented in the Habitat Plan, and focus on updating information pursuant to the new EFH Rule. This effort will begin the integration of comprehensive details of habitat distribution and characterization, the biology of managed species including their biological role in and the characteristics of the food web they exist in.

Essential Fish Habitat (EFH), Fishery Ecosystem Plan (FEP) Development and

Ecosystem Model Technical Workshop Schedule:

May 19–21, 2003—EFH/FEP Development Technical Workshops #3–#6, Wetlands (Submerged Aquatic Vegetation & Mangroves), Pelagic Habitat (*Sargassum* and Water Column)

May 19, 2003, 1 p.m.–5 p.m.; May 20, 2003, 8:30 a.m.–5 p.m. and May 21, 2003 from 8:30 a.m.–12 noon

Location: NOAA Beaufort Lab, 101 Pivers Island Road, Beaufort, NC 28516; telephone: (252) 728–8746.

May 21–23, 2003—South Atlantic Ecosystem Modeling Development Workshop #1.

May 21, 2003, 1 p.m.–5 p.m.; May 22, 2003, 8:30 a.m.–5 p.m.; and May 23, 2003, 8:30 a.m. 3 p.m.

Location: NOAA Beaufort Lab, 101 Pivers Island Road, Beaufort, NC 28516; telephone: (252) 728–8746.

July 1–2, 2003—EFH/FEP Development Technical Workshop #7 GIS

July 1, 2003, 8:30 a.m.–5 p.m., and July 2, 2003, 8:30 a.m.–3 p.m.

Location: Florida Marine Research Institute, 100 Eighth Avenue, S.E., St. Petersburg, FL 33701; telephone: (727) 896–8626.

August 19–21, 2003—EFH/FEP Development Technical Workshops #8–#10, Marsh, Oyster/Shell Habitat and Water Issues

August 19, 2003, 1 p.m.–5 p.m., August 20, 2003, 8:30 a.m.–5 p.m., and August 21, 2003, 8:30 a.m.–3 p.m.

Location: Town and Country Inn, 2008 Savannah Highway, Charleston, SC 29407; telephone: (843) 571–1000.

September 23–25, 2003—South Atlantic Ecosystem Modeling Workshop #2

September 23, 2003, 1 p.m.–5 p.m., September 24, 2003, 8:30 a.m.–5 p.m., September 25, 2003, 8:30 a.m.–3 p.m.

Location: Florida Marine Research Institute, 100 Eighth Avenue, S.E., St. Petersburg, FL 33701; telephone: (727) 896–8626.

October 20–21, 2003—EFH/Ecosystem Workshop #11 - Impacts of Fishing on Habitat

October 20, 2003, 1 p.m.–5 p.m., October 21, 2003, 8:30 a.m.–12 noon

October 21–22, 2003—EFH/Ecosystem Workshop #12, Research and Monitoring

October 21, 2003, 1 p.m.—5 p.m. and October 22, 2003, 8:30 a.m.—5 p.m.

Location: Town and Country Inn, 2008 Savannah Highway, Charleston, SC 29407; telephone: (843) 571–1000.

Although non-emergency issues not contained in this agenda may come before these groups for discussion, those issues may not be the subject of formal action during this meeting. Action will be restricted to those issues specifically identified in this notice and any issues arising after publication of this notice that require emergency action under section 305(c) of the Magnuson-Stevens Fishery Conservation and Management Act, provided the public has been notified of the Council's intent to take final action to address the emergency.

Special Accommodations

These meetings are physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aids should be directed to the Council office (see **FOR FURTHER INFORMATION CONTACT**) at least 5 business days prior to each workshop.

Dated: April 21, 2003.

Matteo J. Milazzo,

Acting Director, Office of Sustainable Fisheries, National Marine Fisheries Service.

[FR Doc. 03–10280 Filed 4–24–03; 8:45 am]

BILLING CODE 3510–22–S

COMMITTEE FOR THE IMPLEMENTATION OF TEXTILE AGREEMENTS

Denial of Commercial Availability Request Under the African Growth and Opportunity Act (AGOA) and the United States - Caribbean Basin Trade Partnership Act (CBTPA)

April 22, 2003.

AGENCY: Committee for the Implementation of Textile Agreements (CITA).

ACTION: Denial of the petition alleging that lastol elastic yarn, for use in apparel articles, cannot be supplied by the domestic industry in commercial quantities in a timely manner.

SUMMARY: On February 21, 2003, the Chairman of CITA received a request from the Dow Chemical Company alleging that lastol elastic yarn, classified under items 5402.49.9005 and 5404.10.8005 of the Harmonized Tariff Schedule of the United States (HTSUS), cannot be supplied by the domestic industry in commercial quantities in a timely manner. It requested that apparel articles from such yarns, or from U.S.-formed fabric containing such yarns be eligible for preferential treatment under the AGOA and the CBTPA. Based on currently available information, CITA has determined that a substitutable product can be supplied by the domestic industry in commercial quantities in a timely manner and therefore denies the request.

FOR FURTHER INFORMATION CONTACT: Janet E. Heinzen, International Trade Specialist, Office of Textiles and Apparel, U.S. Department of Commerce, (202) 482-3400.

SUPPLEMENTARY INFORMATION:

Authority: Section 112 (b)(5)(B) of the AGOA, Section 213(b)(2)(A)(v)(II) of the Caribbean Basin Economic Recovery Act, as added by Section 211(a) of the CBTPA; Sections 1 and 6 of Executive Order No. 13191 of January 17, 2001.

BACKGROUND:

The AGOA and the CBTPA provide for quota- and duty-free treatment for qualifying textile and apparel products. Such treatment is generally limited to products manufactured from yarns or fabrics formed in the United States or a beneficiary country. The AGOA and the CBTPA also provide for quota- and duty-free treatment for apparel articles that are both cut (or knit-to-shape) and sewn or otherwise assembled in one or more beneficiary countries from fabric or yarn that is not formed in the United States or a beneficiary country, if it has been determined that such fabric or yarn cannot be supplied by the domestic industry in commercial quantities in a timely manner. In Executive Order No. 13191, the President delegated to CITA the authority to determine whether yarns or fabrics cannot be supplied by the domestic industry in commercial quantities in a timely manner under the AGOA and the CBTPA. On March 6, 2001, CITA published procedures that it will follow in considering requests. (66 FR 13502).

On February 21, 2003, the Chairman of CITA received a request from the Dow Chemical Company alleging that lastol elastic yarn, which is a crosslinked, heat resistant elastic yarn having elevated temperature elasticity comprising a cured, irradiated or crosslinked ethylene polymer, classified under items 5402.49.9005 and 5404.10.8005 of the HTSUS, for use in apparel articles, cannot be supplied by the domestic industry in commercial quantities in a timely manner. It requested that apparel articles from such yarns, or from U.S.-formed fabric containing such yarns, that are both cut (or knit-to shape) and sewn or otherwise assembled in one or more beneficiary countries be eligible for preferential treatment under the AGOA or the CBTPA.

On March 3, 2003, CITA solicited public comments regarding this request (68 FR 9997), particularly with respect to whether these fabrics can be supplied

by the domestic industry in commercial quantities in a timely manner. On March 19, 2003, CITA and the Office of the U.S. Trade Representative offered to hold consultations with the relevant Congressional committees. We also requested the advice of the U.S. International Trade Commission and the relevant Industry Sector Advisory Committees.

CITA has determined that the domestic industry can supply a product substitutable for the lastol elastic yarn described in the petition in commercial quantities in a timely manner. On the basis of currently available information, including review of the request, public comment and advice received, and its understanding of the industry, CITA has determined that there is domestic capacity to supply a substitutable product in commercial quantities in a timely manner. The Dow Chemical Company's request is denied.

D. Michael Hutchinson,

Acting Chairman, Committee for the Implementation of Textile Agreements.

[FR Doc.03–10259 Filed 4–24–03; 8:45 am]

BILLING CODE 3510–DR–S

DEPARTMENT OF DEFENSE

Office of the Secretary

Record of Decision To Establish a Ground-Based Midcourse Defense Initial Defensive Operations Capability at Fort Greely, AK

AGENCY: Missile Defense Agency, Department of Defense.

ACTION: Record of decision.

SUMMARY: The Missile Defense Agency (MDA) is issuing this Record of Decision (ROD) to establish an Initial Defensive Operations (IDO) capability at Fort Greely, Alaska. The Fort Greely IDO is a capability of the Ground-Based Midcourse Defense (GMD) element within the broader conceptual Ballistic Missile Defense System (BMDS). The Fort Greely IDO components will consist of up to 40 silos, equipped with Ground-Based Interceptor (GBI) missiles, In-Flight Interceptor Communications System (IFICS) Data Terminals (IDT), and support facilities and infrastructure. These IDO components and their support facilities at Fort Greely are a subset of the preferred alternative for a GBI site in the National Missile Defense (NMD) Deployment Environmental Impact Statement (EIS) (July 2000), which evaluated the environmental effects of deploying up to 100 GBI missiles with related facilities and infrastructure at alternative sites in Alaska (AK) and North Dakota (ND).

FOR FURTHER INFORMATION CONTACT: For further information on the NMD Deployment EIS or this ROD contact: Ms. Julia Elliot, U.S. Army Space and Missile Defense Command, Attn: SMDC–EN–V, P.O. Box 1500, Huntsville, Alabama 35807–3801, (256) 955–4822. Public reading copies of the Final EIS and the ROD are available for review at the public libraries within the communities near proposed activities and at the MDA Internet site: *http://www.acq.osd.mil/bmdo/bmdolink/html/nmd.html.*

SUPPLEMENTARY INFORMATION:

Background

The MDA is issuing this ROD to establish an IDO capability at Fort Greely, AK. The Fort Greely IDO is a capability of the GMD element within the broader conceptual BMDS. The Fort Greely IDO components will consist of up to 40 silos, equipped with GBI missiles, IDTs, and support facilities and infrastructure at the existing Validation of Operational Concept (VOC) Test Site. These IDO components and their support facilities at Fort Greely are a subset of the preferred alternative for a GBI site in the NMD Deployment EIS (July 2000), which evaluated the environmental effects of deploying up to 100 GBI missiles with related facilities and infrastructure at alternative sites in AK and ND. Specific sites for the IDTs, as well as additional support infrastructure and security measures and Command and Control, Battle Management, and Communications facilities at Fort Greely, were further evaluated in the VOC Environmental Assessment (EA) (March 2002) and VOC Supplemental EA (January 2003).

The Fort Greely IDO components, when combined with existing GMD test assets, early warning radars, satellites, communications networks, and command and control facilities, will provide a capability to protect the United States from a limited ballistic missile attack. Additional GMD flight test assets, including a Sea-Based Test X–Band Radar (SBX) to be located in the Pacific region, are being evaluated in the GMD Extended Test Range (ETR) EIS. These assets, if selected and integrated into the test architecture, would complement the Fort Greely components and enhance the IDO capability.

As a separate action to be supported by independent National Environmental Policy Act (NEPA) analysis, existing silos and other facilities and infrastructure at Vandenberg Air Force Base (VAFB) may be modified to accommodate GBIs. These proposed components, when combined with the existing GMD ETR test assets, would provide an IDO capability at VAFB that could be used independently of the Fort Greely IDO components and would provide additional protection for the United States (U.S.).

This decision is based on the President's determination that there is a ballistic missile threat to the U.S. The Secretary of Defense and MDA's Director have further determined that establishment of the IDO capability at Fort Greely, supported by existing test assets, is the best way to counter that threat initially. Other factors considered in reaching this decision to establish IDO components at Fort Greely, AK, include cost, technical maturity of the GMD element, and strategic arms reduction objectives.

This ROD has been prepared pursuant to the Council on Environmental Quality (CEQ) regulations implementing the NEPA (40 CFR parts 1500–1508), DoD Instruction 4715.9, and the applicable service environmental regulations that implement these laws and regulations. The U.S. Air Force, U.S. Army, U.S. Navy, and the Federal Aviation Administration participated as cooperating agencies in preparing the NMD Deployment EIS. The Proposed Action described in the EIS was to deploy a NMD System at several locations consisting of GBIs, Battle Management Command and Control (BMC2), an X–Band Radar (XBR), IDTs, satellite detection system, Early Warning Radar (EWRs), and fiber optic cable (FOC).

Since the NMD Deployment EIS was completed, several events related to this ROD have occurred. In September 2000, President Clinton determined that the deployment decision should be deferred and more robust testing be conducted to gain greater confidence in the missile defense technologies under development.

On January 2, 2002, the Ballistic Missile Defense Organization was administratively re-aligned as MDA, with the objective of developing an integrated BMDS. The NMD system was renamed the GMD element, with the focus on more realistic testing. Two types of testing, ground testing of operational components and flight-testing of the GBI, were planned as independent parts of a GMD test bed.

To evaluate construction and ground testing of potential operational components in a realistic environment, as well as specific siting for IDTs and FOC, and communication lines not

evaluated in the NMD Deployment EIS, the MDA prepared the VOC EA. Based on its Finding of No Significant Impact (FONSI) from the analysis in the VOC EA, the MDA decided to construct the VOC GBI test site at Fort Greely. MDA subsequently prepared the Supplemental VOC EA and resulting FONSI to evaluate security and other upgrades at the designated VOC GBI test site at Fort Greely. Concurrently, MDA began preparation of the ETR EIS to examine the effects of more realistic GBI flight-testing in the Pacific region.

On December 17, 2002, following a number of flight test successes, President Bush announced plans to build and field an IDO capability, building on the capabilities of existing and planned test components. This ROD implements that decision, with the main focus of this initial capability at the Fort Greely GBI VOC test site. An additional IDO capability at VAFB has been proposed, which could be used independently of the Fort Greely components. It would provide more protection for the U.S. as the BMDS develops and matures. Development of an IDO capability at VAFB was not part of the NMD Deployment EIS and would require additional NEPA analysis. That capability is not included in this ROD.

The NMD Deployment EIS preferred alternative examined the effects of deploying up to 100 GBI missiles and related facilities and infrastructure at Fort Greely. This ROD implements a limited subset of that alternative. Under this ROD, the Fort Greely portion of the GMD IDO capability selectively integrates existing and planned assets into a system that would provide a limited, operational missile defense capability as a first step to a more robust, future GMD deployment described and analyzed in the NMD Deployment EIS. As such, this ROD implements actions that are within the scope of the activities analyzed in the NMD Deployment EIS. The following existing and planned BMDS assets would be fielded and/or integrated to make up the Fort Greely GMD IDO capability:

- Six silos and GBI missiles, BMC2, Defense Satellite Communication System (DSCS), one IDT, support facilities and infrastructure, and FOC at Fort Greely, AK, which are part of the GMD VOC test bed currently under construction.
- Up to forty missile silos, equipped with GBI missiles, one additional IDT, supporting facilities (including backup power plant), infrastructure, and FOC communication links at Fort Greely, AK. MDA currently plans only a maximum of 20 GBI missiles at Fort Greely, but this ROD documents a total of 40 silos equipped with GBI missiles in order to provide maximum flexibility for maintenance and future operational needs.
- Upgrades to the EWRs at Beale AFB, CA and the Cobra Dane radar at Eareckson Air Station (AS) Shemya AK, and an IDT, DSCS, BMC2 and FOC at Eareckson AS, that are part of the GMD VOC test bed currently under construction.
- Existing GMD BMC2 nodes throughout the U.S., which are a part of the GMD VOC test bed. These nodes include Cheyenne Mountain Complex, CO; Shriever AFB, CO; and Peterson AFB, CO.

NEPA Process

The Notice of Intent (NOI) to prepare an EIS for the deployment of the NMD system was published in the **Federal Register** on November 17, 1998, initiating the public scoping process. Public scoping meetings were held in December 1998 in communities perceived to be affected by the NMD system. The Notice of Availability (NOA) of the NMD Deployment Draft EIS was published in the **Federal Register** on October 1, 1999. This initiated a public review and comment period for the Draft EIS. Seven public hearings were held from October 26 through November 9, 1999 in the same locations as the public scoping meetings. Subsequently, a supplement to the Draft EIS was prepared to evaluate the potential impacts of upgrading existing EWRs for use by the NMD system. A public hearing was held in Bourne, MA, for the Supplement. Comments on the Draft EIS and the Supplement to the Draft EIS were considered in the preparation of the Final EIS. The NOA for the Final EIS was published in the **Federal Register** on 21 July 2000, initiating an additional 30-day comment period. Comments were considered in the decision process, culminating in this ROD.

Alternatives Considered

No-Action Alternative

As required by the CEQ regulations, the NMD Deployment EIS evaluated a No-action Alternative. Under this alternative, the GMD deployment decision would be deferred, while development and testing of GMD technologies and architectures would continue. Since they are a subset of the proposed action, the activities that are described in this ROD would not be implemented under the No-action Alternative. Non-GMD activities currently occurring or planned at potential fielding sites would continue.

Proposed Action

The proposed action analyzed in the NMD Deployment EIS was to field a fixed, land-based, non-nuclear missile defense system with a land and space-based detection system capable of responding to limited strategic ballistic missile threats to the U.S. The NMD system analyzed in the Deployment EIS consisted of GBIs, BMC2, XBR, IDTs, satellite detection system, EWRs, and FOC. The initial space-based detection capability would be the existing Defense Support Program early-warning satellites to be replaced by Space-Based Infrared System (SBIRS) satellites currently being developed by the U.S. Air Force. Since the NMD Deployment EIS was completed, the NMD system architecture has evolved into the BMDS multi-layered approach that does not distinguish between national and theater threats. The BMDS consists of the same components, at the same preferred locations, as the NMD system analyzed in the NMD Deployment EIS. As noted, this ROD implements a subset of the activities in the proposed action described above.

Environmental Impacts of Alternatives

The NMD Deployment EIS analyzed the environment in terms of 15 resource areas including: air quality, airspace, biological resources, cultural resources, geology and soils, hazardous materials and wastes, health and safety, land use and aesthetics, noise, socioeconomics, transportation, utilities, water resources, environmental justice, and subsistence. Each resource area with a foreseeable impact at the respective alternative sites was addressed in the EIS. The analysis in the EIS was commensurate with the importance of the potential impacts. Where it was determined through initial evaluation that no impacts would occur to resources at certain sites, these resources were not analyzed in the EIS. The potential for cumulative impacts was also evaluated in the EIS.

No-Action Alternative—Environmental Impacts

Under the No-action Alternative described in the EIS, only the locations and environmental resources discussed below were anticipated to have environmental impacts from continued ongoing operations.

Eielson AFB. There would be potential impacts in the areas of land use and noise from continued U.S. Air Force operations. The presence of residential units in the community of Moose Creek within the Clear and

Approach Zones at the end of the runway is considered an incompatible land use. Low density housing in the community of Moose Creek is subjected to noise levels that exceed the recommended day-night level of 65 decibels. The local government, Eielson AFB, and the community of Moose Creek are working to minimize future noise impacts.

Fort Greely. There would be impacts to geology and soils, socioeconomics, and water resources from continued activities at Fort Greely. These impacts could include some soil damage from vehicles, weapons, and fires. Some soil erosion with net soil loss and water quality impacts would occur near training activities. Localized long-term damage to permafrost could occur as a result of ground training and fire damage from training. The Army has developed mitigation measures to minimize these impacts. Training maneuvers, if conducted repeatedly in the same area, could result in cumulative impacts to water resources. The Army has implemented measures to minimize impacts to water resources.

Yukon Training Area. Impacts to geology and soils and water resources would be similar to those described for Fort Greely.

Preferred Alternative—Environmental Impacts

The Preferred Alternative identified in the NMD Deployment EIS was to deploy up to 100 GBI missiles in silos at Fort Greely, Alaska, to include supporting infrastructure and components with an XBR at Eareckson AS, Shemya, Alaska, and to upgrade existing EWRs. No locations for IDTs were identified in the EIS, but several IDT sites were subsequently evaluated in the GMD VOC EA. Environmental impacts expected to result from a deployment decision are summarized below. Building and fielding of an IDO capability at Fort Greely, as a subset of activities evaluated in the EIS, would have the same as or incrementally fewer impacts than those described in the EIS.

Fort Greely, Alaska. This was the preferred GBI siting alternative in the Final EIS and is the selected site for up to 40 GBI silos, BMC2, 1 additional IDT, supporting facilities (including backup power) and infrastructure, and FOC. The EIS concluded that deployment of the GBI at Fort Greely could result in impacts to health, safety, and socioeconomics. In the unlikely event of a liquid propellant leak from the GBI system, hazardous propellant gases could extend beyond the base boundary. The Occupational Safety and Health Administration (OSHA) Permissible Exposure Limit for nitrogen tetroxide could be exceeded up to 760 meters (2,493 feet) from the source of the leak, affecting less than 14 hectares (35 acres) of undeveloped land outside the base boundary and would not affect the Fort Greely Cantonment area. Exposure at these levels in the open-air conditions would be mildly irritating to the eyes and nose and could induce coughing. Given the small quantities of liquid propellant, multiple safety systems in system design, and the presence of an emergency response team, the overall risk to public health and safety would be low. Mutual aid agreements with local fire departments would need to be updated to inform them of the additional hazards and safety considerations of GBI deployment. To reduce the potential for forest fires affecting the GBI element site, the fire protection status for the proposed area would need to be changed from Full Protection to Critical Protection. Critical Protection status would give the highest level of fire fighting provided by the Bureau of Land Management Alaska Fire Service. The U.S. Army would need to coordinate this revision with the Alaska Fire Service. It is anticipated that construction and operation of the GBI element at Fort Greely would provide an economic benefit to the surrounding regions, partially offsetting the loss of jobs at the base as a result of previous Base Realignment and Closure (BRAC) cutbacks.

Upgraded Early Warning Radars

Under the Preferred Alternative in the EIS, the EWRs at Beale AFB, CA; Clear AFS, AK; and Cape Cod AFS, MA would be upgraded. The VOC EA analyzed upgrades to the Beale EWR, with similar upgrades to the Cobra Dane radar at Eareckson AS. The upgrades would involve replacement of electronic hardware and computer software. The radiated peak and average power, radar antenna patterns, and operating bands of the radars would remain unchanged from current operations. Consequently, the public exposure to radio frequency radiation from the UEWRs over a 30-minute averaging period would be similar to that from the existing early warning radars and would be well within the most applicable criteria, the American National Standards Institute/Institute of Electrical and Electronics Engineers standard. The U.S. Air Force is in the process of preparing a supplement to their Atmospheric Interceptor Technology Program Environmental Assessment, 1979 to address maintenance and sustainment of operations for the early warning radars.

Alternatives Not Selected—Environmental Impacts

Several alternative locations for deployment of GBIs in the NMD Deployment EIS are not selected at this time. In addition, this ROD does not include a decision concerning construction or operation of an XBR. Potential environmental impacts at those sites not selected for IDO fielding of GBIs are summarized below. As with the preferred alternative, fielding of an IDO capability at any of these sites would have similar or incrementally fewer impacts than those described in the EIS.

GBI and BMC2 Locations

Clear AFS, Alaska. Deployment of the GBI at this location could result in impacts to biological resources, geology and soils, health and safety, and socioeconomics. Construction activities could cause impacts to approximately 2.7 hectares (6.6 acres) of wetlands under the GBI Alternative Site A or 55 hectares (135 acres) under the GBI Alternative Site B. The wetland permitting process would be coordinated with appropriate Federal and state agencies and would entail review of proposed activities and development of mitigation measures. There would be the potential to impact permafrost during construction on Clear AFS. Prior to final design and construction, a comprehensive geotechnical investigation would be conducted to determine the exact nature of the soils and ground-water levels in the area. The site layout would be adjusted to minimize any impacts in the unlikely event that unstable permafrost were encountered. Depending on the ground-water levels, missile silos might be slightly elevated to avoid water incursion during construction and operations. The potential health hazard from liquid propellant leaks at the GBI Alternative Site B would be similar to that at Fort Greely. However, OSHA exposure limits for nitrogen tetroxide could affect up to 122 hectares (302 acres) of undeveloped land outside of the base boundary and the on-base administrative and housing areas. It is anticipated that construction and operation of the GBI element at Clear AFS would provide an economic benefit to the surrounding regions.

Yukon Training Area (Fort Wainwright)/Eielson AFB, Alaska. Deployment of the GBI at this location could result in impacts to biological resources, cultural resources, geology and soils, and socioeconomics. Construction activities could impact approximately 46 hectares (113 acres) of

wetlands. Potential impacts to these wetlands and mitigation measures would be similar to those described for Clear AFS. An archaeological site (Site FAI 157) is located approximately 262 meters (860 feet) west of the GBI site. If avoidance of this site were not feasible, adverse affects could be mitigated through data recovery. Building 3425 at Eielson AFB (a Cold War era warehouse) may be eligible for listing in the National Register of Historic Places and could be affected by modifications from the GBI deployment. Appropriate mitigation measures would be developed in consultation with the Alaska State Historic Preservation Officer (SHPO). Best Management Practices would be used to reduce the potential for soil erosion at the GBI site. Geotechnical investigations at the proposed site indicate the presence of permafrost on north facing slopes. Permafrost areas would be avoided if possible. It is anticipated that construction and operation of the GBI element at this location would provide an economic benefit to the surrounding regions.

Grand Forks AFB, North Dakota. Deployment of the GBI at this location could result in impacts to biological resources, geology and soils, health and safety, and socioeconomics. Construction activities could affect approximately 5 hectares (12 acres) of wetlands at the Ordnance Training-5 (OT–5) area site. The wetland permitting process would be coordinated with appropriate Federal and state agencies and would entail review of proposed activities and development of mitigation measures. Best Management Practices would be implemented to minimize wind erosion of soils during construction. The potential for health hazards from liquid propellant leaks and reporting requirements would be similar to that at Fort Greely. OSHA exposure limits for nitrogen tetroxide could be exceeded on up to 306 hectares (757 acres) outside of the base, including two residential units, three commercial units, and two churches, and on the alert apron and portions of the administration area on base. Given the small quantities of liquid propellant, multiple safety systems in system design, and the presence of an emergency response team, the overall risk to public health and safety would be low. Mutual aid agreements with local fire departments would need to be updated to inform them of the additional hazards and safety considerations of GBI deployment. It is anticipated that construction and operation of the GBI element at this location would provide an economic benefit to the surrounding regions.

Mitigation Measures and Monitoring

The applicable mitigation measures specified for each of the sites selected to build and field an IDO capability at Fort Greely will be implemented as part of the GMD IDO action. A Mitigation Monitoring Plan has been developed to assist in tracking and implementing these mitigation measures. With the implementation of the mitigation measures, all practicable means to avoid or minimize environmental harm from fielding of the GMD IDO at Fort Greely, AK considered in this ROD have been adopted.

Environmentally Preferred Alternative

The environmentally preferred alternative in the EIS is the No-action Alternative (not proceeding with GMD deployment) since there would be no construction and operation of GMD elements at any of the potential deployment sites. With the action in this ROD to field an IDO capability at Fort Greely, the No-action Alternative remains the environmentally preferred alternative. Continuation of current site operations at these locations would result in few additional environmental impacts.

Under the Proposed Action in the EIS, Fort Greely, AK is the environmentally preferred location for deployment of GBIs, with supporting facilities (including a backup power plant) and infrastructure, IDTs, and FOC. No sensitive habitats or wetlands would be affected; construction of the silos would not impact groundwater or permafrost; and Fort Greely is remote from any major population centers. Fort Greely remains the environmentally preferred alternative to field an IDO capability with up to 40 GBIs.

Conclusion

In accordance with NEPA, MDA has considered the information contained within the NMD Deployment EIS in deciding to field the GMD IDO capability as described above. The decision is to build and field up to 40 GBI silos, BMC2, 1 additional IDT, supporting facilities (including backup power plant), infrastructure, and FOC at Fort Greely, AK.

Dated: April 21, 2003.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 03–10212 Filed 4–24–03; 8:45 am]

BILLING CODE 5001–08–P

DEPARTMENT OF DEFENSE

Department of the Army

Availability for Non-Exclusive, Exclusive, or Partially Exclusive Licensing of U.S. Patent Application Concerning Prophylactic and Therapeutic Monoclonal Antibodies

AGENCY: Department of the Army, DoD.

ACTION: Notice.

SUMMARY: In accordance with 35 U.S.C. 209 and 37 CFR part 404.6 and 404.7, announcement is made of the availability for licensing of the inventions set forth in the following U.S. Patent Applications:

(1) *S.N:* 09/650,086 (filed: August 29, 2000).

Title: ''Prophylactic and Therapeutic Monoclonal Antibodies.''

Description: In this application are described Ebola GP monoclonal antibodies and epitopes recognized by these monoclonal antibodies. Also provided are mixtures of antibodies of the present invention, as well as methods of using individual antibodies or mixtures thereof for the detection, prevention, and/or therapeutical treatment of Ebola virus infections in vitro and in vivo.

(2) *S.N:* 10/226,795 (filed: August 23, 2002).

Title: ''Monoclonal Antibodies and Complementarity-Determining Regions Binding to Ebola Glycoprotein.''

The United States Government, as represented by the Secretary of the Army, has rights in these inventions.

ADDRESSES: Commander, U.S. Army Medical Research and Materiel Command, ATTN: Command Judge Advocate, MCMR–JA, 504 Scott Street, Fort Detrick, Frederick, MD 21702–5012.

FOR FURTHER INFORMATION CONTACT: For patent issues, Ms. Elizabeth Arwine, Patent Attorney, (301) 619–7808. For licensing issues, Dr. Paul Mele, Office of Research & Technology Assessment, (301) 619–6664, both at telefax (301) 619–5034.

SUPPLEMENTARY INFORMATION: None.

Luz D. Ortiz,

Army Federal Register Liaison Officer.

[FR Doc. 03–10247 Filed 4–24–03; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF EDUCATION

Interagency Working Group on Assistive Technology Mobility Devices

AGENCY: Office of Special Education and Rehabilitative Services, Department of Education.

ACTION: Notice of public meeting and request for written comments.

SUMMARY: On February 12, 2003, President George W. Bush signed an Executive Memorandum establishing the Interagency Working Group on Assistive Technology Mobility Devices. For definitional purposes in this Executive Memorandum, ''Assistive Technology Mobility Devices'' are limited to classification code 'F Mobility 502 Wheelchair,' of the 'National Classification System for Assistive Technology Devices and Services.' This includes: attendant-controlled wheelchairs, manual wheelchairs (rear or front wheel drive), lever-driven wheelchairs, single side-driven non-powered wheelchairs, foot driven wheelchairs, electric powered wheelchairs, combustion powered wheelchairs, travel wheelchairs and scooters, sport wheelchairs, standing wheelchairs, and wheelchair accessories (classification codes 502.1 through 502.12, subject to exclusions).

This working group is charged with: (a) Identifying existing Federal Government programs and resources that are designed to help individuals with disabilities obtain the assistive technology mobility devices that they need for education and employment; and (b) working with State, local, and tribal governments, as appropriate, to identify State, local, and tribal programs that are designed to help individuals with disabilities obtain assistive technology mobility devices for education and employment. As a result of the Working Group's work, a report will be presented to the President including the specific steps that each of the agencies represented on the Working Group will take to: (a) Improve coordination among their existing programs; (b) train vocational rehabilitation counselors, other service providers, and individuals with disabilities, as provided by law; and (c) inform individuals with disabilities about these opportunities. The report shall also include a description of how individuals with disabilities can pool funding from existing resources to obtain the assistive technology mobility devices that they need to pursue their educational and employment goals.

The Secretary of Education is Chair of the Working Group. The Secretary announces a public forum and invites written comments with respect to the above provisions of the Executive Memorandum. Agency representatives from the Departments of Education, Health and Human Services, Labor, and Veterans Affairs and the Social Security Administration along with representatives from other federal agencies will be present to hear your comments.

During the public meeting and through the submission of written comments, we encourage individuals with disabilities, particularly individuals and persons who represent service providers, assistive technology research and policy, and service provider organizations, and representatives of advocacy organizations with specialized knowledge and experience, to suggest specific ways to improve existing funding sources for individuals with disabilities. We are also interested in hearing from individuals concerning how well the existing federal programs and resources are coordinating assistive technology services for individuals with disabilities—especially any barriers that they suggest interfere with an individual's option of pooling funding to obtain the assistive technology mobility devices they need to pursue their educational and employment goals. If you have any suggestions or recommendations on how to improve the existing structure, such as specific regulatory change, method to improve coordination or issuance of policy guidance to key service providers, we are particularly interested in these issues. Your information will be used by this Working Group in our deliberations; however, we will not respond individually to your comments.

Public Forum

We will hold a public forum on May 21, 2003, from 9 a.m. to 5 p.m. ET at the U.S. Department of Education, Barnhard Auditorium, 400 Maryland Avenue, SW., Washington, DC.

Participants: Individuals who wish to present comments at the public forum must reserve time on the agenda by contacting the individual identified under Reservations and Additional Meeting Information. Reservations for presenting comments will be accepted on a first-come, first-served basis. Given the expected number of individuals interested in providing comments at the forum, reservations for presenting comments should be made as soon as possible.

Participants will be allowed approximately 5 minutes to present their comments, depending upon the number of individuals who reserve time on the agenda. At the forum, participants also are strongly encouraged to submit two written copies of their comments, and other written or emailed information such as agency or organization policy statements, recommendations, research findings and research literature.

Reservations and Additional Meeting Information: All individuals attending the public forum, including those presenting comments, must make reservations by May 16, 2003 by contacting: Loretta Petty Chittum, Chair, Assistive Technology Mobility Devices Working Group, Deputy Assistant Secretary, Office of Special Education and Rehabilitative Services, 400 Maryland Avenue, SW., Room 3006, Switzer Building, Washington, DC 20202, FAX: (202) 205–9252, PHONE: (202) 205–5465, E-MAIL: *OSERS.AT@ED.GOV.* If time permits, individuals who have not registered may be allowed to make comments.

In addition to making reservations, individuals attending the public forum, for security purposes, must be prepared to show photo identification in order to enter the meeting location.

Assistance to Individuals With Disabilities at the Public Forum

The meeting room and proceedings will be accessible to individuals with disabilities. In addition, when making reservations, anyone presenting comments at or attending the forum who needs special accommodations, such as sign language interpreters, Brailled materials, and communications access real-time transcription, should inform the previously listed individual of his or her specific accessibility needs. You should make requests for accommodations at least 10 working days prior to the scheduling meeting date. Although we will attempt to meet a request we receive after that date, we may not be able to make available the requested auxiliary aid or service because of insufficient time to arrange it.

Request for Comments

In addition to soliciting input during the public forum, we invite the public to submit written or electronically mailed comments on how well the existing federal programs and resources are serving individuals with disabilities—especially any barriers they suggest interfere with an individual's option of pooling funding to obtain the assistive technology mobility devices they need to pursue their educational and employment goals. If you have any suggestions or recommendations on

how to improve the existing structure, such as regulatory change, suggestions to improve interagency coordination, or policy guidance, we are particularly interested in these issues.

DATES: We request your written and email comments to be provided no later than June 1, 2003.

ADDRESSES: Submit all comments to: Loretta Petty Chittum, Chair, Assistive Technology Mobility Devices Working Group, Deputy Assistant Secretary, Office of Special Education and Rehabilitative Services, 400 Maryland Avenue, SW., Room 3006, Switzer Building, Washington, DC 20202, FAX: (202) 205–9252, PHONE: (202) 205–5465, E-MAIL: *OSERS.AT@ED.GOV.*

FOR FURTHER INFORMATION CONTACT: Loretta Petty Chittum, Chair, Assistive Technology Mobility Devices Working Group, Deputy Assistant Secretary, Office of Special Education and Rehabilitative Services, 400 Maryland Avenue, SW., Room 3006, Switzer Building, Washington, DC 20202, FAX: (202) 205–9252, PHONE: (202) 205–5465, E-MAIL: *OSERS.AT@ED.GOV.* If you use a telecommunications device for the deaf, you may call (202) 205–5637 and select ''public comments''.

Individuals with disabilities may obtain a copy of this notice in an alternative format (*e.g.,* Braille, large print, audiotape, or computer diskette) on request to the contact person listed in the previous paragraph.

Availability of Copies of the Executive Memorandum: You may obtain an electronic copy of the Executive Memorandum on the Internet at the following site: *http://www.whitehouse.gov/news/releases/2003/02/20030212-12.html.*

Availability of Copies of the National Classification System for Assistive Technology Devices and Services: You may obtain an electronic copy of this document on the Internet at the following site: *http://www.ed.gov/offices/OSERS/NIDRR/Products/National_Classification_System.doc.*

Electronic Access to This Document

You may view this document, as well as all other Department of Education documents published in the **Federal Register**, in text or Adobe Portable Document Format (PDF) on the Internet at the following site: *http://www.ed.gov/legislation/FedRegister.*

To use PDF you must have Adobe Acrobat Reader, which is available free at this site. If you have questions about using PDF, call the U.S. Government Printing Office (GPO), toll free, at 1–888–293–6498; or in the Washington, DC, area at (202) 512–1530.

Note: The official version of this document is the document published in the **Federal Register**. Free Internet access to the official edition of the **Federal Register** and the Code of Federal Regulations is available on GPO Access at: *http://www.access.gpo.gov/nara/index.html.*

Robert H. Pasternack,

Assistant Secretary for Special Education and Rehabilitative Services.

[FR Doc. 03–10201 Filed 4–24–03; 8:45 am]

BILLING CODE 4000–01–M

ENVIRONMENTAL PROTECTION AGENCY

[MI81–01–7290; FRL–7488–2]

Notice of a Final Determination for the Hillman Power Company, Hillman, MI

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of final action.

SUMMARY: This notice announces that, on July 31, 2002, the Environmental Appeals Board (EAB) of the United States Environmental Protection Agency dismissed petitions for review of a Prevention of Significant Deterioration (PSD) permit issued under the Clean Air Act to Hillman Power Company, Hillman, Montmorency County, Michigan. The Michigan Department of Environmental Quality (MDEQ) issued the PSD permit.

DATES: The effective date for the decision is July 31, 2002. Judicial review of this permit decision, to the extent it is available pursuant to section 307(b)(1) of the Clean Air Act, may be sought by filing a petition for review in the United States Court of Appeals for the Sixth Circuit within 60 days of today's date.

ADDRESSES: Documents relevant to the above action are available for public inspection during normal business hours at the following address: Environmental Protection Agency, Region 5, 77 West Jackson Boulevard (AR–18J), Chicago, Illinois 60604. To arrange inspection of these documents, call Laura L. David at (312) 886–0661.

FOR FURTHER INFORMATION CONTACT: Laura L. David, Environmental Protection Agency, Region 5, 77 W. Jackson Boulevard (AR–18J), Chicago, Illinois 60604. The EAB decision is available at: *http://www.epa.gov/eab/disk11/hillman.pdf.*

SUPPLEMENTARY INFORMATION: Hillman Power owns and operates a tire-derived fuel (TDF) and wood-fired boiler that produces steam for generating electricity which is sold on the electrical grid system. The existing power plant is located in the City of Hillman, Montmorency County, Michigan. The boiler is capable of burning fuels at a rated capacity of 300 million BTU per hour heat input. The net capacity of the power plant is approximately 18 megawatts. The plant was allowed to use wood and up to 3,149 pounds per hour TDF (approximately 6% of total fuel) as fuel.

MDEQ received the permit application from Hillman Power on September 27, 2001, seeking an increase in the use of TDF to be fired as a supplementary fuel for up to 5,000 pounds per hour (approximately 9% of total fuel). The application was subject to federal Prevention of the Significant Deterioration (PSD) review for sulfur dioxide (SO_2). In addition to the permit requirements (which include using the Best Available Control Technology (BACT)), the company agreed to make environmentally beneficial physical changes to its facility, including installation of a new stack, new air heater tube banks, and a new voltage regulator and excitation system. A spare transformer for the electrostatic precipitator used to control particulate matter (PM) emissions is available on-site, if any replacement is needed. Also, significant improvements to operational procedures and work practices related to boiler cleaning and start-up/shutdown conditions have been implemented to reduce emissions.

Pursuant to a delegation agreement between EPA and MDEQ, MDEQ is authorized to make PSD permitting decisions for new and modified stationary sources of air pollution in the State of Michigan. On March 13, 2002, the MDEQ issued Permit No. 687–86G to Hillman Power Company. Because MDEQ acts as EPA's delegatee under the PSD program, MDEQ's permits are considered EPA-issued permits, and appeals of MDEQ's PSD permit decisions are reviewed by the EAB pursuant to 40 CFR 124.19.

On April 16, 2002, the Michigan Environmental Council (MEC), Dr. Richard N. Olree, Jr., and Ms. Donna Baranyai filed petitions with the EAB for review of Hillman Power Company's modified PSD permit. The stated grounds for appeal were: failure to quantify the dioxin emissions; failure to determine whether dioxin would be adequately controlled; inappropriate BACT analysis; failure to address heavy metal fallout data; unjustifiable percentage of increased sulfur dioxide emissions as compared to tons of TDF burned; failure to consider data indicating the presence of heavy metals in fly ash in a local elementary school's

air filters and playground soils; and failure to consider the facility's possible failure to comply with a permit provision prohibiting emissions causing a public nuisance.

The EAB found that the petitioners made no showing of clear error, the existence of an important policy matter or an abuse of discretion warranting review and denied review.

Dated: April 3, 2003.

Bharat Mathur,

Acting Regional Administrator, Region 5.

[FR Doc. 03–10272 Filed 4–24–03; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[ER–FRL–6639–7]

Environmental Impact Statements and Regulations; Availability of EPA Comments

Availability of EPA comments prepared pursuant to the Environmental Review Process (ERP), under section 309 of the Clean Air Act and section 102(2)(c) of the National Environmental Policy Act as amended. Requests for copies of EPA comments can be directed to the Office of Federal Activities at (202) 564–7167. An explanation of the ratings assigned to draft environmental impact statements (EISs) was published in the **Federal Register** dated April 1, 2003 (68 FR 16511).

Draft EISs

ERP No. D–AFS–F65037–MI Rating LO, Interior Wetlands Project, Timber Harvest, White Pine Trees Pruning, Growth System Adjustment, Wildlife Openings Creation and Maintenance and Transportation System Improvements, Hiawatha National Forest, Eastside Administrative Unit, Chippewa County, MI.

Summary: EPA did not identify any potential environmental impacts requiring substantive changes to the 2 main project alternatives. EPA believes that A5 would better accomplish old growth stand improvement and road conversion to forests and wetlands.

ERP No. D–AFS–J65371–WY Rating EC2, Medicine Bow National Forest Revised Draft Land and Resource Management Plan, Implementation, Albany, Carbon and Laramie Counties, WY.

Summary: EPA expressed environmental concerns that without specifically outlining the baseline by which future projects are tiered from this Plan, potential impacts to ecosystem processes, water and habitat quality may occur.

ERP No. D–AFS–K61158–CA Rating EC2, Silver Pearl Land Exchange Project, Proposal to Exchange 2,153 Acres of National Forest System (NFS) Land for up to 3,963 Acres of Sierra Pacific Industries (SPI) Land within the boundary of Eldorado National Forest, Eldorado and Placer Counties, CA.

Summary: EPA expressed environmental concerns and requested additional information regarding impacts to threatened and endangered species and Forest Service sensitive species. EPA also requested additional information on cumulative impacts.

ERP No. D–SFW–K99032–CA Rating EC2, Western Riverside County Multiple Species Habitat Conservation Plan (MSHCP), Implementation, Incidental Take Permits Issuance, Riverside and Orange County, CA.

Summary: EPA raised environmental concerns that information from other regional plans has not been fully integrated with the analysis and conclusions of the MSHCP. Other EPA concerns are the assumptions regarding the level of species protection provided by Public/Quasi-Public lands, the scientific basis of MSHCP assumptions and conclusions, enforcement, and consultation with and evaluation of potential impacts on Indian Tribes. EPA also recommended the Service provide future opportunities for public and agency input, and consult with Indian Tribes on a government-to-government basis.

ERP No. DS–COE–C36031–NY Rating LO, Irondequoit Creek at Panorama Valley Flood Damage Reduction Project, New Information concerning Resumption and Evaluation of a Flood Damage Reduction Project, Town of Penfield, Monroe County, NY.

Summary: EPA has no objections to the implementation of the proposed project.

ERP No. DS–DOE–L08055–WA Rating EC2, Kangley—Echo Lake Transmission Line Project, New 500 Kilovolt (kV) Transmission Line Construction, Updated Information concerning Re-evaluating Alternatives not Analyzed, U.S. Army COE Section 10 and 404 Permits Issuance, King County, WA.

Summary: EPA expressed environmental concerns with the lack of clearly defined mitigation measures to protect drinking water sources and ensure the integrity of the City of Seattle's Habitat Conservation Plan. EPA recommended that the EIS not be finalized until such mitigation has been determined. EPA also recommended that the final EIS more clearly identify the significance of predicted effects of the project.

Final EISs

ERP No. F–AFS–E65053–NC Croatan National Forest Revised Land and Resource Management Plan (1986), Implementation, Carteret Craven and Jones Counties, NC.

Summary: The final EIS is responsive to issues raised in the draft EIS and EPA has no objections to the proposed action.

ERP No. F–AFS–J82016–MT Bitterroot National Forest Noxious Weed Treatment Project, Ground and Aerial Herbicides Application, Mechanical, Biological and Cultural Weed Treatment and Public Awareness Measures, Implementation, Stevensville Ranger District, Bitterroot National Forest, Ravalli County, MT.

Summary: EPA's review has not identified potential environmental impacts requiring substantive changes to the proposal.

ERP No. F–AFS–L65403–WA Quartzite Watershed Management Project, Watershed Management Activities including Vegetation Management, Riparian/Wetland Management and Road Management, Colville National Forest, Thomason Sherwood-Cottonwood Creek, Three Rivers Ranger District, Stevens County, WA.

Summary: No formal comment letter was sent to the preparing agency.

ERP No. F–DOE–L08059–WA Schultz-Hanford Transmission Line Project, New 500 kilovolt (kV) Transmission Line Construction, Central Washington north of Hanford connecting to an existing line at the Schultz Substation, Kittitas, Yakima, Grant and Benton Counties, WA.

Summary: No formal comment letter was sent to the preparing agency.

Dated: April 22, 2003.

Joseph C. Montgomery,

Director, NEPA Compliance Division, Office of Federal Activities.

[FR Doc. 03–10273 Filed 4–24–03; 8:45 am]

BILLING CODE 8010–01–P

ENVIRONMENTAL PROTECTION AGENCY

[ER–FRL–6639–6]

Environmental Impact Statements; Notice of Availability

Responsible Agency: Office of Federal Activities, General Information (202) 564–7167 or *http://www.epa.gov/compliance/nepa/.* Weekly receipt of Environmental Impact Statements filed April 14, 2003, through April 18, 2003, pursuant to 40 CFR 1506.9.

EIS No. 030172, Final EIS, FTA, NC, South Corridor Light Rail Project to Provide Light Rail Service between the Town of Pineville and Downtown Charlotte, City of Charlotte, Charlotte-Mecklenburg County, NC, Wait Period Ends: May 19, 2003, Contact: Alex McNeil (404) 562–3511. The above FTA EIS should have appeared in the 04/18/03 **Federal Register**. The 30-day Wait Period is Calculated from 04/18/2003.

EIS No. 030173, Final EIS, FRC, ID, Bear River Hydroelectric Project, Application for a New License (Relicense) for Three Existing Hydroelectric Projects: Soda (FERC No. 20–019), Grace-Cove (FERC No. 2401–007) and Oneida (FERC No. 472–017), Bear River Basin, Caribou and Franklin Counties, ID, Wait Period Ends: May 27, 2003, Contact: Susan O'Brian (202) 502–8449. This document is available on the Internet at: *http://www.ferc.gov.*

EIS No. 030174, Final EIS, FHW, RI, Sakonnet River Bridge Rehabilitation or Replacement Project, Portsmouth & Tiverton, Newport County, RI, Wait Period Ends: May 27, 2003, Contact: Daniel J. Berman (401) 528–2503.

EIS No. 030175, Final EIS, FHW, WV, KY, Appalachian Corridor I–66 Highway Construction, US 23/119 south of Pikeville, KY eastward to the King Coal Highway southeast of Matewan, Funding and U.S. Army COE Section 404 Permits Issuance, Pike County, KY and Mingo County, WV, Wait Period Ends: May 27, 2003, Contact: Jose Sepulveda (502) 223–6720.

EIS No. 030176, Final EIS, FHW, NY, U.S. 219 between Springville to Salamanca, Improvements from NY 39 to NY 17, PIN 5101.53, Funding and U.S. Army COE Section 404 Permit, Erie and Cattaraugus Counties, NY, Wait Period Ends: May 27, 2003, Contact: Robert E. Arnold (518) 431–4127.

EIS No. 030177, Draft EIS, TVA, TN, 500 kV Transmission Line in Middle Tennessee Project, Construct and Operation, Proposed Transmission Line would Connect Cumberland Fossil Plant in Stewart County with either Montgomery 500 kV Substation Montgomery County, or Davidson 500 kV Substation Davidson County, Stewart, Houston, Montgomery, Dickerson, Cheatham, TN, Comment Period Ends: June 10, 2003, Contact: Charles P. Nicholson (865) 632–3582. This document is available on the Internet at: *http://www.tva.gov/environment/reports/index.htm.*

EIS No. 030178, Draft EIS, FHW, WA, I–90 Two-Way Transit and HOV Operation Project, To Provide Reliable Transportation between Seattle and Bellevue, Sound Transit Regional Express, U.S. Coast Guard Permit and U.S. Army Corps Nationwide Permit, King County, WA, Comment Period Ends: June 9, 2003, Contact: James A. Leonard (360) 753–9408. This document is available on the Internet at: *http://www.soundtransit.org/stplans/eastling/I_90.htm.*

EIS No. 030179, Final EIS, FHW, KY, IN, Louisville-Southern Indiana Ohio River Bridges Projects, To Improve Cross-River Mobility between Jefferson County, KY and Clark County, ID, Coast Guard Bridge and U.S. Army COE Section 10 and 404 Permits Issuance, Jefferson County, KY and Clark County, IN, Comment Period Ends: June 25, 2003, Contact: John Ballantyme (502) 223–6747.

EIS No. 030180, Draft EIS, NPS, CA, Whiskeytown Fire Management Plan, Implementation, Whiskeytown National Recreation Area, Klamath Mountains, Shasta County, CA, Comment Period Ends: June 24, 2003, Contact: Paul DePrey (530) 242–3445. This document is available on the Internet at: *http://www.nps.gov/whis/exp/fireweb/firehomepage.htm.*

EIS No. 030181, Draft EIS, AFS, AK, Greens Creek Tailings Disposal Project, To Authorize Construction of Additional Dry Tailings Disposal Storage, Admiralty National Monument, Tongass National Forest, AK, Comment Period Ends: June 9, 2003, Contact: Pete Griffin (907) 586–8800. This document is available on the Internet at: *http://www.greenscreekeis.com.*

EIS No. 030182, Final Supplement, FHW, UT, U.S. Highway 189, Wildwood to Heber Valley, between the junctions with Ut-92 and U.S. Highway 40, Utah and Wasatch Counties, UT, Wait Period Ends: May 27, 2003, Contact: Michael Morrow, P.E. (801) 963–0182.

Amended Notices

EIS No. 030080, Draft EIS, AFS, SC, Sumter National Forest Revised Land and Resource Management Plan, Implementation, Oconee, Chester, Fairfield, Laurens, Newberry, Union-Abbeville, Edgefield, Greenwood, McCormick and Saluda Counties, SC, Comment Period Ends: June 21, 2003, Contact: Jerome Thomas (803) 561–4000. Revision of FR Notice Published on 3/14/2003: CEQ Comment Period Ending 6/21/2003 has been Extended to 7/3/2003.

EIS No. 030104, Draft EIS, AFS, TN, Cherokee National Forest Revised Land and Resource Management Plan, Implementation, Carter, Cocke, Greene, Johnson, McMinn, Monroe, Polk, Sullivan and Unicoil, TN, Comment Period Ends: July 3, 2003, Contact: Terry McDonald (423) 476–9700. Revision of FR Notice Published on 3/21/2003: CEQ Comment Period Ending 6/16/2003 has been Extended to 7/3/2003.

EIS No. 030106, Draft EIS, AFS, VA, KY, WV, Jefferson National Forest Revised Land and Resource Management Plan, Implementation, Mount Rogers National Recreation Area, Clinch, Glenwood, New Castle, and New River Valley Rangers Districts, VA, WV and KY, Comment Period Ends: July 3, 2003, Contact: Nancy Ross (540) 265–5172. Revision of FR Notice Published on 3/21/2003: CEQ Comment Period Ending on 6/19/2003 has been Extended to 7/3/2003.

EIS No. 030134, Draft EIS, COE, FL, Miami Harbor Navigation Improvement Project, Provide Greater Navigation Safety and Accommodating Larger Vessels, Port of Miami, Miami-Dade County, FL, Comment Period Ends: May 19, 2003, Contact: James McAdams (904) 232–2117. The above EIS was inadvertently published in the 4/4/2003 FR. The Correct Notice of Availability was published in the 3/14/2003 FR. The CEQ is #030092. Comments are due back to the preparing agency on May 4, 2003.

EIS No. 030171, Draft EIS, AFS, UT, Prima East Clear Creek Federal No. 22–42 Gas Exploration Well, Application for Permit to Drill and (Surface Use Plan of Operations) Castle Valley Ridge, Ferron/Price Ranger District, Manti-La Sal National Forest, Carbon and Emery Counties, UT, Comment Period Ends: June 9, 2003, Contact: Karl Boyer (435) 637–2817.

Revision of FR Notice Published on 04/18/2003: CEQ Comment Period Ending 06/02/2003 has been Reestablished to 06/09/2003. Due to Incomplete Distribution of the DEIS at the time of Filing with USEPA under Section 1506.9 of the CEQ Regulations.

Dated: April 22, 2003.

Joseph C. Montgomery,

Director, NEPA Compliance Division, Office of Federal Activities.

[FR Doc. 03–10274 Filed 4–24–03; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–7488–5]

National Advisory Council for Environmental Policy and Technology

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: Under the Federal Advisory Committee Act, Pub. L. 92463, EPA gives notice of a meeting of the National Advisory Council for Environmental Policy and Technology (NACEPT). NACEPT provides advice and recommendations to the Administrator of EPA on a broad range of environmental policy, technology, and management issues.

NACEPT consists of a representative cross-section of EPA's partners and principle constituents who provide advice and recommendations on policy issues and serve as a sounding board for new strategies that the Agency is developing. The Council is a proactive, strategic panel of experts that identifies emerging challenges facing EPA and responds to specific charges requested by the Administrator and the program office managers.

The purpose of the meeting is to discuss the NACEPT Council agenda for FY 03–04 and agree on appropriate venues to address the topics in a timely and efficient manner. NACEPT will discuss a number of issues, including agriculture, environmental technology, EPA's draft strategic plan, EPA's Report on the Environment, and emerging trends facing the agency. In addition, NACEPT will report on the work of its subcommittees.

DATES: NACEPT will hold a two day public meeting on Tuesday, May 6, 2003, from 8:30 a.m. to 5:30 p.m. and Wednesday, May 7, 2003, from 8:30 a.m. to 12:30 p.m. Due to contractual issues, the **Federal Register** notice was delayed.

ADDRESSES: The meeting will be held at the Embassy Suites Hotel, 1250 22nd Street, NW. Washington, DC. The meeting is open to the public, with limited seating on a first-come, first-served basis.

SUPPLEMENTARY INFORMATION: Requests to make oral comments or provide written comments to the Council should be sent to Gwendolyn Whitt, Designated Federal Officer/NACEPT using the contact information below. The public is welcome to attend all portions of the meeting. Members of the public expecting to submit written comments and/or make brief oral statements (5-minute limit) during the public comment session are encouraged to contact Ms. Whitt by May 2, 2003.

FOR FURTHER INFORMATION CONTACT: Gwendolyn Whitt, Designated Federal Officer, *whitt.gwen@epa.gov,* (ph) (202) 233–0090, U.S. EPA, Office of Cooperative Environmental Management (1601E), 1200 Pennsylvania Avenue NW., Washington, DC 20460.

Meeting Access: Individuals requiring special accommodation at this meeting, including wheelchair access, should contact Gwendolyn Whitt at least five business days prior to the meeting so that appropriate arrangements can be made.

Dated: April 18, 2003.

Gwendolyn Whitt,

Designated Federal Officer.

[FR Doc. 03–10271 Filed 4–24–03; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–7488–6]

Clean Water Act Section 303(d): Final Agency Action on 12 Modified Total Maximum Daily Loads (TMDLs)

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of availability.

SUMMARY: This notice announces final agency action modifying 12 established TMDLs prepared by EPA Region 6 for waters listed in Louisiana's Mermentau and Vermilion/Teche river basins, under section 303(d) of the Clean Water Act (CWA). The EPA evaluated these waters and prepared the 12 TMDLs in response to a consent decree entered in the lawsuit *Sierra Club, et al.* v. *Clifford et al.*, No. 96–0527, (E.D. La.). Documents from the administrative record files for the 12 modified TMDLs, including TMDL calculations and responses to comments, may be viewed at *http://www.epa.gov/region6/water/tmdl.htm.*

ADDRESSES: The administrative record files may be obtained by writing or calling Ms. Ellen Caldwell, Environmental Protection Specialist, Water Quality Protection Division, U.S. Environmental Protection Agency Region 6, 1445 Ross Ave., Dallas, TX 75202–2733. Please contact Ms. Caldwell to schedule an inspection.

FOR FURTHER INFORMATION CONTACT: Ellen Caldwell at (214) 665–7513.

SUPPLEMENTARY INFORMATION: In 1996, two Louisiana environmental groups, the Sierra Club and Louisiana Environmental Action Network (plaintiffs), filed a lawsuit in Federal Court against the EPA, styled *Sierra Club, et al.* v. *Clifford et al.*, No. 96–0527, (E.D. La.). Among other claims, plaintiffs alleged that EPA failed to establish Louisiana TMDLs in a timely manner.

EPA Takes Final Agency Action on 12 Modified TMDLs

By this notice EPA is taking final agency action modifying the following 12 TMDLs for waters located within the Mermentau and Vermilion/Teche river basins:

Subsegment	Waterbody name	Pollutant
050102	Bayou Joe Marcel	Pathogen indicators
060204	Bayou Courtableau—Origin to West Atchafalaya Borrow Pit Canal.	Pathogen indicators
060212	Chatlin Lake Canal and Bayou Dulac	Pathogen indicators
060701	Tete Bayou	Pathogen indicators
060703	Bayou Portage	Pathogen indicators
060901	Bayou Petite Anse	Pathogen indicators
060909	Lake Peigneur	Pathogen indicators
060911	Dugas Canal	Pathogen indicators
060204	Bayou Courtableau—Origin to West Atchafalaya Borrow Pit Canal.	Sulfates
050201	Bayou Plaquemine Brule—Headwaters to Bayou Des Cannes.	TDS
050501	Bayou Queue de Tortue—Headwaters to Mermentau River.	TDS

Subsegment	Waterbody name	Pollutant
060208	Bayou Boeuf—Headwaters to Bayou Courtableau	TDS

EPA requested the public to provide EPA with any significant data or information that may impact the 12 modified TMDLs in 67 FR 77257 (December 17, 2002). The comments received and EPA's response to comments may be found at *http://www.epa.gov/region6/water/tmdl.htm.*

Dated: April 17, 2003.

Miguel I. Flores,

Director, Water Quality Protection Division, Region 6.

[FR Doc. 03–10270 Filed 4–24–03; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL ELECTION COMMISSION

Sunshine Act; Meeting

DATE AND TIME: Thursday, May 1, 2003, 10 a.m.

PLACE: 999 E Street, NW., Washington, DC (Ninth Floor).

STATUS: This meeting will be open to the public.

ITEMS TO BE DISCUSSED:

Correction and approval of minutes.

Routine administrative matters.

PERSON TO CONTACT FOR INFORMATION: Mr. Ron Harris, Press Officer, Telephone: (202) 694–1220.

Mary W. Dove,

Secretary of the Commission.

[FR Doc. 03–10433 Filed 4–23–03; 3:04 pm]

BILLING CODE 6715–01–M

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at www.ffiec.gov/nic/.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than May 19, 2003.

A. Federal Reserve Bank of Atlanta (Sue Costello, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30303:

1. Alabama National Bancorporation, Birmingham, Alabama; to acquire 100 percent of the voting shares of Millennium Bank, Gainesville, FLorida.

B. Federal Reserve Bank of Dallas (W. Arthur Tribble, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. First National Monahans Bancshares, Inc., Monahans, Texas; to acquire 100 percent of the voting shares of First Haskell Bancorp, Inc., Lubbock, Texas, and thereby indirectly acquire voting shares of First National Bank, Lubbock, Texas.

Board of Governors of the Federal Reserve System, April 21, 2003.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 03–10213 Filed 4–24–03; 8:45 am]

BILLING CODE 6210–01–S

FEDERAL TRADE COMMISSION

Public Workshop: Information Flows: The Costs and Benefits to Consumers and Businesses of the Collection and Use of Consumer Information

AGENCY: Federal Trade Commission.

ACTION: Notice of public workshop and opportunity for comment.

SUMMARY: The Federal Trade Commission (''FTC'' or ''Commission'') announces a public workshop on ''The Costs and Benefits to Consumers and Businesses of the Collection and Use of Consumer Information.'' The workshop will focus on how and why certain businesses collect, analyze, and use certain consumer information to facilitate commercial transactions with consumers and the associated costs and benefits to consumers and businesses of such practices. The workshop will be held at and administered by the FTC.

DATES: The workshop will take place on June 18, 2003, at the FTC's Satellite Building, now located at 601 New Jersey Avenue, NW., Washington, DC. The workshop is open to the public and attendance is free of charge. Pre-registration is not required. The workshop will be transcribed and placed on the public record.

Requests to Participate as a Panelist: As discussed below, written requests to participate as a panelist in the workshop must be filed on or before May 9, 2003. Requests should be addressed to Donald S. Clark, Office of the Secretary, Federal Trade Commission, 600 Pennsylvania Avenue, NW., Washington, DC 20580 or via e-mail at *infoflows@ftc.gov.* Parties are asked to include in their requests a detailed statement setting forth their expertise in or knowledge of the issues and their contact information, including a telephone number, facsimile number, and e-mail address.

Using the following criteria, FTC staff will select a limited number of panelists to participate in the forum:

1. The party has expertise in or knowledge of the issues that are the focus of the forum.

2. The party's participation would promote a balance of interests being represented at the forum.

3. The party can present information or evidence that is highly relevant to the forum and not available from other parties.

Persons filing requests to participate as a panelist will be notified on or before May 21, 2003, if they have been selected to participate.

Written Comments: Whether or not selected to participate, any interested person may submit written comments responsive to any of the topics to be addressed; such comments should be submitted no later than the last panel of the workshop. Any written comments received also will be placed on the public record. Written comments should be submitted in both hard copy and electronic form. Six hard copies of each

submission should be addressed to Donald S. Clark, Office of the Secretary, Federal Trade Commission, 600 Pennsylvania Avenue, NW., Washington, DC 20580. Submissions should be captioned ''Comments regarding consumer information flows.'' Electronic submissions may be sent by electronic mail to *infoflows@ftc.gov.* Alternatively, electronic submissions may be filed on a 3½ inch computer disk with a label on the disk stating the name of the submitter and the name and version of the word processing program used to create the document.

FOR FURTHER INFORMATION CONTACT: Maureen Ohlhausen, (202) 326–2632, *mko/infoflows@ftc.gov*, Office of Policy Planning, 600 Pennsylvania Avenue, NW., Washington, DC 20580. A detailed agenda for the workshop will be available on the FTC Home Page (*http://www.ftc.gov*) and through Mildred Taylor, Staff Secretary, at (202) 326–2553.

SUPPLEMENTARY INFORMATION:

Overview

Since 1995, the FTC has examined the consumer issues raised by the collection and use of consumer information. To gain a better understanding of these issues, the FTC has held workshops, conducted surveys, prepared reports, and met with numerous industry and consumer groups. Where the Commission determined that certain information practices were unlawful, it has also brought enforcement actions and issued educational materials to assist businesses and consumers in avoiding these practices. In approaching this issue, the FTC recognizes that the sharing and use of information can benefit consumers, but seeks to put a stop to unfair or deceptive information practices that harm consumers.

As part of this ongoing effort to examine how information practices affect consumers, the FTC is announcing a workshop to examine the various costs and benefits of collecting and using certain consumer information to facilitate commercial transactions. To permit a closer examination of the issues, the workshop will focus on the collection and use of consumer information for particular commercial purposes in the context of two or three case studies. Candidates for such case studies include consumer credit, fraud prevention, financial services, customer relations management, and direct and targeted marketing. The workshop will not focus on transactions or entities outside the FTC's jurisdiction. The FTC is particularly interested in learning about specific data or studies showing how the use of consumer information for these commercial purposes affects consumers. Although observers frequently cite the costs and benefits of these uses of consumer information, a more thorough examination of the empirical evidence should promote greater understanding of the issues.

Issues

Below is non-exhaustive list of issues to be addressed by the workshop. Written comments need not address all of these issues.

How do businesses measure the value of consumer trust?

What part do information practices play in this valuation?

How do businesses collect and aggregate information about consumers?

How do businesses use information about consumers in their operations?

How do businesses incorporate information practices to benefit consumers?

What types of information about consumers do businesses use?

What factors should be considered in evaluating the costs and benefits to consumers and businesses of the collection and usage of this information?

What are the benefits to consumers of the use of this information by businesses?

What are the costs to consumers of the use of this information by businesses?

The Commission welcomes suggestions for other questions that also should be addressed. Proposed questions, identified as such, may be sent by electronic mail to *infoflows@ftc.gov.*

By direction of the Commission, with Commissioner Anthony voting in the negative.

Donald S. Clark,

Secretary.

[FR Doc. 03–10252 Filed 4–24–03; 8:45 am]

BILLING CODE 6750–01–M

GENERAL ACCOUNTING OFFICE

[Document No. JFMIP–SR–03–02]

Joint Financial Management Improvement Program (JFMIP)—Federal Financial Management System Requirements (FFMSR)

AGENCY: Joint Financial Management Improvement Program (JFMIP).

ACTION: Notice of document availability.

SUMMARY: The JFMIP is seeking public comment on an exposure draft entitled ''Inventory, Supplies, and Materials System Requirements,'' dated April 2003. The draft is a re-write of the Federal Financial Management System Requirements (FFMSR) document that addresses standard financial requirements for Federal inventory systems. The document is intended to assist agencies when developing, improving or evaluating systems for inventory held for sale, operating supplies and materials, and stockpile materials. It provides the baseline functionality that agency systems must have to support agency missions and comply with laws and regulations. When issued in final, the document will augment the existing body of FFMSR that define financial system functional requirements which are used in evaluating compliance with the Federal Management Improvement Act (FFMIA) of 1996.

DATES: Comments are due by June 23, 2003.

ADDRESSES: Copies of the exposure draft have been transmitted to senior financial officials chief information officers, together with a transmittal memo listing items of interest for which JFMIP is soliciting feedback. The Exposure Draft and transmittal memo are available on the JFMIP Web site: *http://WWW.JFMIP.GOV.* Responses should be addressed to JFMIP, 1990 K Street, NW., Suite 430, Washington, DC 20006.

FOR FURTHER INFORMATION CONTACT: Elvon C. Lloyd, (202) 219–0532 or *elvon.lloyd@gsa.gov.*

SUPPLEMENTARY INFORMATION: The FFMIA of 1996 mandated that agencies implement and maintain systems that comply substantially with FFMSR, applicable Federal accounting standards, and the U.S. Government Standard General Ledger at the transaction level. The FFMIA statute codified the JFMIP financial system requirements documents as a key benchmark that agency systems must meet to substantially comply with systems requirements provisions under FFMIA. To support the provisions outlined in the FFMIA, the JFMIP is updating obsolete requirements documents and publishing additional requirements documents. Comments received will be reviewed and the exposure draft will be revised as necessary. Publication of the final document will be mailed to agency financial officials, chief information

officers, and others, and will be available on the JFMIP Web site.

Karen Cleary Alderman.

Executive Director, Joint Financial Management Improvement Program.

[FR Doc. 03–10246 Filed 4–24–03; 8:45 am]

BILLING CODE 1610–02–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS–1514, CMS–643, CMS–462A–B, CMS–588]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare and Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (CMS)), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension of a currently approved collection.

Title of Information Collection: Hospital Request for Certification in the Medicare/Medicaid Program.

Form No.: CMS–1514 (OMB# 0938–0380).

Use: Section 1861 of the Social Security Act requires hospitals and critical access hospitals to be certified to participate in the Medicare/Medicaid program. These providers must complete the ''Hospital Request for Certification in the Medicare/Medicaid Program'' form in order to be certified or recertified.

Frequency: Annually.

Affected Public: Business or other for-profit, Not-for-profit institutions.

Number of Respondents: 6,300.

Total Annual Responses: 2,000.

Total Annual Hours: 500.

2. *Type of Information Collection Request:* Extension of a currently approved request.

Title of Information Collection: Hospice Survey and Deficiencies Report Form and Supporting Regulations at 42 CFR 418.1—418.405.

Form No.: CMS–643 (OMB# 0938–0379).

Use: In order to participate in the Medicare program, a hospice must meet certain Federal health and safety conditions of participation. This form will be used by State surveyors to record data about a hospice's compliance with these conditions of participation in order to initiate the certification or recertification process.

Frequency: Annually.

Affected Public: State, local or tribal government.

Number of Respondents: 2,339.

Total Annual Responses: 475.

Total Annual Hours: 1,188.

3. *Type of Information Collection Request:* Extension of a currently approved collection.

Title of Information Collection: Clinical Laboratory Improvement Amendments (CLIA) Adverse Action Extract and Supporting Regulations at 42 CFR 483.1840.

Form No.: CMS–462A/B (OMB 0938–0655).

Use: The CLIA Adverse Action Extract will be used by CMS surveyors (State health department, and other CMS agents) to report to regional staff and record the adverse actions imposed against a laboratory. The form will also serve to track dates of the imposition of adverse actions, date on which a laboratory corrects deficiencies, and all appeals activity.

Frequency: On occasion, Biennially.

Affected Public: State, local, or tribal government.

Number of Respondents: 52.

Total Annual Responses: 1573.

Total Annual Hours: 786.

4. *Type of Information Collection Request:* Revision of a currently approved collection.

Title of Information Collection: Authorization agreement for electronic forms transfer.

Form No.: CMS–0588 (OMB# 0938–0626).

Use: The information is needed to allow providers to receive funds electronically in their bank accounts.

Frequency: On occasion.

Affected Public: Business or other for-profit, Not-for-profit institutions.

Number of Respondents: 10,000.

Total Annual Responses: 10,000.

Total Annual Hours: 1,250.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web site address at *http://cms.hhs.gov/regulations/pra/default.asp*, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@hcfa.gov*, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, Attention: Dawn Willinghan, Room: C5–14–03, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: April 17, 2003.

Dawn Willinghan,

Acting, Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Strategic Affairs, Division of Regulations Development and Issuances.

[FR Doc. 03–10245 Filed 4–24–03; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–2182–PN]

Medicare and Medicaid Programs; Application by the Community Health Accreditation Program (CHAP) for Continued Approval of Deeming Authority for Hospices

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Proposed notice.

SUMMARY: This proposed notice acknowledges the receipt of an application from the Community Health Accreditation Program (CHAP) for continued recognition as a national accreditation program for hospice facilities that wish to participate in the Medicare or Medicaid programs. Section 1865(b)(3)(A) of the Social Security Act (the Act) requires that within 60 days of receipt of an organization's complete application, we publish a notice that identifies the national accrediting body making the request, describes the nature of the request, and provides at least a 30-day public comment period.

DATES: We will consider comments if we receive them at the appropriate address, as provided below, no later than 5 p.m. on May 27, 2003.

ADDRESSES: In commenting, please refer to file code CMS–2182–PN. Due to staff and resource limitations, we cannot accept comments by facsimile (fax). Mail written comments (one original and three copies) to the following address: Centers for Medicare and Medicaid Services, Department of Health and Human Services, Attention: CMS–2182–PN, P.O. Box 8013, Baltimore, MD 21244–8013.

Please allow sufficient time for mailed comments to be received in the event of delivery delays.

If you prefer, you may deliver (by hand or courier) your written comments (one original and three copies) to one of the following addresses: Room 443–G, Hubert H. Humphrey (HHH) Building, 200 Independence Avenue, SW., Washington, DC 20201, or Room C5–14–03, 7500 Security Boulevard, Baltimore, MD 21244–1850.

(Because access to the interior of the HHH Building is not readily available to persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Comments mailed to the above addresses indicated as appropriate for hand or courier delivery may be delayed and received too late for us to consider them.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Cindy Melanson, (410) 785–0310.

SUPPLEMENTARY INFORMATION: *Inspection of Public Comments:* Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers of Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. Top schedule an appointment to view public comments, phone (410) 786–7195.

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services in a hospice, provided certain requirements are met. Section 1861(dd) of the Social Security Act (the Act) establishes distinct criteria for facilities seeking designation as a hospice provider. Provider agreement regulations are located in 42 CFR part 489, and regulations pertaining to activities relating to the survey and certification of facilities are located in 42 CFR part 488. The regulations at 42 CFR part 418 specify the conditions that a hospice facility must meet in order to participate in the Medicare program, the scope of covered services, and the conditions for Medicare payment for hospice care. Section 1905(O)(1)(A) of the Act generally extends their requirements to payments for hospice services under the Medicaid program.

Generally, in order to enter into an agreement, a hospice facility must first be certified by a State survey agency as complying with the conditions or requirements set forth in part 418 of our regulations. Then, the hospice facility is subject to regular surveys by a State survey agency to determine whether it continues to meet these requirements. There is an alternate, however to surveys by State agencies.

Section 1865(b)(1) of the Act provides that, if a provider entity demonstrates through accreditation by an approved national accreditation organization that all applicable Medicare conditions are met or exceeded, we would ''deem'' those provider entities as having met the requirements. Accreditation by an accreditation organization is voluntary and is not required for Medicare participation.

If an accreditation organization is recognized by the Secretary as having standards for accreditation that meet or exceed Medicare requirements, any provider entity accredited by the national accrediting body's approved program would be deemed to meet the Medicare conditions. A national accreditation organization applying for approval of deeming authority under part 486, subpart A must provide us with reasonable assurance that the accreditation organization requires the accredited provider entities to meet requirements that are at least as stringent as the Medicare conditions. Our regulations concerning reapproval of accrediting organizations are set forth at § 488.4 and § 488.8(d)(3). The regulations at § 488.8(d)(3) require accreditation organizations to reapply for continued approval of deeming authority every 6 years or sooner as determined by us. The Community Health Accreditation Program's (CHAP's) term of approval as a recognized accreditation program for hospice facilities expires November 20, 2003.

II. Approval of Deeming Organizations

Section 1965(b)(2) of the Act and our regulations at § 488.8(a) require that our findings concerning review and reapproval of a national accrediting organization's requirements consider, among other factors, the reapplying accreditation organization's: Requirements for accreditation; survey procedures; resources for conducting required surveys; capacity to furnish information to use in enforcement activities; monitoring procedures for provider entities found not in compliance with the conditions or requirements; and ability to provide us with the necessary data for validation.

Section 1865(b)(3)(A) of the Act further requires that we publish, within 60 days of receipt of an accreditation organization's complete application, a notice identifying the national accreditation body making the request, describing the nature of the request, and providing at least a 30-day public comment period. In addition, we must publish a notice in the **Federal Register** or our approval or denial of the application within 210 days from the receipt of the application.

The purpose of this proposed notice is to inform the public of our consideration of CHAP's request for approval of continued deeming authority for hospice facilities. This notice also solicits public comment on whether CHAP requirements meet or exceed the Medicare conditions for participation for hospice facilities.

III. Evaluation of Deeming Authority Request

On February 21, 2003, CHAP submitted all the necessary materials to enable us to make a determination concerning its request for reapproval as a deeming organization for hospice facilities. Under section 1865(b)(2) of the Act and our regulations at § 488.8 (Federal review of accreditation organizations), our review and evaluation of CHAP will be conducted in accordance with, but not necessarily limited to, the following factors:

- The equivalency of CHAP standards for hospice care as compared with our comparable hospice conditions of participation.
- CHAP's survey process to determine the following:

—The composition of the survey team, surveyor qualifications, and the ability of the organization to provide continuing surveyor training.

—The comparability of CHAP processes to that of State agencies, including survey frequency, and the ability to investigate and respond appropriately

to complaints against accredited facilities.

—CHAP's processes and procedures for monitoring providers or suppliers found out of compliance with CHAP program requirements. These monitoring procedures are used only when CHAP identifies noncompliance. If noncompliance is identified through validation reviews, the survey agency monitors corrections as specified at § 488.7(d).

—CHAP's capacity to report deficiencies to the surveyed facilities and respond to the facility's plan of correction in a timely manner.

—CHAP capacity to provide us with electronic data in ASCII comparable code, and reports necessary for effective validation and assessment of the organization's survey process.

—The adequacy of CHAP's staff and other resources, and its financial viability.

—CHAP's capacity to fund required surveys.

—CHAP's policies with respect to whether surveys are announced or unannounced.

—CHAP's agreement to provide us with a copy of the most current accreditation survey together with any other information relate to the survey as we may require (including corrective action plans).

IV. Response to Public Comments and Notice Upon Completion of Evaluation

Due to the large number of items of correspondence we normally receive a **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble and will respond to the public comments in the preamble to that document.

Upon completion of our evaluation, including evaluation of comments received as a result of this notice, we will publish a final notice in the **Federal Register** announcing the result of our evaluation.

In accordance with the provisions of Executive Order 12866, this notice was not reviewed by the Office of Management and Budget.

Authority: Section 1965 of the Social Security Act (42 U.S.C. 1395bb) (Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: April 8, 2003.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 03–9496 Filed 4–24–03; 8:45 am]

BILLING CODE 4120–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[CMS–4052–N]

Medicare Program: Meeting of the Advisory Panel on Medicare Education—May 21, 2003

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act (5 U.S.C. App. 2), this notice announces a meeting of the Advisory Panel on Medicare Education (the Panel) on May 21, 2003. The Panel advises and makes recommendations to the Secretary of the Department of Health and Human Services (HHS) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on opportunities to enhance the effectiveness of consumer education strategies concerning the Medicare program. This meeting is open to the public. This meeting replaces the February 27, 2003 meeting that was canceled due to snow.

DATES: The meeting is scheduled for May 21, 2003, from 9:15 a.m. to 4 p.m., e.s.t.

Deadline for Presentations and Comments: May 14, 2003, 12 noon, e.s.t.

ADDRESSES: The meeting will be held at the Wyndham Washington Hotel, 1400 M Street, NW., Washington, DC, 20005, (202) 429–1700.

FOR FURTHER INFORMATION CONTACT: Lynne Johnson, Health Insurance Specialist, Division of Partnership Development, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, S2–23–05, Baltimore, MD, 21244–1850, (410) 786–0090. Please refer to the CMS Advisory Committees Information Line (1–877–449–5659 toll free)/(410–786–9379 local) or the Internet *(http://www.cms.hhs.gov/faca/apme/default.asp)* for additional information and updates on committee activities, or contact Ms. Johnson via e-mail at *ljohnson3@cms.hhs.gov.* Press inquiries are handled through the CMS Press Office at (202) 690–6145.

SUPPLEMENTARY INFORMATION: Section 222 of the Public Health Service Act (42 U.S.C. 217a), as amended, grants to the Secretary the authority to establish an advisory panel if the Secretary finds the panel necessary and in the public interest. The Secretary signed the charter establishing this Panel on January 21, 1999 (64 FR 7849) and approved the renewal of the charter on January 21, 2003. The Panel advises and makes recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services on opportunities to enhance the effectiveness of consumer education strategies concerning the Medicare program.

The goals of the Panel are as follows:

- To develop and implement a national Medicare education program that describes the options for selecting a health plan under Medicare.
- To enhance the Federal government's effectiveness in informing the Medicare consumer, including the appropriate use of public-private partnerships.
- To expand outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of a national Medicare education program.
- To assemble an information base of best practices for helping consumers evaluate health plan options and build a community infrastructure for information, counseling, and assistance.

The current members of the Panel are: Dr. Jane Delgado, Chief Executive Officer, National Alliance for Hispanic Health; Joyce Dubow, Senior Policy Advisor, Public Policy Institute, AARP; Clayton Fong, President and Chief Executive Officer, National Asian Pacific Center on Aging; Timothy Fuller, Executive Director, National Gray Panthers; John Graham IV, Chief Executive Officer, American Diabetes Association; Dr. William Haggett, Senior Vice President, Government Programs, Independence Blue Cross; Thomas Hall, Chairman and Chief Executive Officer, Cardio-Kinetics, Inc.; David Knutson, Director, Health System Studies, Park Nicollet Institute for Research and Education; Brian Lindberg, Executive Director, Consumer Coalition for Quality Health Care; Katherine Metzger, Director, Medicare and Medicaid Programs, Fallon Community Health Plan; Dr. Laurie Powers, Co-Director, Center on Self-Determination, Oregon Health Sciences University; Dr. Marlon Priest, Professor of Emergency Medicine, University of Alabama at Birmingham; Dr. Susan Reinhard, Co-Director, Center for State Health Policy, Rutgers University and Chairperson of

the Advisory Panel on Medicare Education; Dr. Everard Rutledge, Vice President of Community Health, Bon Secours Health Systems, Inc.; Jay Sackman, Executive Vice President, 1199 Service Employees International Union; Dallas Salisbury, President and Chief Executive Officer, Employee Benefit Research Institute; Rosemarie Sweeney, Vice President, Socioeconomic Affairs and Policy Analysis, American Academy of Family Physicians; and Bruce Taylor, Director, Employee Benefit Policy and Plans, Verizon Communications.

The agenda for the May 21, 2003 meeting will include the following:

- Recap of the previous (November 19, 2002) meeting.
- Center for Beneficiary Choices Update.
- Promoting the Use of Medicare Preventive Benefits.
- Eliminating Disparities in the Use of Medicare Preventive Benefits.
- 2003/2004 Medicare Multi-Media Education Campaign.
- Update on Home Health Quality Initiative.
- Public Comment.
- Listening Session with CMS Leadership.
- Next Steps.

Individuals or organizations that wish to make a 5-minute oral presentation on an agenda topic should contact Ms. Johnson by 12 noon, May 14, 2003. A written copy of the oral presentation should also be submitted to Ms. Johnson by 12 noon, May 14, 2003. The number of oral presentations may be limited by the time available. Individuals not wishing to make a presentation may submit written comments to Ms. Johnson by 12 noon, May 14, 2003. The meeting is open to the public, but attendance is limited to the space available. Individuals requiring sign language interpretation for the hearing impaired or other special accommodations should contact Ms. Johnson at least 15 days before the meeting.

Authority: Sec. 222 of the Public Health Service Act (42 U.S.C. 217(a) and sec. 10(a) of Pub. L. 92–463 (5 U.S.C. App. 2, sec. 10(a) and 41 CFR 102–3).

(Catalog of Federal Domestic Assistance Program No. 93.733, Medicare—Hospital Insurance Program; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: April 3, 2003.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 03–9494 Filed 4–24–03; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1251–N]

Medicare Program; Meeting of the Practicing Physicians Advisory Council—May 19, 2003

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Practicing Physicians Advisory Council (the Council), and the swearing in of four new Council members. The Council will be meeting to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary of the Department of Health and Human Services. The meeting is open to the public.

DATES: The meeting is scheduled for May 19, 2003, from 8:30 a.m. until 5 p.m. e.d.t.

ADDRESSES: The meeting will be held in Room 800, 8th floor, at Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

Meeting Registration: Persons wishing to attend this meeting must contact Diana Motsiopoulos, The Council Administrative Coordinator, at *dmotsiopoulos@cms.hhs.gov* or (410) 786–3379, at least 72 hours in advance to register. Persons not registered in advance, will not be permitted into the Humphrey building and will not be permitted to attend the meeting. Persons attending the meeting will be required to show a photographic identification, preferably a valid driver's license, before entering the building.

FOR FURTHER INFORMATION CONTACT: Paul Rudolf, M.D., J.D., Executive Director, Practicing Physicians Advisory Council, 7500 Security Blvd., Mail Stop C5–17–14, Baltimore, MD 21244–1850, 410–786–6960. News media representatives should contact the CMS Press Office, (202) 690–6145. Please refer to the CMS Advisory Committees Information Line (1–877–449–5659 toll free)/(410–786–9379 local) or the Internet at *http://www.cms.hhs.gov/faca/ppac/default.asp* for additional information and updates on committee activities.

Background Information: The Secretary of the Department of Health and Human Services (the Secretary) is mandated by section 1868 of the Social Security Act (the Act) to appoint Practicing Physicians Advisory Council (the Council) members based on nominations submitted by medical organizations representing physicians. The Council meets quarterly to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary. To the extent feasible and consistent with statutory deadlines, the consultation must occur before publication of the proposed changes. The Council submits an annual report on its recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services not later than December 31 of each year.

The Council consists of 15 physicians, each of whom must have submitted at least 250 claims for physicians' services under Title XVIII in the previous year. Members must include both participating and nonparticipating physicians, and physicians practicing in rural and under served urban areas. At least 11 members of the Council must be physicians as described in section 1861(r)(1) (that is, M.D. or D.O.). The remaining 4 members may include dentists, podiatrists, optometrists and chiropractors. Members serve for overlapping 4-year terms; terms of more than 2 years are contingent upon the renewal of the Council by appropriate action prior to its termination. Section 1868(a) of the Act provides that nominations to the Secretary for Council membership must be made by medical organizations representing physicians.

The Council held its first meeting on May 11, 1992. The current members are: James Bergeron, M.D.; Ronald Castallanos, M.D.; Rebecca Gaughan, M.D.; Carlos R. Hamilton, M.D.; Joseph Heyman, M.D.; Dennis K. Iglar, M.D.; Christopher Leggett, M.D.; Joe Johnson, D.O.; Barbara McAneny, M.D.; Angelyn L. Moultrie-Lizana, D.O.; Laura B. Powers, M.D.; Michael T. Rapp, M.D.; Amilu Rothhammer, M.D.; Robert L. Urata, M.D. and Douglas L. Wood, M.D.

The meeting will commence with a Council update on the status of prior recommendations, followed by discussion and comment on the following agenda topics:

- Physician's Regulatory Issues Team (PRIT)
- Stark II—CMS–1810–FC
- Office of the Actuary—Volume Performance
- Measures/Volume Intensity Adjustments
- HIPAA Privacy Rule—Cell phone communications
- Access to physicians services

For additional information and clarification on these topics, contact the

Executive Director, listed under the **FOR FURTHER INFORMATION CONTACT** section of this notice. Individual physicians or medical organizations that represent physicians wishing to make a 5-minute oral presentation on agenda issues should contact the Executive Director by 12 noon, May 5, 2003, to be scheduled. Testimony is limited to agenda topics only. The number of oral presentations may be limited by the time available. A written copy of the presenter's oral remarks must be submitted to Diana Motsiopoulos, Administrative Coordinator no later than 12 noon, May 5, 2003, for distribution to Council members for review prior to the meeting.

Physicians and medical organizations not scheduled to speak may also submit written comments to the Administrative Coordinator for distribution. The meeting is open to the public, but attendance is limited to the space available. Individuals requiring sign language interpretation for the hearing impaired or other special accommodation should contact Diana Motsiopoulos at *dmotsiopoulos@cms.hhs.gov* or (410) 786–3379 at least 10 days before the meeting.

Authority: Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and section 10(a) of Public Law 92–463 (5 U.S.C. App. 2, section 10(a)).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: April 15, 2003.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 03–9942 Filed 4–24–03; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443–7978.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: 2004 National Survey on Drug Use and Health—(OMB No. 0930–0110, Revision)—The National Survey on Drug Use and Health (NSDUH), formerly the National Household Survey on Drug Abuse (NHSDA), is a survey of the civilian, noninstitutionalized population of the United States 12 years old and older. The data are used to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, ONDCP, Federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

As with all NSDUH/NHSDA surveys conducted since 1999, the sample size of the survey for 2004 will be sufficient to permit prevalence estimates for each of the fifty states and the District of Columbia. No questionnaire changes are planned for the 2004 NSDUH. The total annual burden estimate is shown below:

	No. of responses	Responses per respondent	Average burden per response (hr.)	Total burden (hrs)
Household Screening	182,250	1	0.083	15,127
Interview	67,500	1	1.0	67,500
Screening Verification	5,559	1	0.067	372
Interview Verification	10,125	1	0.067	678
Total	182,259	.....	.....	83,677

Send comments to Nancy Pearce, SAMHSA Reports Clearance Officer, Room 16–105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 21, 2003.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 03–10225 Filed 4–24–03; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HOMELAND SECURITY

Bureau of Customs and Border Protection

Proposed Collection; Comment Request; Harbor Maintenance Fee

ACTION: Notice and request for comments.

SUMMARY: As part of its continuing effort to reduce paperwork and respondent burden, the Bureau of Customs and Border Protection (CBP) invites the general public and other Federal agencies to comment on an information collection requirement concerning the Harbor Maintenance Fee. This request for comment is being made pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)).

DATES: Written comments should be received on or before June 24, 2003, to be assured of consideration.

ADDRESSES: Direct all written comments to the Bureau of Customs and Border Protection, Information Services Group, Room 3.2.C, 1300 Pennsylvania Avenue, NW., Washington, DC 20229.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be directed to the Bureau of Customs and Border Protection, Attn.: Tracey Denning, Room 3.2.C, 1300 Pennsylvania Avenue, NW.,

Washington, DC 20229, Tel. (202) 927–1429.

SUPPLEMENTARY INFORMATION: CBP invites the general public and other Federal agencies to comment on proposed and/or continuing information collections pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)). The comments should address: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimates of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden including the use of automated collection techniques or the use of other forms of information technology; and (e) estimates of capital or start-up costs and costs of operations, maintenance, and purchase of services to provide information. The comments that are submitted will be summarized and included in the request for Office of Management and Budget (OMB) approval. All comments will become a matter of public record. In this document, CBP is soliciting comments concerning the following information collection:

Title: Harbor Maintenance Fee.

OMB Number: 1651–0055.

Form Number: Forms 349 and 350.

Abstract: This collection of information will be used to verify that the Harbor Maintenance Fee paid is accurate and current for each individual, importer, exporter, shipper, or cruise line.

Current Actions: There are no changes to the information collection. This submission is to extend the expiration date.

Type of Review: Extension (without change).

Affected Public: Businesses, institutions.

Estimated Number of Respondents: 625,900.

Estimated Time Per Respondent: 30 minutes.

Estimated Total Annual Burden Hours: 1,250,000.

Estimated Total Annualized Cost on the Public: $1,875,000.

Dated: April 14, 2003.

Tracey Denning,

Agency Clearance Officer, Information Services Branch.

[FR Doc. 03–9757 Filed 4–24–03; 8:45 am]

BILLING CODE 4820–02–P

DEPARTMENT OF HOMELAND SECURITY

Bureau of Customs and Border Protection

Proposed Collection; Comment Request; Free Admittance Under Conditions of Emergency

ACTION: Notice and request for comments.

SUMMARY: As part of its continuing effort to reduce paperwork and respondent burden, the Bureau of Customs and Border Protection (CBP) invites the general public and other Federal agencies to comment on an information collection requirement concerning the Free Admittance Under Conditions of Emergency. This request for comment is being made pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)).

DATES: Written comments should be received on or before June 24, 2003, to be assured of consideration.

ADDRESSES: Direct all written comments to Bureau of Customs and Border Protection, Information Services Group, Room 3.2.C, 1300 Pennsylvania Avenue, NW., Washington, DC 20229.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be directed to Bureau of Customs and Border Protection, Service, Attn.: Tracey Denning, Room 3.2.C, 1300 Pennsylvania Avenue, NW., Washington, DC 20229, Tel. (202) 927–1429.

SUPPLEMENTARY INFORMATION: BCP invites the general public and other Federal agencies to comment on proposed and/or continuing information collections pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)). The comments should address: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimates of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden including the use of automated collection techniques or the use of other forms of information technology; and (e) estimates of capital or start-up costs and costs of operations, maintenance, and purchase of services to provide information. The comments that are submitted will be summarized and included in the request for Office of Management and Budget (OMB) approval. All comments will become a matter of public record. In this document the BCP is soliciting comments concerning the following information collection:

Title: Free Admittance Under Conditions of Emergency.

OMB Number: 1651–0044.

Form Number: N/A.

Abstract: This collection of information will be used in the event of emergency or catastrophic event to monitor goods temporarily admitted for the purpose of rescue or relief.

Current Actions: There are no changes to the information collection. This submission is to extend the expiration date.

Type of Review: Extension (without change).

Affected Public: Nonprofit Assistance Organizations.

Estimated Number of Respondents: 1.

Estimated Time Per Respondent: 1 minute.

Estimated Total Annual Burden Hours: 1.

Estimated Total Annualized Cost on the Public: N/A.

Dated: April 14, 2003.

Tracey Denning,

Agency Clearance Officer, Information Services Branch.

[FR Doc. 03–9758 Filed 4–24–03; 8:45 am]

BILLING CODE 4820–02–P

DEPARTMENT OF HOMELAND SECURITY

Bureau of Customs and Border Protection

Proposed Collection; Comment Request; Declaration of Free Entry of Returned American Products

ACTION: Notice and request for comments.

SUMMARY: As part of its continuing effort to reduce paperwork and respondent burden, the Bureau of Customs and Border Protection (CBP) invites the general public and other Federal agencies to comment on an information collection requirement concerning the Declaration of Free entry of Returned American Products. This request for comment is being made pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)).

DATES: Written comments should be received on or before June 24, 2003, to be assured of consideration.

ADDRESSES: Direct all written comments to the Bureau of Customs and Border Protection, Information Services Group, Room 3.2.C, 1300 Pennsylvania Avenue, NW., Washington, DC 20229.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be directed to the Bureau of Customs and Border Protection, Attn.: Tracey Denning, Room 3.2.C, 1300 Pennsylvania Avenue NW., Washington, DC 20229, Tel. (202) 927–1429.

SUPPLEMENTARY INFORMATION: CBP invites the general public and other Federal agencies to comment on proposed and/or continuing information collections pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)). The comments should address: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimates of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden including the use of automated collection techniques or the use of other forms of information technology; and (e) estimates of capital or start-up costs and costs of operations, maintenance, and purchase of services to provide information. The comments that are submitted will be summarized and included in the request for Office of Management and Budget (OMB) approval. All comments will become a matter of public record. In this document CBP is soliciting comments concerning the following information collection:

Title: Declaration of Free entry of Returned American Products.

OMB Number: 1651–0011.

Form Number: Form 3311.

Abstract: This collection of information is used as a supporting documents which substantiates the claim for duty free status for returning American products.

Current Actions: There are no changes to the information collection. This submission is to extend the expiration date.

Type of Review: Extension (without change).

Affected Public: Businesses, Individuals.

Estimated Number of Respondents: 12,000.

Estimated Time Per Respondent: 6 minutes.

Estimated Total Annual Burden Hours: 51,000.

Estimated Total Annualized Cost on the Public: $198,000.

Dated: March 14, 2003.

Tracey Denning,

Agency Clearance Officer, Information Services Branch.

[FR Doc. 03–9764 Filed 4–24–03; 8:45 am]

BILLING CODE 4820–02–P

DEPARTMENT OF HOMELAND SECURITY

Bureau of Customs and Border Protection

Proposed Collection; Comment Request; Declaration for Free Entry of Unaccompanied Articles

ACTION: Notice and request for comments.

SUMMARY: As part of its continuing effort to reduce paperwork and respondent burden, the Bureau of Customs and Border Protection (CBP) invites the general public and other Federal agencies to comment on an information collection requirement concerning the Declaration for Free Entry of Unaccompanied Articles. This request for comment is being made pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)).

DATES: Written comments should be received on or before June 24, 2003, to be assured of consideration.

ADDRESSES: Direct all written comments to the Bureau of Customs and Border Protection, Information Services Group, Room 3.2.C, 1300 Pennsylvania Avenue, NW., Washington, DC 20229.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be directed to the Bureau of Customs and Border Protection, Attn.: Tracey Denning, Room 3.2.C, 1300 Pennsylvania Avenue NW., Washington, DC 20229, Tel. (202) 927–1426.

SUPPLEMENTARY INFORMATION: CBP invites the general public and other Federal agencies to comment on proposed and/or continuing information collections pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)). The comments should address: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimates of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden including the use of automated collection techniques or the use of other forms of information technology; and (e) estimates of capital or start-up costs and costs of operations, maintenance, and purchase of services to provide information. The comments that are submitted will be summarized and included in the request for Office of Management and Budget (OMB) approval. All comments will become a matter of public record. In this document CBP is soliciting comments concerning the following information collection:

Title: Declaration for Free Entry of Unaccompanied Articles.

OMB Number: 1651–0014.

Form Number: Form 3299.

Abstract: The Declaration for Free Entry of Unaccompanied Articles, Form 3299, is prepared by the individual or the broker acting as agent for the individual, or in some cases, the CBP officer. It serves as a declaration for duty-free entry of merchandise under one of the applicable provisions of the tariff schedule.

Current Actions: There are no changes to the information collection. This submission is being submitted to extend the expiration date.

Type of Review: Extension (without change).

Affected Public: Businesses, Individuals, Institutions.

Estimated Number of Respondents: 10,000.

Estimated Time Per Respondent: 10 minutes.

Estimated Total Annual Burden Hours: 25,000.

Estimated Total Annualized Cost on the Public: $660,000.

Dated: April 14, 2003.

Tracey Denning,

Agency Clearance Officer, Information Services Branch.

[FR Doc. 03–9770 Filed 4–24–03; 8:45 am]

BILLING CODE 4820–02–P

DEPARTMENT OF HOMELAND SECURITY

Bureau of Customs and Border Protection

Proposed Collection; Comment Request; Application for Allowance in Duties

ACTION: Notice and request for comments.

SUMMARY: As part of its continuing effort to reduce paperwork and respondent burden, the Bureau of Customs and Border Protection (CBP) invites the general public and other Federal agencies to comment on an information collection requirement concerning the

Application for Allowance in Duties. This request for comment is being made pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)).

DATES: Written comments should be received on or before June 24, 2003, to be assured of consideration.

ADDRESSES: Direct all written comments to the Bureau of Customs and Border Protection, Information Services Branch, Room 3.2.C, 1300 Pennsylvania Avenue, NW., Washington, DC 20229.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be directed to the Bureau of Customs and Border Protection, Attn.: Tracey Denning, Room 3.2.C, 1300 Pennsylvania Avenue NW., Washington, DC 20229, Tel. (202) 927–1429.

SUPPLEMENTARY INFORMATION: CBP invites the general public and other Federal agencies to comment on proposed and/or continuing information collections pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)). The comments should address: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimates of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden including the use of automated collection techniques or the use of other forms of information technology; and (e) estimates of capital or start-up costs and costs of operations, maintenance, and purchase of services to provide information. The comments that are submitted will be summarized and included in the request for Office of Management and Budget (OMB) approval. All comments will become a matter of public record. In this document CBP is soliciting comments concerning the following information collection:

Title: Application for Allowance in Duties.

OMB Number: 1651–0007.

Form Number: Form 4315.

Abstract: This collection is required by the CBP in instances of claims of damaged or defective merchandise on which an allowance in duty is made in the liquidation of the entry. The information is used to substantiate importer's claims for such duty allowances.

Current Actions: There are no changes to the information collection. This submission is to extend the expiration date.

Type of Review: Extension (without change).

Affected Public: Businesses, Individuals, Institutions.

Estimated Number of Respondents: 12,000.

Estimated Time Per Respondent: 8 minutes.

Estimated Total Annual Burden Hours: 1,600.

Estimated Total Annualized Cost on the Public: $29,000.

Dated: April 14, 2003.

Tracey Denning,

Agency Clearance Officer, Information Services Branch.

[FR Doc. 03–9771 Filed 4–24–03; 8:45 am]

BILLING CODE 4820–02–P

DEPARTMENT OF HOMELAND SECURITY

Bureau of Customs and Border Protection

Quarterly IRS Interest Rates Used in Calculating Interest on Overdue Accounts and Refunds on Customs Duties

AGENCY: Customs and Border Protection, Homeland Security.

ACTION: General notice.

SUMMARY: This notice advises the public of the quarterly Internal Revenue Service interest rates used to calculate interest on overdue accounts (underpayments) and refunds (overpayments) of Customs duties. For the calendar quarter beginning April 1, 2003, the interest rates for overpayments will be 4 percent for corporations and 5 percent for non-corporations, and the interest rate for underpayments will be 5 percent. This notice is published for the convenience of the importing public and Customs personnel.

EFFECTIVE DATE: April 1, 2003.

FOR FURTHER INFORMATION CONTACT: Ronald Wyman, Accounting Services Division, Accounts Receivable Group, 6026 Lakeside Boulevard, Indianapolis, Indiana 46278; telephone 317/298–1200, extension 1349.

SUPPLEMENTARY INFORMATION:

Background

Pursuant to 19 U.S.C. 1505 and Treasury Decision 85–93, published in the **Federal Register** on May 29, 1985 (50 FR 21832), the interest rate paid on applicable overpayments or underpayments of Customs duties must be in accordance with the Internal Revenue Code rate established under 26 U.S.C. 6621 and 6622. Section 6621 was amended (at paragraph (a)(1)(B) by the Internal Revenue Service Restructuring and Reform Act of 1998, Pub. L. 105–206, 112 Stat. 685) to provide different interest rates applicable to overpayments: one for corporations and one for non-corporations.

The interest rates are based on the Federal short-term rate and determined by the Internal Revenue Service (IRS) on behalf of the Secretary of the Treasury on a quarterly basis. The rates effective for a quarter are determined during the first-month period of the previous quarter.

In Revenue Ruling 2003–30 (*see,* 2003–13 IRB 659, dated March 31, 2003), the IRS determined the rates of interest for the calendar quarter beginning April 1, 2003, and ending June 30, 2003. The interest rate paid to the Treasury for underpayments will be the Federal short-term rate (2%) plus three percentage points (3%) for a total of five percent (5%). For corporate overpayments, the rate is the Federal short-term rate (2%) plus two percentage points (2%) for a total of four percent (4%). For overpayments made by non-corporations, the rate is the Federal short-term rate (2%) plus three percentage points (3%) for a total of five percent (5%). These interest rates are subject to change for the calendar quarter beginning July 1, 2003, and ending September 30, 2003.

For the convenience of the importing public and Customs personnel the following list of IRS interest rates used, covering the period from before July of 1974 to date, to calculate interest on overdue accounts and refunds of Customs duties, is published in summary format.

Beginning date	Ending date	Underpay-ments (percent)	Overpayments (percent)	Corporate overpayments (Eff. 1–1–99) (percent)
Prior to:				
070174	063075	6	6	

Beginning date	Ending date	Underpay-ments (percent)	Overpayments (percent)	Corporate overpayments (Eff. 1–1–99) (percent)
070175	013176	9	9	
020176	013178	7	7	
020178	013180	6	6	
020180	013182	12	12	
020182	123182	20	20	
010183	063083	16	16	
070183	123184	11	11	
010185	063085	13	13	
070185	123185	11	11	
010186	063086	10	10	
070186	123186	9	9	
010187	093087	9	8	
100187	123187	10	9	
010188	033188	11	10	
040188	093088	10	9	
100188	033189	11	10	
040189	093089	12	11	
100189	033191	11	10	
040191	123191	10	9	
010192	033192	9	8	
040192	093092	8	7	
100192	063094	7	6	
070194	093094	8	7	
100194	033195	9	8	
040195	063095	10	9	
070195	033196	9	8	
040196	063096	8	7	
070196	033198	9	8	
040198	123198	8	7	
010199	033199	7	7	6
040199	033100	8	8	7
040100	033101	9	9	8
040101	063001	8	8	7
070101	123101	7	7	6
010102	123102	6	6	5
010103	063003	5	5	4

Dated: April 15, 2003.

Robert C. Bonner,

Commissioner, Customs and Border Protection.

[FR Doc. 03–9752 Filed 4–24–03; 8:45 am]

BILLING CODE 4820–02–P

DEPARTMENT OF HOMELAND SECURITY

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Homeland Security.

ACTION: Notice and request for comments.

SUMMARY: The Federal Emergency Management Agency has submitted the following proposed information collection to the Office of Management and Budget for review and clearance in accordance with the requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. 3507).

Title: National Defense Executive Reserve Personal Qualifications Statement.

Type of Information Collection: Extension of a currently approved collection.

OMB Number: 1660–0001.

Abstract: The National Defense Executive Reserve (NDER) is a Federal government program coordinated by FEMA. To become a member of the NDER, individuals with the requisite qualifications must complete FEMA Form 85–3, National Defense Executive Reserve Personal Qualifications Statement. FEMA Form 85–3 is an application form that is used by Federal departments and agencies to fill NDER vacancies and to ensure that individuals are qualified to perform in the assigned emergency positions. FEMA reviews the application form to ensure that the candidate meets all basic membership qualifications for the Executive Reserve; ensures that the applicant is not already serving in a Federal department or agency sponsored unit; and, in some cases, determines the Federal department or agency best suited for the applicant.

Affected Public: Individuals or Households.

Number of Respondents: 50.

Estimated Time per Respondent: 30 minutes.

Estimated Total Annual Burden Hours: 25 hours.

Frequency of Response: On occasion.

Comments: Interested persons are invited to submit written comments on the proposed information collection to the Desk Officer for the Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Department of Homeland Security, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503 within 30 days of the date of this notice.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection should be made to Muriel B. Anderson, Chief, Records Management Branch, Information Resources Management Division, Information Technology

Services Directorate, Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Department of Homeland Security, 500 C Street, SW., Room 316, Washington, DC 20472, at (202) 646–2625, facsimile number (202) 646–3347, or e-mail address *InformationCollections@fema.gov.*

Dated: April 16, 2003.

Edward W. Kernan,

Director, Information Resources Management Division, Information Technology Services Directorate.

[FR Doc. 03–10232 Filed 4–24–03; 8:45 am]

BILLING CODE 6718–01–P

DEPARTMENT OF HOMELAND SECURITY

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Homeland Security.

ACTION: Notice and request for comments.

SUMMARY: The Federal Emergency Management Agency, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed revised information collections. In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3506(c)(2)(A)), this notice seeks comments concerning registration intake for the Disaster Assistance Registration information collection.

SUPPLEMENTARY INFORMATION: The legal basis for the collection of information in support of the applicant as well as administrative policy is contained in the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93–288, as amended, and 44 Code of Federal Regulations (44 CFR) part 206. In support of disaster victims, it is the policy of FEMA to provide an orderly and continuing means of assistance by the Federal Government to State and local governments, in carrying out their responsibilities to alleviate the suffering and damage that result from major disasters and emergencies. In addition FEMA complies with the provisions of Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Title 8 United States Code, sections 1601 *et seq.*, with respect to determination of eligibility or disaster assistance for applicants who are not U.S. citizens.

Collection of Information

Title: Disaster Assistance Registration.

Type of Information Collection: Revision of a currently approved collection.

OMB Number: 1660–0002.

Form Numbers: FEMA Forms 90–69 (English), 90–69A (Spanish), Application Registration for Disaster Assistance, and FEMA Forms 90–69B (English), 90–69C (Spanish), Declaration and Release.

Abstract: The information serves as the application for FEMA's Individuals and Households Program with regard to Housing Assistance and Other Needs Assistance and is relayed to other Federal and State agencies administering disaster relief programs appropriate to the applicants needs. Without this information, eligibility for disaster assistance cannot be determined. The information is obtained by telephone calls to the Teleregistration Center or from a face-to-face interview. Applicants are provided a statement regarding the privacy act and they sign a statement certifying the accuracy of their information.

Affected Public: Individuals or Households; Federal Government; State, Local or Tribal Governments; Business or Other For-Profit; Not-For-Profit Institutions; Farms.

Estimated Total Annual Burden Hours:

FEMA forms	No. of respondents (A)	Frequency of response (B)	Hours per response (C)	Annual burden hours (A × B × C)
90–69, 90–96A	482,584	1	19 min.	152,818
90–69B, 90–69C	308,884 (65% of responses are inspected)	1	2 min.	10,295
Total	482,584		21 min.	163,113

Estimated Cost: The total estimated annual cost to the applicant for FEMA Forms 90–69, 90–69A, 90–69B, and 90–69C is $978,678. The cost is determined by the average hourly rate of $6.00 per respondent times the estimated 163,113 burden hours.

Cost to the Federal Government regarding the forms pertain to three main activities: (1) Cost for Contract Inspectors to obtain signatures on the 90–69B, Declaration and Release, form. Cost estimates are computed by using the Contractor hourly rate of $45 times the average of two minutes to obtain the signature from the applicant times the projected number of respondents who actually receive an inspection (308,854) for an estimated total annual cost of $463,275. (2) Cost to take the electronic registrations in NEMIS computed by using the Registrar's hourly rate of GS 5/1, $12.50 plus the cost estimate for NEMIS per hour of $5.29 = $17.79 times the projected annual burden hours for ninety-five percent of the projected annual respondents (145,177), for an estimated total annual cost of $2,582,699. (3) Cost to enter paper applications into NEMIS are computed by using the Registrar's hourly rate of GS 5/1, $12.50 plus the cost estimate for NEMIS per hour of $5.29 = $17.79 times the projected annual burden hours for five percent of the projected annual paper form respondents (3,217), for an estimated total annual cost of $57,230.

Comments: Written comments are solicited to (a) evaluate whether the proposed data collection is necessary for the proper performance of the agency, including whether the information shall have practical utility; (b) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) enhance the quality, utility, and clarity of the information to be collected; and (d) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submission of responses. Comments should be received within 60 days of the date of this notice.

ADDRESSES: Interested persons should submit written comments to Muriel B. Anderson, Chief, Records Management Branch, Information Resources Management Division, Information Technology Services Directorate, Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Department of Homeland Security, 500 C Street, SW., Room 316, Washington, DC 20472.

FOR FURTHER INFORMATION CONTACT: Kathy Fields, Chief, National Processing Service Center, Recovery Division, Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Department of Homeland Security at (940) 891–8501 for additional information. You may contact Ms. Anderson for copies of the proposed collection of information at (202) 646–2625, facsimile number (202) 646–3347, or e-mail address: *InformationCollections@fema.gov.*

Dated: April 16, 2003.

Edward W. Kernan,

Division Director, Information Resources Management Division, Information Technology Services Directorate.

[FR Doc. 03–10233 Filed 4–24–03; 8:45 am]

BILLING CODE 6718–01–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[FEMA–3185–EM]

Colorado; Amendment No. 1 to Notice of an Emergency Declaration

AGENCY: Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Notice.

SUMMARY: This notice amends the notice of an emergency declaration for the State of Colorado, (FEMA–3185-EM), dated April 9, 2003, and related determinations.

EFFECTIVE DATE: April 17, 2003.

FOR FURTHER INFORMATION CONTACT: Magda Ruiz, Recovery Division, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–2705.

SUPPLEMENTARY INFORMATION: The notice of an emergency declaration for the State of Colorado is hereby amended to include the following areas among those areas determined to have been adversely affected by the catastrophe declared an emergency by the President in his declaration of April 9, 2003:

Alamosa, Chaffee, Costilla, Gunnison, Morgan, Pueblo, and Saguache Counties for emergency protective measures (Category B) under the Public Assistance program for a period of 72 hours.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.556, Fire Management Assistance; 83.558, Individual and Household Housing; 83.559, Individual and Household Disaster Housing Operations; 83.560 Individual and Household Program-Other Needs, 83.544, Public Assistance Grants; 83.548, Hazard Mitigation Grant Program.)

Michael D. Brown,

Undersecretary, Emergency Preparedness and Response.

[FR Doc. 03–10231 Filed 4–24–03; 8:45 am]

BILLING CODE 6718–02–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[FEMA–1456–DR]

Tennessee; Amendment No. 1 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the State of Tennessee, (FEMA–1456-DR), dated March 20, 2003, and related determinations.

EFFECTIVE DATE: April 14, 2003.

FOR FURTHER INFORMATION CONTACT: Magda Ruiz, Recovery Division, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–2705.

SUPPLEMENTARY INFORMATION: The notice of a major disaster declaration for the State of Tennessee is hereby amended to include the following areas among those areas determined to have been adversely affected by the catastrophe declared a major disaster by the President in his declaration of March 20, 2003:

Hardin and Lauderdale Counties for Public Assistance.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.556, Fire Management Assistance; 83.558, Individual and Household Housing; 83.559, Individual and Household Disaster Housing Operations; 83.560 Individual and Household Program-Other Needs, 83.544, Public Assistance Grants; 83.548, Hazard Mitigation Grant Program.)

Michael D. Brown,

Acting Under Secretary, Emergency Preparedness and Response.

[FR Doc. 03–10230 Filed 4–24–03; 8:45 am]

BILLING CODE 6718–02–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4809–N–17

Federal Property Suitable as Facilities To Assist the Homeless

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: This Notice identifies unutilized, underutilized, excess, and surplus Federal property review by HUD for suitability for possible use to assist the homeless.

EFFECTIVE DATE: April 25, 2003.

FOR FURTHER INFORMATION CONTACT: Mark Johnston, Department of Housing and Urban Development, Room 7262, 451 Seventh Street SW., Washington, DC 20410; telephone (202) 708–1234; TTY number for the hearing- and speech-impaired (202) 708–2565, (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1–800–927–7588.

SUPPLEMENTARY INFORMATION: In accordance with the December 12, 1988 court order in *National Coalition for the Homeless* v. *Veterans Administration,* No. 88–2503–OB, (D.D.C.), HUD publishes a Notice, on a weekly basis, identifying unutilized,underutilized, excess and surplus Federal buildings and real property that HUD has reviewed for suitability for use to assist the homeless.

Today's Notice is for the purpose of announcing that no additional properties have been determined suitable or unsuitable this week.

Dated: April 17, 2003.

John D. Garrity,

Director, Office of Special Needs Assistance Program.

[FR Doc. 03–9964 Filed 4–24–03; 8:45 am]

BILLING CODE 4210–20–M

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Receipt of Applications for Permit

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice of receipt of applications for permit.

SUMMARY: The public is invited to comment on the following applications to conduct certain activities with endangered species and/or marine mammals.

DATES: Written data, comments or requests must be received by May 27, 2003.

ADDRESSES: Documents and other information submitted with these applications are available for review, subject to the requirements of the Privacy Act and Freedom of Information Act, by any party who submits a written request for a copy of such documents within 30 days of the date of publication of this notice to: U.S. Fish and Wildlife Service, Division of Management Authority, 4401 North Fairfax Drive, Room 700, Arlington, Virginia 22203; fax 703/358–2281.

FOR FURTHER INFORMATION CONTACT: Division of Management Authority, telephone 703/358–2104.

SUPPLEMENTARY INFORMATION:

Endangered Species

The public is invited to comment on the following application(s) for a permit to conduct certain activities with endangered species. This notice is provided pursuant to section 10(c) of the Endangered Species Act of 1973, *as amended* (16 U.S.C. 1531, *et seq.*). Written data, comments, or requests for copies of these complete applications should be submitted to the Director (address above).

Applicant: The Burke Museum, Seattle, WA, PRT–714601.

The applicant requests renewal of their permit to export and re-import shipments of nonliving museum/herbarium specimens of endangered and threatened species [excluding bald eagle (*Halieaeetus leucocephalus*)] previously accessioned into their collections for the purpose of scientific research. This notice covers activities conducted by the applicant over a five-year period.

Applicant: Andrew T. Mellen, Paradise Valley, AZ, PRT–068340.

The applicant requests a permit to import the sport-hunted trophy of one male bontebok (*Damaliscus pygargus dorcas*) culled from a captive herd maintained under the management program of the Republic of South Africa, for the purpose of enhancement of the survival of the species.

Applicant: Douglas J. Schippers, West Olive, MI, PRT–069830.

The applicant requests a permit to import the sport-hunted trophy of one male bontebok (*Damaliscus pygargus dorcas*) culled from a captive herd maintained under the management program of the Republic of South Africa, for the purpose of enhancement of the survival of the species.

Applicant: Dennis Chin, Salt Lake City, UT, PRT–070095.

The applicant requests a permit to import the sport-hunted trophy of one male bontebok (*Damaliscus pygargus dorcas*) culled from a captive herd maintained under the management program of the Republic of South Africa, for the purpose of enhancement of the survival of the species.

Applicant: University of Missouri, Veterinary Medical Diagnostic Lab, Columbia, MO, PRT–069716.

The applicant requests a permit to import biological samples from captive born jaguar (*Panthera onca*), cotton-top tamarin (*Saguinus oedipus oedipus*), and maned wolf (*Chrysocyon brachyurus*) from African Safari, Puebla, Mexico for the purpose of scientific research.

Endangered Marine Mammals

The public is invited to comment on the following application for a permit to conduct certain activities with endangered marine mammals. The application was submitted to satisfy requirements of the Marine Mammal Protection Act of 1972, *as amended* (16 U.S.C. 1361 *et seq.*), the Endangered Species Act of 1973, *as amended* (16 U.S.C. 1531, *et seq.*), and the regulations governing marine mammals (50 CFR part 18) and endangered species (50 CFR part 17). Written data, comments, or requests for copies of the complete applications or requests for a public hearing on these applications should be submitted to the Director (address above). Anyone requesting a hearing should give specific reasons why a hearing would be appropriate. The holding of such a hearing is at the discretion of the Director.

Applicant: Dr. Graham Worthy/University of Central Florida, Orlando, FL, PRT–056326.

Permit Type: Take for Scientific Research.

Name and Number of Animals: Manatee (*Trichecus manatus*) Up to 50 Animals per year.

Summary of Activity to be Authorized: The applicant requests amendment of their existing permit for continued research regarding the metabolic rate and nutritional status of captive held manatees. The applicant is requesting amendments that will allow activities on captive held as well as wild animals.

Source of Marine Mammals: Captive held and wild animals.

Period of Activity: Up to 4 years if authorized.

Concurrent with the publication of this notice in the **Federal Register**, the Division of Management Authority is forwarding copies of the above applications to the Marine Mammal Commission and the Committee of Scientific Advisors for their review.

Marine Mammals

The public is invited to comment on the following applications for a permit to conduct certain activities with marine mammals. The applications were submitted to satisfy requirements of the Marine Mammal Protection Act of 1972, *as amended* (16 U.S.C. 1361 *et seq.*) and the regulations governing marine mammals (50 CFR part 18). Written data, comments, or requests for copies of the complete applications or requests for a public hearing on these applications should be submitted to the Director (address above). Anyone requesting a hearing should give specific reasons why a hearing would be appropriate. The holding of such a hearing is at the discretion of the Director.

Applicant: Ken G. Wilson, Kerrville, TX, PRT–069959.

The applicant requests a permit to import a polar bear (*Ursus maritimus*) sport hunted from the Northern Beaufort Sea polar bear population in Canada, for personal use.

Applicant: John M. Gebbia, Beverly Hills, CA, PRT–070056.

The applicant requests a permit to import a polar bear (*Ursus maritimus*) sport hunted from the Southern Beaufort Sea polar bear population in Canada, for personal use.

The U.S. Fish and Wildlife Service has information collection approval from OMB through March 31, 2004, OMB Control Number 1018–0093. Federal Agencies may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a current valid OMB control number.

Dated: April 4, 2003.

Michael S. Moore,

Senior Permit Biologist, Branch of Permits, Division of Management Authority.

[FR Doc. 03–9973 Filed 4–24–03; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF THE INTERIOR

Geological Survey

Request for Public Comments on Information Collection To Be Submitted to the Office of Management and Budget for Review Under the Paperwork Reduction Act

A request extending the collection of information listed below will be submitted to the Office of Management and Budget for approval under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35). Copies of the proposed collection of information and related forms may be obtained by contacting the USGS Clearance Officer at the phone number listed below. Comments and suggestions on the requirement should be made within 60 days directly to the USGS Clearance Officer, Geological Survey, 807 National Center, Reston, VA 20192. As required by OMB regulations at CFR 1320.8(d)(1), the U.S. Geological Survey solicits specific public comments regarding the proposed information collection as to:

1. Whether the collection of information is necessary for the proper performance of the functions of the USGS, including whether the information will have practical utility;

2. The accuracy of the USGS estimate of the burden of the collection of information, including the validity of the methodology and assumptions used;

3. The utility, quality, and clarity of the information to be collected; and,

4. How to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated electronic, mechanical, or other forms of information technology.

Title: Mine, Development, and Minerals Information Supplement.

Current OMB approval number: 1028–0060.

Abstract: Respondents supply the U.S. Geological Survey with domestic production, exploration, and mine development data on nonfuel mineral commodities. This information will be published as an Annual Report for use by Government agencies, industry, and the general public.

Bureau form number: 9–4000–A.

Frequency: Annual.

Description of respondents: Nonfuel Mineral Producers and Exploration Operations.

Annual responses: 754.

Annual burden hours: 566.

Bureau clearance officer: John E. Cordyack, Jr., 703–648–7313.

John H. DeYoung, Jr.,

Chief Scientist, Minerals Information Team.

[FR Doc. 03–10248 Filed 4–24–03; 8:45 am]

BILLING CODE 4310–47–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[WY–030–1310–DB]

Notice of Availability of Draft Environmental Impact Statement for the Desolation Flats Natural Gas Field Development Project.

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of availability of Draft Environmental Impact Statement for the Desolation Flats Natural Gas Field Development Project.

SUMMARY: The Bureau of Land Management (BLM) announces the availability of the Desolation Flats Natural Gas Field Development Project Draft Environmental Impact Statement (DEIS) which analyzes the environmental consequences of the proposed Desolation Flats natural gas development and production operation. Expansion of natural gas exploration and development is proposed in and adjacent to other oil and gas developments in the Willow Reservoir, Wedge, Mulligan Draw, Powder Mountain, Desolation Flats, Ruger, Dripping Rock, Cedar Chest, Triton, Lookout Wash Units, and the surrounding areas, collectively referred to as the Desolation Flats Area. The 233,542 acre Desolation Flats project area is located within the administrative jurisdictions of the BLM Rawlins and Rock Springs Field Offices, approximately 21 miles south of Wamsutter, Wyoming, and 14 miles west of Baggs, Wyoming, in Townships 13–16 North, Ranges 93–96 West, Sixth Principal Meridian, Sweetwater and Carbon Counties, Wyoming. Surface owners of the project area lands are: Federal Government, 96 percent; private, 3 percent; and the State of Wyoming, less than 1 percent. Currently, there are approximately 63 oil and gas wells drilled within the proposed project area. If approved, up to 592 additional wells could be drilled over the next 20 years.

DATES: Written comments on the DEIS will be accepted for 60 days following the date the Environmental Protection Agency (EPA) publishes its Notice of Availability of the DEIS in the **Federal Register**.

Two formal hearings are scheduled to obtain public comments on the proposed project and the DEIS at the BLM Rock Springs Field Office, Rock Springs, Wyoming; and at the BLM Rawlins Field Office, Rawlins, Wyoming. All meetings or hearings and any other public involvement activities will be announced at least 15 days in advance through public notices, media news releases, and/or mailings.

ADDRESSES: If you wish to comment, you may submit your comments by any one of several methods. You may send written comments to: John Spehar, Project Manager, Rawlins Field Office, Bureau of Land Management, 1300 N. Third Street, P.O. Box 2407, Rawlins, Wyoming 82301. You may also comment via the Internet to: *rawlins_wymail@blm.gov.* Please submit Internet comments as an ASCII file avoiding the use of special characters and any form of encryption.

Please also include: ''Attn: Desolation Flats Project Manager'' and your name and return address in your Internet message. If you do not receive a confirmation from the system that we have received your Internet message, contact us directly at the BLM Rawlins Field Office, John Spehar, 307–328–4264. You may hand-deliver comments to Rawlins Field Office, Bureau of Land Management, 1300 N. Third Street, Rawlins, Wyoming, between the hours of 7:30 a.m. and 4:30 p.m., Monday through Friday, excluding Federal holidays.

FOR FURTHER INFORMATION CONTACT: For further information including public meeting times, dates, and locations or to obtain a copy of the DEIS, contact John Spehar, telephone 307–328–4264 or you may view or download an electronic version of the document from our BLM State Web site at *http://www.wy.blm.gov.*

SUPPLEMENTARY INFORMATION: Marathon Oil Company, EOG Resources, Inc., Tom Brown, Inc., Basin Exploration, Inc., Yates Petroleum Corporation, Questar Exploration and Production Company, Merit Energy Company, Santa Fe Snyder Corporation and other companies (Operators) have submitted a proposal to drill up to 592 wells in the Desolation Flats area. Over the next 20 years, the Operators propose to explore and develop the oil and gas resources held through their existing leases within the Desolation Flats Project Area. Well density would range from two wells per 640 acres to four wells per 640 acres, depending on geologic conditions.

The Desolation Flats DEIS analyzes the impacts of the Proposed Action: economic field development of 385 natural gas wells at 361 well locations and associated access roads (approximately 542 miles of new or upgraded), pipelines (approximately 361 miles), and other ancillary facilities (one gas processing plant, four compressor stations, water disposal sites, etc.). The DEIS also analyzes Alternative A, which is similar to the Proposed Action but would expand well development into the economically marginal areas of the leases and increase the density of wells. Alternative A proposes to increase the number of wells to approximately 592 wells at 555 locations with a proportional increase of access roads (approximately 833 of new or upgraded), pipelines (555 miles) and other ancillary facilities (two gas processing plants, six compressor stations, water disposal sites etc.).

Alternative B is the No Action Alternative. This alternative would deny the proposal as submitted but would allow consideration of individual APDs on Federal lands on a case-by-case basis through individual project and site-specific environmental analysis. No Action would allow drilling and development of 23 additional wells in the Mulligan Draw project area, and drilling and development of 34 additional wells in the Dripping Rock/Cedar Breaks project area. Drilling outside the Mulligan Draw and Dripping Rock/Cedar Break project areas but within the DFPA project area could continue on a case-by-case basis until BLM made a determination that further drilling activity would result in field development.

Based upon issues and concerns identified during the scoping process, the DEIS focuses on the impacts to air quality, biological and physical resources, transportation, and socio-economic environment and their cumulative effects. In compliance with Section 7(c) of the Endangered Species Act as amended, this DEIS includes the Biological Assessment that identifies endangered or threatened species that would potentially be affected by the Proposed Action.

The proposed Desolation Flats Natural Gas Field Development activities are in conformance with the Great Divide Resource Management Plan (USDI–BLM 1990), and Green River Resources Management Plan (USDI–BLM 1997).

Our practice is to make comments, including the names and street addresses of each respondent, available for public review at the BLM offices listed above during regular business hours (7:45 a.m. to 4:30 p.m.), Monday through Friday, except for Federal holidays. Your comments may be published as part of the EIS process. Individual respondents may request confidentiality. If you wish to withhold your name and/or street address from public review or from disclosure under the Freedom of Information Act, you must state this prominently at the beginning of your written comment. Such requests will be honored to the extent allowed by law. However, we will not consider anonymous comments. All submissions from organizations or businesses, and from individuals identifying themselves as representatives or officials of organizations or businesses, will be made available for public inspection in their entirety.

Dated: March 10, 2003.

Alan L. Kesterke,

Associate State Director.

[FR Doc. 03–9668 Filed 4–24–03; 8:45 am]

BILLING CODE 4310–22–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[OR–100–5882–AF; HAG03–0134]

Notice of Public Meeting, Roseburg Resource Advisory Committee Meeting

AGENCY: Bureau of Land Management, Interior.

ACTION: Meeting notices for the Roseburg District Bureau of Land Management (BLM) Resource Advisory Committee under Section 205 of the Secure Rural Schools and Community Self Determination Act of 2000 (Pub. L. 106–393).

SUMMARY: This notice is published in accordance with Section 10(a)(2) of the Federal Advisory Committee Act. Meeting notice is hereby given for the Roseburg District BLM Resource Advisory Committee pursuant to section 205 of the Secure Rural School and Community Self Determination Act of 2000, Public Law 106–393 (the Act). Topics to be discussed by the Roseburg District BLM Resource Advisory Committee include specific information of specific projects and/or decisions on specific projects.

DATES: The Roseburg Resource Advisory Committee will meet at the BLM Roseburg District Office, 777 NW., Gargen Valley Boulevard, Roseburg, Oregon 97470 on June 16, June 30, July 14, July 21, July 28, and August 4, 2003. The meeting on June 16 will be held from 9 a.m. to 12 p.m., while the rest of the meetings will be held from 9 a.m. to 4 p.m.

SUPPLEMENTARY INFORMATION: Pursuant to the Act, five Resource Advisory Commitees have been formed for western Oregon BLM district that contain Oregon & California (O&C) Grant Lands and Coos Bay Wagon Road lands. The Act establishes a six-year payment schedule to local counties in lieu of funds derived from the harvest of timber on federal lands, which have dropped dramatically over the past 10 years.

The Act creates a new mechanism for local community collaboration with federal land management activities in the selection of projects to be conducted on federal lands or that will benefit resources on federal lands using funds Title II of the Act. The Roseburg District BLM Resource Advisory Committee consists of 15 local citizens (plus 6 alternates) representing a wide array of interests.

FOR FURTHER INFORMATION CONTACT: Additional information concerning the Roseburg District BLM Resource Advisory Committee may be obtained from E. Lynn Burkett, Public Affairs Officer, Roseburg District Office, 777 NW., Garden Valley Blvd., Roseburg, Oregon 97470 or *elynnburkett@blm.gov*. or on the Web at *http://www.or.blm.gov*.

Dated: April 8, 2003.

Cary Osterhaus,

Roseburg District Manager.

[FR Doc. 03–10250 Filed 4–24–03; 8:45 am]

BILLING CODE 4310–33–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[AZ–956–02–1420–BJ]

Arizona State Office; Notice of Filing of Plats of Survey

April 16, 2003.

1. The plats of survey of the following described land were officially filed in the Arizona State Office, Phoenix, Arizona, on the dates indicated:

A plat representing the dependent resurvey of a portion of the south boundary and a portion of the subdivisional lines and the subdivision of section 35, Township 9 1/2 North, Range 2 East of the Gila and Salt River Meridian, Arizona, accepted August 28, 2002 and officially filed September 5, 2002.

This plat was prepared at the request of the Phoenix Field Office, Bureau of Land Management.

A plat representing the dependent resurvey of a portion of the

subdivisional lines and the subdivision of section 18 and 19, Township 9 North, Range 3 East of the Gila and Salt River Meridian, Arizona, accepted August 28, 2002 and officially filed September 5, 2002.

This plat was prepared at the request of the Phoenix Field Office, Bureau of Land Management.

A plat representing the dependent resurvey of the south and west boundaries and a portion of the subdivisional lines and the survey of a portion of the subdivisional lines, Township 28 North, Range 16 East of the Gila and Salt River Meridian, Arizona, accepted July 22, 2002 and officially filed July 25, 2002.

This plat was prepared at the request of the Bureau of Indian Affairs, Western Regional Office.

A plat representing the dependent resurvey of the Fourth Guide Meridian East through Township 27 North, the South and East boundaries and the subdivisional lines, Township 27 North, Range 17 East of the Gila and Salt River Meridian, Arizona, accepted July 15, 2002 and officially filed July 18, 2002.

This plat was prepared at the request of the Bureau of Indian Affairs, Western Regional Office.

A plat representing the dependent resurvey of a portion of the south and east boundaries and a portion of the subdivisional lines and the survey of a portion of the subdivisional lines, Township 27 North, Range 18 East of the Gila and Salt River Meridian, Arizona, accepted October 28, 2002 and officially filed November 1, 2002.

This plat was prepared at the request of the Bureau of Indian Affairs, Western Regional Office.

A plat representing the dependent resurvey of the east and north boundaries and subdivisional lines, Township 29 North, Range 18 East of the Gila and Salt River Meridian, Arizona, accepted July 22, 2002 and officially filed July 25, 2002.

This plat was prepared at the request of the Bureau of Indian Affairs, Western Regional Office.

A plat representing the survey of the south, east, west, and north boundaries, and the subdivisional lines, Township 31 North, Range 22 East of the Gila and Salt River Meridian, Arizona, accepted January 27, 2003 and officially filed January 30, 2003.

This plat was prepared at the request of the Bureau of Indian Affairs, Navajo Regional Office.

A plat representing the survey of the Eighth Standard Parallel North, (south boundary), Township 33 North, Range 23 East of the Gila and Salt River Meridian, Arizona, accepted January 14, 2003 and officially filed January 22, 2003.

This plat was prepared at the request of the Bureau of Indian Affairs, Navajo Regional Office.

A plat representing the survey of the Sixth Guide Meridian East, (west boundary), the east and north boundaries, and the subdivisional lines, Township 37 North, Range 25 East of the Gila and Salt River Meridian, Arizona, accepted September 16, 2002 and officially filed September 25, 2002.

This plat was prepared at the request of the Bureau of Indian Affairs, Navajo Regional Office.

A plat representing the survey of the Sixth Guide Meridian East, (west boundary), the east and north boundaries, and the subdivisional lines, Township 38 North, Range 25 East of the Gila and Salt River Meridian, Arizona, accepted September 16, 2002 and officially filed September 25, 2002.

This plat was prepared at the request of the Bureau of Indian Affairs, Navajo Regional Office.

A plat representing the survey of the Tenth Standard Parallel North, (south boundary), Township 41 North, Range 26 East of the Gila and Salt River Meridian, Arizona, accepted February 26, 2003 and officially filed March 6, 2003.

This plat was prepared at the request of the Bureau of Indian Affairs, Navajo Regional Office.

A plat representing the survey of the south, east and west boundaries, and the subdivisional lines, Township 40 North, Range 27 East of the Gila and Salt River Meridian, Arizona, accepted August 26, 2002 and officially filed August 30, 2002.

This plat was prepared at the request of the Bureau of Indian Affairs, Navajo Regional Office.

A plat representing the dependent resurvey of the Tenth Standard Parallel North, (south boundary), Township 41 North, Range 27 East of the Gila and Salt River Meridian, Arizona, accepted August 26, 2002 and officially filed August 30, 2002.

This plat was prepared at the request of the Bureau of Indian Affairs, Navajo Regional Office.

A plat representing the survey of the Seventh Guide Meridian East, (west boundary), a portion of the north boundary, and a portion of the subdivisional lines, Township 34 North, Range 29 East of the Gila and Salt River Meridian, Arizona, accepted September 9, 2002 and officially filed September 18, 2002.

This plat was prepared at the request of the Bureau of Indian Affairs, Navajo Regional Office.

A plat representing the survey of the Seventh Guide Meridian East, (west boundary), a portion of the north boundary, and a portion of the subdivisional lines, Township 35 North, Range 29 East of the Gila and Salt River Meridian, Arizona, accepted January 9, 2003 and officially filed January 16, 2003.

This plat was prepared at the request of the Bureau of Indian Affairs, Navajo Regional Office.

A plat representing the dependent resurvey of a portion of the west boundary and a portion of the subdivisional lines, the subdivision of sections 13, 14, 15, 16, 17, and 18 and the metes-and-bounds survey of the Arrastra Mountain Wilderness Area Boundary, Township 11 North, Range 11 West of the Gila and Salt River Meridian, Arizona, accepted July 24, 2002 and officially filed July 30, 2002.

This plat was prepared at the request of the Kingman Field Office, Bureau of Land Management.

A plat representing the dependent resurvey of portions of the south and west boundaries and a portion of the subdivisional lines and the subdivision of sections 20 and 29, Township 11 South, Range 10 East of the Gila and Salt River Meridian, Arizona, accepted October 21, 2002 and officially filed October 25, 2002.

This plat was prepared at the request of the Tucson Field Office, Bureau of Land Management.

A plat representing the dependent resurvey of a portion of the south and west boundaries, and a portion of the subdivisional lines and the subdivision of section 18, Township 12 South, Range 10 East of the Gila and Salt River Meridian, Arizona, accepted October 21, 2002 and officially filed October 25, 2002.

This plat was prepared at the request of the Tucson Field Office, Bureau of Land Management.

A plat representing the dependent resurvey of a portion of the east and north boundaries and a portion of the subdivisional lines, the subdivision of section 14 and the metes-and-bounds survey of the Aravaipa Canyon Wilderness Area Boundary, Township 7 South, Range 18 East of the Gila and Salt River Meridian, Arizona, accepted February 10, 2003 and officially filed February 13, 2003.

This plat was prepared at the request of the Safford Field Office, Bureau of Land Management.

A plat representing the dependent resurvey of a portion of the south and west boundaries and a portion of the subdivisional lines, the subdivision of section 19 and the metes-and-bounds survey of the Aravaipa Canyon Wilderness Area Boundary, Township 6 South, Range 19 East of the Gila and Salt River Meridian, Arizona, accepted January 31, 2003 and officially filed February 6, 2003.

This plat was prepared at the request of the Safford Field Office, Bureau of Land Management.

A plat representing the metes-and-bounds survey of the Aravaipa Canyon Wilderness Area Boundary, Township 7 South, Range 19 East of the Gila and Salt River Meridian, Arizona, accepted February 10, 2003 and officially filed February 13, 2003.

This plat was prepared at the request of the Safford Field Office, Bureau of Land Management.

A plat representing the dependent resurvey of a portion of the east boundary and a portion of the subdivisional lines and the subdivision of section 24, Township 17 South, Range 23 East of the Gila and Salt River Meridian, Arizona, accepted August 22, 2002 and officially filed August 27, 2002.

This plat was prepared at the request of the Coronado National Forest, United States Forest Service.

2. The corrective survey (field notes only) of the ¼ section corner of section 1 only, on the Seventh Standard Parallel North, Township 28 North, Range 30 East of the Gila and Salt River Meridian, Arizona, were approved January 1, 2003.

These field notes were prepared at the request of the Bureau of Indian Affairs, Navajo Regional Office.

3. All inquiries relating to these lands should be sent to the Arizona State Office, Bureau of Land Management, 222 N. Central Avenue, P.O. Box 1552, Phoenix, Arizona 85001–1552.

Kenny D. Ravnikar,

Chief Cadastral Surveyor of Arizona.

[FR Doc. 03–10266 Filed 4–24–03; 8:45 am]

BILLING CODE 4310–32–P

DEPARTMENT OF THE INTERIOR

National Park Service

Notice of Inventory Completion: U.S. Department of Defense, Army Corps of Engineers, Portland District, Portland, OR

AGENCY: National Park Service, Interior.

ACTION: Notice.

Notice is here given in accordance with the Native American Graves Protection and Repatriation Act (NAGPRA), 25 U.S.C. 3003, of the completion of an inventory of human remains and associated funerary objects in the possession of the U.S. Department of Defense, Army Corps of Engineers, Portland District, Portland, OR. The human remains and associated funerary objects were removed from the Old Town Umatilla site (35 UM 1/35 UM 35), Umatilla County, OR.

This notice is published as part of the National Park Service's administrative responsibilities under NAGPRA, 25 U.S.C. 3003(d)(3). The determinations within this notice are the sole responsibility of the museum, institution, or Federal agency that has control of the Native American human remains and associated funerary objects. The National Park Service is not responsible for the determinations within this notice.

A detailed assessment of the human remains and associated funerary objects was made by the Army Corps of Engineers staff and the Cultural Resources Protection Program of the Confederated Tribes of the Umatilla Indian Reservation, Oregon in consultation with representatives of the Confederated Tribes of the Umatilla Indian Reservation, Oregon.The Old Town Umatilla site is located in Umatilla County, OR, on the south shoreline of the Columbia River, upstream from its confluence with the Umatilla River. The site is also in the project area of the John Day Dam, which is located in north-central Oregon and south-central Washington. John Day Dam project lands extend from the confluence of the Columbia River and the John Day River upstream to Umatilla, OR.

The Old Town Umatilla site (35 UM 1/35 UM 35) was first occupied in 470 B.C. and is considered to be a prehistoric and historic Umatilla village. The site served as a major winter village of the Umatilla Indians during late prehistoric times, and includes a cemetery that dates from approximately 500 B.C. to A.D. 1700. The site lies within the traditional lands of the present-day Confederated Tribes of the Umatilla Indian Reservation, Oregon. The Confederated Tribes of the Umatilla Indian Reservation, Oregon was established by an 1855 treaty, and consists of three tribes: Cayuse, Umatilla, and Walla Walla. All three tribes belong to the Sahaptin language group, each tribe's speaking a separate dialect of Sahaptin. Historically, these tribes occupied over 6 million acres of land in southeastern Washington and northeastern Oregon. The Umatilla reservation and ceded lands roughly include the area bounded by the Columbia and Snake Rivers on the north to Willow Creek on the west to Tucannon River on the east.

The Old Town Umatilla site has a long excavation history. In l948, the Smithsonian River Basin Surveys first recorded the late prehistoric cemetery and early historic site as 35 UM 1. The site was excavated in 1965 by the University of Oregon in conjunction with reservoir salvage for the John Day Dam, and was redesignated as 35 UM 35, the Old Town Umatilla site. The site was excavated by the Mid-Columbia Archaeological Society and the University of Idaho from 1970 through 1975, Wildesen and Associates in 1984, Heritage Research Associates in 1986, and the Confederated Tribes of the Umatilla Indian Reservation, Oregon in preparation for construction of a wastewater treatment facility in 1998.

The excavations removed over 230 human burials and approximately 38,000 associated funerary objects. In l976, at the request of the Confederated Tribes of the Umatilla Indian Reservation, Oregon, the Army Corps of Engineers, Portland District reinterred approximately 230 human burials and associated funerary objects in a cemetery near Mission, OR. The human remains and associated funerary objects were among those excavated by the Mid-Columbia Archaeological Society and University of Idaho in the 1970s. In June 2000, the remains of two individuals and two associated funerary objects removed during the l965 University of Oregon excavation were repatriated to the Confederated Tribes of the Umatilla Indian Reservation, Oregon by the University of Oregon Museum of Natural History. Human remains from the l998 Confederated Tribes of the Umatilla Indian Reservation, Oregon investigation were reburied on-site when encountered.

In 1999, the Confederated Tribes of the Umatilla Indian Reservation, Oregon requested that the Mid-Columbia Archaeological Society collections from 35 UM 1/35 UM 35 excavated during the 1970s be placed in the tribe's facility

so that tribal staff could analyze the materials to identify human remains. In 2001, Cultural Resources Protection Program staff of the Confederated Tribes of the Umatilla Indian Reservation, Oregon examined faunal remains and artifacts from 35 UM 1/35 UM 35. Their analysis identified approximately 111 human bones, representing a minimum of one individual and one additional partial human burial among the faunal collections. Based on associated artifacts these individuals have been determined to be Native American. Also, 20,697 artifacts are identified as associated funerary objects based on their proximity to the skeletal remains as described in available records. The associated funerary objects are 4,452 stone tools; 4,129 shells; 2 bottles of uncounted dentalium shells; 3,997 cobble choppers, hammerstones, and pecking stones; 2,805 projectile points; 2,075 flakes and cores; 784 shell beads; 456 bone beads, bangles, and pendants; 285 elk tooth beads; 247 bone punches, awls, and needles; 227 fragments of worked bone; 168 basalt projectile points; 163 net weights, sinkers, and anchors; 155 obsidian projectile points; 70 animal teeth; 94 pestles, metates, mauls, and milling stones; 55 stone beads and pendants; 53 ochre fragments; 47 antler or bone wedges; 47 bone harpoon points or guards; 31 bird talons or animal claws; 37 arrow shaft smoothers or abraders; 27 bone pieces; 25 antlers; 22 hopper mortars; 19 obsidian nose pieces and crescents; 13 gaming balls and bola stones; 9 raw mineral fragments (mica, concretion, sandstone, graphite, and copper); 8 slate whetstones; 4 charcoal fragments; 3 carved stone effigies; 3 worked historic glass tools; 3 pipe bowls or stems; 3 smoothing stones; 2 horn digging tools or digging stick handles; 2 stone bowl fragments; 1 celt; 1 steatite ring fragment; 1 incised pumice paint pot; 1 bird bone whistle; 1 coprolite; 1 nutshell; and 169 unidentified tools. The human remains and associated funerary objects have been cataloged under various catalog and box numbers, and are currently on loan to the Cultural Resources Protection Program of the Confederated Tribes of the Umatilla Indian Reservation, Oregon.

Officials of the Army Corps of Engineers, Portland District have determined that, pursuant to 25 U.S.C. 3001, the human remains described above represent the physical remains of a minimum number of two individuals of Native American ancestry. Officials of the Army Corps of Engineers, Portland District also have determined that, pursuant to 25 U.S.C. 3001, the 20,697 objects described above are reasonably believed to have been placed with or near individual human remains at the time of death or later as part of the death rite or ceremony. Lastly, officials of the Army Corps of Engineers, Portland District have determined that, pursuant to 25 U.S.C. 3001, there is a relationship of shared group identity that can be reasonably traced between the Native American human remains and associated funerary objects and the Confederated Tribes of the Umatilla Indian Reservation, Oregon.

Representatives of any other Indian tribe that believes itself to be culturally affiliated with the human remains and associated funerary objects should contact Ms. Gail Celmer, NAGPRA Coordinator, Environmental Resources Branch, U.S. Department of Defense, Army Corps of Engineers, Portland District, P. O. Box 2946, Portland, OR 97208-2946, telephone (503) 808-4762, before May 27, 2003. Repatriation of the human remains and associated funerary objects to the Confederated Tribes of the Umatilla Indian Reservation, Oregon may proceed after this date if no additional claimants come forward.

The Army Corps of Engineers, Portland District, is responsible for notifying the Confederated Tribes of the Umatilla Indian Reservation, Oregon that this notice has been published.

Dated: March 27, 2003

John Robbins,

Assistant Director, Cultural Resources.

[FR Doc. 03–10029 Filed 4–24–03; 8:45 am]

BILLING CODE 4310–70–S

DEPARTMENT OF THE INTERIOR

National Park Service

Notice of Inventory Completion: University of California, Riverside, Riverside, CA

AGENCY: National Park Service, Interior.

ACTION: Notice.

Notice is hereby given in accordance with provisions of the Native American Graves Protection and Repatriation Act (NAGPRA), 25 U.S.C. 3003, of the completion of an inventory of human remains in the possession of the University of California, Riverside, Riverside, CA. The human remains were removed from a site in Riverside County, CA.

This notice is published as part of the National Park Service's administrative responsibilities under NAGPRA, 25 U.S.C. 3003(d)(3). The determinations within this notice are the sole responsibility of the museum, institution, or Federal agency that has control of the Native American human remains. The National Park Service is not responsible for the determinations within this notice.

A detailed assessment of the human remains was made by professional staff of the University of California, Riverside in consultation with the Luiseño Intertribal NAGPRA Coalition, representing the interests of the La Jolla Band of Luiseño Mission Indians of the La Jolla Reservation, California; Pala Band of Luiseño Mission Indians of the Pala Reservation, California; Pauma Band of Luiseño Mission Indians of the Pauma & Yuima Reservation, California; Pechanga Band of Luiseño Mission Indians of the Pechanga Reservation, California; Rincon Band of Luiseño Mission Indians of the Rincon Reservation, California; and Soboba Band of Luiseño Indians, California.

In 1987, human remains representing one individual were excavated by the University of California, Riverside from site CA–RIV–333, Riverside County, CA. The human remains are a distal fragment of a middle phalanx. No known individual was identified. No associated funerary objects are present. Archaeological evidence from site CA–RIV–333 indicates that it was occupied during the Late Prehistoric period (A.D. 1500–1770). The human remains are believed to have been interred during the Late Prehistoric period occupation of site CA–RIV–333.

Archaeological evidence indicates a cultural continuity between the Late Prehistoric and Historic period occupants of Riverside County, CA. The Luiseño tribe is known to have occupied the Riverside County area during the Historic period. The Luiseño tribe is currently represented by the La Jolla Band of Luiseño Mission Indians of the La Jolla Reservation, California; Pala Band of Luiseño Mission Indians of the Pala Reservation, California; Pauma Band of Luiseño Mission Indians of the Pauma & Yuima Reservation, California; Pechanga Band of Luiseño Mission Indians of the Pechanga Reservation, California; Rincon Band of Luiseño Mission Indians of the Rincon Reservation, California; and Soboba Band of Luiseño Indians, California. Some individuals of Luiseño descent may also be members of the Campo Band of Diegueño Mission Indians of the Campo Indian Reservation, California, and San Pasqual Band of Diegueño Mission Indians of California.

Officials of the University of California, Riverside have determined that, pursuant to 25 U.S.C. 3001 (9–10), the human remains described above represent the physical remains of one

individual of Native American ancestry. Officials of the University of California, Riverside also have determined that, pursuant to 25 U.S.C. 3001 (2), there is a relationship of shared group identity that can be reasonably traced between the Native American human remains and the La Jolla Band of Luiseño Mission Indians of the La Jolla Reservation, California; Pala Band of Luiseño Mission Indians of the Pala Reservation, California; Pauma Band of Luiseño Mission Indians of the Pauma & Yuima Reservation, California; Pechanga Band of Luiseño Mission Indians of the Pechanga Reservation, California; Rincon Band of Luiseño Mission Indians of the Rincon Reservation, California; and Soboba Band of Luiseño Indians, California.

Representatives of any other Indian tribe that believes itself to be culturally affiliated with the human remains should contact Philip J. Wilke, Department of Anthropology, 1334 Watkins Hall, University of California, Riverside, Riverside, CA 92521–0418, telephone (909) 787–5524, before May 27, 2003. Repatriation of the human remains to the Luiseño Intertribal NAGPRA Coalition, representing the interests of the La Jolla Band of Luiseño Mission Indians of the La Jolla Reservation, California; Pala Band of Luiseño Mission Indians of the Pala Reservation, California; Pauma Band of Luiseño Mission Indians of the Pauma & Yuima Reservation, California; Pechanga Band of Luiseño Mission Indians of the Pechanga Reservation, California; Rincon Band of Luiseño Mission Indians of the Rincon Reservation, California; and Soboba Band of Luiseño Indians, California may proceed after that date if no additional claimants come forward.

The University of California, Riverside is responsible for notifying the Kumeyaay Cultural Repatriation Committee and its constituent members, the Campo Band of Diegueño Mission Indians of the Campo Indian Reservation, California and San Pasqual Band of Diegueño Mission Indians of California; and Luiseño Intertribal NAGPRA Coalition and its constituent members, the La Jolla Band of Luiseño Mission Indians of the La Jolla Reservation, California; Pala Band of Luiseño Mission Indians of the Pala Reservation, California; Pauma Band of Luiseño Mission Indians of the Pauma & Yuima Reservation, California; Pechanga Band of Luiseño Mission Indians of the Pechanga Reservation, California; Rincon Band of Luiseño Mission Indians of the Rincon Reservation, California; and Soboba Band of Luiseño Indians, California that this notice has been published.

Dated: March 17, 2003.

John Robbins,

Assistant Director, Cultural Resources.

[FR Doc. 03–10031 Filed 4–24–03; 8:45 am]

BILLING CODE 4310–70–M

DEPARTMENT OF LABOR

Employment and Training Administration

Proposed Collection of the ETA 538, Advance Weekly Initial and Continued Claims Report and the ETA 539, Weekly Claims and Extended Benefits Trigger Data; Comment Request

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Employment and Training Administration, Office of Workforce Security is soliciting comments concerning the proposed extension of the collection of the ETA 538, Advance Weekly Initial and Continued Claims Report and the ETA 539, Weekly Claims and Extended Benefits Trigger.

A copy of the proposed information collection request (ICR) can be obtained by contacting the office listed below in the addressee section of this notice.

DATES: Written comments must be submitted to the office listed in the addressee's section below on or before June 24, 2003.

ADDRESSES: Thomas Stengle, U.S. Department of Labor, Employment and Training Administration, Room S–4231, 200 Constitution Avenue, NW., Washington, DC 20210, Phone: 202–693–2991, Fax: 202–693–3229, e-mail: *stengle.thomas@dol.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

The ETA 538 and ETA 539 reports are weekly reports which contain information on initial claims and continued weeks claimed. These figures are important economic indicators. The ETA 538 provides information that allows national unemployment claims information to be released to the public five days after the close of the reference period. The ETA 539 contains more refined weekly claims detail and the state's 13-week insured unemployment rate, which is used to determine eligibility for the Extended Benefits program.

II. Review Focus

The Department of Labor is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submissions of responses.

III. Current Actions

The ETA 538 and ETA 539 continue to be needed as they provide both timely economic indicators as well as the information needed to track the data that triggers states ''on'' and ''off'' the Extended Benefits program.

Type of Review: Extension without change.

Title: ETA 538, Advance Weekly Initial and Continued Claims Report and the ETA 539, Weekly Claims and Extended Benefits Trigger Data.

OMB Number: 1205–0028.

Agency Number: ETA 538 and ETA 539.

Recordkeeping: Respondent is expected to maintain data which support the reported data for three years.

Affected Public: State governments.

Estimated Total Burden Hours:

	Hours
ETA 538 53 States × 52 reports × 30 min. =	1378
ETA 539 53 States × 52 reports × 50 min. =	2297
Total Burden	3675

Total Burden Cost (operating/maintaining): $0.

Comments submitted in response to this comment request will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: April 18, 2003.

Cheryl Atkinson,

Administrator, Office of Workforce Security.

[FR Doc. 03–10238 Filed 4–24–03; 8:45 am]

BILLING CODE 4510–30–P

DEPARTMENT OF LABOR

Employment Standards Administration; Wage and Hour Division

Minimum Wages for Federal and Federally Assisted Construction; General Wage Determination Decisions

General wage determination decisions of the Secretary of Labor are issued in accordance with applicable law and are based on the information obtained by the Department of Labor from its study of local wage conditions and data made available from other sources. They specify the basic hourly wage rates and fringe benefits which are determined to be prevailing for the described classes of laborers and mechanics employed on construction projects of a similar character and in the localities specified therein.

The determinations in these decisions of prevailing rates and fringe benefits have been made in accordance with 29 CFR part 1, by authority of the Secretary of Labor pursuant to the provisions of the Davis-Bacon Act of March 3, 1931, as amended (46 Stat. 1494, as amended, 40 U.S.C. 276a) and of other Federal statutes referred to in 29 CFR part 1, Appendix, as well as such additional statutes as may from time to time be enacted containing provisions for the payment of wages determined to be prevailing by the Secretary of Labor in accordance with the Davis-Bacon Act. The prevailing rates and fringe benefits determined in these decisions shall, in accordance with the provisions of the foregoing statutes, constitute the minimum wages payable on Federal and Federally assisted construction projects to laborers and mechanics of the specified classes engaged on contract work of the character and in the localities described therein.

Good cause is hereby found for not utilizing notice and public comment procedure thereon prior to the issuance of these determinations as prescribed in 5 U.S.C. 553 and not providing for delay in the effective date as prescribed in that section, because the necessity to issue current construction industry wage determinations frequently and in large volume causes procedures to be impractical and contrary to the public interest.

General wage determination decisions, and modifications and supersedeas decisions thereto, contain no expiration dates and are effective from their date of notice in the **Federal Register**, or on the date written notice is received by the agency, whichever is earlier. These decisions are to be used in accordance with the provisions of 29 CFR parts 1 and 5. Accordingly, the applicable decision, together with any modifications issued, must be made a part of every contract for performance of the described work within the geographic area indicated as required by an applicable Federal prevailing wage law and 29 CFR part 5. The wage rates and fringe benefits, notice of which is published herein, and which are contained in the Government Printing Office (GPO) document entitled ''General Wage Determinations Issued Under The Davis-Bacon And Related Acts,'' shall be the minimum paid by contractors and subcontractors to laborers and mechanics.

Any person, organization, or governmental agency having an interest in the rates determined as prevailing is encouraged to submit wage rate and fringe benefit information for consideration by the Department.

Further information and self-explanatory forms for the purpose of submitting this data may be obtained by writing to the U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division, Division of Wage Determinations, 200 Constitution Avenue, NW., Room S–3014, Washington, DC 20210.

Modification to General Wage Determination Decisions

The number of the decisions listed to the Government Printing Office document entitled ''General Wage Determinations Issued Under the Davis-Bacon and related Acts'' being modified are listed by Volume and State. Dates of publication in the **Federal Register** are in parentheses following the decisions being modified.

Volume I

None

Volume II

None

Volume III

None

Volume IV

None

Volume V

None

Volume VI

None

Volume VII

None

General Wage Determination Publication

General wage determinations issued under the Davis-Bacon and related Acts, including those noted above, may be found in the Government Printing Office (GPO) document entitled ''General Wage determinations Issued Under the Davis-Bacon And Related Acts''. This publication is available at each of the 50 Regional Government Depository Libraries and many of the 1,400 Government Depository Libraries across the country.

General wage determinations issued under the Davis-Bacon and related Acts are available electronically at no cost on the Government Printing Office site at *www.access.gpo.gov/davisbacon.* They are also available electronically by subscription to the Davis-Bacon Online Service (*http://davisbacon.fedworld.gov*) of the National Technical Information Service (NTIS) of the U.S. Department of Commerce at 1–800–363–2068. This subscription offers value-added features such as electronic delivery of modified wage decisions directly to the user's desktop, the ability to access prior wage decisions issued during the year, extensive Help desk Support, etc.

Hard-copy subscriptions may be purchased from: Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. (202) 512–1800.

When ordering hard-copy subscription(s), be sure to specify the State(s) of interest, since subscriptions may be ordered for any or all of the six separate Volumes, arranged by State. Subscriptions include an annual edition (issued in January or February) which includes all current general wage determinations for the States covered by each volume. Throughout the remainder of the year, regular weekly updates will be distributed to subscribers.

Signed in Washington, DC this 17th day of April, 2003.

Carl J. Poleskey,

Chief, Branch of Construction Wage Determinations.

[FR Doc. 03–10007 Filed 4–24–03; 8:45 am]

BILLING CODE 4510–27–M

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice 03–044]

NASA Aerospace Technology Advisory Committee, Revolutionize Aviation Subcommittee; Meeting

AGENCY: National Aeronautics and Space Administration (NASA).

ACTION: Notice of meeting.

SUMMARY: The National Aeronautics and Space Administration announces a forthcoming meeting of the Aerospace Technology Advisory Committee (ATAC), Revolutionize Aviation Subcommittee (RAS).

DATES: Tuesday May 20, 2003, 8 a.m. to 4:30 p.m.

ADDRESSES: National Aeronautics and Space Administration, Room 6H46, 300 E Street, SW., Washington, DC 20546.

FOR FURTHER INFORMATION CONTACT: Ms. Bernice E. Lynch, Office of Aerospace Technology, National Aeronautics and Space Administration, Washington, DC 20546–0001, (202) 358–4594.

SUPPLEMENTARY INFORMATION: The meeting will be open to the public up to the seating capacity of the room. The agenda for the meeting is as follows:

—Welcome Remarks from Chair;
—Review Actions from Last Meeting;
—NASA Response to Working Group Findings & Recommendations;
—Aeronautics Technology Initiatives for FY 2005;
—Top-Down Planning & Architecture;
—Aviation Safety Reporting System Update;
—Next Steps/Action Summary.

Attendees will be requested to sign a register and to comply with NASA security requirements, including the presentation of a valid picture ID, before receiving an access badge. Foreign nationals attending this meeting will be required to provide the following information: Full name; gender; date/place of birth; citizenship; visa/green card information (number, type, expiration date); passport information (number, country, expiration date); employer/affiliation information (name of institution, address, country, phone); title/position of attendee. To expedite admittance, attendees can provide identifying information in advance by contacting Bernice E. Lynch via e-mail at *Bernice.E.Lynch@nasa.gov* or by telephone at (202) 358–4594. Attendees will be escorted at all times.

It is imperative that the meeting be held on these dates to accommodate the scheduling priorities of the key participants.

June W. Edwards,

Advisory Committee Management Officer, National Aeronautics and Space Administration.

[FR Doc. 03–10200 Filed 4–24–03; 8:45 am]

BILLING CODE 7510–01–P

NATIONAL ENDOWMENT FOR THE HUMANITIES

National Foundation on the Arts and Humanities

Submission for OMB Review; Comment Request

AGENCY: National Endowment for the Humanities.

ACTION: Notice.

SUMMARY: The National Endowment for the Humanities (NEH) has submitted the following public information collection request (ICR) to the Office of Management and Budget (OMB) for review and approval as required by the provisions of the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. chapter 35). Copies of this ICR, with applicable supporting documentation, may be obtained by calling Susan G. Daisey, Director, Office of Grant Management, the National Endowment for the Humanities (202–606–8494) or may be requested by email to *sdaisey@neh.gov*. Comments should be sent to the Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for the National Endowment for the Humanities, Office of Management and Budget, Room 10235, Washington, DC 20503 (202–395–7316), within 30 days from the date of this publication in the **Federal Register**.

SUPPLEMENTARY INFORMATION: The Office of Management and Budget (OMB) is particularly interested in comments which: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) enhance the quality, utility, and clarity of the information to be collected; and (4) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submissions of responses.

AGENCY: National Endowment for the Humanities.

Title of Proposal: Generic Clearance Authority for the National Endowment for the Humanities.

OMB Number: 3136–0134.

Frequency of Collection: On occasion.

Affected Public: Applicants to NEH grant programs, reviewers of NEH grant applications, and NEH grantees.

Total Respondents: 10,670.

Average Time per Response: Varied according to type of information collection.

Estimated Total Burden Hours: 91,412 hours.

Total Annualized Capital/Startup Costs: 0.

Total Annual Costs (Operating/Maintaining Systems or Purchasing Services): 0.

Description: This submission requests approval from OMB for a three year extension of NEH's currently approved generic clearance authority for all NEH information collections other than one-time evaluations, questionnaires and surveys. Generic clearance authority would include approval of forms and instructions for application to NEH grant programs, reporting forms for NEH grantees, panelists and reviewers and for program evaluation purposes.

FOR FURTHER INFORMATION CONTACT: Ms. Susan G. Daisey, Director, Office of Grant Management, National Endowment for the Humanities, 1100 Pennsylvania Avenue, NW., Room 311, Washington, DC 20506, or by e-mail to: *sdaisey@neh.gov*. Telephone: 202–606–8494.

Lynne Munson,

Deputy Chairman.

[FR Doc. 03–10254 Filed 4–24–03; 8:45 am]

BILLING CODE 7536–01–P

NATIONAL FOUNDATION ON THE ARTS AND THE HUMANITIES

Federal Council on the Arts and the Humanities; Arts and Artifacts Indemnity Panel, Advisory Committee; Notice of Meeting

Pursuant to the provisions of the Federal Advisory Committee Act (Pub. L. 92–463 as amended) notice is hereby given that a meeting of the Arts and

Artifacts Indemnity Panel of the Federal Council on the Arts and the Humanities will be held at 1100 Pennsylvania Avenue, NW., Washington, DC 20506, in Room 730, from 9 a.m. to 5 p.m., on Monday, May 12, 2003.

The purpose of the meeting is to review applications for Certificates of Indemnity submitted to the Federal Council on the Arts and the Humanities for exhibitions beginning after July 1, 2003.

Because the proposed meeting will consider financial and commercial data and because it is important to keep values of objects, methods of transportation and security measures confidential, pursuant to the authority granted me by the Chairman's Delegation of Authority to Close Advisory Committee Meetings, dated July 19, 1993, I have determined that the meeting would fall within exemption (4) of 5 U.S.C. 552(b) and that it is essential to close the meeting to protect the free exchange of views and to avoid interference with the operations of the Committee.

It is suggested that those desiring more specific information contact the Advisory Committee Management Officer, Daniel Schneider, 1100 Pennsylvania Avenue, NW., Washington, DC 20506, or call 202/606–8322.

Daniel Schneider,

Advisory Committee, Management Officer.

[FR Doc. 03–10253 Filed 4–24–03; 8:45 am]

BILLING CODE 7536–01–U

NATIONAL TRANSPORTATION SAFETY BOARD

Agency Recordkeeping/Reporting Requirements Under Emergency Review by the Office of Management and Budget (OMB)

The National Transportation Safety Board has submitted the following (*see* below) public information collection request (ICR) to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. chapter 35). A copy of this individual ICR, with applicable supporting documentation, may be obtained by calling the National Transportation Safety Board Departmental Clearance Officer, Deb Bruce, Ph.D. (202) 314–6511. Comments and questions about the ICR listed below should be directed to the Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for the National Transportation Safety Board, Office of Management and Budget, Room 10102, 725 17th Street, NW., Washington, DC 20503.

Agency: National Transportation Safety Board.

Title: Supervisory control and data acquisition system questionnaire.

OMB Number: New.

Frequency: Once.

Affected Public: Liquid pipeline operators.

Number of Respondents: 185.

Estimated Time Per Respondent: 40 minutes.

Total Burden Hours: 124.

Description: The National Transportation Safety Board is currently conducting a study on supervisory control and data acquisition (SCADA) systems in use by liquid pipeline operators.

Therefore, the National Transportation Safety Board is seeking clearance to obtain data from liquid pipeline operators on their use of SCADA systems.

Dated: April 21, 2003.

Vicky D'Onofrio,

Federal Register Liaison Officer.

[FR Doc. 03–10199 Filed 4–24–03; 8:45 am]

BILLING CODE 7533–01–M

NUCLEAR REGULATORY COMMISSION

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: U. S. Nuclear Regulatory Commission (NRC).

ACTION: Notice of pending NRC action to submit an information collection request to OMB and solicitation of public comment.

SUMMARY: The NRC is preparing a submittal to OMB for review of continued approval of information collections under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

Information pertaining to the requirement to be submitted:

1. *The title of the information collection:* NRC Form 531, Request for Taxpayer Identification Number.

2. *Current OMB approval number:* OMB No. 3150–0188.

3. *How often the collection is required:* One time from each applicant or individual to enable the Department of the Treasury to process electronic payments or collect debts owed to the Government.

4. *Who is required or asked to report:* All individuals doing business with the U.S. Nuclear Regulatory Commission, including contractors and recipients of credit, licenses, permits, and benefits.

5. *The number of annual respondents:* 300.

6. *The number of hours needed annually to complete the requirement or request:* 25 hours (5 minutes per response.)

7. *Abstract:* The Debt Collection Improvement Act of 1996 requires that agencies collect taxpayer identification numbers (TINs) from individuals who do business with the Government, including contractors and recipients of credit, licenses, permits, and benefits. The TIN will be used to process all electronic payments (refunds) made to licensees by electronic funds transfer by the Department of the Treasury. The Department of the Treasury will use the TIN to determine whether the refund can be used to administratively offset any delinquent debts reported to the Treasury by other government agencies. In addition, the TIN will be used to collect and report to the Department of the Treasury any delinquent indebtedness arising out of the licensee's or applicant's relationship with the NRC.

Submit, by June 24, 2003, comments that address the following questions:

1. Is the proposed collection of information necessary for the NRC to properly perform its functions? Does the information have practical utility?

2. Is the burden estimate accurate?

3. Is there a way to enhance the quality, utility, and clarity of the information to be collected?

4. How can the burden of the information collection be minimized, including the use of automated collection techniques or other forms of information technology?

A copy of the draft supporting statement may be viewed free of charge at the NRC Public Document Room, One White Flint North, 11555 Rockville Pike, Room O–1 F21, Rockville, MD 20852. OMB clearance requests are available at the NRC worldwide Web site: *http://www.nrc.gov/public-involve/doc-comment/omb/index.html.* The document will be available on the NRC home page site for 60 days after the signature date of this notice.

Comments and questions about the information collection requirements may be directed to the NRC Clearance Officer, Brenda Jo. Shelton, U.S. Nuclear Regulatory Commission, T–6 E6, Washington, DC 20555–0001, by telephone at 301–415–7233, or by Internet electronic mail to *infocollects@nrc.gov.*

Dated at Rockville, Maryland, this 17th day of April 2003.

For the Nuclear Regulatory Commission.

Brenda Jo. Shelton,

NRC Clearance Officer, Office of the Chief Information Officer.

[FR Doc. 03–10240 Filed 4–24–03; 8:45 am]

BILLING CODE 7590–01–P

NUCLEAR REGULATORY COMMISSION

[Docket Nos. 50–272 AND 50–311]

PSEG Nuclear, LLC; Salem Nuclear Generating Station, Unit Nos. 1 and 2; Environmental Assessment and Finding of No Significant Impact

The Nuclear Regulatory Commission (NRC) is considering the issuance of amendments to Facility Operating License Nos. DPR–70 and DPR–75, issued to PSEG Nuclear, LLC (the licensee), for operation of the Salem Nuclear Generating Station (Salem), Unit Nos. 1 and 2, located in Salem County, New Jersey. Therefore, as required by Title 10 of the Code of Federal Regulations (10 CFR) section 51.21, the NRC is issuing this environmental assessment and finding of no significant impact.

Environmental Assessment

Identification of the Proposed Action

The proposed action would allow the licensee to make various administrative and editorial changes to the Salem Technical Specifications (TSs) in accordance with the licensee's application dated January 29, 2003.

The Need for the Proposed Action

The proposed action would correct administrative and editorial errors to the Salem TSs.

Environmental Impacts of the Proposed Action

The NRC has completed its evaluation of the proposed action and concludes, as set forth below, that there are no significant environmental impacts associated with the administrative and editorial changes to the Salem TSs.

The proposed action will not significantly increase the probability or consequences of accidents, no changes are being made in the types of effluents that may be released off site, and there is no significant increase in occupational or public radiation exposure. Therefore, there are no significant radiological environmental impacts associated with the proposed action.

With regard to potential nonradiological impacts, the proposed action does not have a potential to affect any historic sites. It does not affect nonradiological plant effluents and has no other environmental impact. Therefore, there are no significant nonradiological environmental impacts associated with the proposed action.

Accordingly, the NRC concludes that there are no significant environmental impacts associated with the proposed action.

Environmental Impacts of the Alternatives to the Proposed Action

As an alternative to the proposed action, the staff considered denial of the proposed action (*i.e.*, the ''no-action'' alternative). Denial of the application would result in no change in current environmental impacts. The environmental impacts of the proposed action and the alternative action are similar.

Alternative Use of Resources

The action does not involve the use of any different resource than those previously considered in the Final Environmental Statement related to operation of Salem Nuclear Generating Station, Units 1 and 2, dated April 1973.

Agencies and Persons Consulted

On March 26, 2003, the staff consulted with the New Jersey State official, Mr. Dennis Zannoni of the New Jersey Department of Environmental Protection, regarding the environmental impact of the proposed action. The State official had no comments.

Finding of No Significant Impact

On the basis of the environmental assessment, the NRC concludes that the proposed action will not have a significant effect on the quality of the human environment. Accordingly, the NRC has determined not to prepare an environmental impact statement for the proposed action.

For further details with respect to the proposed action, see the licensee's letter dated January 29, 2003. Documents may be examined, and/or copied for a fee, at the NRC's Public Document Room (PDR), located at One White Flint North, Public File Area O1 F21, 11555 Rockville Pike (first floor), Rockville, Maryland. Publicly available records will be accessible electronically from the Agencywide Documents Access and Management System (ADAMS) Public Electronic Reading Room on the Internet at the NRC Web site, *http://www.nrc.gov/reading-rm/adams.html.* Persons who do not have access to ADAMS or who encounter problems in accessing the documents located in ADAMS, should contact the NRC's PDR reference staff by telephone at 1–800–397–4209 or 301–415–4737, or by e-mail to *pdr@nrc.gov.*

Dated at Rockville, Maryland, this 17th day of April, 2003.

For the Nuclear Regulatory Commission.

James W. Clifford,

Chief, Section 2, Project Directorate I, Division of Licensing Project Management, Office of Nuclear Reactor Regulation.

[FR Doc. 03–10239 Filed 4–24–03; 8:45 am]

BILLING CODE 7590–01–P

SECURITIES AND EXCHANGE COMMISSION

Issuer Delisting; Notice of Application of Surge Components, Inc. To Withdraw Its Common Stock, $.001 Par Value, and Purchase Warrants, $.001 Par Value, From Listing and Registration on the Boston Stock Exchange, Inc. File No. 1–14188

April 21, 2003.

Surge Components, Inc., a New York corporation (''Issuer''), has filed an application with the Securities and Exchange Commission (''Commission''), pursuant to section 12(d) of the Securities Exchange Act of 1934 (''Act'')[1] and rule 12d2–2(d) thereunder,[2] to withdraw its common stock, $.001 par value, and purchase warrants, $.001 par value (''Securities''), from listing and registration on the Boston Stock Exchange, Inc. (''BSE'' or ''Exchange'').

On February 11, 2003, the Board of Directors of the Issuer approved a resolution to withdraw the Securities from listing and registration on the BSE. The Issuer states that the following reasons factored into the Board's decision to withdraw the Securities: the trading volume for the Securities is very low and the Issuer cannot maintain the minimum public float requirements of the BSE. The Issuer states that its common stock is currently traded on the Pink Sheets. The Issuer believes the Common Stock will continue to trade on the Pink Sheets.

The Issuer states in its application that it has complied with BSE procedures for delisting by complying with all applicable laws in effect in the State of New York, the State in which it is incorporated. The Issuer's application relates solely to the Securities' withdrawal from listing on the BSE and from registration under section 12(b) of the Act[3] and shall not

[1] 15 U.S.C. 78*l*(d).

[2] 17 CFR 240.12d2–2(d).

[3] 15 U.S.C. 78*l*(b).

affect its obligation to be registered under section 12(g) of the Act.[4]

Any interested person may, on or before May 14, 2003, submit by letter to the Secretary of the Securities and Exchange Commission, 450 Fifth Street, NW., Washington, DC 20549–0609, facts bearing upon whether the application has been made in accordance with the rules of the BSE and what terms, if any, should be imposed by the Commission for the protection of investors. The Commission, based on the information submitted to it, will issue an order granting the application after the date mentioned above, unless the Commission determines to order a hearing on the matter.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[5]

Jonathan G. Katz,

Secretary.

[FR Doc. 03–10261 Filed 4–24–03; 8:45 am]

BILLING CODE 8010–01–P

[4] 15 U.S.C. 78*l*(g).

[5] 17 CFR 200.30–3(a)(1).

SECURITIES AND EXCHANGE COMMISSION

Sunshine Act Meeting

FEDERAL REGISTER CITATION OF PREVIOUS ANNOUNCEMENT: (65 FR 19240, April 18, 2003).

STATUS: Closed meeting.

PLACE: 450 Fifth Street, NW., Washington, DC.

ANNOUNCEMENT OF ADDITIONAL MEETING: Additional meeting.

A Closed Meeting will be held on Thursday, April 24, 2003 at 10:30 a.m. to continue discussion of agenda items from the Tuesday, April 22, 2003 Closed Meeting.

Commissioner Atkins, as duty officer, determined that no earlier notice thereof was possible.

Commissioners, Counsel to the Commissioners, the Secretary to the Commission, and recording secretaries will attend the Closed Meeting. Certain staff members who have an interest in the matter will attend the Closed Meeting.

At times, changes in Commission priorities require alterations in the scheduling of meeting items. For further information and to ascertain what, if any, matters have been added, deleted or postponed, please contact the Office of the Secretary at (202) 942–7070.

Dated: April 23, 2003.

Jonathan G. Katz,

Secretary.

[FR Doc. 03–10376 Filed 4–23–03; 12:20 am]

BILLING CODE 8010–01–U

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–47704; File No. SR–NASD–2003–70]

Self-Regulatory Organizations; Notice of Filing and Order Granting Accelerated Approval of Proposed Rule Change by the National Association of Securities Dealers, Inc. Relating to the Listing and Trading of Market Recovery Notes Linked to the PHLX Semiconductor Sector

April 18, 2003.

Pursuant to section 19(b)(1) of the Securities Exchange Act of 1934 (''Act''),[1] and rule 19b–4 thereunder,[2] notice is hereby given that on April 9, 2003, the National Association of Securities Dealers, Inc. (''NASD'' or ''Association''), through its subsidiary, The Nasdaq Stock Market, Inc. (''Nasdaq''), filed with the Securities and Exchange Commission (''Commission'' or ''SEC'') the proposed rule change as described in items I and II below, which items have been prepared by Nasdaq. The Commission is publishing this notice to solicit comments on the proposed rule change, from interested persons and is approving the proposal on an accelerated basis.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

Nasdaq proposes to list and trade Market Recovery Notes SM Linked to the PHLX Semiconductor Sector SM (''Notes'') issued by Merrill Lynch & Co., Inc. (''Merrill Lynch'').

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, Nasdaq included statements concerning the purpose of and basis for the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item III below. Nasdaq has prepared summaries, set forth in sections A, B, and C below, of the most significant aspects of such statements.

[4] 15 U.S.C. 78*l*(g).

[5] 17 CFR 200.30–3(a)(1).

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

1. Purpose

Nasdaq proposes to list and trade notes, the return on which is based upon the PHLX Semiconductor Sector (''Index'').[3]

Description of the Notes

The Notes are a series of senior non-convertible debt securities of Merrill Lynch that will not be secured by collateral. The Notes will have a term of not less than one and not more than ten years. The Notes will be issued in denomination of whole units (''Unit''), with each Unit representing a single Note. The original public offering price is expected to be $10 per Unit. The Notes will not pay interest and are not subject to redemption by Merrill Lynch or at the option of any beneficial owner before maturity.[4]

At maturity, if the value of the Index has increased, a beneficial owner will be entitled to receive a payment on the Notes based on triple the amount of that percentage increase, not to exceed a maximum payment per Unit (the ''Capped Value'').[5] Thus, the Notes provide investors the opportunity to obtain leveraged returns based on the Index. Unlike ordinary debt securities, the Notes do not guarantee any return of principal at maturity. Therefore, if the value of the Index has declined at maturity, a beneficial owner will receive less, and possibly significantly less, than the original public offering price of $10 per Unit.[6]

The payment that a beneficial owner will be entitled to receive (the ''Redemption Amount'') depends entirely on the relation of the average of the values of the Index at the close of the market on five business days shortly before the maturity of the Notes (the ''Ending Value'') and the closing value of the Index on the date the Notes are priced for initial sale to the public (the ''Starting Value'').

If the Ending Value is less than or equal to the Starting Value, the

[3] The Commission's approval of the listing and trading of this product does not address whether a licensing agreement issue exists. *See In the Matter of the American Stock Exchange, Inc.,* Securities Exchange Act Release No. 42312 (January 4, 2000).

[4] The actual maturity date will be determined at the time on the day the Notes are priced for initial sale to the public.

[5] The actual Capped Value will be determined at the time of issuance of the Notes.

[6] Any amount the beneficial owner would receive at maturity (which is less than the original offering price) would correspond to any decline in the value of the Index.

Redemption Amount per Unit will equal:

$$\$10 \times \left(\frac{\text{Ending Value}}{\text{Starting Value}} \right)$$

If the Ending Value is greater than the Starting Value, the Redemption Amount per Unit will equal:

$$\$10 + \left(\$30 \times \left(\frac{\text{Ending Value} - \text{Starting Value}}{\text{Starting Value}} \right) \right)$$

provided, however, the Redemption Amount cannot exceed the Capped Value.

The Notes are cash-settled in U.S. dollars and do not give the holder any right to receive a portfolio security, dividend payments or any other ownership right or interest in the portfolio or index of securities comprising the Index. The Notes are designed for investors who want to participate or gain exposure to the Index, subject to a cap, and who are willing to forego market interest payments on the Notes during such term. The Commission has previously approved the listing of options on the Index.[7] The Commission has also previously approved the listing of securities with a structure identical to that of the Notes.[8]

The Index is currently composed of 17 U.S. companies primarily involved in the design, distribution, manufacture, and sale of semiconductors.[9] The Index was set to an initial value of 200 on December 1, 1993 and was split two-for-one on July 24, 1995. The Index is maintained by the Philadelphia Stock Exchange (''PHLX''). The PHLX may change the composition of the Index at any time, subject to compliance with the maintenance criteria discussed herein, to reflect the conditions in the semiconductor industry. If it becomes necessary to replace a security in the Index, the PHLX will replace the security with a stock which the PHLX, in its discretion, believes would be compatible with the intended market character of the Index.[10] In making replacement determinations, the PHLX will also take into account a security's capitalization, liquidity, volatility, and name recognition of the proposed replacement. Further, securities may be replaced in the event of certain corporate events, such as takeovers or mergers that change the nature of the security. If, however, the PHLX determines to increase the number of Index component securities to greater than 21 or reduce the number of Index component securities to fewer than 11, the PHLX will submit a rule filing with the Commission pursuant to section 19(b) of the Act. In addition, in choosing replacement securities for the Index, the PHLX will be required to ensure that at least 90% of the weight of the Index continues to be made up of stocks that are eligible for standardized options trading.

The Index is a price-weighted index and reflects changes in the prices of the component securities relative to the Index's base date of December 1, 1993. Specifically, the Index value is calculated by adding the prices of the component stocks, dividing this summation by a divisor that is equal to the number of the components of the Index to get the average price, and multiplying the resulting number by 100. To maintain the continuity of the Index, the divisor will be adjusted to reflect non-market changes in the prices of the component securities as well as changes in the composition of the Index. Changes that may result in divisor adjustments include, but are not limited to, stock splits and dividends, spin-offs, certain rights issuances, and mergers and acquisitions.

As of March 24, 2003, the market capitalization of the portfolio of securities representing the Index ranged from a high of $118.1 billion to a low of $893.9 million. The average daily trading volume for the last six months, as of March 17, 2003, ranged from a high of 53.6 million shares to a low of 2.2 million shares.

Nasdaq states that, the PHLX has represented that the Index value will be updated at least once every 15 seconds during the trading day.[11] The updated Index values will be disseminated and displayed by means of primary market prints reported by the Consolidated Tape Association. Merrill Lynch also represented that it will maintain and disseminate the updated Index values every 15 seconds through a third-party provider if PHLX ceases to maintain and disseminate the updated Index values every 15 seconds.[12] If Merrill Lynch, however, fails to maintain and disseminate the updated Index values according to the above representation, Nasdaq represented that it will delist the Notes.[13]

Under NASD rule 4420(f), Nasdaq may approve for listing and trading innovative securities, which cannot be readily categorized under traditional listing guidelines.[14] Nasdaq proposes to list for trading notes based on the Index under NASD rule 4420(f).

Criteria for Initial and Continued Listing

The Notes, which will be registered under section 12 of the Act, will initially be subject to Nasdaq's listing criteria for other securities under NASD rule 4420(f). Specifically, under NASD rule 4420(f)(1):

(A) The issuer shall have assets in excess of $100 million and stockholders' equity of at least $10 million.[15] In the case of an issuer which is unable to satisfy the income criteria set forth in

[7] *See* Securities Exchange Act Release Nos. 38157 (January 10, 1997), 62 FR 2707 (January 17, 1997) (approving the listing and trading of European-style options on the Index); 34546 (August 4, 1994), 59 FR 43881 (August 18, 1994) (approving the listing and trading of options and long-term options on the Index).

[8] *See* Securities Exchange Act Release Nos. 47464 (March 7, 2003), 68 FR 12116 (March 13, 2003) (approving the listing and trading of Market Recovery Notes Linked to the S&P 500 Index); 47009 (December 16, 2002), 67 FR 78540 (December 24, 2002) (approving the listing and trading of Market Recovery Notes linked to the Nasdaq-100 Index); and 46883 (November 21, 2002), 67 FR 71216 (November 29, 2002) (approving the listing and trading of Market Recovery Notes linked to the Dow Jones Industrial Average).

[9] As of March 24, 2003, the portfolio of securities comprising the Index consisted of: Advanced Micro Devices, Inc.; Altera Corporation; Applied Materials, Inc.; Broadcom Corporation; Intel Corporation; KLA-Tencor Corporation; Lattice Semiconductor Corporation; Linear Technology Corporation; LSI Logic Corporation; Maxim Integrated Products, Inc.; Micron Technology, Inc.; Motorola, Inc.; National Semiconductor Corporation; Novellus Systems, Inc.; Teradyne, Inc.; Texas Instruments, Incorporated; and Xilinx, Inc.

[10] The PHLX has represented that any replacement or additional component securities will be listed and traded on either the New York Stock Exchange, Inc. (''NYSE''), the American Stock Exchange LLC (''Amex'') or quoted on and traded through the Nasdaq National Market. *See* Securities Exchange Act Release No. 34546 (August 18, 1994), 59 FR 43881 (August 25, 1994) (SR–PHLX–94–02).

[11] *Id.*

[12] Telephone conversation between John D. Nachmann, Senior Attorney, Nasdaq, and Hong-Ahn Tran, Special Counsel, Division of Market Regulation (''Division''), Commission, on April 18, 2003.

[13] *Id.*

[14] *See* Securities Exchange Act Release No. 32988 (September 29, 1993); 58 FR 52124 (October 6, 1993) (order approving File No. SR–NASD–93–15), (the ''1993 Order'').

[15] Merrill Lynch satisfies this listing criterion.

paragraph (a)(1), Nasdaq generally will require the issuer to have the following: (i) assets in excess of $200 million and stockholders' equity of at least $10 million; or (ii) assets in excess of $100 million and stockholders' equity of at least $20 million;

(B) There must be a minimum of 400 holders of the security, provided, however, that if the instrument is traded in $1,000 denominations, there must be a minimum of 100 holders;

(C) For equity securities designated pursuant to this paragraph, there must be a minimum public distribution of 1,000,000 trading units;

(D) The aggregate market value/principal amount of the security will be at least $4 million.

In addition, Nasdaq states that Merrill Lynch satisfies the listed marketplace requirement set forth in NASD rule 4420(f)(2).[16] Lastly, pursuant to NASD rule 4420(f)(3), prior to the commencement of trading of the Notes, Nasdaq will distribute a circular to members providing guidance regarding compliance responsibilities and requirements, including suitability recommendations, and highlighting the special risks and characteristics of the Notes. In particular, Nasdaq will advise members recommending a transaction in the Notes to: (1) Determine that such transaction is suitable for the customer; and (2) have a reasonable basis for believing that the customer can evaluate the special characteristics of, and is able to bear the financial risks of, such transaction.

The Notes will be subject to Nasdaq's continued listing criterion for other securities pursuant to NASD rule 4450(c). Under this criterion, the aggregate market value or principal amount of publicly-held units must be at least $1 million. The Notes also must have at least two registered and active market makers as required by NASD rule 4310(c)(1). Nasdaq will also consider prohibiting the continued listing of the Notes if Merrill Lynch is not able to meet its obligations on the Notes.

Rules Applicable to the Trading of the Notes

Since the Notes will be deemed equity securities for the purpose of NASD rule 4420(f), the NASD and Nasdaq's existing equity trading rules will apply to the Notes. First, pursuant to NASD rule 2310, ''Recommendations to Customers (Suitability)'' and NASD IM–2310–2, ''Fair Dealing with Customers,'' NASD members must have reasonable grounds for believing that a recommendation to a customer regarding the purchase, sale or exchange of any security is suitable for such customer upon the basis of the facts, if any, disclosed by such customer as to his other security holdings and as to his financial situation and needs.[17] In addition, as previously mentioned, Nasdaq will distribute a circular to members and employees thereof providing guidance regarding compliance responsibilities and requirements, including suitability recommendations, and highlighting the special risks and characteristics of the Notes to, among other things, have a reasonable basis for believing that the customer can evaluate the special characteristics of, and is able to bear the financial risks of, such transaction. Second, the Notes will be subject to the equity margin rules. Lastly, the regular equity trading hours of 9:30 am to 4:00 pm will apply to transactions in the Notes.

Nasdaq represents that NASD's surveillance procedures are adequate to properly monitor the trading of the Notes. Specifically, NASD will rely on its current surveillance procedures governing equity securities, and will include additional monitoring on key pricing dates.

2. Statutory Basis

Nasdaq believes that the proposed rule change is consistent with the provisions of section 15A of the Act,[18] in general, and with section 15A(b)(6) of the Act,[19] in particular, in that the proposal is designed to prevent fraudulent and manipulative acts and practices, to promote just and equitable principles of trade, to remove impediments to and perfect the mechanism of a free and open market and, in general, to protect investors and the public interest.

B. Self-Regulatory Organization's Statement on Burden on Competition

Nasdaq does not believe that the proposed rule change will result in any burden on competition that is not necessary or appropriate in furtherance of the purposes of the Act.

C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants, or Others

Written comments were neither solicited nor received.

III. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Persons making written submissions should file six copies thereof with the Secretary, Securities and Exchange Commission, 450 Fifth Street, NW, Washington, DC 20549–0609. Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Room. Copies of such filing will also be available for inspection and copying at the principal office of the NASD. All submissions should refer to file number SR–NASD–2003–70 and should be submitted by May 16, 2003.

I. Commission's Findings and Order Granting Accelerated Approval of Proposed Rule Change

Nasdaq has asked the Commission to approve the proposal, on an accelerated basis to accommodate the timetable for listing the Notes. The Commission notes that it has previously approved the listing of options on, and securities the performance of which have been linked to or based on, the PHLX Semiconductor Index.[20] The Commission has also previously approved the listing of securities with a structure identical to that of the Notes.[21]

After careful consideration, the Commission finds that the proposed rule change is consistent with the requirements of the Act and the rules and regulations thereunder, applicable to a national securities association, and, in particular, with the requirements of section 15A(b)(6) of the Act[22] in that it is designed to promote just and

[16] NASD rule 4420(f)(2) requires issuers of securities designated pursuant to this paragraph to be listed on The Nasdaq National Market or the NYSE or be an affiliate of a company listed on The Nasdaq National Market or the NYSE; provided, however, that the provisions of NASD rule 4450 will be applied to sovereign issuers of ''other'' securities on a case-by-case basis.

[17] NASD rule 2310(b) requires members to make reasonable efforts to obtain information concerning a customer's financial status, a customer's tax status, the customer's investment objectives, and such other information used or considered to be reasonable by such member or registered representative in making recommendations to the customer.

[18] 15 U.S.C. 78*o*–3.

[19] 15 U.S.C. 78*o*–3(6).

[20] *See* note 7, *supra.*

[21] *See* note 8, *supra.*

[22] 15 U.S.C. 78*o*–3(b)(6).

equitable principles of trade, to remove impediments to and perfect the mechanism of a free and open market, and, in general, to protect investors and the public interest.[23] The Commission believes that the Notes will provide investors with a means to participate in any percentage increase in the Index that exist at the maturity of the Notes, subject to the Capped Value. Specifically, as described more fully above, if the value of the PHLX Semiconducter Sector Index has increased, a beneficial owner will be entitled to receive at maturity a payment of the Notes based on triple the amount of any percentage increase in the Index, not to exceed the Capped Value.

The Notes are leveraged debts instruments whose price will be derived from and based upon the value of the Index. In addition, as discussed more fully above, the Notes do not guarantee any return of principal at maturity. Thus, if the Index has declined at maturity, a beneficial owner may receive significantly less than the original public offering price of the Notes.[24] Accordingly, the level of risk involved in the purchase or sale of the Notes is similar to the risk involved in the purchase or sale of traditional common stock. Because the final rate of return on the Notes is derivatively priced and based upon the performance of an index of securities, because the Notes are debt instruments that do not guarantee a return of principal, and because investors' potential return is limited by the Capped Value, there are several issues regarding trading of this type of product. For the reasons discussed below, the Commission believes that Nasdaq's proposal adequately addresses the concerns raised by this type of product.

First, the Commission notes that the protections of NASD rule 4420(f) were designed to address the concerns attendant to the trading of hybrid securities like the Notes.[25] In particular, by imposing the hybrid listing standards, heightened suitability for recommendations,[26] and compliance requirements, noted above, the Commission believes that Nasdaq has adequately addressed the potential problems that could arise from the hybrid nature of the Notes. The Commission notes that Nasdaq will distribute a circular to its membership that provides guidance regarding member firm compliance responsibilities and requirements, including suitability recommendations, and highlights the special risks and characteristics associated with the Notes. Specifically, among other things, the circular will indicate that the Notes do not guarantee any return of principal at maturity, that the maximum return on the Notes is limited to the Capped Value,[27] that the Notes will not pay interest, and that the Notes will provide exposure in the Index. Distribution of the circular should help to ensure that only customers with an understanding of the risks attendant to the trading of the Notes and who are able to bear the financial risks associated with transactions in the Notes will trade the Notes.

Second, the Commission notes that the final rate of return on the Notes depends, in part, upon the individual credit of the issuer, Merrill Lynch. To some extent this credit risk is minimized by the NASD's listing standards in NASD Rule 4420(f), which provide that only issuers satisfying substantial asset and equity requirements may issue these types of hybrid securities. In addition, the NASD's hybrid listing standards further require that the Notes have at least $4 million in market value. Financial information regarding Merrill Lynch, in addition to information concerning the issuers of the securities comprising the Index, will be publicly available.[28]

Third, the Notes will be registered under section 12 of the Act. As noted above, the NASD's and Nasdaq's existing equity trading rules will apply to the Notes, which will be subject to equity margin rules and will trade during the regular equity trading hours of 9:30 a.m. to 4 p.m. NASD Regulation's surveillance procedures for the Notes will be the same as its current surveillance procedures for equity securities, and will include additional monitoring on key pricing dates.[29]

Fourth, the Commission has a systemic concern that a broker-dealer, such as Merrill Lynch, or a subsidiary providing a hedge for the issuer will incur position exposure. However, as the Commission has concluded in previous approval orders for the hybrid instruments issued by broker-dealers,[30] the Commission believes that this concern is minimal given the size of the Notes issuance in relation to the net worth of Merrill Lynch.

Finally, the Commission believes that the listing and trading of the proposed Notes should not unduly impact the market for the securities underlying the Index or raise manipulative concerns. In approving the product, the Commission recognizes that the Index is a price-weighted index currently composed of 17 U.S. companies listed on Nasdaq, the NYSE and the AMEX. The Commission notes that the Index is determined, composed, and calculated by PHLX. The Commission notes that Merrill Lynch will maintain and disseminate the updated Index values every 15 seconds through a third-party provider if PHLX ceases to do so. If Merrill Lynch, however, fails to maintain and disseminate the updated Index values, the Commission notes that Nasdaq will delist the Notes. As of March 24, 2003, the market capitalization of the portfolio of securities representing the Index ranged in capitalization from a high of $118.1 billion to a low of $893.3 million. In addition, the average trading volume for the last six months, as of March 17, 2003, ranged from a high of 53.6 million shares to a low of 2.2 million shares. Given the large capitalization, and liquid markets, the Commission continues to believe, as it has concluded previously, that the listing and trading of securities that are linked to the Index, should not unduly impact the market for the underlying securities comprising the Index or raise manipulative concerns. Moreover, the issuers of the underlying securities comprising the PHLX Semiconductor Sector Index, are subject to reporting requirements under the Act, and all of the component stocks are with listed on Nasdaq, the NYSE, or the Amex.

[23] In approving the proposed rule, the Commission has considered the proposed rule's impact on efficiency, competition, and capital formation. 15 U.S.C. 78c(f).

[24] Any amount the beneficial owner would receive at maturity (which is less than the original offering price) would correspond to any decline in the value of the Index.

[25] *See* 1993 Order, *supra* note 14.

[26] As discussed above, Nasdaq will advise members recommending a transaction in the Notes to: (1) Determine that the transaction is suitable for the customer; and (2) have a reasonable basis for believing that the customer can evaluate the special characteristics of, and is able to bear the financial risks of, the transaction.

[27] The actual Capped Value will be determined at the time of issuance of the Notes.

[28] The companies comprising the Index are reporting companies under the Act.

[29] The Commission expects Nasdaq's surveillance procedures to address the inherent conflict of Merrill Lynch's position in the market at key pricing dates.

[30] *See, e.g.*, Securities Exchange Act Release Nos. 44913 (October 9, 2001), 66 FR 52469 (October 15, 2001) (order approving File No. SR–NASD–2001–73) (approving the listing and trading of notes issued by Morgan Stanley Dean Witter & Co. whose return is based on the performance of the Index); 44483 (June 27, 2001), 66 FR 35677 (July 6, 2001) (order approving File No. SR-Amex-2001–40) (approving the listing and trading of notes issued by Merrill Lynch whose return is based on a portfolio of 20 securities selected from the Amex Institutional Index); and 37744 (September 27, 1996), 61 FR 52480 (October 7, 1996) (order approving File No. SR-Amex-96–27) (approving the listing and trading of notes issued by Merrill Lynch whose return is based on a weighted portfolio of healthcare/biotechnology industry securities).

The Commission finds good cause for approving the proposed rule change, prior to the thirtieth day after the date of publication of notice of filing thereof in the **Federal Register**. The Commission believes that the Notes will provide investors with an additional investment choice and that accelerated approval of the proposal will allow investors to begin trading the Notes promptly. In addition, the Commission notes that it has previously approved the listing and trading of similar Notes and other hybrid securities based on the Index.[31] Accordingly, the Commission believes that there is good cause, consistent with sections (6)(b)(5) and 19(b)(2) of the Act,[32] to approve the proposal, on an accelerated basis.

V. Conclusion

It is therefore ordered, pursuant to section 19(b)(2) of the Act,[33] that the proposed rule change (SR–NASD–2003–70) is hereby approved on an accelerated basis.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[34]

Jill M. Peterson,

Assistant Secretary.

[FR Doc. 03–10217 Filed 4–24–03; 8:45 am]

BILLING CODE 8010–01–P

[31] *See* note 8, *supra.*

[32] 15 U.S.C. 78*o*–3(b)(6) and 78s(b)(2).

[33] 15 U.S.C. 78s(b)(2).

[34] 17 CFR 200.30–3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–47707; File No. SR–OCC–2002–04]

Self-Regulatory Organizations; The Options Clearing Corporation; Notice of Filing and Order Granting Accelerated Approval of a Proposed Rule Change, as Amended, Relating to Money Market Funds as Margin Collateral

April 21, 2003.

Pursuant to section 19(b)(1) of the Securities Exchange Act of 1934 (''Act''),[1] notice is hereby given that on January 29, 2002, the Options Clearing Corporation (''OCC'') filed with the Securities and Exchange Commission (''Commission'') proposed rule change SR–OCC–2002–04. Notice of the proposal was published in the **Federal Register** on January 16, 2003.[2] No comment letters were received. The Commission granted approval of the proposed rule change on March 31, 2003.[3]

OCC filed Amendment I to the proposed rule change on November 19, 2002. The changes made by Amendment I were inadvertently omitted from the notice and order approving the proposed rule change. Accordingly, the Commission is publishing this notice to solicit comments on Amendment I from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

Amendment I modified SR–OCC–2002–04 which expanded the acceptable forms of margin collateral to include shares of money market funds meeting specified criteria.

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, OCC included statements concerning the purpose of and basis for the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in item IV below. OCC has prepared summaries, set forth in sections (A), (B), and (C) below, of the most significant aspects of such statements.[4]

(A) Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

OCC filed Amendment I after discussions with its clearing members and fund issuers caused OCC to identify several areas in which SR–OCC–2002–04 needed to be clarified or modified. Amendment I made the following changes to SR–OCC–2002–04:

- Notification of Noncompliance with Requirements. SR–OCC–2002–04 as originally filed required a fund to immediately notify OCC of any noncompliance with the requirements of rule 604(b)(3)(i). Amendment I amended the filing to provide additional details as to when, to whom, and how such notice should be given. This additional detail will help ensure that OCC receives appropriate and timely notice of noncompliance in order to take such action as it deems necessary to respond to the event causing the noncompliance.
- Valuation of Deposited Shares. SR–OCC–2002–04 as originally filed provided that money market fund shares would be valued at 98% of current net asset value unless a lower valuation was prescribed by OCC's Membership/Margin Committee. While the funds that will qualify for deposit under rule 604 are designed to maintain a stable net asset value of $1.00, net asset value at any point in time may be slightly greater or less than $1.00. Accordingly, OCC filed Amendment I to provide that deposited shares would be valued at 98% of current market value. In addition, Amendment I provided that OCC may prescribe a lower valuation in the event OCC receives notice from a fund that it no longer meets the qualification standards applicable to accept the fund's shares.
- Concentration Requirements. SR–OCC–2002–04 as originally filed required that no single registered shareholder have an interest of 10% or more in a fund. This standard was intended to limit the possibility that a redemption decision by a single shareholder could adversely affect the fund's ability to redeem shares in an orderly manner. Fund sponsors have advised OCC that this requirement may severely restrict their ability to construct a fund tailored to meet OCC's qualification standards as it requires a minimum of at least 10 registered shareholders before the fund meets OCC's eligibility standards. As a result, in Amendment I OCC revised its concentration restriction to provide that no more than 5% of the total number of outstanding shares of any one fund may be deposited by a single clearing member with OCC. OCC believes that this standard reasonably addresses concentration concerns because it limits OCC's exposure to a single fund on the default of the depositing clearing member.
- Compliance with CFTC Regulation 1.25. SR–OCC–2002–04 as originally filed required a fund to comply with CFTC Regulation 1.25, which sets forth the terms and conditions applicable to a futures commission merchant's or a derivatives clearing organization's investment of futures customer funds in permitted instruments. CFTC Regulation 1.25(c) specifies requirements for investments in money market mutual funds. This requirement was intended to ensure that shares in all approved funds could be deposited by clearing members registered as FCMs in their segregated futures account at OCC to the extent such shares were acquired with futures customer funds. CFTC Regulation 1.25(c), however, would not apply to money market fund shares deposited as margin for OCC accounts other than for segregated futures

[1] 15 U.S.C. 78s(b)(1).

[2] Securities Exchange Act Release No. 47146 (January 9, 2003), 68 FR 2385.

[3] Securities Exchange Act Release No. 47599, 68 FR 16849 (April 7, 2003).

[4] The Commission has modified parts of these statements.

accounts, and OCC decided not to require fund compliance with CFTC Regulation 1.25. However, as a reminder to clearing members, Amendment I modified rule 604(b)(3)(v) to provide that the deposit of money market fund shares with respect to a segregated futures account constitutes a clearing member's representation that the fund meets the requirements of CFTC Regulation 1.25.

• Redemption. SR–OCC–2002–04 as originally filed required a fund to waive any right it may otherwise have to postpone the payment of redemption proceeds and the right to redeem shares in kind and to agree to redeem shares in cash not later than the business day following a redemption request by OCC except when redemptions could not be effected due to unscheduled closings of the Federal Reserve Banks or the New York Stock Exchange or other specified emergency condition. OCC has concluded that the phrase other specified emergency condition is unclear and has determined to delete it. OCC believes that, as amended, this clause of the rule will be more consistent with OCC's original intentions with respect to permitted exceptions to redemption requests.

As well as the above changes, Amendment I makes a minor modification to rule 604 in order to distinguish money market funds from fund shares as proposed in File No. SR–OCC–2002–22.[5]

(B) Self-Regulatory Organization's Statement on Burden on Competition

OCC does not believe that Amendment I would have an impact on or impose a burden on competition.

(C) Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received from Members, Participants, or Others

No written comments relating to Amendment I have been solicited or received. OCC will notify the Commission of any written comments received by OCC.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

The Commission finds that Amendment I is consistent with the requirements of the Act and the rules and regulations thereunder and particularly with the requirements of section 17A(b)(3)(F).[6] Section 17A(b)(3)(F) requires that the rules of a clearing agency be designed to assure the safeguarding of securities and funds which are in the custody or control of the clearing agency or for which it is responsible. The Commission has already determined that the proposed rule change in SR–OCC–2002–04 meets the requirements in section 17A(b)(3)(F). Accordingly, the Commission finds that the changes made to SR–OCC–2002–04 by Amendment I have been designed so that they also should enable OCC to ensure that it is able to safeguard the securities and funds that are within its custody or control or for which it is responsible.

The Commission finds good cause for approving SR–OCC–2002–04, as amended by Amendment I, prior to the thirtieth day after publication of notice because by so approving, OCC will be able to implement SR–OCC–2002–04, which was previously approved by the Commission, with the changes made by Amendment I.

IV. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether Amendment I is consistent with the Act. Persons making written submissions should file six copies thereof with the Secretary, Securities and Exchange Commission, 450 Fifth Street, NW., Washington, DC 20549–0609. Comments may also be submitted electronically at the following e-mail address: *rule-comments@sec.gov.* All comment letters should refer to File No. SR–OCC–2002–04. This file number should be included on the subject line if e-mail is used. To help us process and review comments more efficiently, comments should be sent in hardcopy or by e-mail but not by both methods. Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Section, 450 Fifth Street, NW., Washington, DC 20549. Copies of such filing will also be available for inspection and copying at the principal office of OCC. All submissions should refer to the File No. SR–OCC–2002–04 and should be submitted by May 16, 2003.

V. Conclusion

On the basis of the foregoing, the Commission finds that the proposed rule change is consistent with the requirements of the Act and in particular with the requirements of section 17A of the Act and the rules and regulations thereunder applicable.

It is therefore ordered, pursuant to section 19(b)(2) of the Act, that the proposed rule change as amended (File No. SR–OCC–2002–04) be, and hereby is, approved.

For the Commission by the Division of Market Regulation, pursuant to delegated authority.[7]

Jill M. Peterson,

Assistant Secretary.

[FR Doc. 03–10260 Filed 4–24–03; 8:45 am]

BILLING CODE 8010–01–P

[5] Securities Exchange Act Release No. 46914 (November 26, 2002), 67 FR 72261 (December 4, 2002).

[6] 15 U.S.C. 78q–1(b)(3)(I).

[7] 17 CFR 200.30–3(a)(12).

SOCIAL SECURITY ADMINISTRATION

[Program Announcement No. SSA–ORES–03–01]

Retirement Research Consortium Request for Applications (RFA)

AGENCY: Social Security Administration (SSA).

ACTION: Request for applications for a cooperative agreement to re-compete a Retirement Research Consortium (RRC).

SUMMARY: The American population is growing older, with profound long-term effects on Social Security and related programs. The Board of Trustees has found that Social Security is financially unsustainable over the long-term at present payroll tax and scheduled benefit levels. The Social Security Administration (SSA) is committed, through education and research efforts, to support reforms to ensure sustainable solvency and more responsive programs.

As authorized under section 1110 of the Social Security Act, SSA announces the solicitation of applications for a cooperative agreement to create a Retirement Research Consortium to help inform the public and policymakers about Social Security issues. Initially, the Consortium will be composed of one or more Centers. The Centers will have a combined annual budget of up to $5 million a year. SSA expects to fund the Centers for a period of 5 years, contingent on an annual review process and continued availability of funds.

Purpose

This announcement seeks applications in support of the RRC that

will continue to serve as a national resource fostering high quality research, communication, and education. The Consortium's program purpose is to benefit the public through three tasks:

(1) Research, evaluation, and data development. The RRC will be expected to plan, initiate, and maintain a research program of high caliber. While Consortium research should broadly cover retirement and Social Security program issues, there will be special emphasis on system reform and program solvency. A portion of the research effort can focus on the development of research data sources and facilitating the use of Social Security Administrative data for retirement research purposes under secure conditions.

(2) Dissemination. The RRC will disseminate policy research findings using a variety of mediums to inform the academic community, policymakers, and the public.

(3) Training and education. The RRC will train and provide funding support for graduate students and postgraduates to conduct research on retirement policy.

DATES: The closing date for submitting applications under this announcement is July 15, 2003.

FOR FURTHER INFORMATION CONTACT: The application kit is available at *www.ssa.gov/oag/.* To request an application kit for those without internet access, and for nonprogrammatic information regarding the announcement or application package contact: David Allshouse, Grants Management Officer, SSA, Office of Acquisition and Grants, Grants Management Team, 1–E–4 Gwynn Oak Building, 1710 Gwynn Oak Avenue, Baltimore, Maryland 21207–5279. The fax number is (410) 966–9310. The telephone number is (410) 965–9262 (e-mail: *dave.allshouse@ssa.gov).*

For information on the program content of the announcement/application, contact: John W. R. Phillips, Division of Policy Evaluation, ORES, SSA, 500 E St., SW., Rm 936, Washington, DC 20254. The fax number is (202) 358–6187. The telephone number is (202) 358–6321 (e-mail: *john.phillips@ssa.gov*).

Table of Contents

Part I—Supplementary Information
A. Eligible Applicants
B. Type of Award
C. Availability and Duration of Funding
D. Letter of Intent
Part II—Establishment of a Research Consortium—Responsibilities of the Center and the Federal Government
A. Center Responsibilities
a. Priority Research Areas (PRA)
1. Social Security and Retirement
2. Macroeconomic Analyses of Social Security
3. Wealth and Retirement Income
4. Program Interactions
5. International Research
6. Demographic Research
b. Tasks
1. Research, Evaluation, and Data Development
2. Dissemination
3. Training and Education
B. Cooperative Agreement Responsibilities
1. Center Responsibilities
2. SSA Responsibilities
3. Joint Responsibilities
C. Special Requirements
Part III—Application Preparation and Evaluation Criteria
A. Content and Organization of Technical Application
B. Review Process and Funding
C. Selection Process and Evaluation Criteria
Part IV—Application Forms, Completion and Submission
A. Availability of Application Forms
B. Components of a Complete Application
C. Application Submission
D. Notification

Part I—Supplementary Information

A. Eligible Applicants

SSA seeks applications from domestic institutions.

No cooperative agreement funds may be paid as profit to any cooperative agreement recipient. Profit is considered as any amount in excess of the allowable costs of the award recipient.

In accordance with an amendment to the Lobbying Disclosure Act, popularly known as the Simpson-Craig Amendment, those entities organized under section 501(c)4 of the Internal Revenue Code that engage in lobbying are prohibited from receiving Federal cooperative agreement awards.

B. Type of Award

All awards made under this program will be made in the form of cooperative agreements. A cooperative agreement, as distinct from a grant, anticipates substantial involvement between SSA and the awardee during the performance of the project. A comprehensive annual review process will allow SSA to evaluate, recommend changes, and approve each Center's activities. This involvement may include collaboration or participation by SSA in the activities of the Centers as determined at the time of award. The terms of award are in addition to, not in lieu of, otherwise applicable guidelines and procedures.

C. Availability and Duration of Funding

1. Up to $5 million will be available to fund the initial 12-month budget period of a proposed five-year cooperative agreement(s) pursuant to the announcement. Up to $250,000 of the available $5 million in funds will be set aside for collaborative research projects with SSA staff (see Part II A.b.1). Further, the Center budgets should include $20,000 in provisional funds for Quick Turnaround projects (see Part II B.1).

2. Applicants must include separate budget estimates for each of the five years.

3. The amount of funds available for the cooperative agreement in future years has not been established. Legislative support for continued funding of the Consortium cannot be guaranteed and funding is subject to future appropriations and budgetary approval. SSA expects, however, that the Consortium will be supported during future fiscal years at an annual level of up to $5 million.

4. Nothing in this announcement precludes the possibility that the annual funds will be divided disproportionately between the Centers. However, each Center should prepare a five-year proposal with a maximum budget of $12.5 million.

5. Additional funds may become available from SSA or other Federal agencies in support of Consortium projects.

6. Initial awards, pursuant to this announcement, will be made on or about September 15, 2003.

7. SSA will not provide a Center's entire funding. Recipients of an SSA cooperative agreement are required to contribute a non-Federal match of at least 5 percent toward the total approved cost of each Center. The total approved cost of the project is the sum of the Federal share (maximum of 95 percent) and the non-Federal share (minimum of 5 percent). The non-Federal share may be cash or in-kind (property or services) contributions.

Although two awards are anticipated, nothing in this announcement restricts SSA's ability to make more (or less) than two awards, to make an award of lesser amount, or to add additional Centers to the RRC in the future. Further, SSA is not required to fund all proposed Consortium activities in any year. SSA will review all proposed activities annually and award up to $2.5 million per Center per year.

D. Letter of Intent

Prospective applicants are asked to submit by June 2, 2003, a letter of intent that includes (1) this program announcement number and title; (2) a brief description of the proposed Center; (3) the name, postal and e-mail addresses, and the telephone and fax

numbers of the Center Director; and (4) the identities of the key personnel and participating institutions. The letter of intent is not required, is not binding, and does not enter into the review process of a subsequent application. The sole purpose of the letter of intent is to allow SSA staff to estimate the potential review workload and avoid conflicts of interest in the review. The letter of intent should be sent to: RRC Letter of Intent, Division of Policy Evaluation, Office of Research, Evaluation and Statistics, Social Security Administration, 500 E St., SW., ITC Room 936, Washington, DC 20254–0001.

Part II—Establishment of a Research Consortium—Responsibilities of the Center and the Federal Government

A. Center Responsibilities

a. Priority Research Areas (PRAs)

The successful applicant shall develop and conduct a research and evaluation program that also appropriately balances training and dissemination activities directed toward understanding retirement policy. SSA has identified six priority research areas within the realm of retirement income policy on which applicants should focus and applications will be scored. Reviewers will score applications that feature high quality research projects addressing solvency and reform across the priority areas favorably. The priority research areas are:

1. Social Security and Retirement: This area focuses on how Social Security's programs influence the nature and timing of retirement and the claiming of benefits. It also includes how changes in Social Security program rules affect Trust Fund solvency. Examples of research topics for this area include the labor supply and Trust Fund implications of changes in the Social Security retirement ages or implementation of Personal Accounts.

2. Macroeconomic Analyses of Social Security: This area covers the macroeconomic and financial effects of Social Security and changes in policy on national saving, investment, and economic growth. It includes, but is not limited to, the intertemporal effects on capital formation, retirement savings, and the unified budget.

3. Wealth and Retirement Income: This area considers the role of Social Security in retirement income and wealth accumulation. It also includes analyses of other sources of retirement income and private savings such as employer-provided pensions, individual assets, earnings from continued employment, etc. Examples of research topics from this area include the impact of matching rates on 401(k) contributions and the distribution of retirement income sources among subgroups of interest.

4. Program Interactions: This area covers interactions between Social Security and other public or private programs. It includes the impact of Social Security reform on public programs like the Disability Insurance, Supplemental Security Income, and Medicare, as well as private pension plans and personal saving. Examples of research topics from this area include analyses of the effect implementation of Personal Accounts on contributions to 401(k) accounts or how changes in the Social Security retirement ages might influence applications to the DI or SSI programs.

5. International Research: This area includes cross-country comparisons of social, demographic, and institutional differences and highlights the lessons to be learned from other countries' social insurance experiences. Examples of topics include cross-national comparisons of social security reform and well being in retirement.

6. Demographic Research: This area includes changes in mortality, fertility, marital status, immigration, health, and labor force participation and their implications for retirement policy.

Each Center will develop a strategy to disseminate its findings on these issues. SSA realizes competent analysis of all priority research areas may be beyond the capacity of any one Center and thus each Center may wish to focus their individual resources and expertise on a subset of the areas listed above. Similarly, a Center may choose to concentrate on a few aspects of the priority research areas more strongly than others. The goal of the Consortium is to find Centers that, as a whole, will address the range of objectives discussed above without compromising the overall quality of research in the separate priority areas.

b. Tasks

Each Center will perform the following tasks:

1. Research, evaluation, and data development. Each Center will be expected to plan, initiate, and maintain a research program of high caliber. It must meet the tests of social science rigor and objectivity. The research will use state-of-the-art research methodology and have practical application to timely retirement policy issues.

The research program should include supporting the work of members of the RRC staff and other affiliated researchers. Joint research between Consortium and SSA researchers is encouraged, as is collaboration with other organizations interested in retirement income policy. SSA will consider and fund up to $250,000 of worthwhile collaborations annually. Federal employees can not receive any funding support for collaborations. Planning and execution of the research program shall always consider the policy implications of research findings. However, it also is appropriate, for example, to engage in activities to make advances in research techniques, where they are needed for or related to primary objectives of the Consortium.

SSA recognizes the value of high quality comprehensive microdata for conducting policy research. The RRC should work to facilitate the development of microdata sources as well as provide researchers with opportunities to use SSA administrative records for research purposes under secure conditions. Such efforts must adhere to clear privacy protection requirements. Examples of data improvement efforts include improving the quality of existing data sources and their documentation; aiding researchers in obtaining administrative extracts for policy relevant research projects; developing sophisticated statistical techniques to mask micro data; and developing new sources of data for retirement policy analysis. In addition, it is SSA's goal to increase the sites at which outside researchers can use administrative data. The Centers are expected to work in conjunction with SSA and other Federal agencies and appropriate organizations to help develop mechanisms that enable researchers, who agree to specific privacy regulations, access to restricted-use data files.

In order to insure the policy relevance, utility, and scope of the Centers' research, evaluation, and data development goals, a group of nationally recognized scholars and practitioners (*See* Part II, Joint Responsibilities) shall periodically review the Center's activities.

2. Dissemination. Making knowledge and information available to the academic and policy communities as well as the public is another important feature of each Center's responsibilities. The RRC will facilitate the process of translating basic behavioral and social research theories and findings into practical policy alternatives. The Centers will be expected to maintain a dissemination system of quarterly newsletters, research papers, and policy briefs. These products should be accessible to the public via the Internet

on a Center maintained Web site. In addition, the Centers will be expected to organize conferences, workshops, lectures, seminars, or other ways of sharing current research activities, and findings. The Consortium will hold an annual conference on issues related to retirement income policy, with organizational responsibility rotating between the Centers. The centers will work with SSA to produce a conference agenda. The conference will be held in Washington, DC. The hosting Center will also have the responsibility for publishing a book of papers delivered at the annual conference.

Applicants are encouraged to propose use of creative methods of disseminating data and information. Applications should show sensitivity to alternative dissemination strategies that may be appropriate for different audiences—such as policymakers, practitioners, the public, advocates, and academics. The research and dissemination will be nonpartisan and of value to all levels of policymaking. SSA reserves the right to review all publications created using Consortium funding.

3. Training and education. The RRC is expected to both train new scholars and educate academics and practitioners on new techniques and research findings on issues of retirement policy. Each Center is expected to develop and expand a diverse corps of scholars/researchers who focus their analytical skills on research and policy issues central to the Consortium's mission.

The Centers are expected to financially support the training and research of young scholars. Funding should be allocated to support graduate students through dissertation fellowships; postdoctoral researchers should receive support through mentored postdoctoral fellowships or a small research grant for junior scholars. Though SSA expects graduate students to work with RRC researchers on funded projects as research assistants, those awards will be included in the research budget, not in the training budget. The Centers will conduct educational seminars for government analysts and policymakers on the Consortium's research findings and methodological advancements.

To assure the quality of its research, dissemination, and training, each Center should establish and maintain a formal tie with a university, including links with appropriate departments within that university. Each Center must have a major presence at a single site; however, alternative arrangements among entities and with individual scholars are encouraged and may be proposed.

4. Reporting. Every three months during the award period, the grantee will produce a quarterly report of progress. The grantee's quarterly progress reports should provide a concise summary of the progress being made toward completion of activities in the annual workplan. Particular attention should be given to achieving any milestones set forth in the workplan, delays in achieving milestones and the impact of delays on the final product. Details regarding the format of quarterly progress reports will be provided in the RRC Terms and Conditions at the time of award.

B. Cooperative Agreement Responsibilities

1. Center Responsibilities: The Centers have the primary and lead responsibility to define objectives and approaches; to plan research, conduct studies, and analyze data; and publish results, interpretations, and conclusions of their work.

Occasionally, SSA will request Quick Turnaround projects from the RRC. Quick Turnaround projects include commenting on SSA research plans, providing critical commentary on research products, composing policy briefs, performing statistical policy analyses, and other activities designed to inform SSA's research, evaluation, and policy analysis function. Funding for these as well as other related activities should be included in the budget narrative at a level of $20,000 (Part III, Section A–8). The agency can raise the ceiling above $20,000 for quick turnaround projects if both need and funds exist.

2. SSA Responsibilities: SSA will be involved with the Consortium in jointly establishing research priorities, planning strategies, and deliverable dates to accomplish the objectives of this announcement. SSA, or its representatives, will provide the following types of support to the Consortium:

a. Consultation and technical assistance in planning, operating and evaluating the Consortium's program activities.

b. Information about SSA programs, policies, and research priorities.

c. Assistance in identifying SSA information and technical assistance resources pertinent to the Centers' success.

d. Review of Consortium activities and collegial feedback to ensure that objectives and award conditions are being met.

e. SSA may suspend or terminate any cooperative agreement in whole or in part at any time before the date of expiration, if the awardee materially fails to comply with the terms and conditions of the cooperative agreement, if technical performance requirements are not met, or if the project is no longer relevant to the Agency. SSA will promptly notify the awardee in writing of the determination and the reasons for suspension or termination together with the effective date.

f. SSA reserves the right to suspend funding for individual projects in process or in previously approved research areas or tasks after awards have been granted.

3. Joint Responsibilities: Jointly with SSA, each Center will select approximately six nationally recognized scholars and practitioners who are unaffiliated with either Center to provide assistance in formulating the Center's research agenda and advice on implementation. Each Center shall select three scholars/practitioners, and SSA will select three scholars/practitioners. Efforts will be made in selecting the scholars/practitioners to assure a broad range of academic disciplines and political viewpoints. Funded under this agreement, the scholars/practitioners must meet once a year at the RRC Annual Conference in Washington, DC. On occasion, both Centers' scholars/practitioners will meet jointly to evaluate Consortium objectives and progress. Further, the Centers may contact the scholars/practitioners throughout the year for suggestions regarding Center activities. The SSA Project Officer will participate in all meetings.

C. Special Requirements

Each Center Director must have a demonstrated capability to organize, administer, and direct the Center. The Director will be responsible for the organization and operation of the Center and for communication with SSA on scientific and operational matters. The Director must also have a minimum time commitment of 25 percent to the Consortium Cooperative Agreement. Racial/ethnic minority individuals, women, and persons with disabilities are encouraged to apply as Directors. A list of previous grants and cooperative agreements held by the Director shall be submitted including the names and contact information of each grant's and cooperative agreement's administrator. In addition to the Director, skilled personnel and institutional resources capable of providing a strong research and evaluation base in the priority areas specified must be available. The

institution must show a strong commitment to the Consortium's support. Such commitment may be provided as dedicated space, salary support for investigators or key personnel, dedicated equipment or other financial support for the proposed Center.

Each Center need not be limited by geographical boundaries. A research team may consist of investigators or institutions that are geographically distant, to the extent that the research design requires and accommodates such arrangements. Nothing in this announcement precludes non-academic entities from being affiliated with an applicant.

Part III—Application Preparation and Evaluation Criteria

This part contains information on the preparation of an application for submission under this announcement, the forms necessary for submission, and the evaluation criteria under which the applications will be reviewed. Potential applicants should read this part carefully in conjunction with the information provided in Part II.

In general, SSA seeks organizations with demonstrated capacity for providing quality policy research, training, and working with government policymakers. In the program narrative section of the application, applicants should reflect on how they will be able to fulfill the responsibilities and the requirements described in the announcement. The application should specify in detail how administrative arrangements would be made to minimize start-up and transition delays. Applications that do not address all four major tasks discussed in Center Responsibilities in Part II will not be considered for an award.

It is anticipated that the applicant will have access to additional sources of funding for some projects and arrangements with other organizations and institutions. The applicant (including the Center Director and other key personnel) shall make all current and anticipated related funding arrangements (including contact information for grant/contract/cooperative agreement administrators) explicit in an attachment to the application (Part IV, Section B–12). As part of the annual review process, this information will be updated and reviewed to limit duplicative funding for Center projects.

A. Content and Organization of Technical Application (See "Components of a Complete Application," Part IV, Section B)

The application must begin with the required application forms and a three-page (double-spaced) overview and summary of the application. Staff resumes should be included in a separate appendix. The core of the application must contain seven sections, presented in the following order:

(1) A brief (not more than 10 pages) background analysis of the key retirement policy issues and trends with a focus on the primary research themes of the proposed Center. The analysis should discuss concisely, but comprehensively, important priority research issues and demonstrate the applicant's grasp of the policy and research significance of recent and future social, economic, political, and demographic trends.

(2) A research and evaluation prospectus for a five-year research agenda, outlining the major research themes to be investigated over the next five years. In particular, the prospectus will describe the activities planned for the priority research areas and other additional research topics proposed by the applicant. The prospectus should discuss the kind of research activities that are needed to both address current Social Security reform issues and anticipate future policy debates. The prospectus should follow from the background analysis section. It may, of course, also discuss research areas and issues that were not mentioned in the analysis if the author(s) of the application feel there have been gaps in past research, or that new factors have begun to affect or soon will begin to affect national retirement policy. If a Center intends to enhance data for retirement research purposes, they should include a discussion of the technical expertise of Center staff and proposed mechanisms to facilitate the sharing of data.

The prospectus shall include detailed descriptions of individual research projects that will be expected in the Center's first year of operation. The special instructions attachment of the application kit provides guidelines for project proposals. It also should be specific about long-term research themes and projects. The lines of research described in the prospectus should be concrete enough that project descriptions in subsequent research plan amendments can be viewed as articulating a research theme discussed in the prospectus. An application that contains an ad hoc categorization of an unstructured set of research projects, rather than a set of projects that strike a coherent theme, will be judged unfavorably.

Note: Once a successful RRC applicant has been selected, SSA will review the RRC research agenda and determine research priorities. This may include the addition, modification, or removal of proposed research projects. After review, each Center will submit to SSA a revised research plan and budget. The research plan will be periodically reviewed and revised as necessary. The application should discuss how the Centers select research projects to propose, including involvement of the outside scholars/practitioners, SSA, and other advisors and participants in the Consortium.

(3) A prospectus for dissemination, including ways to reach a broad audience of researchers, policymakers, and the public. Dissemination plans should detail proposed publications and conferences.

(4) A prospectus for training and education, including proposed training and educational strategies to meet the goals described in Part II, Section A, Task 3.

(5) A staffing and organization proposal for the Center, including an analysis of the types of background needed among staff members, the Center's organizational structure, and linkages with the host institution and other organizations. In this section, the applicant should specify how it will assure an effective approach to research, and where appropriate, identify the necessary links to university departments, other organizations and scholars engaged in research and government policy making.

The applicant should identify the Center Director and key senior research staff. Full resumes of proposed staff members must be included as a separate appendix to the application. The time commitment to the Center and other commitments for each proposed staff member shall be indicated. Note that once the cooperative agreement has been awarded, changes in key staff will require prior approval from SSA. The kinds of administrative and tenure arrangements, if any, the Center proposes to make should also be discussed in this section. In addition, the authors of the application and the role that they will play in the proposed Center must be specified.

This section shall discuss the financial arrangements for supporting research assistants, dissertation fellowships, affiliates, resident scholars, etc. The discussion should include the expected number and type of scholars to

be supported and the level of support anticipated.

If the applicant envisions an arrangement of several universities or entities, this section should describe the specifics of the relationships, including leadership, management, and administration. It should pay particular attention to discussing how a focal point for research, training, and scholarship will be maintained given the arrangement proposed.

The application also should discuss the role, selection procedure, and expected contribution of the outside scholars/practitioners (See Part II, Joint Responsibilities).

(6) An organizational experience summary of past work at the institution proposed as the location (or the host) of the Center that relates directly or indirectly to the research priorities of this request. This discussion should include more than a listing of the individual projects completed by the individuals who are included in the application. It should provide a sense of institutional commitment to policy research on issues involving retirement policy. The application must list in an appendix appropriate recent or current research projects, with a brief research summary, contact person references, and address and telephone numbers of references. This section should also discuss the experience of the research staff in working with the government agencies and their demonstrated capacity to provide policy relevant support to these agencies.

(7) A budget narrative that links the research, training, dissemination, and administration to the Center's funding level. The special instructions attachment of the application kit provides information on the distribution and presentation of budget data. Though SSA believes that all three of the stated goals and objectives are important, it is expected that the substantial majority of funds will support Research, Evaluation, and Data Development. Funding should also be allocated to address occasional SSA requested activities (described in Part II, Section B–1). This section should also discuss how the five-year budget supports proposed research, training, dissemination, and administrative activities and should link the first year of funding to a five-year plan. The discussion should include the appropriateness of the level and distribution of funds to the successful completion of the research, training, dissemination, and administrative plans.

The availability, potential availability or expectation of other funds (from the host institution, universities, foundations, other Federal agencies, etc.) and the uses to which they would be put, should be documented in this section. When additional funding is contemplated, applicants shall note whether the funding is being donated by the host institution, is in-hand from another funding source, or will be applied for from another funding source. Formal commitments for the 5 percent, non-federal, minimum budget share should be highlighted in this section.

Seeking additional support from other sources is encouraged. However, funds pertaining to this announcement must not duplicate those received from other funding sources.

B. Review Process and Funding

In addition to any other reviews, a review panel consisting of at least three qualified persons will be formed. Each panelist will objectively review and score the cooperative agreement applications using the evaluation criteria listed in Part III, Section C below. The panel will recommend Centers based on (1) the application scores; (2) the feasibility and adequacy of the project plan and methodology; and (3) how the Centers would jointly meet the objectives of the Consortium. The Agency will consider the panel's recommendations when awarding the cooperative agreements. Although the results from the review panel are the primary factor used in making funding decisions, they are not the sole basis for making awards. The Agency will consider other factors as well (such as duplication of internal and external research effort) when making funding decisions.

All applicants must use the guidelines provided in the SSA application kit for preparing applications requesting funding under this cooperative agreement announcement. These guidelines describe the minimum amount of required project information. However, when completing Part III—Program Narrative, Form SSA–96–BK, please follow the guidelines under Part III, Section A, above. Disregard instructions provided on pages 3, 4, and 5 of the SSA Federal Assistance Application Form SSA–96–BK.

All awardees must adhere to SSA's Privacy and Confidentiality Regulations (20 CFR part 401) as well as provide specific safeguards surrounding client information sharing, paper/computer records/data, and other issues potentially arising from administrative data. SSA reserves the option to discuss applications with other Federal or State staff, specialists, knowledgeable persons, and the general public. Comments from these sources, along with those of the reviewers, will be kept from inappropriate disclosure and may be considered in making an award decision.

C. Selection Process and Evaluation Criteria

The evaluation criteria correspond to the outline for the development of the Program Narrative Statement of the application described in Part III, Section A, above. The application should be prepared in the format indicated by the outline described in The Components of a Complete Application (Part IV, Section B).

Selection of the successful applicants will be based on the technical and financial criteria laid out in this announcement. Reviewers will determine the strengths and weaknesses of each application in terms of the evaluation criteria listed below.

The point value following each criterion heading indicates the maximum numerical relative weight that each section will be given in the review process. An unacceptable rating on any individual criterion may render the application unacceptable. Consequently, applicants should take care that all criteria are fully addressed in the applications. Applications will be reviewed as follows:

(a) Quality of the background analysis. (See Part III, Section A–1) (10 points)

Applications will be judged on whether they provide a thoughtful and coherent discussion of political, economic, social, and demographic issues influencing retirement and solvency. Reviewers will judge applicants' abilities to discuss the past, present, and future role of government programs and polices which affect these trends. Applications should tie the trends and influences discussed to their proposed research agenda.

(b) Quality of the research and evaluation prospectus. (See Part III, Section A–2) (40 points)

Reviewers will judge this section on whether the research agenda is scientifically sound and policy relevant. They also will consider whether the applicant is likely to produce significant contributions to their proposed research areas and how closely the proposed projects fit the objectives for which the applications were solicited.

The application will be judged on the breadth and depth of the applicant's commitment to research and evaluation of the priority research areas described in Part II, Section A. Again, extra weight will be given to quality projects that

focus on solvency and reform. The discussion and research proposed must address at least three priority research areas. Applicants will generally receive higher scores for addressing more than three priority research areas. However, a strong proposal focusing on three areas will outscore one that is broad and weakly defined. Applicants with additional insightful research proposals will also score higher. Concise plans for research projects in the near term (one or two years) as well as a five-year agenda are important.

Reviewers will rate applications on the contents of the plans to conduct policy relevant research. In addition, they will be judged on their relevance to Agency activities. Reviewers will also take into consideration SSA priorities and funded or anticipated projects. SSA is particularly interested in research on issues related to Social Security solvency and reform.

(c) Dissemination; training and education. (See Part III, Section A–3, A–4, and A–5) (20 points)

Reviewers will evaluate strategies for dissemination of research and other related information to a broad and disparate set of academic, research, and policy communities as well as to the public. Reviewers will also evaluate whether the appropriate dissemination method is being proposed for targeted audiences of academics and researchers, policymakers, and the public. Proposed strategies that increase dissemination across Centers and other organizations conducting retirement research will also receive higher ratings.

The evaluation of the training and evaluation prospectus will include an assessment of plans to enhance the training of graduate students and young scholars through direct financial support as well as exposure to policy research. In addition, reviewers will evaluate proposed strategies for educating and training policymakers and practitioners on issues of retirement.

(d) Quality of the staffing proposal and proposed administration. (See Part III, Section A–6 and A–7) (20 points)

Reviewers will judge the applicant's Center Director and staff on research experience, demonstrated research skills, administrative skills, public administration experience, and relevant policy making skills. An additional criterion will be the Center's demonstrated potential to act as a conduit between basic and applied behavioral and social science research and policy analysis/evaluation. Both the evidence of past involvement in related research and the specific plans for seeking applied outcomes described in the application shall be considered part of that potential. Reviewers may consider references from grant/cooperative agreement administrators on previous grants and cooperative agreements held by the proposed Center Director or other key personnel. Director and staff time commitments to the Center also will be a factor in evaluation. Whether the applicant can maintain a single location for research, teaching, and scholarship is an important consideration. Reviewers will evaluate the affiliations of proposed key personnel to ensure the required multi-disciplinary nature of the Consortium is being fulfilled.

Applicants will be judged on the nature and extent of the organizational support for research, mentoring scholars, dissemination, and in areas related to the Center's central priorities and this request. Reviewers will evaluate the commitment of the host institution (and the proposed institutional unit that will contain the Center) to assess its ability to support all three of the Center's major activities: (1) Research, evaluation, and data development; (2) dissemination; (3) education and training. Reviewers also will evaluate the applicant's demonstrated capacity to work with a range of government agencies.

(e) Appropriateness of the budget for carrying out the planned staffing and activities. See Part III, (Section A–8) (10 points)

Reviewers will consider whether (1) the budget assures an efficient and effective allocation of funds to achieve the objectives of this solicitation, and (2) the applicant has additional funding from other sources, in particular, the host institution. Applications which show funding from other sources that supplement funds from this cooperative agreement will be given higher marks than those without financial support. Awardees are required to contribute a minimum of 5 percent cost share of total project costs.

Panel Recommendations. Once each application is scored and ranked, the panel will then review the top applicants and recommend Centers that together best address the range of responsibilities described in Part II.

Part IV—Application Forms, Completion and Submission

A. Availability of Application Forms

The application kit, which contains the prescribed forms for funding projects under this announcement, is available at *www.ssa.gov/oag/.* To request an application kit for those without Internet access, contact: David Allshouse, Grants Management Officer, SSA, Office of Acquisition and Grants, Grants Management Team, 1–E–4 Gwynn Oak Building, 1710 Gwynn Oak Avenue, Baltimore, Maryland 21207–5279. The fax number is (410) 966–9310. The telephone number for David Allshouse is (410) 965–9262 (e-mail: *dave.allshouse@ssa.gov*).

When requesting an application kit, the applicant should refer to the program announcement number SSA–ORES–03–01 and the date of this announcement to ensure receipt of the proper application kit.

B. Components of a Complete Application

A complete application package consists of one original, signed and dated application, plus at least two copies, which include the following items in order:

1. Cover Sheet;
2. Project Abstract/Summary (not to exceed three pages);
3. Table of Contents;
4. Part I (Face Sheet)—Application for Federal Assistance (Standard Form 424);
5. Part II—Budget Information—Sections A through G (Form SSA–96–BK);
6. Budget Justification for Section B—Budget Categories;
7. Proof of non-profit status, if applicable;
8. Copy of the applicant's approved indirect cost rate agreement, if appropriate;
9. Part III—Project (Program) Narrative. Please disregard instructions provided on pages 3, 4, and 5 of the SSA Federal Assistance Application Form SSA–96–BK. The program narrative should be organized in six sections:

(a) Background Analysis,

(b) Research, Evaluation, and Data Development Prospectus,

(c) Dissemination Prospectus,

(d) Training and Education Prospectus,

(e) Staffing Proposal Including Staff Utilization, Staff Background, and Organizational Experience,

(f) Budget Narrative.

10. Part IV—Assurances;
11. Required Certifications;
12. Any appendices/attachments; and
13. Supplement to Section II—Key Personnel.

Staple each copy of the application securely (front and back if necessary) in the upper left corner. Please DO NOT use or include separate covers, binders, clips, tabs, plastic inserts, books, brochures, videos, or any other items that cannot be readily photocopied.

C. Application Submission

These guidelines should be followed in submitting applications:

—All applications requesting SSA funds for cooperative agreement projects under this announcement must be submitted on the standard forms provided in the application kit. NOTE: Facsimile copies will not be accepted.

—The application shall be executed by an individual authorized to act for the applicant organization and to assume for the applicant organization the obligations imposed by the terms and conditions of the cooperative agreement award.

—Number of copies: The package should contain one original, signed and dated application plus at least two copies. Ten additional copies are optional and will expedite processing of the application. A disk copy of the Abstract and the Program Narrative (in MSWord format) would also be helpful to SSA.

—Length: Applications should be brief and concise as possible, but assure successful communication of the applicant's proposal to the reviewers. The Project Narrative portion of the application (Part III) may not exceed 150 double spaced pages (excluding the resume and outside funding appendices), typewritten on one side using standard (8½″ × 11″) size paper and 12 point font. Attachments that support the project narrative count within the 150 page limit. Attachments not applicable to the project narrative do not count toward this page limit.

—Attachments/Appendices, when included should be used only to provide supporting documentation. Brochures, videos, etc., should not be included because they are not easily reproduced and are therefore inaccessible to reviewers.

—In item 11 of the Face Sheet (SF 424), the applicant must clearly indicate the application submitted is in response to this announcement (SSA–ORES–03–01). The applicant also is encouraged to select a SHORT descriptive project title.

—On all applications developed by more than one organization, the application must identify only one institution as the lead organization and the official applicant. The other(s) can be included as subgrantees or subcontractors.

Applications must be mailed or hand delivered to: Grants Management Team, Office of Acquisition and Grants, DCFAM, Social Security Administration, Attention: SSA–ORES–03–01, 1–E–4 Gwynn Oak Building, 1710 Gwynn Oak Avenue, Baltimore, MD 21207–5279.

Hand delivered applications are accepted between the hours of 8 a.m. and 5 p.m., Monday through Friday. An application will be considered as meeting the deadline if it is either:

1. Received at the above address on or before the deadline date; or

2. Mailed through the U.S. Postal Service or sent by commercial carrier on or before the deadline date and received in time to be considered during the competitive review and evaluation process.

Packages must be postmarked by July 15, 2003. Applicants are cautioned to request a legibly dated U.S. Postal Service postmark or to obtain a legibly dated receipt from a commercial carrier as evidence of timely mailing.

Applications that do not meet the above criteria will be considered late applications. SSA will not waive or extend the deadline for any applicant unless the deadline is waived or extended for all applicants. SSA will notify each late applicant that its application will not be considered.

D. Notification

SSA will use Form SSA–3966 PC (a double postcard) to acknowledge receipt of applications. Please complete the top and bottom parts of the double postcard that is included in the application kit and, on the franked sided of the postcard, enter the name and address of the person to whom the acknowledgment is to be sent. Include Form SSA–3966 PC with the original copy of the application forms. If you do not receive acknowledgment of your application within eight weeks after the deadline date, please notify SSA.

Paperwork Reduction Act

The information is collected using form SSA–96–BK, Instructions for Completion of Federal Assistance Application has already been approved under Office of Management and Budget (OMB) control number 0960–0184. This is important in that persons are not required to respond to an information collection unless it displays a valid OMB control number.

In addition, the collection of information from ten or more members of the public by cooperative agreement awardees during research and study activities will require clearance from OMB if the information is in response to identical questions.

Executive Order 12372 and 12416—Intergovernmental Review of Federal Programs

This program is not covered by the requirements of Executive Order 12372, as amended by Executive Order 12416, relating to the Federal policy for consulting with State and local elected officials on proposed Federal financial assistance.

(Catalog of Federal Domestic Assistance: Program No. 96.007, Social Security—Research and Demonstration)

Dated: April 9, 2003.

Jo Anne B. Barnhart,

Commissioner of Social Security.

[FR Doc. 03–10251 Filed 4–24–03; 8:45 am]

BILLING CODE 4191–02–P

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration

Environmental Impact Statement: Seattle, WA

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice of intent to prepare an Environmental Impact Statement (EIS) for replacing the Magnolia Bridge (Seattle, Washington).

SUMMARY: The FHWA is issuing this notice to advise the public, Tribes, and agencies that an Environmental Impact Statement (EIS) will be prepared for a proposed transportation improvement project in Seattle, King County, Washington.

FOR FURTHER INFORMATION CONTACT: Elizabeth Healy, Area Engineer, Federal Highway Administration, 711 S. Capitol Way, Suite 501, Olympia, WA 98501, Telephone (360) 753–9480 and Kirk T. Jones, Seattle Department of Transportation Project Manager, 700 Fifth Ave., Seattle 98104, (206) 615–0862 or e-mail *kirkt.jones@seattle.gov.* The Seattle Department of Transportation (SDOT) TDD number is 206–615–0476. Written comments should be sent to Kirk T. Jones, Seattle Department of Transportation, Key Tower, Suite 3900, 700–5th Avenue, Seattle, Washington 98104–5043.

SUPPLEMENTARY INFORMATION: The FHWA, the Washington State Department of Transportation (WSDOT), and the City of Seattle will prepare an Environmental Impact Statement (EIS) in accordance with the National Environmental Policy Act (NEPA) for a transportation improvement project to replace the Magnolia Bridge which spans from the intersection of 15th Avenue West and West Garfield Street

to the intersection of West Galer Street and Dartmouth Avenue West in Seattle, Washington. The EIS will be prepared to satisfy both NEPA and the Washington State Environmental Policy Act (SEPA).

The project proposes to replace the Magnolia Bridge, which has been damaged in recent years by landslides and an earthquake. The City of Seattle has determined that performing ongoing retrofit and maintenance work on the existing bridge would approach the cost of building a new bridge, and is therefore proposing to build a new facility. The EIS will explore several alternatives, including a No Action alternative, to identify a preferred alternative that provides vehicular linkage to Magnolia from the greater Seattle area; remedies ongoing seismic safety, landslide, and maintenance concerns; and minimizes impacts to the human and natural environment.

The existing Magnolia Bridge, an approximately 3,000-foot structure, connects the 15th Avenue West/Elliott Avenue West corridor to Magnolia along the extended alignment of West Garfield Street, serving as one of three transportation routes to Magnolia that cross the Burlington Northern-Santa Fe (BNSF) railroad tracks. Access to the bridge is provided via the West Galer Street Flyover on the east, and from West Galer Street on the west.

Currently four alternatives are being evaluated for inclusion in the EIS, including three different alignment alternatives and a No-Action alternative. The No-Action Alternative will provide the basis for comparison of the build alternatives. The No-Action Alternative would preserve the existing Magnolia Bridge and include necessary maintenance and retrofit projects to meet seismic standards. Alternative A replaces the Magnolia Bridge with a similar facility just south of the existing bridge, using the same connection points and creating a structure approximately 3,000 feet in length. Alternative D maintains the same endpoints as currently exist for the Magnolia Bridge, but arcs the alignment to the north, creating a longer bridge structure than the existing bridge. Alternative H provides two access routes between 15th Avenue West and Magnolia, one similar to that described for Alternative D, the other a northern bridge connecting Wheeler Street and Armory Way to Thorndyke Avenue at 23rd Avenue West. Each alternative would include some method of connection (e.g., ramps or surface-level intersections) to Port of Seattle property currently spanned by the bridge.

The NEPA scoping process is designed to identify important issues to be studied in the EIS. FHWA and the City of Seattle invite all interested parties to submit comments on the scope of the proposed project. Public and agency scoping will continue until the Draft EIS is completed. Comments can be submitted by mail, e-mail, via the project Web site, or in person at public and agency scoping meetings. A packet on the proposed project, project alternatives, and the scoping process may be obtained from Seattle Department of Transportation. The information may also be obtained through a public Web site for the project, *www.seattle.gov/transportation/magbridgereplace.htm.*

Letters soliciting comments on the scope of the EIS and describing the purpose, need, and potential alternatives will be sent to appropriate Federal, State, and local agencies, Tribes, and to organizations and citizens who have previously expressed or are known to have interest in this proposal. A Public Open House/Scoping Meeting will be held on May 22, 2003, from 5:30 pm to 8:30 pm PDT, at the Blaine K–8 School Cafeteria, 2550 34th Avenue West, Seattle, Washington. An Agency Scoping Meeting for Federal, State, and local agencies and Tribes will be held from 10:30 am to 12:30 pm PDT at the Alaska Building, Elliott Bay Room, 2nd Avenue and Cherry Street, Seattle, Washington. In addition, a public and agency hearing will be held following circulation of the Draft EIS. All meeting locations are accessible to persons with disabilities. Any individual with a disability who requires special assistance at upcoming meetings, such as a sign language interpreter, should contact Marybeth Turner at (206) 684–8548 or e-mail *marybeth.turner@seattle.gov* at least 48-hours in advance of the meeting in order for SDOT to make necessary arrangements.

(Catalog of Federal Domestic Assistance Program Number 20.205, Highway Research, Planning and Construction. The regulations implementing Executive Order 12372 regarding intergovernmental consultation of Federal programs and activities apply to this program.)

Issued on: April 18, 2003.

Elizabeth Healy,

Area Engineer, Olympia, Washington.

[FR Doc. 03–10244 Filed 4–24–03; 8:45 am]

BILLING CODE 4910–22–M

DEPARTMENT OF TRANSPORTATION

Federal Railroad Administration

Proposed Agency Information Collection Activities; Comment Request

AGENCY: Federal Railroad Administration, DOT.

ACTION: Notice.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 and its implementing regulations, the Federal Railroad Administration (FRA) hereby announces that it is seeking renewal of the following currently approved information collection activities. Before submitting these information collection requirements for clearance by the Office of Management and Budget (OMB), FRA is soliciting public comment on specific aspects of the activities identified below.

DATES: Comments must be received no later than June 24, 2003.

ADDRESSES: Submit written comments on any or all of the following proposed activities by mail to either: Mr. Robert Brogan, Office of Safety, Planning and Evaluation Division, RRS–21, Federal Railroad Administration, 1120 Vermont Ave., NW., Mail Stop 17, Washington, DC 20590, or Ms. Debra Steward, Office of Information Technology and Productivity Improvement, RAD–20, Federal Railroad Administration, 1120 Vermont Ave., NW., Mail Stop 35, Washington, DC 20590. Commenters requesting FRA to acknowledge receipt of their respective comments must include a self-addressed stamped postcard stating, ''Comments on OMB control number _____. Alternatively, comments may be transmitted via facsimile to (202) 493–6230 or (202) 493–6170, or E-mail to Mr. Brogan at *robert.brogan@fra.dot.gov,* or to Ms. Steward at *debra.steward@fra.dot.gov.* Please refer to the assigned OMB control number in any correspondence submitted. FRA will summarize comments received in response to this notice in a subsequent notice and include them in its information collection submission to OMB for approval.

FOR FURTHER INFORMATION CONTACT: Mr. Robert Brogan, Office of Planning and Evaluation Division, RRS–21, Federal Railroad Administration, 1120 Vermont Ave., NW., Mail Stop 17, Washington, DC 20590 (telephone: (202) 493–6292) or Debra Steward, Office of Information Technology and Productivity Improvement, RAD–20, Federal Railroad Administration, 1120 Vermont Ave., NW., Mail Stop 35, Washington,

DC 20590 (telephone: (202) 493–6139). (These telephone numbers are not toll-free.)

SUPPLEMENTARY INFORMATION: The Paperwork Reduction Act of 1995 (PRA), Pub. L. No. 104–13, §2, 109 Stat. 163 (1995) (codified as revised at 44 U.S.C. 3501–3520), and its implementing regulations, 5 CFR part 1320, require Federal agencies to provide 60-days notice to the public for comment on information collection activities before seeking approval for reinstatement or renewal by OMB. 44 U.S.C. 3506(c)(2)(A); 5 CFR 1320.8(d)(1), 1320.10(e)(1), 1320.12(a). Specifically, FRA invites interested respondents to comment on the following summary of proposed information collection activities regarding (i) whether the information collection activities are necessary for FRA to properly execute its functions, including whether the activities will have practical utility; (ii) the accuracy of FRA's estimates of the burden of the information collection activities, including the validity of the methodology and assumptions used to determine the estimates; (iii) ways for FRA to enhance the quality, utility, and clarity of the information being collected; and (iv) ways for FRA to minimize the burden of information collection activities on the public by automated, electronic, mechanical, or other technological collection techniques or other forms of information technology (*e.g.*, permitting electronic submission of responses). See 44 U.S.C. 3506(c)(2)(A)(I)–(iv); 5 CFR 1320.8(d)(1)(I)–(iv). FRA believes that soliciting public comment will promote its efforts to reduce the administrative and paperwork burdens associated with the collection of information mandated by Federal regulations. In summary, FRA reasons that comments received will advance three objectives: (i) Reduce reporting burdens; (ii) ensure that it organizes information collection requirements in a ''user friendly'' format to improve the use of such information; and (iii) accurately assess the resources expended to retrieve and produce information requested. *See* 44 U.S.C. 3501.

Below are brief summaries of three currently approved information collection activities that FRA will submit for clearance by OMB as required under the PRA:

Title: Rear-End Marking Devices.

OMB Control Number: 2130–0523.

Type of Request: Extension of a currently approved collection.

Affected Public: Businesses.

Form Number(s): N/A.

Abstract: The collection of information is set forth under 49 CFR part 221 which requires railroads to furnish a detailed description of the type of marking device to be used for the trailing end of rear cars in order to ensure rear cars meet minimum standards for visibility and display. Railroads are required to furnish a certification that the device has been tested in accordance with current ''Guidelines for Testing of Rear End Marking Devices.'' Additionally, railroads are required to furnish detailed test records which include the testing organizations, description of tests, number of samples tested, and the test results in order to demonstrate compliance with the performance standard.

Respondent Universe: 685 railroads.

Frequency of Submission: On occasion.

Total Responses: 2.

Estimated Annual Burden: 4 hours.

Status: Regular Review.

Title: Bridge Worker Safety Rules.

OMB Control Number: 2130–0535.

Type of Request: Extension of a currently approved collection.

Affected Public: Businesses.

Form Number(s): N/A.

Abstract: Section 20139 of Title 49 of the United States Code required FRA to issue rules, regulations, orders, and standards for the safety of maintenance-of-way employees on railroad bridges, including for ''bridge safety equipment'' such as nets, walkways, handrails, and safety lines, and requirements for the use of vessels when work is performed on bridges located over bodies of water. FRA has added 49 CFR part 214 to establish minimum workplace safety standards for railroad employees as they apply to railroad bridges. Specifically, section 214.15(c) establishes standards and practices for safety net systems. Safety nets and net installations are to be drop-tested at the job site after initial installation and before being used as a fall-protection system; after major repairs; and at six-month intervals if left at one site. If a drop-test is not feasible and is not performed, then a written certification must be made by the railroad or railroad contractor, or a designated certified person, that the net does comply with the safety standards of this section. FRA and State inspectors use the information to enforce Federal regulations. The information that is maintained at the job site promotes safe bridge worker practices.

Frequency of Submission: On occasion.

Total Responses: 6.

Estimated Annual Burden: 2 hours.

Status: Regular Review.

Title: Railroad Operating Rules.

OMB Control Number: 2130–0035.

Type of Request: Extension of a currently approved collection.

Affected Public: Businesses.

Form Number(s): N/A.

Abstract: The collection of information is due to the railroad operating rules set forth in 49 CFR part 217 which require Class I and Class II railroads to file with FRA copies of their operating rules, timetables, and timetable special instructions, and subsequent amendments thereto. Class III railroads are required to retain copies of these documents at their systems headquarters. Also, 49 CFR 220.21(b) prescribes the collection of information which requires railroads to retain one copy of their current operating rules with respect to radio communications and one copy of each subsequent amendment thereto. These documents must be made available to FRA upon request.

Reporting Burden:

CFR section	Respondent universe	Total annual responses	Average time per response	Total annual burden hours	Total annual burden burden cost
271.7—Copy—FRA—operating rules, Class I & II RRs.	1 new railroad	2 submissions	1 hour	1 hour	$35.
Amendments	32 railroads	96 amendments	20 minutes	32 hours	$1,120.
Copy of operating rules—Class III.	20 railroads	20 submissions	55 minutes	18 hours	$630.
Amendments	632 railroads	1,896 amendments	15 minutes	474 hours	$16,590.
217.9—20 Copy—Prog. for Perf. of Operational Tests.	20 new railroads	20 Programs	9.92 hours	198 hours	$6,930.
Amendments	50 railroads	150 amendments	1.92 hours	288 hours	$10,080.

CFR section	Respondent universe	Total annual responses	Average time per response	Total annual burden hours	Total annual burden burden cost
Oper. Test Reds.	632 railroads	9,120,000	5 minutes	760,000 hours	$34,200,000.
Summary Tests	55 railroads	55 summaries	1 hour	55 hours	$1.925.
271.11—Copy—Instr. Prog.—Employees.	20 new railroads	20 Programs	8 hours	160 hours	$5,600.
Amendments	632 railroads	220 amendments	55 minutes	202 hours	$7,070.
220.21(b)—Copy—Op. Rules—Radio.	Incl. under 217.7	Incl. under 217.7	Incl. under 217.7	Incl. under 217.7	Incl. under 217.7.
Amendments	Incl. under 217.7	Incl. under 217.7	Incl. under 217.7	Incl. under 217.7	Incl. under 217.7.

Total Responses: 9,122,479 .

Total Estimated Annual Burden: 761,428 hours.

Status: Regular Review.

Pursuant to 44 U.S.C. 3507(a) and 5 CFR 1320.5(b), 1320.8(b)(3)(vi), FRA informs all interested parties that it may not conduct or sponsor, and a respondent is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Authority: 44 U.S.C. 3501–3520.

Issued in Washington, DC, on April 18, 2003.

Kathy A. Weiner,

Director, Office of Information Technology and Support Systems, Federal Railroad Administration.

[FR Doc. 03–10216 Filed 4–24–03; 8:45 am]

BILLING CODE 4910–06–P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

[U.S. DOT Docket Number NHTSA–2003–14375]

Reports, Forms, and Recordkeeping Requirements

AGENCY: National Highway Traffic Safety Administration (NHTSA), Department of Transportation (DOT).

ACTION: Request for public comment on proposed collection of information.

SUMMARY: Before a Federal agency can collect certain information from the public, it must receive approval from the Office of Management and Budget (OMB). Under procedures established by the Paperwork Reduction Act of 1995, before seeking OMB approval, Federal agencies must solicit public comment on proposed information collections, including extensions and reinstatements of previously approved collections. This document describes one collection of information for which NHTSA intends to seek OMB approval.

DATES: Comments must be received on or before June 24, 2003.

ADDRESSES: Comments must refer to the docket notice numbers cited at the beginning of this notice and be submitted to Docket Management, Room PL–401, 400 Seventh Street, SW., Washington, DC 20590. Please identify the proposed collection of information for which a comment is provided, by referencing its OMB clearance number. It is requested, but not required that two (2) copies of the comment be provided. The Docket Section is open on weekdays from 10 a.m. to 5 p.m.

FOR FURTHER INFORMATION CONTACT: Marvin M. Levy, Ph.D., NHTSA 400 Seventh Street, SW., Room 5119, NTI–131 Washington, DC 20590. Dr. Levy's telephone number is (202) 366–5597.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995, before a Federal agency submits a proposed collection of information to OMB for approval, it must first publish a document in the **Federal Register** providing for a 60-day comment period and otherwise consult members of the public and affected agencies concerning each proposed collection of information. The OMB has promulgated regulations describing what must be included in such a document. Under OMB's regulations (at 5 CFR 1320.8(d)), an agency must ask for public comment on the following:

(i) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(ii) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methods and assumptions used;

(iii) How to enhance the quality, utility, and clarity of the information to be collected; and

(iv) How to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses.

In response to these requirements, NHTSA asks for public comment on the following proposed collection of information:

Title: Characteristics of Motorcycle Operators.

OMB Clearance Number: None.

Affected Public: Under this proposed collection, personal interviews will be administered to motorcycle operators from the general public. The survey will be administered by face-to-face interviews conducted at sponsored events, races, and recognized motorcyclist gathering sites throughout the United States. In addition, survey data also will be collected at smaller and more localized events such as motorcycle club meetings and popular riding locations. States currently being considered for inclusion are California, Maryland, Michigan, New York, Texas, Virginia, and Florida.

Form Number: This collection of information uses no standard forms.

Abstract: The National Highway Traffic Safety Administration (NHTSA) has a central role in the national effort to reduce motor vehicle-related traffic injuries and deaths. U.S. motorcycle-related deaths dropped consistently from 1980 to 1997, but over the past few years this downward trend reversed and injuries and deaths are increasing. The number of fatalities among motorcycle operators rose from 2,116 in 1997 to 3,181 in 2001. Data from NHTSA's National Center for Statistics and Analysis indicate that this increase is associated with older riders, use of larger motorcycles, and frequent use of alcohol, especially among older riders.

NHTSA is committed to developing effective programs that can reduce the incidence of these crashes. Recently, NHTSA jointly sponsored an effort to assess future needs regarding motorcycle safety. Recommendations from the National Agenda for Motorcycle Safety (National Agenda) indicated that additional research is needed to determine rider characteristics and factors leading to motorcycle crashes. This study supports the National Agenda and future efforts to reduce motorcycle injuries and

deaths by providing updated information about rider operator characteristics, attitudes, and behaviors. Of particular interest will be comparisons of the training, experience, attitudes, and behaviors of those operators who have been involved in crashes versus those who have not.

Preliminary work was conducted to explore the possibility of obtaining a random sample of motorcycle operators using computer-assisted telephone interviewing technology. Unfortunately, only two percent of the U.S. population aged 16 and older ride a motorcycle; thus, standard, nationally based, telephone survey techniques would not be cost effective. Further, contacts with specific States indicated that it is not feasible to obtain a representative sample of motorcycle owners and operators given the limitations of data available from motor-vehicle departments. Therefore, an in-person survey using a convenience sample selected from various venues across broad geographic areas was chosen as the most practical approach.

The survey will be administered using face-to-face interview. Motorcycle operators, both licensed and non-licensed will be included, with a special emphasis on riders over 40 years of age. Participation by respondents will be strictly voluntary. The basic interview will vary from 8–10 minutes; whereas for crash involved operators, an additional 5 minutes of questions will be administered. The average interview should last approximately 12 minutes. The requested expiration date of approval is June 30, 2005.

Trained interviews will use specially developed survey forms with multiple-choice responses where possible to reduce survey administration time and to minimize data collection errors. To further reduce survey administration time and to minimize data collection errors, the trained interviewers will be current motorcyclists where possible. A Spanish-language questionnaire and bi-lingual interviewer will be used to reduce language barriers to participation. Confidentiality will be assured by conformance to procedures described in CIPSEA 2002.

The findings from this proposed survey will assist NHTSA in addressing the problem of motorcycle operator safety. NHTSA will use the findings to help focus current programs and activities to achieve the greatest benefit, to develop new programs, to decrease the likelihood of such crashes, and to provide informational support to states, localities, law enforcement agencies, and motorcyclists that will aid them in their efforts to reduce motorcyclist crashes, injuries and fatalities.

Estimate of the Total Annual Burden Resulting From the Collection of Information

NHTSA estimates that respondents in the sample would require an average of 12 minutes to complete the personal interview. Thus, estimated reporting burden on the general public would be a total of 400 hours per year for 2 years. The respondents would not incur any reporting or recordkeeping cost from the information collection.

Number of Respondents: It is anticipated that the number of respondents will be 4,000 motorcycle operators during the course of this study.

Comments are invited on: whether the proposed collection of information is necessary for the proper performance of the functions of NHTSA, including whether the information will have practical utility; the accuracy of NHTSA's estimate of the burden of the proposed information collection; ways to enhance the quality, utility and clarity of the information to be collected; and ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology.

Marilena Amoni,

Associate Administrator for Program Development and Delivery National Highway Traffic Safety Administration.

[FR Doc. 03–10249 Filed 4–24–03; 8:45 am]

BILLING CODE 4910–59–M

DEPARTMENT OF THE TREASURY

Submission for OMB Review; Comment Request

April 15, 2003.

The Department of Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Pub. L. 104–13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 11000, 1750 Pennsylvania Avenue, NW., Washington, DC 20220.

Dates: Written comments should be received on or before May 27, 2003 to be assured of consideration.

Internal Revenue Service

OMB Number: 1545–0441.

Form Number: IRS Forms 6559 ad 6559–A.

Type of Review: Extension.

Title: Form 6659: Report and Summary of Magnetic Media; and Form 6559–A: Continuation Sheet for Form 6559.

Description: Forms 6559 and 6559–A are used by filers of Form W–2 wage and tax data to transmit filing on magnetic media. SSA and IRS need signed and summary data for processing purposes. The forms are used primarily by large employers and tax filing services (service bureaus).

Respondents: Business or other for-profit, Not-for-profit institutions, Farms, Federal Government, State, Local or Tribal Government.

Estimated Number of Respondents: 90,000.

Estimated Burden Hours Per Respondent: 18 minutes.

Frequency of Response: Annually.

Estimated Total Reporting Burden: 27,000 hours.

OMB Number: 1545–1240.

Regulation Project Number: INTL–116–90 NPRM.

Type of Review: Extension.

Title: Allocation of Charitable Contributions.

Description: The recordkeeping requirement affects businesses or other for-profit institutions. This information is required by the IRS to ensure the proper application of section 1.861–8(e)(iv) of the regulations. This information will be used to verify the U.S. source allocation of certain charitable contributions.

Respondents: Business or other for-profit.

Estimated Number of Recordkeepers: 500.

Estimated Burden Hours Per Recordkeeper: 1 hour.

Estimated Total Recordkeeping Burden: 500 hours.

OMB Number: 1545–1412.

Regulation Project Number: FI–54–93 Final.

Type of Review: Extension.

Title: Clear Reflection of Income in the Case of Hedging Transactions.

Description: This information is required by the Internal Revenue Service to verify compliance with section 446 of the Internal Revenue Code. This information will be used to determine that the amount of tax has been computed correctly.

Respondents: Business or other for-profit.

Estimated Number of Recordkeepers: 110,000.

Estimated Burden Hours Per Recordkeeper: 12 minutes.

Estimated Total Recordkeeping Burden: 22,000 hours.

OMB Number: 1545–1533.

Revenue Procedure Number: Revenue Procedure 97–22.

Type of Review: Extension.

Title: 26 CFR 601.105, Examination of Returns and Claims for Refund, Credits, or Abatement, Determination of Correct Tax Liability.

Description: The information requested in Revenue Procedure 97–22 under sections 4 and 5 is required to ensure that records maintained in an electronic storage system will constitute records within the meaning of section 6001.

Respondents: Business or other for-profit, Individuals or households, Not-for-profit institutions, Farms, Federal Government, State, Local or Tribal Government.

Estimated Number of Recordkeepers: 50,000.

Estimated Burden Hours Per Recordkeeper: 20 hours, 1 minute.

Estimated Total Recordkeeping Burden: 1,000,400 hours.

OMB Number: 1545–1540.

Regulation Project Number: REG–106871–00 NPRM.

Type of Review: Extension.

Title: Reporting Requirement for Widely Held Fixed Investment Trusts.

Description: The regulations clarify the reporting requirements of trustees and middlemen involved with widely held fixed investment trusts.

Respondents: Business or other for-profit.

Estimated Number of Respondents: 1,200.

Estimated Burden Hours Per Respondent: 2 hours.

Frequency of Response: Quarterly, Annually.

Estimated Total Reporting Burden: 2,400 hours.

OMB Number: 1545–1673.

Revenue Procedure Number: Revenue Procedure 2002–47.

Type of Review: Extension.

Title: Employee Plans Compliance Resolution System.

Description: The information requested in this revenue procedure is required to enable the Commissioner, Tax Exempt and Government Entities Division of the Internal Revenue Service to make determinations on the issuance of various types of closing agreements and compliance statements. The issuance of these agreements and statements allows individual plans to maintain their tax-qualified status. As a result, the favorable tax treatment of the benefits of the eligible employees is retained.

Respondents: Business or other for-profit, Individuals or households, Not-for-profit institutions, State, Local or Tribal Government.

Estimated Number of Respondents/Recordkeepers: 4,292.

Estimated Burden Hours Per Respondent/Recordkeeper: 13 hours, 6 minutes.

Frequency of Response: On occasion.

Estimated Total Reporting/Recordkeeping Burden: 56,272 hours.

Clearance Officer: Glenn Kirkland, (202) 622–3428, Internal Revenue Service, Room 6411–03, 1111 Constitution Avenue, NW., Washington, DC 20224.

OMB Reviewer: Joseph F. Lackey, Jr., (202) 395–7316, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503.

Lois K. Holland,

Departmental Reports, Management Officer.

[FR Doc. 03–10275 Filed 4–24–03; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Submission for OMB Review; Comment Request

April 17, 2003.

The Department of Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Public Law 104–13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 11000, 1750 Pennsylvania Avenue, NW., Washington, DC 20220.

DATES: Written comments should be received on or before May 27, 2003 to be assured of consideration.

Internal Revenue Service

OMB Number: 1545–1312.

Regulation Project Number: INTL 15–91 NPRM.

Type of Review: Extension.

Title: Taxation of Gain or Loss from Certain Nonfunctional Currency Transactions (Section 988 Transactions).

Description: Certain taxpayers are allowed to elect a mark to market method of accounting for currency gains and losses and to integrate certain foreign currency denominated dividend, rent and royalty payments with hedges thereof.

Respondents: Business or other for-profit, Individuals or households.

Estimated Number of Respondents: 1,500.

Estimated Burden Hours Per Respondent: 40 minutes.

Frequency of Response: Other (One-time only).

Estimated Total Reporting Burden: 1,000 hours.

OMB Number: 1545–1522.

Revenue Procedure Number: Revenue Procedures 2003–1 and 2003–3.

Type of Review: Extension.

Title: 26 CFR 601.201—Rulings and Determination Letters.

Description: The information requested in Revenue Procedure 2003–1 under sections 5.05, 6.07, 8.01, 8.02, 8.03, 8.04, 8.05, 8.07, 9.01, 10.06, 10.07, 10.09, 11.01, 11.06, 11.07, 12.12, 13.02, 15.02, 15.03, 15.07, 15.08, 15.09, and 15.11, paragraph (B)(1) of Appendix A, and Appendix C, and question 35 of Appendix C, and in Revenue Procedure 2003–3 under sections 3.01(29), 3.02(1) and (3), 4.01(26), and 4.02(1) and (7)(b) is required to enable the Internal Revenue Service to give advice on filing letter ruling and determination letter requests and to process such requests.

Respondents: Business or other for-profit, Individuals or households, Farms, Federal Government, State, Local or Tribal Government.

Estimated Number of Respondents: 3,800.

Estimated Burden Hours Per Respondent: 80 hours, 19 minutes.

Frequency of Response: On occasion.

Estimated Total Reporting Burden: 305,230 hours.

OMB Number: 1545–1531.

Notice Number: Notice 97–19 and Notice 98–34.

Type of Review: Extension.

Title: Guidance for Expatriates Under Sections 877, 2501, 2107, and 6039F.

Description: Notice 97–19 and Notice 98–34 provide guidance for individuals affected by amendments to Code sections 877, 2107, and 2501, as amended by the Health Insurance Portability and Accountability Act. These notices also provide guidance on Code section 6039F.

Respondents: Individuals or households.

Estimated Number of Respondents: 12,350.

Estimated Burden Hours Per Respondent: 32 minutes.

Frequency of Response: Annually.

Estimated Total Reporting Burden: 6,525 hours.

Clearance Officer: Glenn Kirkland, (202) 622–3428, Internal Revenue Service, Room 6411–03, 1111 Constitution Avenue, NW, Washington, DC 20224.

Reviewer: Joseph F. Lackey, Jr., (202) 395–7316, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503.

Mary A. Able,

Departmental Reports, Management Officer.

[FR Doc. 03–10278 Filed 4–24–03; 8:45 am]

BILLING CODE 4830–01–P

Federal Register

Friday,
April 25, 2003

Part II

Department of Housing and Urban Development

Super Notice of Funding Availability (SuperNOFA) for HUD's Discretionary Programs for Fiscal Year 2003; Notice

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4800–N–01]

Super Notice of Funding Availability (SuperNOFA) for HUD's Discretionary Programs for Fiscal Year 2003

AGENCY: Office of the Secretary, HUD.

ACTION: Super Notice of Funding Availability (SuperNOFA) for HUD Discretionary Programs.

SUMMARY: This Fiscal Year (FY) 2003 SuperNOFA announces the availability of approximately $2.3 billion in HUD program funds covering 43 funding opportunities within programs operated and administered by HUD offices. This General Section of the SuperNOFA provides the application procedures and requirements that are applicable to all the programs in this SuperNOFA unless otherwise stated in the Program NOFA. The Program Section of this SuperNOFA provides a description of the specific programs for which funding is made available and describes any additional procedures and requirements that are applicable to a specific program. Please be sure you read both the General Section and the Program Section(s) of this SuperNOFA to ensure you respond to all the requirements for all programs you will be seeking funding.

APPLICATION DUE DATES: The information in this **APPLICATION DUE DATES** section applies to all programs that are part of this SuperNOFA. You, the applicant, must submit a completed application to HUD on or before the respective program's application due date. Application due dates can be found in the HUD FY 2003 SuperNOFA Funding Chart located in this General Section. Information for each program is reiterated in the appropriate Program Section of this SuperNOFA.

ADDRESSES AND APPLICATION SUBMISSION PROCEDURES:

Mailing and Receipt Procedures. The following procedures apply to the delivery and receipt of applications in HUD Headquarters, the Grants Management Center (GMC), and field offices. Please read the following instructions carefully and completely as failure to comply with these procedures may disqualify your application. HUD's delivery and receipt policies are:

- No hand deliveries will be accepted;
- HUD will not accept any applications sent by facsimile;
- Applications sent to the Robert C. Weaver HUD Headquarters Building or the Public and Indian Housing Grants Management Center (GMC) may be shipped using DHL, Falcon Carrier, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS), as access by other delivery services is not guaranteed. HUD strongly suggests applicants use the delivery options listed above because no other delivery services are allowed unescorted entry to the HUD Headquarters Building and therefore deliveries by other services are often turned away;
- HUD strongly suggests applications submitted to HUD field offices be sent via USPS, as access by other delivery services is not guaranteed;
- *With the exception of the Rural Housing and Economic Development NOFA,* all mailed applications must be postmarked on or before midnight of their due date and received within fifteen (15) days of the due date.
- *Applications for the Rural Housing and Economic Development NOFA must be received by the deadline date.* Application received after the deadline date will not be considered.

Proof of Timely submission. Except for the Rural Housing and Economic Development NOFA, proof of timely submission of an application in accordance with these requirements consists of the Certificate of Mailing (USPS Form 3817) provided by the United States Post Office showing timely mailing of the application on or before the application due date. In the case of packages submitted to HUD via DHL, Falcon Carrier, FedEX, or UPS, documentary proof of timely submission will be the delivery service receipt indicating the application was submitted to the delivery service on or before the application due date and, through no fault of the applicant, delivery was not in time to meet the filing deadline. Receipts from other than DHL, Falcon Carrier, FedEX, or UPS, delivery services will not be accepted, as HUD cannot guarantee delivery due to its Security procedures. Proof of timely submission to HUD field offices will be the Certificate of Mailing (USPS Form 3817).

Proof of receipt for the Rural and Economic Development NOFA is the date HUD receives the application.

Please remember that mail to federal facilities is screened prior to delivery, so please allow time for your package to be delivered. If an application does not meet the filing requirements it will not receive funding consideration. If you mail your application to the wrong location and the office designated for receipt in accordance with these submission requirements does not receive it, your application will be considered late and not be considered for funding. HUD will not be responsible for directing it to the appropriate office.

Addresses. You, the applicant, must submit a complete application and the required number of copies to the locations identified in the Program Section of this SuperNOFA. When submitting your application, you must refer to the name of the program for which you are seeking funding and include the correct room number to ensure that your application is properly directed. Addresses for HUD Headquarters and the Public and Indian Housing Grants Management Center (GMC) are in the HUD 2003 SuperNOFA Funding Chart. Addresses for field offices are listed in Appendix A–3 of the General Section of this SuperNOFA. *For applications directed to the Office of Native American Programs Field Offices, please be sure to use the addresses provided in Appendix A–2, Office of Native American Programs Address Listing. Please refer to the Funding Chart or pertinent Program Section of the SuperNOFA for room location or other additional information regarding address requirements for your application submission. Please make sure that you note the correct room number to ensure your application is not misdirected.*

Copies of Applications. The Program Section of this SuperNOFA may specify that to facilitate the processing and review of your application, one or more copies of the application also must be sent to an additional HUD location (for example, a copy to the HUD field office and the original application to HUD Headquarters). If you are required to submit applications to HUD Headquarters (or the GMC) and field offices, the determination that your application was received on time will be made solely on receipt of the application at HUD Headquarters or the GMC, as applicable. If an application received on time at HUD Headquarters or GMC is not complete, but a complete copy was submitted and received on time at a HUD field office, HUD may conduct its review using the field office copy. See the information in Mailing and Receipt Procedures and Proof of Timely Submission above for additional information. If you do not submit the required number of copies HUD may request that you provide the additional copies to the appropriate HUD office(s) in accordance with the procedures described in Section VIII, Corrections to Deficient Applications.

Consolidated Application Submissions. If you, the applicant, are applying for funding under more than one program in this SuperNOFA, you

need to submit only one original HUD–424, ''Application for Federal Assistance,'' which includes the HUD–424B, ''Applicant Assurances and Certifications.'' Page 2 of the HUD–424 allows you to list all the programs for which you are seeking funding. Once you have submitted one original set of forms, certifications, and assurances, you may send copies of these standard items with any additional application you submit. Make sure to specify the correct program on each copy of the HUD–424 application form and indicate the program to which you have submitted the original signature forms for the standard assurances and certifications. Additionally, the Program Section may specify additional forms, certifications, assurances, or other information that may be required for a particular program in this SuperNOFA.

FOR APPLICATION FORMS, FURTHER INFORMATION, AND TECHNICAL ASSISTANCE: The information in this section is applicable to all programs that are part of this SuperNOFA. This section describes how you may obtain application forms, additional information about the SuperNOFA, and technical assistance. Copies of all documents related to the SuperNOFA may be downloaded from HUD's Web site, *www.hud.gov* or you may call HUD's SuperNOFA Information Center at 1–800–HUD–8929 or for the hearing-impaired, 1–800–HUD–2209. Copies of all materials may also be ordered online from HUD's Web site.

Application Kits. In response to concerns about the length of time it takes for the publication and dissemination of application kits, HUD has made an effort to improve the readability of our NOFAs and publish all required forms and formats for application submission in the **Federal Register.** As a result of this effort, you will not have to wait for an application kit to begin to prepare your application for funding. Our goal is to have all required forms and information needed to apply for funding available to the public within the NOFA document itself and available immediately upon publication of the NOFA and downloadable from HUD's Web site at *http://www.hud.gov.* HUD is continuing to streamline our programs and application submission requirements and encourages the applicant community to offer additional suggestions. Please pay attention to the submission requirements and format for submission specified in the Program Section of the SuperNOFA to ensure that you have submitted all required elements of your application.

The published **Federal Register** document is the official document that HUD uses to evaluate applications. Therefore, if there is a discrepancy between any materials published by HUD in its **Federal Register** publication and other information provided in hard copy or on HUD's Web site, the **Federal Register** publication of the SuperNOFA prevails. Therefore, please be sure to review your application submission against the requirements in the **Federal Register** file of the SuperNOFA. A PDF copy of the General Section and Program Section for each program in the SuperNOFA is available on HUD's Web site at *http://www.hud.gov* and hard copies of these documents can be obtained from the SuperNOFA Information Center by calling 1–800 HUD–8929 or for the hearing-impaired, 1–800–HUD–2209.

Guidebook and Further Information. A guidebook to HUD programs titled ''Connecting with Communities: A User's Guide to HUD Programs and the 2003 SuperNOFA Process'' is available from the SuperNOFA Information Center and the HUD Web site at *http://www.hud.gov.* The guidebook provides a brief description of all HUD programs, a description of the SuperNOFA programs, eligible applicants for these programs, and examples of how programs can work in combination to serve local community needs. To obtain a guidebook, application kit, or print copy of the General Section or program NOFA, call the SuperNOFA Information Center at 1–800–HUD–8929 or 1–800–HUD–2209 (TTY).

You may request general information, copies of the General Section and Program Section of the SuperNOFA, and applications from the SuperNOFA Information Center (1–800–HUD–8929 or 1–800–HUD–2209 (TTY)) between the hours of 9:00 AM and 8:00 PM (Eastern Time) Monday through Friday, except on federal Holidays. When requesting information, please refer to the name of the program you are interested in. Be sure to provide your name, address (including zip code), and telephone number (including area code). To ensure sufficient time to prepare your application, requests for copies of this SuperNOFA can be made immediately following publication of the SuperNOFA. The SuperNOFA Information Center opens for business simultaneously with the publication of the SuperNOFA. You can also obtain information on this SuperNOFA and download application information for this SuperNOFA through the HUD Web site, *http://www.hud.gov.*

For Technical Assistance. Before the application due date, HUD staff will be available to provide you with general guidance and technical assistance about this SuperNOFA. However, HUD staff is not permitted to assist in preparing your application. Following selection of applicants, but before awards are made, HUD staff are available to assist in clarifying or confirming information that is a prerequisite to the offer of an award or Annual Contributions Contract (ACC) by HUD.

FEDERAL E–GRANTS INFORMATION

Streamlining Federal Financial Assistance. The Federal Financial Assistance Management Improvement Act of 1999 (Pub. L. 106–107) directs each federal agency to develop and implement a plan that, among other things, streamlines and simplifies the application, administrative, and reporting procedures for federal financial assistance programs administered by the agency. This law also requires the Director of the Office of Management and Budget (OMB) to direct, coordinate, and assist federal agencies in establishing (1) a common application and reporting system and, (2) an interagency process for addressing ways to streamline and simplify federal financial assistance application and administrative procedures and reporting requirements for program applicants.

This law also requires OMB to consult with the grantee community as it works with the federal agencies to develop and implement the course of action that would be undertaken by the federal agencies to establish an electronic site for accessing funding information and applications. Over the last two years, HUD has used its website to provide information to the public about HUD's participation in Interagency efforts to streamline grant and other financial assistance requirements and to seek your input as the federal agencies work together to achieve implementation. To find out about the work being done by the federal agencies to streamline and consolidate the application and reporting requirements, please go to *http://www.hud.gov/offices/adm/grants/pl–106107/pl106–107.cfm*

eGrants Initiative. HUD is working with the 26 federal grant-making agencies on President George W. Bush's eGrants Initiative. This Initiative is an effort by federal agencies to develop a common electronic application and reporting system for federal financial assistance. This system will provide ''one-stop shopping'' for funding opportunities for all federal programs. This system is being developed in response to concerns that it is difficult for organizations to know all the

funding available from the federal government and how to apply for funding. It also is an effort by the federal government to develop common application requirements, further streamlining the application process, making it easier for you, our customers, to apply for funding. The first segment of the eGrants Initiative focuses on allowing the public to easily find funding opportunities and then apply via eGrants. Funding decisions would still be under the control of the federal agency sponsoring the program funding opportunity. To find out more about the eGrants vision and implementation schedule, please visit our website at *http://www.hud.gov/offices/adm/grants/egrants/egrants.cfm*

I. INTRODUCTION TO THE FY 2003 SUPERNOFA

Background

This SuperNOFA is designed to make it easier to find and apply for funding under a wide variety of HUD programs. The SuperNOFA provides a ''menu'' of HUD funding opportunities. From this menu, communities are made aware of funding available for their jurisdictions. By providing access to information about available funding at one time, HUD believes applicants are better able to coordinate services within communities, avoid duplication, and more efficiently serve those most in need of assistance. Public housing agencies, local and state governments, tribal governments and tribally-designated housing entities, veterans service organizations, non-profit organizations, including grass-roots faith-based and other community-based organizations, and others will be able to identify the programs for which they are eligible.

Organization of the SuperNOFA

The SuperNOFA is divided into two major sections, the General Section and the Program Section. The General Section of the SuperNOFA describes the procedures and requirements applicable to all applications. For each funding opportunity, the Program Section describes the eligible applicants, eligible activities, factors for award, and any additional requirements or limitations. Please read both sections carefully to be sure your application is complete. Your attention to the sections will ensure that you apply for funding for which your organization is eligible and that you fulfill all the requirements for application submission.

As part of the simplification of this funding process and to avoid duplication of effort, the SuperNOFA provides for consolidated notices and applications for several of the programs that are part of this SuperNOFA. The funding chart in this introductory section of the SuperNOFA identifies the programs that have been consolidated and for which a consolidated application is made available to eligible applicants.

HUD provides copies of all required forms in this publication. Standard forms, certifications, and assurances applicable to all programs are published in the General Section, Appendix B. The forms and any additional certifications and assurances unique to an individual program follow that program's section of the SuperNOFA.

The specific statutory and regulatory requirements of the programs that are part of this SuperNOFA continue to apply to each program. Each SuperNOFA Program Section identifies, where necessary, the statutory requirements and other unique requirements applicable to each specific program. Please pay careful attention to the specific submission requirements that are identified for each funding opportunity. Not all applicants are eligible to receive assistance under all funding opportunities identified in this SuperNOFA.

II. HUD'S FY 2003 SUPERNOFA PROCESS

HUD's Strategic Goals

Implementing HUD's Strategic Framework and Demonstrating Results. HUD is committed to ensuring that programs result in the achievement of HUD's strategic mission. To support this effort, grant applications submitted for HUD programs will be rated on how well they tie proposed outcomes to HUD's policy priorities and Annual Goals and Objectives, and the quality of proposed Evaluation and Monitoring Plans. HUD's Strategic Framework establishes the following Goals and Objectives for the Department:

1. Increase Homeownership Opportunities

- Expand national homeownership opportunities.
- Increase minority homeownership.
- Make the home buying process less complicated and less expensive.
- Fight practices that permit predatory lending.
- Help HUD-assisted renters become homeowners.
- Keep existing homeowners from losing their homes.

2. Promote Decent Affordable Housing

- Expand access to affordable rental housing.
- Improve the physical quality and management accountability of public and assisted housing.
- Increase housing opportunities for the elderly and persons with disabilities.
- Help HUD-assisted renters make progress toward self-sufficiency.

3. Strengthen Communities

- Improve economic conditions in distressed communities.
- Make communities more livable.
- End chronic homelessness.
- Mitigate housing conditions that threaten health.

4. Ensure Equal Opportunity in Housing

- Resolve discrimination complaints on a timely basis.
- Promote public awareness of Fair Housing laws.
- Improve housing accessibility for persons with disabilities.

5. Embrace High Standards of Ethics, Management, and Accountability

- Rebuild HUD's human capital and further diversify its workforce.
- Improve HUD's management, internal controls and systems, and resolve audit issues.
- Improve accountability, service delivery, and customer service of HUD and our partners.
- Ensure program compliance.

6. Promote Participation of Grass-Roots Faith-Based and Other Community-Based Organizations

- Reduce regulatory barriers to participation by grass-roots faith-based and other community-based organizations.
- Conduct outreach to inform potential partners of HUD opportunities.
- Expand technical assistance resources deployed to grass-roots faith-based and other community-based organizations.
- Encourage partnerships between grass-roots faith-based and other community-based organizations and HUD's traditional grantees.

You can find out about HUD's Strategic Framework and Annual Performance Plans at *http://www.hud.gov/offices/cfo/reports/cforept.cfm.*

Policy Priorities. HUD encourages applicants to undertake specific activities that will assist the Department in implementing its policy priorities and which help the Department achieve its goals for FY 2004, when the majority of funding recipients will be reporting programmatic results and achievements. Applicants who include work activities that specifically address one or more of

these policy priorities will receive higher rating scores than applicants who do not address these HUD priorities. Each NOFA in the Program Section of this SuperNOFA will specify which priorities relate to a particular program and how many points will be awarded for addressing those priorities.

(A) Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency. Too often, these individuals and families are shut out of the housing market through no fault of their own. Often developers of housing, housing counseling agencies, and other organizations engaged in the housing industry must work aggressively to open up the realm of homeownership and rental opportunities to low- and moderate-income persons, persons with disabilities, the elderly, minorities, or families with limited English proficiency. Many of these families are anxious to have a home of their own but are not aware of the programs and assistance that is available. Applicants are encouraged to address the housing, housing counseling, and other related supportive services needs of these individuals and coordinate their proposed activities with funding available through HUD's affordable housing programs and home loan programs. Proposed activities support strategic goals 1, 2, and 4.

(B) Improving our Nation's Communities. HUD wants to improve the quality of life for those living in distressed communities. Applicants are encouraged to include activities which:

(1) Bring private capital into distressed communities to:

- Finance business investments to grow new businesses;
- Maintain and expand existing businesses;
- Create a pool of funds for new small and minority-owned businesses;
- Create decent jobs for low-income persons.

(2) Improve the environmental health and safety of families living in public and privately-owned housing by including activities which:

- Coordinate lead hazard reduction programs with weatherization activities funded by state and local governments, and the federal government;
- Reduce or eliminate health related hazards in the home caused by toxic agents such as molds and other allergens, carbon monoxide and other hazardous agents and conditions.

(3) Make communities more livable.

- Provide public and social services.
- Improve infrastructure and community facilities.

Activities support strategic goals 2, 3, and 4.

(C) Encouraging Accessible Design Features. As described in Section V, applicants must comply with applicable civil rights laws including the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act. These laws, and regulations implementing them, provide for nondiscrimination based on disability and require housing and other facilities to incorporate certain features intended to provide for their use and enjoyment by persons with disabilities. HUD is encouraging applicants to add accessible design features beyond those required under civil rights laws and regulations. These features would eliminate many other barriers limiting the access of persons with disabilities to housing and other facilities. Copies of the Uniform Federal Accessibility Standards (UFAS) are available from the SuperNOFA Information Center (1–800–HUD–8929 or 1–800–HUD–2209 (TTY)) and also from the Office of Fair Housing and Equal Opportunity, U.S. Department of Housing and Urban Development, Room 5230, 451 Seventh Street, SW, Washington, DC 20410–2000; 202–755–5404 or 1–800–877 8399 (TTY Federal Information Relay Service).

Accessible design features are intended to promote visitability and incorporate features of universal design as described below:

(1) Visitability in New Construction and Substantial Rehabilitation. Applicants are encouraged to incorporate visitability standards where feasible in new construction and substantial rehabilitation projects. Visitability standards allow a person with mobility impairments access into the home, but do not require that all features be made accessible. Visitability means that there is at least one entrance at grade (no steps), approached by an accessible route such as a sidewalk; and that the entrance door and all interior passage doors are at least 2 feet 10 inches wide, allowing 32 inches of clear passage space. A visitable home also serves persons without disabilities, such as a mother pushing a stroller or a person delivering a large appliance. More information about visitability is available at *http://www.concretechange.org.*

Activities support strategic goals 2, 3, and 4.

(2) Universal Design. Applicants are encouraged to incorporate universal design in the construction or rehabilitation of housing, retail establishments, and community facilities funded with HUD assistance. Universal design is the design of products and environments to be usable by all people to the greatest extent possible, without the need for adaptation or specialized design. The intent of universal design is to simplify life for everyone by making products, communications, and the built environment more usable by as many people as possible at little or no extra cost. Universal design benefits people of all ages and abilities. In addition to any applicable required accessibility features under Section 504 of the Rehabilitation Act of 1973 or the design and construction requirements of the Fair Housing Act, the Department encourages applicants to incorporate the principles of universal design when developing housing, community facilities, and electronic communication mechanisms, or when communicating with community residents at public meetings or events. HUD believes that by creating housing that is accessible to all, it can increase the supply of affordable housing for all, regardless of ability or age. Likewise, creating places where people work, train, and interact which are useable and open to all residents increases opportunities for economic and personal self-sufficiency. More information on Universal Design is available from the Center for Universal Design, at *http://www.design.ncsu.edu:8120/cud/* or the Resource Center on Accessible Housing and Universal Design, at *http://www.abledata.com/Site_2/accessib.htm.*

Activities support strategic goals 1, 2, 3, and 4.

(D) Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations in HUD Program Implementation.

(1) HUD encourages non-profit organizations, including grassroots faith-based and other community-based organizations, to participate in the vast array of programs for which funding is available through this SuperNOFA. HUD also encourages states, units of local government, universities, and colleges and other organizations to partner with grassroots organizations, e.g., civic organizations, faith-communities, and grassroots faith-based and other community-based organizations that have not been effectively utilized. These grassroots organizations have a strong history of providing vital community services such as assisting the homeless and preventing homelessness, counseling individuals and families on fair housing rights, providing elderly housing opportunities, developing first-time

homeownership programs, increasing homeownership and rental housing opportunities in neighborhoods of choice, developing affordable and accessible housing in neighborhoods across the country, creating economic development programs, and supporting the residents of public housing facilities. HUD wants to make its programs more effective, efficient, and accessible by expanding opportunities for grassroots organizations to participate in developing solutions for their own neighborhoods. Additionally, HUD encourages applicants to include these grass-roots faith-based and other community-based organizations in their workplans. Applicants, their partners, and participants must review the Program Section of this SuperNOFA to determine whether they are eligible to apply for funding directly or whether they must establish a working relationship with an eligible applicant in order to participate in a HUD funding opportunity. Grassroots faith-based and other community-based organizations, and applicants who currently or propose to partner, fund, subgrant, or subcontract with grassroots organizations (including grassroots faith-based or other community-based non-profits eligible under applicable program regulations) in conducting their work programs will receive higher rating points as specified in the program section of this SuperNOFA.

(2) Definition of *Grassroots* Organizations.

(a) HUD will consider an organization a ''grassroots organization'' if the organization is headquartered in the local community to which it provides services; and,

(i) Has a social services budget of $300,000 or less, or

(ii) Has six or fewer full-time equivalent employees.

(b) Local affiliates of national organizations are not considered ''grassroots.'' Local affiliates of national organizations are encouraged, however, to partner with grassroots organizations but must demonstrate that they are currently working with a grassroots organization (e.g., having a faith community or civic organization, or other charitable organization provide volunteers).

(c) The cap provided in paragraph (2)(a)(i) above includes only that portion of an organization's budget allocated to providing social services. It does not include other portions of the budget such as salaries and expenses not directly expended in the provision of social services.

Activities support strategic goal 6.

(E) *Colonias.* The Department of Housing and Urban Development is seeking to improve housing conditions for families living in Colonias. Colonias means any identifiable, rural community that:

- Is located in Arizona, California, New Mexico, or Texas;
- Is within 150 miles of the border between the United States and Mexico; and
- Is determined to be a colonia on the basis of objective need criteria, including lack of potable water supply, lack of adequate sewage systems, and lack of decent, safe, sanitary, and accessible housing.

Applicants proposing to create affordable housing and provide services to the Colonias will receive higher rating points.

Activities support strategic goals 1, 2, 3, and 4.

(F) *Participation of Minority-Serving Institutions in HUD Programs.* Pursuant to Executive Orders 13256 President's Board of Advisors on Historically Black Colleges and Universities, 13230 President's Advisory Commission on Educational Excellence for Hispanic Americans, 13216 Increasing Participation of Asian Americans and Pacific Islanders in Federal Programs, and 13270 Tribal Colleges and Universities, HUD is strongly committed to broadening the participation of Minority-Serving Institutions (MSIs) in its programs. HUD is interested in increasing the participation of MSIs in order to advance the development of human potential, strengthen the nation's capacity to provide high quality education, and increase opportunities for MSIs to participate and benefit from federal financial assistance programs. HUD encourages all applicants and recipients to include meaningful participation of MSIs in their work programs. A listing of MSIs can be found on the Department of Education Web site at *http://www.ed.gov/offices/OCR/minorityinst.html* or HUD's Web site at *http://www.hud.gov*.

Activities support strategic goals 3 and 4.

(G) *Participation in Energy Star.* The Department of Housing and Urban Development has adopted a wide-ranging energy action plan for improving energy efficiency in all program areas. As a first step in implementing the energy plan, HUD, the Environmental Protection Agency (EPA) and the Department of Energy (DoE) have signed a joint partnership to promote energy efficiency in HUD's affordable housing efforts and programs. The purpose of the Energy Star partnership is to promote energy efficiency of the affordable housing stock, but also to help protect the environment. Applicants constructing, rehabilitating, or maintaining housing or community facilities are encouraged to promote energy efficiency in design and operations. They are urged especially to purchase and use Energy Star labeled products. Applicants providing housing assistance or counseling services are encouraged to promote Energy Star building by homebuyers and renters. Program activities can include developing Energy Star promotional and information materials, outreach to low- and moderate-income renters and buyers on the benefits and savings when using Energy Star products and appliances, and promoting the designation of community buildings and homes as Energy Star compliant. For further information about Energy Star see *http://www.energystar.gov* or call 1–888–STAR–YES (1–888–782–7937) or for the hearing-impaired, 1–888–588–9920 TTY.

Activities support strategic goals 1 and 2.

(H) *Ending Chronic Homelessness within Ten Years.* President Bush has set a national goal to end chronic homelessness within ten years. Secretary Mel Martinez has embraced this goal and has pledged that HUD's grant programs will be used to support the President's goal and more adequately meet the needs of chronically homeless individuals. A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. In this year's SuperNOFA, applicants are encouraged to target assistance to chronically homeless persons by undertaking activities that will result in:

- Creation of affordable group homes or rental housing units;
- Establishing a set-aside of units of affordable housing for the chronically homeless;
- Substance abuse treatment programs targeted to homeless population;
- Job training programs which will provide opportunities for economic self-sufficiency;
- Counseling programs that assist homeless persons in finding housing, financial management, anger management, and building interpersonal relationships;
- Supportive services, such as health care assistance that will permit

homeless individuals to become productive members of society;

• Provision of Service Coordinators or One Stop Assistance Centers that will ensure that chronically homeless persons have access to a variety of social services.

Activities support Strategic Goals 2 and 3.

Changes in the FY 2003 SuperNOFA Process

New Rating Factor 5. For FY 2003, rating Factor 5 has been changed to ''Achieving Results and Program Evaluation.'' This factor emphasizes HUD's commitment to ensuring that applicants keep promises made in their application and assess their performance to ensure performance goals are met.

Achieving results means you, the applicant, have clearly identified the benefits or outcomes of your program. Outcomes are ultimate goals. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals.

Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual against planned achievements. Your Evaluation and Monitoring Plan should identify what you are going to measure, how it will be measured, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes. HUD has included a new form, Logic Model, to help you complete your response to Rating Factor 5. The form is included in Appendix B, with other forms applicable to most or all of the programs in this SuperNOFA.

This new rating factor reflects HUD's goal to embrace high standards of ethics, management, and accountability.

Higher Minimum Score for Fundable Applications. For FY 2003, an application for any of the programs offered by this SuperNOFA must receive at least 75 points to be funded. Please take note of this scoring threshold and be sure to read the SuperNOFA carefully to ensure that you respond to the Factors for Award. A careful reading of the NOFA can help you improve your rating score.

Use of HUD 424 Forms. HUD has consolidated many of its application forms into a single HUD–424 form. The new HUD–424 consolidates budget-reporting forms for both construction and non-construction projects into a single form and eliminates the following separate certifications: Certification for a Drug-Free Workplace (HUD–50070), Certification of Payments to Influence Federal Transactions (HUD–50071), and Certification Regarding Debarment and Suspension (HUD–2992).

New form HUD 424 replaces SF 424 and HUD 424 M.

HUD 424 B replaces SF 424 B and D, and HUD 50070, 50071, and 2992.

HUD 424 C and CB replace SF 424 A and C.

The HUD 424 CBW is added as a common detailed Budget Worksheet to replace various budget worksheets used throughout the Department. These forms are available on HUD's Web Site at *http://www.hud.gov/offices/adm/grants/fundsavail.cfm.*

Race and Ethnicity. OMB published revised standards for collecting racial data on October 30, 1997. All agencies were required to be in compliance with the 1997 standards by January 1, 2003. These standards allow HUD and the other Federal agencies to acknowledge the growing diversity of the U.S. population. Under this policy, HUD and its business partners must offer individuals who are responding to agency data requests for race, the option of selecting one or more of five racial categories. HUD must also treat ethnicity as a separate category from race and change terminology for certain racial and ethnic groups. These definitions have been standardized across the Federal government and are provided below.

The two ethnic categories as revised by the Office of Management and Budget (OMB) are defined below:

• Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South, or Central American, or other Spanish culture or origin, regardless of race. The term ''Spanish origin,'' can be used in addition to ''Hispanic'' or ''Latino.''

• *Not Hispanic or Latino.* A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The five racial categories as revised by the Office of Management and Budget are defined as follows:

• American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

• Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

• Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as ''Haitian'' or ''Negro'' can be used in addition to ''Black'' or ''African American''.

• Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

• White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Self-reporting or self-identification, rather than observer identification is the preferred method for collecting race and ethnicity data. Self-identification means that responses are based on self-perception. If you are required to provide HUD with race and ethnicity data, you must collect the data asking separate questions for race and for ethnicity. Furthermore, when collecting data the ethnicity question should precede the question about race. The Office of Management and Budget has recommended this sequence because pre-tests conducted by the U.S. Census Bureau found that placing ethnicity before race significantly reduced the non-response rate to the ethnicity question.

Thus, when collecting data from respondents it should be collected using the following two-question approach:

Ethnicity: (Select only one)
Hispanic or Latino
Not Hispanic or Latino
Race: (Select one or more):
American Indian or Alaskan Native
Asian
Black or African American
Native Hawaiian or Pacific Islander
White

Once data is collected using the method above, it can be analyzed and aggregated when reporting ethnicity and race data to HUD. You should use the categories listed in the template below to report the aggregate information. If any multiple race category not included in the template exceeds one percent of the population, you should identify the category, the actual count, and its percentage of population. In addition, you should identify the total number of all racial categories reported that do not fit the list of categories below, and do not equate to one percent of the total population being reported including, the total number of all such racial and ethnic categories. Finally, you should indicate the aggregate totals of all the information you have gathered including the total of all racial categories and the total of all the ethnic categories.

For grantees that are currently collecting data, you may need to compare data collected under both standards. Guidance on bridging data periods will be available in the Program Section of the SuperNOFA and HUD's SuperNOFA Web site at *http://www.hud.gov*. A copy of this reporting form can be found in Appendix B of the General Section of this SuperNOFA.

Below is the standard format for reporting this information.

Racial Categories	*Total Number of Racial Categories Reported*	*Total Number of Ethnic Category Responses (Hispanic or Latino)*
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native *and* White		
Asian *and* White		
Black or African American *and* White		
American Indian or Alaska Native and Black African American		
* Other multi-racial categories: [Per the form instructions, write in a description using the box on the right]		
Balance of individuals reporting more than one race		
Total:		

*If the aggregate count of any reported multi-racial category that is not listed above exceeds 1% of the population being reported, you should separately indicate each such category here. Also indicate the total number of such other multi-racial categories reported, the population percentage, and the total number of positive ethnic category responses.

Executive Order 13166, Improving Access to Persons With Limited English Proficiency (LEP). Executive Order 13166 seeks to improve access to persons with limited English proficiency by providing materials and information in languages other than English.

Executive Order 13279 Equal Protection of the Laws for Faith-Based and Community Organizations. HUD is committed to full implementation of Executive Order 13279 and has undertaken a review of all policies and regulations that have implications for faith-based and community organizations, and has established a policy priority to provide full and equal access to grass-roots faith-based and other community-based organizations in HUD program implementation.

New Programs and Changes to Programs. The FY 2003 SuperNOFA includes the following funding opportunities, which were not included in FY2002:

- COPC Community Futures Awards;
- Housing Counseling—Predatory Lending;
- Housing Counseling—Section 8 Homeownership;
- Lead Outreach Grants;
- Lead Elimination Action Program;
- Community Development Work-Study;
- ROSS for Resident Services Delivery Model—Elderly;
- ROSS for Resident Services Delivery Model—Family.

Not Available for FY 2003. Funding opportunities that were part of the FY 2002 SuperNOFA but are not available in FY 2003 are:

- ROSS for Resident Management and Business Development;
- ROSS for Capacity Building;
- Rental Assistance for Non-elderly Persons with Disabilities Related to Certain Types of Section 8 Project-Based Development and Section 202, 221(d) and 236 Developments;
- Rental Assistance for Non-elderly Persons with Disabilities in Support of Designated Housing Plans.

Funding will be announced later in the year for:

- Permanent Housing and Special Efforts for Subpopulations Technical Assistance (PHASES–TA);
- Revitalization of Severely Distressed Public Housing (HOPE VI);
- Lead Hazard Reduction Demonstration Program;
- Community Development Block Grants for Indian Tribes and Alaska Native Villages (ICDBG);
- Urban Scholars Postdoctoral Fellowships;
- Research Studies on Homeownership and Affordable Lending;
- 202 Supportive Housing for the Elderly, Planning Grants.

Funding Notices Issued Prior to the SuperNOFA. Due to statutory deadlines for the obligation of funds or for other reasons, there are several programs for which notices of funding availability have been issued prior to the SuperNOFA. These include:

- Collaborative Initiative to Help End Chronic Homelessness;
- Capacity Building for Community Development and Affordable Housing, and;
- Hope VI Demolition Grants;
- Research on the Socio-Economic Change in Cities.

Information on these programs is available on the HUD Web site at *http://www.hud.gov*.

III. The Programs of This SUPERNOFA and the Amount of Funds Allocated

The funding opportunities that are part of this SuperNOFA are identified in the following chart. The amount of funds available is based on funds appropriated in FY 2003 and funds recaptured from prior years' appropriations. In the event that HUD recaptures program funds or other funds become available for a program, HUD reserves the right to increase the available funding by these additional amounts.

The chart also includes the application due date, the OMB approval number for the information collection requirements, and the Catalog of Federal Domestic Assistance (CFDA) number for each funding opportunity.

HUD 2003 SuperNOFA Funding Chart

Program Name	Funding Available (funding is approximate)	Application Due Date	Submission Location and Room Number
Community Development $240.955 million			
Community Development Technical Assistance (TA)	**$22.9 million**		
HOME TA CFDA No. 14.239 OMB Approval No: 2506-0166	$8.3 million	June 4, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410 and a copy to the appropriate HUD Field Office
CHDO (HOME) TA CFDA No: 14.239 OMB Approval No: 2506-0166	$6 million	June 4, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410 and a copy to the appropriate HUD Field Office
McKinney-Vento Homeless Assistance Programs TA CFDA No: 14.241 OMB Approval No: 2506-0166	$6.6 million	June 4, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410 and a copy to the appropriate HUD Field Office
HOPWA TA CFDA No: 14.235 OMB Approval No: 2506-0133	$2 million	June 4, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410 and a copy to the appropriate HUD Field Office
University and College Programs	**$34.092million**		
Historically Black Colleges and Universities (HBCU) Program CFDA No. 14.520 OMB Approval No.: 2506-0122	$9.935 million	June 12, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410 and a copy to appropriate HUD Field Office
Hispanic-Serving Institutions Assisting Communities (HSIAC) Program CFDA No. 14.514 OMB Approval No.: 2528-0198	$7.046 million	June 12, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410

Program Name	Funding Available (funding is approximate)	Application Due Date	Submission Location and Room Number
Alaska Native/Native Hawaiian Communities Program (AN/NHIAC) CFDA No. 14.515 OMB Approval No.: 2528-0206	$6.981 million	June 12, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410
Tribal Colleges and Universities Program (TCUP) CFDA No.: 14.519 OMB Approval No.:	$3.175 million	June 12, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410
Community Outreach Partnership Centers (COPC) CFDA No: 14.511 OMB Approval No: 2528-0180	$5 million	June 24, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410
COPC Community Futures Demonstration CFDA No: 14.511 OMB Approval No: 2528-0180	$1.955 million	June 24, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410
Student Research and Study Programs	**$3.65 million**		
Early Doctoral Student Research Grant Program CFDA No.: 14.517 OMB Approval No.: 2528-0216	$150,000	May 27, 2003	Danya International Inc. Office of University Partnerships Clearinghouse 8737 Colesville Road Suite 1200 Silver Spring, MD 20910
Doctoral Dissertation Research Grant Program CFDA No.: 14.516 OMB Approval No.: 2528-0213	$400,000	May 27, 2003	Danya International Inc. Office of University Partnerships Clearinghouse 8737 Colesville Road Suite 1200 Silver Spring, MD 20910
Community Development Work Study Program CFDA No.: 14.512 OMB Approval No.: 2528-0175	$3.1 million	May 27, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410
Fair Housing Initiative Program	**$17.618 million**		
Fair Housing - Private Enforcement Initiative (PEI) CFDA No. 14.410 OMB Approval No.: 2539-0033	$10.2 million	June 5, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 5254 Washington, DC 20410

Program Name	Funding Available (funding is approximate)	Application Due Date	Submission Location and Room Number
Fair Housing Education and Outreach Imitative –(EOI) CFDA No.14.409 OMB Approval No.: 2539--0033	$5.318 million	June 5, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 5254 Washington, DC 20410
Fair Housing Organizations Initiative (FHOI) CFDA No. 14.413 OMB Approval No.: 2539-0033	$2.1 million	June 5, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 5254 Washington, DC 20410
Housing Counseling Programs	**$37.56 million**		
Housing Counseling – Local Housing Counseling Agencies (LHCA) CFDA No. 14.169 OMB Approval No.: 2502-0261	$12.45 million	June 25, 2003	Appropriate HUD Homeownership Center
Housing Counseling – National and Regional Intermediaries CFDA No. 14. 169 OMB Approval No.: 2502-0261	$18.16 million	June 25, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 9166 Washington, DC 20410
Housing Counseling – State Housing Finance Agencies (SHFA) CFDA No. 14. 169 OMB Approval No.: 2502-0261	$2 million	June 25, 2003	Appropriate HUD Homeownership Center
Housing Counseling – Colonias CFDA No. 14. 169 OMB Approval No.: 2502-0261	$250,000	June 25, 2003	Santa Ana Homeownership Center
Housing Counseling – Predatory Lending CFDA No. 14. 169 OMB Approval No.: 2502-0261	$2.7 million	June 25, 2003	Santa Ana Homeownership Center
Housing Counseling – Section 8 Homeownership CFDA No. 14. 169 OMB Approval No.: 2502-0261	$2 million	June 25, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 9266 Washington, DC 20410

Program Name	Funding Available (funding is approximate)	Application Due Date	Submission Location and Room Number
Healthy Homes and Lead Hazard Control Programs	**$125.135 million**		
Lead Hazard Control Program CFDA No.: 14.900 OMB Control No.: 2539-0015	$103 million	June 10, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room P3206 Washington, DC 20410
Healthy Homes and Lead-Technical Studies CFDA No.: 14.902 OMB Control No.: 2539-0010	$5 million	June 10, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room P3206 Washington, DC 20410
Healthy Homes Demonstration Program CFDA No.: 14.901 OMB Control No.: 2539-0015	$5 million	June 10, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room P3206 Washington, DC 20410
Lead Outreach Grant Program CFDA No: 14.904 OMB Control No	$2.2 million	June 10, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room P3206 Washington, DC 20410
Operation Lead Elimination Action Program CFDA No: 14.903 OMB Control No.	$9.935 million	June 10, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room P3206 Washington, DC 20410
Economic Development and Empowerment Programs $231.334 million			
Economic Development Programs	**$181.66 million**		
Brownfields Economic Development Initiative (BEDI) CFDA No.: 14.246 OMB Control No.:2506-0153	$29.5 million	July 16, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410
Self-Help Homeownership Opportunity Program (SHOP) CFDA No.: 14.247 OMB Control No.: N/A	$25.08 million	July 3, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410
Youthbuild CFDA No.: 14.243 OMB Approval No.: 2506-0142	$54.6 million	June 6, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410

Program Name	Funding Available (funding is approximate)	Application Due Date	Submission Location and Room Number
Rural Housing and Economic Development CFDA No.: 14.250 OMB Approval No.: 2506-0169	$24.8 million	May 27, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410
Housing Choice Voucher (HCV) Family Self-Sufficiency (FSS) Program Coordinators CFDA No.: 14.855 & 14.85 OMB Approval No.: 2577-0198	$47.68 million	May 30, 2003	PIH Grants Management Center Mail Stop: Housing Choice Voucher Family Self-Sufficiency Program 2001 Jefferson Davis Hwy Suite 703 Arlington, VA 22202
Public Housing Resident Opportunity and Self-Sufficiency (ROSS)	**$49.674 million**		
ROSS for Resident Services Delivery Model-Elderly and Persons With Disabilities CFDA No.: 14.870 OMB Approval No.: 2577-0229	$9.30 million	June 11, 2003	PIH Grants Management Center Mail Stop: ROSS for Resident Services Delivery Model-Elderly 2001 Jefferson Davis Hwy Suite 703 Arlington, VA 22202
ROSS for Resident Services Delivery Model- Family CFDA No.: 14.870 OMB Approval No.: 2577-0229	$14.345 million	June 19, 2003	PIH Grants Management Center Mail Stop: ROSS for Resident Services Delivery Model- Family 2001 Jefferson Davis Hwy Suite 703 Arlington, VA 22202
ROSS for Neighborhood Networks CFDA No.: 14.870 OMB Approval No.: 2577-0229	$14.902 million	May 27, 2003	PIH Grants Management Center Mail Stop: ROSS for Neighborhood Networks 2001 Jefferson Davis Hwy Suite 703 Arlington, VA 22202
ROSS for Homeownership Supportive Services CFDA No.: 14.870 OMB Approval No.: 2577-0229	$11.127 million	June 7, 2003	PIH Grants Management Center Mail Stop: ROSS for Homeownership Supportive Services 2001 Jefferson Davis Hwy Suite 703 Arlington, VA 22202

Program Name	Funding Available (funding is approximate)	Application Due Date	Submission Location and Room Number
Targeted Housing and Homeless Assistance Programs $1.822 billion			
Continuum of Care Homeless Assistance Supportive Housing CFDA No. 14.235 Shelter Plus Care CFDA No. 14.238 Section 8 Moderate Rehabilitation SRO CFDA No. 14.249 OMB Approval No. 2506-0112	$1.06 billion	July 15, 2003	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7270 Washington, DC 20410 and two copies to the appropriate HUD Field Office
Housing Opportunities for Persons With AIDS (HOPWA) Renewal Permanent Supportive Housing Projects CDC Study New or Continuing Projects CFDA No.: 14.241 OMB Approval No.: 2506-0133	$28.8 million	June 17, 2003 (renewals) July 9, 2003 (others)	HUD Headquarters Robert C. Weaver Building 451 7th ST SW Room 7251 Washington, DC 20410 and two copies to the appropriate HUD Field Office
Assisted Living Conversion Program for Eligible Multifamily Projects CFDA No.: 14.314 OMB Approval No.: 2502-0542	$64 million	July 10, 2003	Appropriate Multifamily Hub Office
Service Coordinators in Multifamily Housing CFDA No.: 14.191 OMB Approval No.: 2502-0447	$25 million	July 10, 2003	Appropriate HUD Multifamily Hub Office or Multifamily Program Center
Mainstream Housing Opportunities For Persons With Disabilities (Mainstream Program) CFDA No.: 14.871 OMB Approval No.: 2577-0169	$53.6 million	June 18, 2003	Grants Management Center Mail Stop: Mainstream Program 2001 Jefferson Davis Highway Suite 703 Arlington, VA 22202
Section 202 Supportive Housing for the Elderly CFDA No.: 14.157 OMB Approval No.: 2502-0267	$473.8 million	June 13, 2003	Appropriate HUD Multifamily Hub Office or Multifamily Program Center
Section 811 Supportive Housing for Persons With Disabilities CFDA No.: 14.181 OMB Approval No.: 2502-0462	$116.8 million	June 13, 2003	Appropriate HUD Multifamily Hub Office or Multifamily Program Center

Paperwork Reduction Act Statement. The information collection requirements in this SuperNOFA have been approved by OMB under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520). The preceding chart provides the OMB approval number for each program that is part of this SuperNOFA. Where the chart notes that an OMB number is pending, this means that HUD has submitted the information to OMB to obtain an approval number and HUD's request for the number is pending. As soon as HUD receives the approval number, the number will be published in the **Federal Register** and provided to the SuperNOFA Information Center. Under the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

IV. Authority, Funding Amounts, and Eligible Applicants and Activities

(*A*) *Authority.* HUD's authority for making funding available under this SuperNOFA is Division K, Consolidated Appropriations Resolution, 2003, Public Law 108–7, approved February 20, 2003 (FY 2003 Consolidated Appropriations). Generally, this statement of authority is not repeated in the Program Section of this SuperNOFA. The authority provision in the Program Section identifies additional statutes and regulations that authorize the requirements listed for the funding competitions that make up this SuperNOFA.

(*B*) *Funding Available.* As noted in Section III of this General Section of the SuperNOFA, the HUD programs in this SuperNOFA are allocated amounts based on appropriated funds. If HUD recaptures funds in any program, HUD reserves the right to increase the available funding by those amounts.

(*C*) *Eligible Applicants and Eligible Activities.* The Program Section of the SuperNOFA describes the eligible applicants and eligible activities for each program.

V. Requirements and Procedures Applicable to All Programs

Except as may be modified in the Program Section of this SuperNOFA, the requirements, procedures and principles listed below apply to all programs that are part of this SuperNOFA. Please read the Program Section of the SuperNOFA for additional requirements or information.

(*A*) *Statutory and Regulatory Requirements.* To be eligible for funding under this SuperNOFA, you, the applicant, must meet all statutory and regulatory requirements applicable to the program or programs for which you seek funding. If you need copies of the program regulations, they are available from the SuperNOFA Information Center or through the HUD Web site, *http://www.hud.gov.* See the Program Section for instructions on how HUD will respond to proposed activities that are ineligible. With the exception of the Section 202 and Section 811 programs, HUD may also eliminate the ineligible activities from funding consideration and reduce funding amounts accordingly. Because of the competitive demand for Section 202 and Section 811 funds, applications to these two programs that include ineligible activities will be rejected and will not be rated and ranked.

(*B*) *Threshold Requirements.*

(1) Ineligible Applicants. HUD will not consider an application from an ineligible applicant.

(2) Compliance with Fair Housing and Civil Rights Laws.

(a) With the exception of federally recognized Indian tribes and their instrumentalities, all applicants and their subrecipients must comply with all Fair Housing and Civil Rights laws, statutes, regulations, and Executive Orders as enumerated in 24 CFR 5.105(a), as applicable. If you are a federally recognized Indian tribe, you must comply with the non-discrimination provisions enumerated at 24 CFR 1000.12, as applicable. In addition to these requirements, there may be program-specific threshold requirements identified in the Program Sections of the SuperNOFA.

(b) If you, the applicant:

(i) Have been charged with a systemic violation of the Fair Housing Act alleging ongoing discrimination;

(ii) Are a defendant in a Fair Housing Act lawsuit filed by the Department of Justice alleging an on-going pattern or practice of discrimination; or,

(iii) Have received a letter of non-compliance findings, identifying on-going or systemic noncompliance, under Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, or Section 109 of the Housing and Community Development Act; and If the charge, lawsuit, or letter of findings has not been resolved to HUD's satisfaction before the application deadline stated in the individual program NOFA, you may not apply for assistance under this SuperNOFA. HUD will not rate and rank your application. HUD's decision regarding whether a charge, lawsuit, or a letter of findings has been satisfactorily resolved will be based upon whether appropriate actions have been taken to address allegations of on-going discrimination in the policies or practices involved in the charge, lawsuit, or letter of findings.

Examples of actions that may be taken prior to the application deadline to resolve the charge, lawsuit, or letter of findings, include but are not limited to a:

(i) Voluntary compliance agreement signed by all parties in response to the letter of findings;

(ii) HUD-approved conciliation agreement signed by all parties;

(iii) Consent order or consent decree; or

(iv) Judicial ruling or a HUD Administrative Law Judge's decision that exonerates the respondent of any allegations of discrimination.

(3) Conducting Business In Accordance with Core Values and Ethical Standards. Entities subject to 24 CFR parts 84 and 85 (most non-profit organizations and state, local and tribal governments or government agencies or instrumentalities who receive federal awards of financial assistance) are required to develop and maintain a written code of conduct (*see* §§ 84.42 and 85.36(b)(3)). Consistent with regulations governing specific programs, your code of conduct must: prohibit real and apparent conflicts of interest that may arise among officers, employees, or agents; prohibit the solicitation and acceptance of gifts or gratuities by your officers, employees, and agents for their personal benefit in excess of minimal value; and, outline administrative and disciplinary actions available to remedy violations of such standards. If awarded assistance under this SuperNOFA, you will be required, prior to entering into an agreement with HUD, to submit a copy of your code of conduct and describe the methods you will use to ensure that all officers, employees, and agents of your organization are aware of your code of conduct. Failure to meet the requirement for a code of conduct will prohibit you from receiving an award of funds from HUD.

(4) Delinquent Federal Debts. Consistent with the purpose and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), no award of federal funds shall be made to an applicant who has an outstanding delinquent federal debt until: (a) The delinquent account is paid in full; (b) a negotiated repayment schedule is established and at least one payment is received; or (c) other arrangements satisfactory to the Department of Housing and Urban Development are made prior to the deadline submission date.

(5) Pre-Award Accounting System Surveys. HUD may arrange for a pre-award survey of the applicant's

financial management system in cases where the recommended applicant has no prior federal support, the program area has reason to question whether the applicant's financial management system meets federal financial management standards, or the applicant is considered a high risk based upon past performance or financial management findings. HUD will not make an award to any applicant who does not have a financial management system that meets federal standards.

(6) Other Threshold Requirements. The Program Section for the funding for which you are applying may specify other threshold requirements. Additional threshold requirements may be identified in the discussion of ''eligibility'' requirements in the Program Section.

(C) *Additional Non-discrimination Requirements.* You, the applicant, and your subrecipients must comply with the Americans with Disabilities Act of 1990 (42 U.S.C. 1201 *et seq.*) and Title IX of the Education Amendments Act of 1972 (20 U.S.C. 1681 *et seq*).

(D) *Affirmatively Furthering Fair Housing.* Under Section 808(e)(5) of the Fair Housing Act, HUD is obliged to affirmatively further fair housing. HUD requires the same of its funding recipients. If you are a successful applicant, you will have a duty to affirmatively further fair housing opportunities for classes protected under the Fair Housing Act. Protected classes are race, color, national origin, religion, sex, disability, and familial status. Unless otherwise instructed in the Program Section of this SuperNOFA, your application must include specific steps to:

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

(2) Remedy discrimination in housing; and/or

(3) Promote fair housing rights and fair housing choice.

Further, you, the applicant, have a duty to carry out the specific activities provided in your responses to the SuperNOFA rating factors that address affirmatively furthering fair housing. Please see the Program Section of this SuperNOFA for additional information.

The requirements to affirmatively further fair housing apply to:

- Alaska Native/Native Hawaiian Institutions Assisting Communities (AN/NHIAC);
- Assisted Living Conversion Program (ALCP) for Eligible Multifamily Housing Projects;
- Brownfields Economic Development Initiative (BEDI);
- Community Outreach Partnership Centers (COPC);
- Continuum of Care Homeless Assistance Programs (SHP, Shelter Plus Care, Section 8 Moderate Rehab);
- Fair Housing Initiatives Program (FHIP);
- Funding Availability for Rental Certificate/Housing Choice Voucher Family Self-Sufficiency (FSS) Program;
- Healthy Homes Demonstration Program;
- Healthy Homes Initiative and Lead Technical Studies;
- Hispanic-Serving Institutions Assisting Communities (HSIAC);
- Historically Black Colleges and Universities (HBCU) Program;
- Housing Counseling;
- Housing Opportunities for Persons With AIDS (HOPWA);
- Lead Hazard Control Program;
- Mainstream Housing Opportunities for Persons with Disabilities;
- Public Housing Resident Opportunities and Self-Sufficiency (ROSS) Program;
- Rental Assistance for Non-Elderly Persons with Disabilities in Support of Designated Housing Plans;
- Rental Assistance for Non-Elderly Persons with Disabilities Related to Certain Developments;
- Resident Opportunities for Self-Sufficiency (ROSS) for Homeownership Supportive Services;
- Rural Housing and Economic Development (RHED);
- Section 202 Supportive Housing for Elderly Persons;
- Section 811 Supportive Housing for Persons with Disabilities;
- Self-Help Homeownership Opportunity Program (SHOP);
- Service Coordinators in Multifamily Housing; and
- Youthbuild Program.

(E) *Economic Opportunities for Low- and Very Low-Income Persons (Section 3).* Certain programs in this SuperNOFA require recipients of assistance to comply with Section 3 of the Housing and Urban Development Act of 1968 (Section 3), 12 U.S.C. 1701u (Economic Opportunities for Low- and Very Low-Income Persons in Connection with Assisted Projects) and the HUD regulations at 24 CFR part 135, including the reporting requirements at subpart E. Section 3 requires recipients to ensure that, to the greatest extent feasible, training, employment, and other economic opportunities will be directed to low- and very-low income persons, particularly those who are recipients of government assistance for housing, and business concerns which provide economic opportunities to low- and very low-income persons. As noted in the Program Section of this SuperNOFA, Section 3 is applicable to the following programs:

- Alaska Native/Native Hawaiian Institutions Assisting Communities (AN/NHIAC);
- Assisted Living Conversion Program (ALCP);
- Brownfields Economic Development Initiative (BEDI);
- Continuum of Care Homeless Assistance Programs;
- Healthy Homes and Lead Technical Studies;
- Healthy Homes Demonstration Program;
- Hispanic-Serving Institutions Assisting Communities (HSIAC);
- Historically Black Colleges and Universities (HBCU) Program;
- Housing Opportunities for Persons With AIDS (HOPWA);
- Lead Hazard Control;
- Lead Elimination Action Program (LEAP);
- Resident Opportunities and Self-Sufficiency Program (ROSS);
- Rural Housing and Economic Development (RHED);
- Section 202 Supportive Housing for the Elderly Program;
- Section 811 Supportive Housing for Persons with Disabilities Program;
- Self-Help Homeownership Opportunity Program (SHOP); and
- Youthbuild Program.

(F) Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses. HUD is committed to ensuring that small businesses, small disadvantaged businesses, and women-owned businesses participate fully in HUD's direct contracting and in contracting opportunities generated by HUD financial assistance. Too often, these businesses still experience difficulty accessing information and successfully bidding on federal contracts. State, local, and tribal governments are required by 24 CFR 85.36(e) and non-profit recipients of assistance (grantees and sub-grantees) by 24 CFR 84.44(b), to take all necessary affirmative steps in contracting for purchase of goods or services to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible, or as specified in the Program Section.

(G) *Relocation.* The relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and the implementing government-wide regulation at 49 CFR part 24 cover any person who moves

permanently from real property or moves personal property from real property directly because of acquisition, rehabilitation, or demolition for an activity undertaken with HUD assistance. Some HUD program regulations also cover persons who are temporarily relocated. See, *e.g.*, 24 CFR 570.606(b)(2)(i)(D)(1)—(3), providing guidance on temporary relocation for CDBG. Applicants should review the regulations for the programs for which they are applying when planning their project.

(H) *Forms, Certifications, and Assurances.* You, the applicant, are required to submit signed copies of the standard forms, certifications, and assurances listed in this section, unless the requirements in the Program Section specify otherwise. In addition, the Program Section may specify additional forms, certifications, assurances, or other information that may be required for a particular program in this SuperNOFA. As part of HUD's continuing efforts to improve the SuperNOFA process, several of the required standard forms have been simplified this year. The HUD standard forms, certifications, and assurances are:

- Disclosure of Lobbying Activities (SF–LLL);
- Application for Federal Assistance (HUD–424);
- Budget Summary for Competitive Grant Programs (HUD–424C);
- Applicant Assurances and Certifications (HUD–424B);
- Grant Application Detailed Budget (HUD–424–CB);
- Grant Application Detailed Budget Worksheet (HUD–424–CBW);
- Applicant/Recipient Disclosure/ Update Report (HUD–2880);
- Certification of Consistency with RC/EZ/EC Strategic Plan (HUD–2990) if applicable;
- Certification of Consistency with the Consolidated Plan (HUD–2991) if applicable;
- Acknowledgment of Application Receipt (HUD–2993);
- Client Comments and Suggestions (HUD 2994) (Optional);
- Survey on Ensuring Equal Opportunity for Applicants (HUD–23004);
- Race and Ethnic Data Reporting Form (HUD–27061);
- Program Outcome Logic Model (HUD–96010–I).

Copies of these standard forms and the Funding Application for the Housing Choice Voucher Program (HUD 52515) follow this General Section of the SuperNOFA. Copies of forms that are particular to an individual program follow the funding information for that program.

(I) Name Check Review. Applicants are subject to a name check review process. Name checks are intended to reveal matters that significantly reflect on the applicant's management and financial integrity, or if any key individuals have been convicted or are presently facing criminal charges. If the name check reveals significant adverse findings that reflect on the business integrity or responsibility of the recipient and/or key individual, HUD reserves the right to: (a) Deny funding or consider suspension/termination of an award immediately for cause; (b) require the removal of any key individual from association with management of and/or implementation of the award; and (c) make appropriate provisions or revisions with respect to the method of payment and/or financial reporting requirements.

(J) False Statements. A false statement in an application is grounds for denial or termination of an award and grounds for possible punishment as provided in 18 U.S.C. 1001.

(K) OMB Circulars and Government-wide Regulations Applicable to Financial Assistance Programs. Certain OMB circulars also apply to programs in this SuperNOFA. The policies, guidance, and requirements of OMB Circular A–87 (Cost Principles Applicable to Grants, Contracts and Other Agreements with State and Local Governments), OMB Circular A–21 (Cost Principles for Education Institutions), OMB A–122 (Cost Principles for Nonprofit Organizations), OMB Circular A–133 (Audits of States, Local Governments, and Non-Profit Organizations), and the regulations in 24 CFR part 84 (Grants and Agreements with Institutions of Higher Education, Hospitals, and other Non-Profit Organizations), and 24 CFR part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Federally recognized Indian tribal governments), may apply to the award, acceptance, and use of assistance under the programs of this SuperNOFA, and to the remedies for non-compliance, except when inconsistent with the provisions of the FY 2003 Consolidated Appropriations, other federal statutes or regulations, or the provisions of this SuperNOFA. Compliance with additional OMB Circulars or government-wide regulations may be specified for a particular program in the Program Section of the SuperNOFA. Copies of the OMB Circulars may be obtained from EOP Publications, Room 2200, New Executive Office Building, Washington, DC 20503, telephone (202) 395–3080 (this is not a toll-free number) or 1–800–877 8399 (TTY Federal Information Relay Service); or, from the Web site, *http://www.whitehouse.gov/omb/circulars/index.html.*

(L) Environmental Requirements. If you become a recipient under one of the programs in this SuperNOFA that assist physical development activities or property acquisition, you are generally prohibited from acquiring, rehabilitating, converting, demolishing, 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) HUD has completed an environmental review in accordance with 24 CFR part 50; or

(2) For programs subject to 24 CFR part 58, HUD has approved a recipient's Request for Release of Funds (Form HUD 7015.15) following a Responsible Entity's completion of an environmental review.

You, the applicant, should consult the Program Section of the SuperNOFA for the applicable program to determine the procedures for, timing of, and any exclusions from environmental review under a particular program. For applicants applying for funding under the Sections 202 or 811 Programs, please note the environmental review requirements for these programs.

(M) Conflicts of Interest. If you are a consultant or expert who is assisting HUD in rating and ranking applicants for funding under this SuperNOFA, you are subject to 18 U.S.C. 208, the federal criminal conflict of interest statute, and the Standards of Ethical Conduct for Employees of the Executive Branch regulation published at 5 CFR part 2635. As a result, if you have assisted or plan to assist applicants with preparing applications for this SuperNOFA, you may not serve on a selection panel and you may not serve as a technical advisor to HUD for this SuperNOFA. All individuals involved in rating and ranking this SuperNOFA, including experts and consultants, must avoid conflicts of interest or the appearance of conflicts. Individuals involved in the rating and ranking of applications must disclose to HUD's General Counsel or HUD's Ethics Law Division the following information, if applicable: how the selection or non-selection of any applicant under this SuperNOFA will affect the individual's financial interests, as provided in 18 U.S.C. 208; or, how the application process involves a party with whom the individual has a covered relationship under 5 CFR 2635.502. The individual must disclose this information prior to participating in any matter regarding this SuperNOFA. If

you have questions regarding these provisions or if you have questions concerning a conflict of interest, you may call the Office of General Counsel, Ethics Law Division, at (202) 708–3815.

(N) Prohibition Against Lobbying Activities. You, the applicant, are subject to the provisions of Section 319 of the Department of Interior and Related Agencies Appropriation Act for Fiscal Year 1991, 31 U.S.C. 1352 (the Byrd Amendment), which prohibits recipients of federal contracts, grants, or loans from using appropriated funds for lobbying the executive or legislative branches of the federal government in connection with a specific contract, grant, or loan. When you sign Form HUD–424, Application for Federal Assistance, you certify, to the best of your knowledge and belief, that no federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this federal grant or its extension, renewal, amendment, or modification. In addition, you must disclose, using Standard Form LLL ''Disclosure of Lobbying Activities,'' any funds, other than federally appropriated funds, that will be or have been used to influence federal employees, Members of Congress, and congressional staff regarding specific grants or contracts. Federally recognized Indian tribes and tribally designated housing entities (TDHEs) established by federally recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but state-recognized Indian tribes and TDHEs established under state law must comply with this requirement.

(O) Accessible Technology. The Rehabilitation Act Amendments of 1998 (the Act) apply to all electronic information technology (EIT) used by a recipient for transmitting, receiving, using, or storing information to carry out the responsibilities of any federal funds awarded. The Act's coverage includes, but is not limited to, computers (hardware, software, word-processing, email, and web pages), facsimile machines, copiers, and telephones. When developing, procuring, maintaining, or using EIT, funding recipients must ensure that the EIT allows employees with disabilities and members of the public with disabilities to have access to and use of information and data that is comparable to the access and use of information and data by employees and members of the public who do not have disabilities. If these standards impose a hardship on a funding recipient, a recipient may provide an alternative means to allow the individual to use the information and data. However, no recipient will be required to provide information services to a person with disabilities at any location other than the location at which the information services is generally provided.

(P) Procurement of Recovered Materials. State agencies and agencies of a political subdivision of a state that are using assistance under this SuperNOFA for procurement, and any person contracting with such an agency with respect to work performed under an assisted contract, must comply with the requirements of Section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. In accordance with Section 6002, these agencies and persons must procure items designated in guidelines of the Environmental Protection Agency at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds $10,000 or the quantity acquired in the preceding fiscal year exceeded $10,000; must procure solid waste management services in a manner that maximizes energy and resource recovery; and must have established an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

(Q) Participation in HUD-Sponsored Program Evaluation. As a condition of the receipt of financial assistance under this SuperNOFA all successful applicants will be required to cooperate with all HUD staff or contractors performing HUD-funded research and evaluation studies.

(R) Executive Order 13202, Preservation of Open Competition and Government Neutrality Towards Government Contractors' Labor Relations on Federal and Federally Funded Construction Projects. Consistent with Executive Order 13202, ''Preservation of Open Competition and Government Neutrality Towards Government Contractors' Labor Relations on Federal and Federally Funded Construction Projects,'' as amended, it is a condition of receipt of assistance under this SuperNOFA that neither you nor any subrecipient or program beneficiary receiving funds under an award granted under this SuperNOFA, nor any construction manager acting on behalf of you or any such subrecipient or program beneficiary, may require bidders, offerors, contractors, or subcontractors to enter into or adhere to any agreement with any labor organization on any construction project funded in whole or in part by such award or on any related federally funded construction project; or prohibit bidders, offerors, contractors, or subcontractors from entering into or adhering to any such agreement on any such construction project; or otherwise discriminate against bidders, offerors, contractors, or subcontractors on any such construction project because they become or refuse to become or remain signatories or otherwise to adhere to any such agreements. Contractors and subcontractors are not prohibited from voluntarily entering into such agreements. A recipient or its construction manager may apply to HUD under Section 5(c) of the Executive Order for an exemption from these requirements for a project where a construction contract on the project had been awarded as of February 17, 2001, and was subject to requirements that are prohibited under the Executive Order.

(S) Executive Order 13166, Improving Access to Persons With Limited English Proficiency (LEP). Consistent with Executive Order 13166, ''Improving Access to Persons With Limited English Proficiency (LEP'') issued on August 11, 2000, all HUD recipients should take reasonable steps to provide certain materials and information available in languages other than English. The determination as to what materials, languages, and modes of translation/interpretation services should be used shall be based upon: (a) The specific needs and capabilities of the LEP populations among the award recipient's program beneficiaries and potential beneficiaries of assistance (*e.g.* tenants, community residents, counselees, trainees, etc.); (b) the recipient's primary and major program purposes; (c) resources of the recipient and size of the program; and (d) local housing, demographic, and community conditions and needs. Further guidance may be found at *http://www.lep.gov.*

(T) Executive Order 13279 Equal Protection of the Laws for Faith-Based and Community Organizations. HUD is committed to full implementation of 13279 and has undertaken a review of all policies and regulations that have implications for faith-based and community organizations, and has established a policy priority to provide full and equal access to grass-roots faith-based and other community-based organizations in HUD program implementation. As part of HUD's efforts to support the Administration's

Initiative, HUD has included Form HUD–23004, Survey on Ensuring Equal Opportunity for Applicants, with the standard forms in Appendix B of the General Section of this SuperNOFA. HUD asks that applicants complete this form to help HUD assess the extent of participation by grassroots faith-based and other community-based organizations.

(U) Salary Limitation for Consultants. FY 2003 funds may not be used to pay or to provide reimbursement for payment of the salary of a consultant at more than the daily equivalent of the rate paid for level IV of the Executive Schedule, unless specifically authorized by law.

VI. Application Selection Process

(A) Threshold Compliance. Only applications that meet all of the threshold requirements will be eligible to be rated and ranked.

(B) Rating Panels. To review and rate applications, HUD may establish panels which may include persons not currently employed by HUD. HUD may include these non-HUD employees to obtain certain expertise and outside points of view, including views from other federal agencies.

Rating. HUD will evaluate and rate all applications for funding that meet the threshold requirements.

• Past Performance. In evaluating applications for funding HUD will take into account applicants' past performance in managing funds, including the ability to account for funds appropriately; timely use of funds received either from HUD or other federal, state, or local programs; meeting performance targets for completion of activities and receipt of promised matching or leveraged funds; and, number of persons to be served or targeted for assistance. HUD may consider information available from HUD's records or available from public sources such as, but not limited to, newspapers, Inspector General or Government Accounting Office Reports or Findings, and/or hotline complaints that have been proven to have merit.

• Deducting Points for Poor Performance. In evaluating past performance, HUD may elect to deduct points from the rating score or establish threshold levels as specified under the Factors for Award in the Program Section of this SuperNOFA.

Ranking. HUD will rank applicants within each program or, for Continuum of Care applicants, across the three programs identified in the Continuum of Care section of this SuperNOFA. HUD will rank applicants only against those applying for the same program funding. Where there are set-asides within a program competition, you, the applicant, will compete against only those applicants in the same set-aside competition.

(C) Factors for Award Used to Evaluate and Rate Applications. For each program that is part of this SuperNOFA, the points awarded for the rating factors total 100. Depending upon the program for which you, the applicant, are seeking funding, the funding opportunity may provide for up to four bonus points as provided in paragraphs (1) and (2) of this Section VI(C).

(1) RC/EZ/EC. The SuperNOFA provides for the award of two bonus points for eligible activities/projects that the applicant proposes to be located in federally designated Empowerment Zones (EZs), Enterprise Communities (ECs), Urban Enhanced Enterprise Communities (EECs), Strategic Planning Communities, or Renewal Communities (RCs), that serve the residents of these areas, and are certified to be consistent with the area's strategic plan. (For ease of reference in the SuperNOFA, all these federally designated areas are collectively referred to as ''RC/EZ/ECs'' and residents of any of these federally designated areas as ''RC/EZ/EC residents.'') The individual funding announcement will indicate if the bonus points are available for that funding. The SuperNOFA contains a certification that must be completed for the applicant to be considered for RC/EZ/EC bonus points. A list of RCs, EZs, ECs, EECs, and Strategic Planning Communities is attached to this General Section of the SuperNOFA as Appendix A–2 and is also available from the SuperNOFA Information Center, and the HUD Web site, *http://www.hud.gov.*

(2) Brownfields Show Case Communities: In the BEDI competition, two bonus points are available for federally designated Brownfields Show Case Communities. (Please see BEDI section of this SuperNOFA for additional information.) A list of the federally designated RCs, EZs, ECs, Enhanced ECs, and Brownfields Show Case Communities is available from the SuperNOFA Information Center or through the HUD Web site, *http://www.hud.gov.*

(D) The Five Standard Rating Factors for FY 2003. The majority of programs in this SuperNOFA use the five rating factors described below. Additional details about the five rating factors and the maximum points for each factor are provided in the Program Section of the SuperNOFA. You, the applicant, should carefully read the factors for award as described in the Program Section of the SuperNOFA. HUD has established these five factors as the basic factors for award in every program that is part of this SuperNOFA. For a specific funding opportunity, however, HUD may modify these factors to take into account specific program needs or statutory or regulatory limitations imposed on a program. The standard factors for award, except as modified in the program area section, are:

Factor 1: Capacity of the Applicant and Relevant Organizational Staff
Factor 2: Need/Extent of the Problem
Factor 3: Soundness of Approach
Factor 4: Leveraging Resources
Factor 5: Achieving Results and Program Evaluation

The Continuum of Care Homeless Assistance Program has only two factors that receive points: Need and Continuum of Care.

(E) Negotiation. After HUD has rated and ranked all applications and made selections, HUD may require, depending upon the program, that all selected applicants participate in negotiations to determine the specific terms of the funding agreement and budget. In cases where HUD cannot successfully conclude negotiations with a selected applicant or a selected applicant fails to provide HUD with requested information, an award will not be made to that applicant. In this instance, HUD may offer an award, and proceed with negotiations with the next highest-ranking applicant.

(F) Adjustments to Funding.

(1) HUD reserves the right to fund less than the full amount requested in your application to ensure the fair distribution of funds and ensure that the purposes or requirements of a specific program are met.

(2) HUD will not fund any portion of your application that: is not eligible for funding under specific program statutory or regulatory requirements; does not meet the requirements of this SuperNOFA; or may be duplicative of other funded programs or activities from prior year awards or other selected applicants. Only the eligible portions of your application (including non-duplicative portions) may be funded.

(3) If funds remain after funding the highest-ranking applications, HUD may fund all or part of the next highest-ranking application in a given program. If you, the applicant, turn down an award offer, HUD will make an offer of funding to the next highest-ranking application. If funds remain after all selections have been made, remaining funds may be available for other competitions for each program where there is a balance of funds.

(4) In the event HUD commits an error that, when corrected, would result in selection of an otherwise eligible applicant during the funding round of this SuperNOFA, HUD may select that applicant when sufficient funds become available.

(G) Performance and Compliance Actions of Funding Recipients. HUD will measure and address the performance and compliance actions of funding recipients in accordance with the applicable standards and sanctions of their respective programs.

VII. Application Submission Requirements

Be sure to read and follow the application submission requirements published in the Program Section for which you are applying. As noted above, once you have submitted one signed, original set of forms, certifications and assurances, you may send copies of these standard items with each additional application you submit.

VIII. Corrections to Deficient Applications

After the application due date, HUD may not, consistent with its regulations in 24 CFR part 4, subpart B, consider any unsolicited information you, the applicant, may want to provide. HUD may contact you to clarify an item in your application or to correct technical deficiencies. HUD may not seek clarification of items or responses that improve the substantive quality of your response to any rating factors. In order not to unreasonably exclude applications from being rated and ranked, HUD may contact applicants to ensure proper completion of the application and will do so on a uniform basis for all applicants. Examples of curable (correctable) technical deficiencies include failure to submit the proper certifications or failure to submit an application that contains an original signature by an authorized official or failure to submit the requested number of copies. In each case, HUD will notify you in writing by describing the clarification or technical deficiency. HUD will notify applicants by facsimile or by USPS, return receipt requested. Clarifications or corrections of technical deficiencies in accordance with the information provided by HUD must be submitted within 14 calendar days of the date of receipt of the HUD notification. (If the due date falls on a Saturday, Sunday, or federal holiday, your correction must be received by HUD on the next day that is not a Saturday, Sunday, or federal holiday.) If the deficiency is not corrected within this time period, HUD will reject the application as incomplete and it will not be considered for funding. (Sections 202 and 811 Programs provide for appeal of rejection of an application on technical deficiency. Please see the Program Section for these programs for additional information and instructions.)

IX. Findings and Certifications

Environmental Impact. A Finding of No Significant Impact with respect to the environment has been made in accordance with HUD regulations at 24 CFR part 50 that implement Section 102(2)(C) of the National Environmental Policy Act of 1969 (42 U.S.C. 4332). The Finding of No Significant Impact is available for public inspection between 8:00 a.m. and 5:00 p.m. in the Office of the General Counsel, Regulations Division, Room 10276, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410–0500.

X. Executive Orders and Congressional Intent

(A) Executive Order 13132, Federalism. Executive Order 13132 prohibits, to the extent practicable and permitted by law, an agency from promulgating policies that have federalism implications and either impose substantial direct compliance costs on state and local governments and are not required by statute, or preempt state law, unless the relevant requirements of Section 6 of the Executive Order are met. This SuperNOFA does not have federalism implications and does not impose substantial direct compliance costs on state and local governments or preempt state law within the meaning of the Executive Order.

(B) Executive Order 12372, Intergovernmental Review of Federal Programs. Executive Order 12372 was issued to foster intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of federal financial assistance and direct federal development. HUD implementing regulations are published in 24 CFR part 52. The Order allows each state to designate an entity to perform a state review function. The official listing of State Points of Contact (SPOC) for this review process can be found at *http://www.whitehouse.gov/omb/grants/spoc.html.* States not listed on the website have chosen not to participate in the intergovernmental review process and, therefore, do not have a SPOC. If your state has a SPOC, you should contact them to see if they are interested in reviewing your application prior to submission to HUD. Please make sure that you allow ample time for this review process when developing and submitting your applications. If your state does not have a SPOC, you may send applications directly to HUD.

(C) Sense of Congress. It is the sense of Congress, as published in section 409(a) of the Conference Report of HJR 2, that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made.

XI. Public Access, Documentation and Disclosure

(A) Section 102 of the HUD Reform Act, Documentation and Public Access Requirements. Section 102 of the Department of Housing and Urban Development Reform Act of 1989 (42 U.S.C. 3545) (HUD Reform Act) and the regulations codified in 24 CFR part 4, subpart A, contain a number of provisions that are designed to ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. On January 14, 1992, HUD published a notice that also provides information on the implementation of Section 102 (57 FR 1942). The documentation, public access, and disclosure requirements of Section 102 apply to assistance awarded under this SuperNOFA as follows:

(1) Documentation, public access, and disclosure requirements. HUD will ensure that documentation and other information regarding each application submitted pursuant to this SuperNOFA are sufficient to indicate the basis upon which assistance was provided or denied. This material, including any letters of support, will be made available for public inspection for a five-year period beginning not less than 30 days after the award of the assistance. Material will be made available in accordance with the Freedom of Information Act (5 U.S.C. 552) and HUD's implementing regulations (24 CFR part 15).

(2) HUD Form 2880. HUD will also make available to the public for five years all applicant disclosure reports (HUD Form 2880) submitted in connection with this SuperNOFA. Update reports (also reported on HUD Form 2880) will be made available along with the applicant disclosure reports, but in no case for a period of less than three years. All reports, both applicant disclosures and updates, will be made available in accordance with the Freedom of Information Act (5 U.S.C. 552) and HUD's implementing regulations (24 CFR part 5).

(3) Publication of Recipients of HUD Funding. HUD's regulations at 24 CFR part 4 provide that HUD will publish a notice in the **Federal Register** to notify the public of all decisions made by the Department to provide:

(i) Assistance subject to Section 102(a) of the HUD Reform Act; and/or

(ii) Assistance provided through grants or cooperative agreements on a discretionary (non-formula, non-demand) basis, but that is not provided on the basis of a competition.

(4) Debriefing. Beginning 30 days after the awards for assistance are publicly announced and for at least 120 days after awards for assistance are publicly announced, HUD will provide a debriefing to any applicant requesting one on their application. All debriefing requests must be made in writing or by email by the authorized official whose signature appears on the SF–424 or his or her successor in office, and submitted to the person or organization identified as the Contact under the section entitled ''Further Information and Technical Assistance'' in the Program Section of the SuperNOFA under which you applied for assistance. Information provided during a debriefing will include, at a minimum, the final score you received for each rating factor, final evaluator comments for each rating factor, and the final assessment indicating the basis upon which assistance was provided or denied.

(B) Section 103 of the HUD Reform Act. HUD's regulations implementing Section 103 of the Department of Housing and Urban Development Reform Act of 1989 (42 U.S.C. 3537a), codified in 24 CFR part 4, subpart B, section 4.26(2)(c) *et. seq.* and 4.28 apply to this funding competition. The regulations continue to apply until the announcement of the selection of successful applicants. HUD employees involved in the review of applications and in the making of funding decisions are limited by the regulations from providing advance information to any person (other than an authorized employee of HUD) concerning funding decisions or from otherwise giving any applicant an unfair competitive advantage. Persons who apply for assistance in this competition should confine their inquiries to the subject areas permitted under 24 CFR part 4.

Applicants or employees who have ethics related questions should contact the HUD Ethics Law Division at 202–708–3815. (This is not a toll-free number.) HUD employees who have specific program questions should contact the appropriate field office counsel or Headquarters counsel for the program to which the question pertains.

XII. The FY 2003 SUPERNOFA Process and Future HUD Funding Processes

Each year, HUD strives to improve its SuperNOFA. The FY 2003 SuperNOFA was revised based upon comments received during the FY 2002 funding process. HUD continues to welcome comments and feedback from applicants and other members of the public on how HUD may further improve its competitive funding process. In FY 2004, as part of Public Law 106–107 streamlining efforts and the interagency eGrants Initiative, HUD anticipates making considerable changes to the format and presentation of its funding notices. We are continually striving to ensure effective communication with our program funding recipients and potential funding recipients. HUD has been posting pertinent documents related to these efforts on its website. HUD encourages you to visit our website on an ongoing basis to keep abreast of the latest developments. Our website address for information on the eGrants Initiative is *http://www.hud.gov/offices/adm/grants/egrants/egrants.cfm.* Information on Grant streamlining activities can be found on *http://www.hud.gov/offices/adm/grants/pl-106107/pl106–107.cfm.*

The description of programs for which funding is available under this SuperNOFA follows this General Section and its appendices.

Dated: April 15, 2003.

Mel Martinez,

Secretary.

APPENDIX A-1. LIST OF HUD FIELD OFFICES

Persons with hearing or speech impediments may access any of these numbers via TTY by calling the Federal Relay Service at 800–877–8339.

Region	Office	Address and phone numbers
NEW ENGLAND	Bangor, ME	Bangor Office 202 Harlow Street - Chase Bldg. Suite 101 P.O. Box 1384 Bangor, ME 04402-1384 OFC PHONE (207) 945-0467 FAX (207) 945-0533
	Boston, MA	Massachusetts State Office O'Neil Federal Building 10 Causeway Street, Room. 301 Boston, MA 02222-1092 OFC PHONE (617) 994-8200 FAX (617) 565-5257
	Burlington, VT	Burlington Office 159 Bank Street, 2nd Floor Burlington, VT 5401 OFC PHONE (802) 951-6290 FAX (802) 951-6298
	Hartford, CT	Hartford Office One Corporate Center Hartford, CT 06103-3220 OFC PHONE (860) 240-4800 x3100 FAX (860) 240-4850
	Manchester, NH	Manchester Office Norris Cotton Federal Bldg. 275 Chestnut Street Manchester, NH 03103-2487 OFC PHONE (603) 666-7510 x3016 FAX (603) 666-7667
	Providence, RI	Providence Office 10 Weybosset Street Sixth Floor Providence, RI 02903-2808 OFC PHONE (401) 528-5230 FAX (401) 528-5097
NEW YORK/NEW JERSEY	Albany, NY	Albany Area Office 52 Corporate Circle Albany, NY 12203-5121 OFC PHONE (518) 464-4200 Ext. 4204 FAX (518) 464-4300
	Buffalo, NY	Buffalo Area Office Lafayette Court, 5th Floor 465 Main Street Buffalo, NY 14203-1780 OFC PHONE (716) 551-5733 Ext. 5000 FAX (716) 551-5752
	Camden, NJ	Camden Area Office 2nd Floor - Hudson Bldg. 800 Hudson Square Camden, NJ 08102-1156 OFC PHONE (856) 757-5081 FAX (856) 757-5373
	New York, NY	New York State Office 26 Federal Plaza - Suite 3541 New York, NY 10278-0068 OFC PHONE (212) 264-1161 FAX (212) 264-3068
	Newark, NJ	Newark Office One Newark Center 13th Floor Newark, NJ 07102-5260 OFC PHONE (973) 622-7900 Ext. 3300 FAX (973) 645-2323
	Syracuse, NY	Syracuse Field Office 128 Jefferson Street Syracuse, NY 13202 OFC PHONE (315) 477-0616 FAX (315) 477-0196
MID-ATLANTIC	Baltimore, MD	Baltimore Office 10 South Howard Street, 5th Floor Baltimore, MD 21201-2505 OFC PHONE (410) 962-2520 Ext. 3474 FAX (410) 962-1849
	Charleston, WV	West Virginia State Office 405 Capitol Street, Suite 708 Charleston, WV 25301-1795 OFC PHONE (304) 347-7000 FAX (304) 347-7050
	Philadelphia, PA	Pennsylvania State Office The Wanamaker Building 100 Penn Square, East Philadelphia, PA 19107-3380 OFC PHONE (215) 656-0600 FAX (215) 656-3445
	Pittsburgh, PA	Pittsburgh Area Office 339 Sixth Avenue - Sixth Floor Pittsburgh, PA 15222-2515 OFC PHONE (412) 644-6436 FAX (412) 644-4240
	Richmond, VA	Richmond Office 600 East Broad Street Richmond, VA 23219 OFC PHONE (804) 771-2100 FAX (804) 771-2090
	Washington, DC	Washington, DC Office 820 First Street NE, Suite 300 Washington, DC 20002-4205 OFC PHONE (202) 275-9200 FAX (202) 275-9212
	Wilmington, DE	Wilmington Office 920 King Street, Suite 404 Wilmington, DE 19801 OFC PHONE (302) 573-6300 FAX (302) 573-6259
SOUTHEAST/CARIBBEAN	Atlanta, GA	Georgia State Office 40 Marietta Street - Five Points Plaza Atlanta, GA 30303-2806 OFC PHONE (404) 331-4111 FAX (404) 730-2392
	Birmingham, AL	Birmingham Office Medical Forum Building 950 22nd Street, North, Suite 900 Birmingham, AL 35203-2617 OFC PHONE (205) 731-2617 FAX (205) 731-2593

APPENDIX A-1. LIST OF HUD FIELD OFFICES

Persons with hearing or speech impediments may access any of these numbers via TTY by calling the Federal Relay Service at 800–877–8339.

Region	Office	Address and phone numbers
	Columbia, SC	South Carolina State Office 1835 Assembly Street 11th Floor Columbia, SC 29201-2480 OFC PHONE (803) 765-5592 FAX (803) 253-3040
	Greensboro, NC	North Carolina State Office Koger Building 2306 West Meadowview Road Greensboro, NC 27401-3707 OFC PHONE (336) 547-4001, 4002,4003 FAX (336) 547-4138
	Jackson, MS	Mississippi State Office McCoy Federal Building 100 W. Capitol Street, Room 910 Jackson, MS 39269-1096 OFC PHONE (601) 965-4757 FAX (601) 965-4773
	Jacksonville, FL	Jacksonville Area Office 301 West Bay Street, Suite 2200 Jacksonville, FL 32202-5121 OFC PHONE (904) 232-2627 FAX (904) 232-3759
	Knoxville, TN	Knoxville Area Office 710 Locust Street, SW, Suite 310 Knoxville, TN 37902-2526 OFC PHONE (865) 545-4384 FAX (423) 545-4569
	Louisville, KY	Kentucky State Office 601 West Broadway PO Box 1044 Louisville, KY 40202 OFC PHONE (502) 582-5251 FAX (502) 582-6074
	Memphis, TN	Memphis Area Office 200 Jefferson Avenue, Suite 1200 Memphis, TN 38103-2335 OFC PHONE (901) 544-3367 FAX (901) 544-3697
	Miami, FL	Florida State Office 909 SE First Avenue Miami, FL 33131 OFC PHONE (305) 536-4652 FAX (305) 536-5765
	Nashville, TN	Tennessee State Office 235 Cumberland Bend, Suite 200 Nashville, TN 37228-1803 OFC PHONE (615) 736-5213 ext. 7120 FAX (615) 736-2018
	Orlando, FL	Orlando Area Office 3751 Maguire Boulevard, Room 270 Orlando, FL 32803-3032 OFC PHONE (407) 648-6441 FAX (407) 648-6310
	San Juan, PR	Caribbean Office 171 Carlos E. Chardon Avenue San Juan, PR 00918-0903 OFC PHONE (787) 766-5201 FAX (787) 766-5995
	Tampa, FL	Tampa Area Office 500 Zack Street, Suite 402 Tampa, FL 33602-3945 OFC PHONE (813) 228-2026 FAX (813) 228-2431
MIDWEST	Chicago, IL	Illinois State Office Ralph Metcalfe Federal Building 77 West Jackson Boulevard Chicago, IL 60604-3507 OFC PHONE (312) 353-5680 FAX (312) 886-2729
	Cincinnati, OH	Cincinnati Area Office 15 East 7th Street Cincinnati, OH 45202 OFC PHONE (513) 684-3451 FAX (513) 684-6224
	Cleveland, OH	Cleveland Area Office 1350 Euclid Avenue, Suite 500 Cleveland, OH 44115-1815 OFC PHONE (216) 522-4058 FAX (216) 522-4067
	Columbus, OH	Ohio State Office 200 North High Street, Room 700 Columbus, OH 43215-2499 OFC PHONE (614) 469-2540 FAX (614) 469-2432
	Detroit, MI	Michigan State Office 477 Michigan Avenue Detroit, MI 48226-2592 OFC PHONE (313) 226-7900 FAX (313) 226-5611
	Flint, MI	Flint Area Office Municipal Center, North Building 1101 S. Saginaw Street Flint, MI 48502-1953 OFC PHONE (810) 766-5110 FAX (810) 766-5122
	Grand Rapids, MI	Grand Rapids Area Office Trade Center Building 50 Louis Street, N.W. Grand Rapids, MI 49503-2633 OFC PHONE (616) 456-2100 FAX (616) 456-2114
	Indianapolis, IN	Indianapolis State Office 151 North Delaware Street, Suite 1200 Indianapolis, IN 46204-2526 OFC PHONE (317) 226-6303 Ext. 7034 FAX (317) 226-6317
	Milwaukee, WI	Wisconsin State Office 310 West Wisconsin Avenue, Room 1380 Milwaukee, WI 53203-2289 OFC PHONE (414) 297-3214 Ext. 8000 FAX (414) 297-3947

APPENDIX A-1. LIST OF HUD FIELD OFFICES

Persons with hearing or speech impediments may access any of these numbers via TTY by calling the Federal Relay Service at 800–877–8339.

Region	Office	Address and phone numbers
	Minneapolis, MN	Minnesota State Office Kinnard Financial Center 920 Second Avenue South, Suite 1300 Minneapolis, MN 55402 OFC PHONE (612) 370-3000 Ext. 2201 FAX (612) 370-3220
	Springfield, IL	Springfield Office 320 West Washington St., 7th Fl. Springfield, IL 62707 OFC PHONE (217) 492-4120 FAX (217) 492-4154
SOUTHWEST	Albuquerque, NM	New Mexico State Office 625 Silver Avenue SW, Suite 100 Albuquerque, NM 87102-3185 OFC PHONE (505) 346-6463 Ext. 7332 FAX (505) 346-6704
	Dallas, TX	Dallas Office 525 Griffin Street, Rm. 860 Dallas, TX 75202-5007 OFC PHONE (214) 767-8300 FAX (214) 767-8973
	Ft. Worth, TX	Texas State Office 801 Cherry St. P.O. Box 2905 Ft. Worth, TX 76113-2905 OFC PHONE (817) 978-5980 FAX (817) 978-5567
	Houston, TX	Houston Area Office 2211 Norfolk #200 Houston, TX 77098-4096 OFC PHONE (713) 313-2274 Ext. 7021 FAX (713) 313-2319
	Little Rock, AR	Arkansas State Office 425 West Capitol Avenue #900 Little Rock, AR 72201-3488 OFC PHONE (501) 324-5401 FAX (501) 324-6142
SOUTHWEST	Lubbock, TX	Lubbock Area Office 1205 Texas Avenue, Room. 511 Lubbock, TX 79401-4093 OFC PHONE (806) 472-7265 Ext. 3030 FAX (806) 472-7275
	New Orleans, LA	New Orleans Office Hale Boggs Bldg. 501 Magazine St. 9th Fl. New Orleans, LA 70130-3099 OFC PHONE (504) 589-7201 FAX (504) 589-6619
	Oklahoma City, OK	Oklahoma State Office 500 W. Main Street, Suite 400 Oklahoma City, OK 73102-2233 OFC PHONE (405) 553-7500 FAX (405) 553-7588
	San Antonio, TX	San Antonio Area Office 106 South Saint Mary, 1 Alamo Plaza San Antonio, TX 78207-4563 OFC PHONE (210) 475-6806 FAX (210) 472-6804
	Shreveport, LA	Shreveport Area Office 401 Edwards Street, Room. 1510 Shreveport, LA 71101 OFC PHONE (318) 676-3440 FAX (318) 676-3407
	Tulsa, OK	Tulsa Area Office 1516 S Boston Ave, Suite 100 Tulsa, OK 74119 OFC PHONE (918) 581-7434 FAX (918) 581-7440
GREAT PLAINS	Des Moines, IA	Des Moines Office 210 Walnut Street, Rm. 239 Des Moines, IA 50309-2155 OFC PHONE (515) 284-4573 FAX (515) 284-4743
	Kansas City, KS	Kansas State Office 400 State Avenue, Room 200 Kansas City, KS 66101-2406 OFC PHONE (913) 551-5462 FAX (913) 551-5469
	Omaha, NE	Omaha Office 10909 Mill Valley Road, Suite 100 Omaha, NE 68154-3955 OFC PHONE (402) 492-3103 FAX (402) 492-3150
	St. Louis, MO	Missouri State Office 1222 Spruce Street #3207 St. Louis, MO 63103-2836 OFC PHONE (314) 539-6560 FAX (314) 539-6384
ROCKY MOUNTAINS	Casper, WY	Wyoming Office 100 East B Street, Rm. 1010 Casper, WY 82601-1969 OFC PHONE (307) 261-6251 FAX (307) 261-6245
	Denver, CO	Colorado State Office 633 17th Street, 14th Fl. Denver, CO 80202-3607 OFC PHONE (303) 672-5440 FAX (303) 672-5004
	Fargo, ND	North Dakota State Office 657 2nd Avenue North, Room 366 Fargo, ND 58108 OFC PHONE (701) 239-5040 FAX (701) 239-5249
	Helena, MT	Helena Field Office Power Block Bldg. 7 W 6th Avenue Helena, MT 59601 OFC PHONE (406) 449-5050 FAX (406) 449-5052
	Salt Lake City, UT	Salt Lake City Office 125 South State Street, Suite 3001 Salt Lake City, UT 84138 OFC PHONE (801) 524-6070 FAX (801) 524-3439

APPENDIX A-1. LIST OF HUD FIELD OFFICES

Persons with hearing or speech impediments may access any of these numbers via TTY by calling the Federal Relay Service at 800–877–8339.

Region	Office	Address and phone numbers
	Sioux Falls, SD	South Dakota State Office 2400 West 49th Street, Room. I-201 Sioux Falls, SD 57105-6558 OFC PHONE (605) 330-4223 FAX (605) 330-4428
PACIFIC/HAWAII	Fresno, CA	Fresno Area Office 2135 Fresno Street, Suite 100 Fresno, CA 93721-1718 OFC PHONE (559) 487-5033 FAX (559) 487-5191
	Honolulu, HI	Hawaii State Office 500 Ala Moana Blvd. #3A Honolulu, HI 96813-4918 OFC PHONE (808) 522-8175 Ext. 256 FAX (808) 522-8194
	Las Vegas, NV	Nevada State Office Atruim Bldg. 333 N. Rancho Drive - Suite 700 Las Vegas, NV 89106-3714 OFC PHONE (702) 388-6208 Ext. 6500 FAX (702) 388-6244
	Los Angeles, CA	Los Angeles Area Office 611 W. Sixth Street, Suite 800 Los Angeles, CA 90017 OFC PHONE (213) 894-8007 FAX (213) 894-8110
	Phoenix, AZ	Arizona State Office One Central Avenue, Suite 600 Phoenix, AZ 85004 OFC PHONE (602) 379-7100 FAX (602) 379-3985
	Reno, NV	Reno Area Office 3702 S. Virginia Street, Suite G-2 Reno, NV 89502-6581 OFC PHONE (775) 784-5356 FAX (775) 784-5066
	Sacramento, CA	Sacramento Area Office 925 L Street, Suite 175 Sacramento, CA 95814 OFC PHONE (916) 498-5220 Ext. 322 FAX (916) 498-5262
	San Diego, CA	San Diego Area Office Symphony Towers 750 B Street, Suite 1600 San Diego, CA 92101-8131 OFC PHONE (619) 557-5310 FAX (619) 557-5312
	San Francisco, CA	Fresno Area Office 450 Golden Gate Avenue P.O. Box 36003 San Francisco, CA 94102-3448 OFC PHONE (415) 436-6550 FAX (415) 436-6446
	Santa Ana, CA	Santa Ana Area Office 1600 N. Broadway, Suite 101 Santa Ana, CA 92706-3927 OFC PHONE (714) 796-5577 Ext. 3006 FAX (714) 796-1285
	Tucson, AZ	Tucson Area Office 160 N. Stone Ave Tucson, AZ 85701 OFC PHONE (520) 670-6000 FAX (520) 670-6207
NORTHWEST/ALASKA	Anchorage, AK	Alaska State Office 949 East 36th Avenue, Suite 401 Anchorage, AK 99508-4399 OFC PHONE (907) 271-4170 FAX (907) 271-3778
	Boise, ID	Idaho State Office Plaza IV, Suite 220 800 Park Boulevard Boise, ID 83712-7743 OFC PHONE (208) 334-1990 FAX (208) 334-9648
	Portland, OR	Oregon State Office 400 SW 6th Avenue #700 Portland, OR 97204-1632 OFC PHONE (503) 326-2561 FAX (503) 326-2568
	Seattle, WA	Washington State Office 909 First Avenue, Suite 200 Seattle, WA 98104-1000 OFC PHONE (206) 220-5101 FAX (206) 220-5108
	Spokane, WA	Spokane Area Office US Courthouse Bldg. 920 W. Riverside, Suite 588 Spokane, WA 99201-1010 OFC PHONE (509) 353-0674 ext. 3102 FAX (509) 353-0682

Appendix A-2 -- List of EZs, ECs, Urban Enhanced Enterprise Communities, Strategic Planning Communities, and Renewal Communities

Anchorage, AK

Susan Fison, Municipality of Anchorage, Department of Community Planning and Development
632 W. Sixth Ave.
Anchorage, AK 99501
(Ph.) 907-343-4303 (Fax) 907-343-4220
FisonSR@ci.anchorage.ak.us

Metlakatla Indian Community, AK

Solomon Atkinson, Metlakatla Indian Enterprise Community,
P.O. Box 8
Metlakatla, AK 99926-0008
(Ph.) 907-886-4441 *(Fax) 907- 886-4470*
paultb@ptialaska. net

Birmingham, AL

Keith Strother, City of Birmingham,
710 N. 20th St. City Hall, Third Floor
Birmingham, AL 35203
(Ph.) 205-254-2870 (Fax) 205-254-7741
kastrot@ci.birmingham.al.us

Chambers County, AL

Dawn Landholm, Chambers County Enterprise Community,
1130 Quintard Ave. Suite 300
Anniston, AL 36202
(Ph.) 256-237-6741 (Fax) 256-237-6763
dlandholm@adss.state.al.us

Greene/Sumter Counties, AL

Herlecia Hampton, Greene and Sumter Enterprise Community,
104 Hospital Dr.
Livingston, AL 35470
(Ph.) 205-652-7408 (Fax) 205-652-7410
greensum@bellsouth.net

Greene-Sumter, AL

Herlecia Hampton, Greene/Sumter Enterprise Community, Office of Planning & Development
104 Hospital Dr. P. O. Box 1786
Livingston, AL 35470
(Ph.) 205-652-7408 (Fax) 205-652-7410

Mobile, AL

Russ Wimberly, South Alabama Regional Planning Commission,
P.O. Box 1665
Mobile, AL 36633
(Ph.) 251-433-6541 (Fax) 251-433-6009
rwimberly@sarpc.org

Southern Alabama, AL

David S. Barley, II, State of Alabama,
P.O. Box 5690
Montgomery, AL 36103
(Ph.) 334-242-5823 (Fax) 334-242-4203
davidb@adeca.state.al.us

Eastern Arkansas, AR

Robert Cole, Eastern Arkansas Enterprise Community,
1000 Airport Rd.
Forrest City, AR 72335
(Ph.) 870-630-2005 (Fax) 870-630-2035
easterkec@arkansas.net

CasSandra Lumpkin, Eastern Arkansas Enterprise Community,
1000 Airport Rd.
Forrest City, AR 72335
(Ph.) 870-630-2005 (Fax) 870-630-2035
easterkec@arkansas.net

Mississippi County, AR

Sam Scruggs, Mississippi County Enterprise Community,
205 S. 2nd St. Former Market Airforce Base
Blytheville, AR 72316
(Ph.) 870-532-2348 (Fax) 870-532-2625
sameoc@arkansas.net

Pulaski County, AR

Odies Wilson, City of Little Rock
500 W. Markham St., Room 203
Little Rock, AR 72201
(Ph.) 501-371-4890 (Fax) 501-371-4498
owilson@littlerock.state.ar.us

Pulaski County, AR

Paige Grafton, County of Pulaski, Department of Community Services
201 S. Broadway St. Suite 220
Little Rock, AR 72201
(Ph.) 501-340-6157 (Fax) 501-340-8951

Pulaski County/Little Rock, AR

Henry L. McHenry, County of Pulaski, Enterprise Community Alliance, Inc.
3805 W. 12th St. Suite 205
Little Rock, AR 72204
(Ph.) 501-379-1543 (Fax) 501-379-1571
hlmchenry@aol.com

Arizona Border Region, AZ

Lisa Henderson, Arizona Border Region Enterprise Community,
3800 North Central/Suite 1200
Phoenix, AZ 85012
(Ph.) 602-280-8124 (Fax) 602-280-1470
lisah@azcommerce.com

Paul Melcher, Arizona Border Region Enterprise Community,
23222 1st Street
San Luis, AZ 85349
(Ph.) 520-627-2027 (Fax) 520-627-3879

J. Art Macias Jr., Arizona Border Region Enterprise Community,
425 Tenth Street
Douglas, AZ 85607
(Ph.) 520-364-7501 (Fax) 520-364-7507
Art.Macias@ci.douglas.az.us

Laura Ornales, Arizona Border Region Enterprise Community,
777 N. Grand Avenue
Nogales, AZ 85621
(Ph.) 520-287-6571 (Fax) 520-287-9159
lornellas@cityofnogales.net

Four Corners, AZ

Larry Rodgers, Four Corners Enterprise Communities,
151 E. 500 N.
Blanding, AZ 84511
(Ph.) 435-678-1468 (Fax)
lasar98@yahoo.com

Four Corners, AZ (Navajo Nation)

Ferdinand Notah, Four Corners Enterprise Community (Navajo Nation),
P.O. Box 4445
Kayenta, AZ 86033
(Ph.) 928-697-8225 (Fax) 928-697-8261

fnotah@yahoo.com

Phoenix, AZ

Jennifer Harper, City of Phoenix,
Department of Neighborhood Services
200 W. Washington St. Fourth Floor
Phoenix, AZ 85003-1611
(Ph.) 602-262-4730 (Fax) 602-534-1555
jharper@ci.phoenix.az.us

Tucson, AZ

Ethan Orr, City of Tucson
P.O. Box 27219
Tucson, AZ 85003-1611
(Ph.)520-791-5093 (Fax) 520-791-5413
corrl@ci.tucson.az.us

Central California, CA

Rebecca Mendibles, Central California
Enterprise Community,
407 S. Clovis Ave. Suite 109
Fresno, CA 93727
(Ph.) 559-452-0881 (Fax) 559-452-8038
bmendibles.serfrsno@netzero.net

City of Watsonville/County of Santa Cruz, CA

Anna Espinoza, City of
Watsonville/County of Santa Cruz
Enterprise Community,
231 Union St.
Watsonville, CA 95076
(Ph.) 831-763-4033 *(Fax) 831-761-4031*
aespinoz@ci.watsonville.ca.us

Desert Communities, CA

Jeffrey A. Hays, Desert Communities
Empowerment Zone,
53-990 Enterprise Way Suite 1
Coachella, CA 92236
(Ph.) 760-391-5050 (Fax) 760-391-5100
jeff@dcez.org

Oakland, CA

Mahlon Harmon, One Stop Capital Shop,
519 17th St. Sixth Floor
Oakland, CA 94612-2032
(Ph.) 510-238-2353 (Fax) 510-238-7999
mharmon@oakland1stop.org

Fresno, CA

Fred Burkhardt, City of Fresno, Office of
the City Manager
2600 Fresno St.
Fresno, CA 93721-3601
(Ph.) 559-621-8350 (Fax) 559-488-1078
fred.burkhardt@ci.fresno.ca.us

Imperial County, CA

Ken Hollis, Imperial County Enterprise
Community,
836 Main St.
El Centro, CA 92243
(Ph.) 760-337-7814 (Fax) 760-337-8907
kenhollis@imperialcounty.net

Los Angeles County/Huntington Park, CA

Alice DeCastro, City of Los Angeles
Department of Community Development
215 W. Sixth St. Third Floor
Los Angeles, CA 90014
(Ph.) 213-485-1023 (Fax) 213-847-0890
adecastro@cdd.lacity.org

Robert Perez, City of Los Angeles,
Department of Community Development
215 W. Sixth St. Third Floor
Los Angeles, CA 90014
(Ph.) 213-485-8161 (Fax) 213-847-0890
rperez@cdd.lacity.org

Mark Shin, City of Los Angeles,
Department of Community Development
215 W. Sixth St. Third Floor
Los Angeles, CA 90014
(Ph.) 213-485-8166 (Fax) 213-847-0890
mshin@cdd.lacity.org

Los Angeles, CA

Robert Perez, City of Los Angeles,
Department of Community Development
215 W. Sixth St. Third Floor
Los Angeles, CA 90014
(Ph.) 213-485-8161 (Fax) 213-847-0890
rperez@cdd.lacity.org

Mark Hoffman, City of Los Angeles,
Department of Community Development
215 W. Sixth St. Third Floor
Los Angeles, CA 90014
(Ph.) 213-485-0808 (Fax) 213-847-0890
mhoffman@cdd.lacity.org

Lillian Kawasaki, City of Los Angeles,
Community Development Department
215 W. Sixth St.
Los Angeles, CA 90014
(Ph.) 213-485-1617 (Fax) 213-847-0551
lkawasaki@cdd.lacity.org

Cliff Weiss, City of Los Angeles,
Community Development Department
215 W. Sixth St.
Los Angeles, CA 90014
(Ph.) 213-485-6301 (Fax) 213-485-4448
cweiss@cdd.lacity.org

Orange Cove, CA

Jose Antonio Ramirez, City of Orange
Cove,
633 Sixth St.
Orange Cove, CA 93646
(Ph.) 559-626-4488 (Fax) 559-626-4653
jramirez@mp.usbr.gov

Parlier, CA

Lou Martinez, City of Parlier
Department of Economic Development
1100 E. Parlier Ave.
Parlier, CA 93648
(Ph.) 559-646-3545 (Fax) 559-646-2084
econdev@parlier.ca.us

Al Puente, City of Parlier
Office of the City Manager
1100 E. Parlier Ave.
Parlier, CA 93648
(Ph.) 559-646-3545 (Fax)
citymgr@parlier.ca.us

San Diego, CA

Ples Felix, City of San Diego,
600 B St., Fourth Floor MS 904
San Diego, CA 92101-4506
(Ph.) 619-533-5442 (Fax) 619-533-5250
PFelix@sandiego.gov

San Francisco, CA

Al Lerma, City of San Francisco, Office
of the Mayor
25 Van Ness Ave. Suite 700
San Francisco, CA 94102
(Ph.) 415-252-3134 (Fax) 415-252-3110
albert.lerma@sfgov.org

Santa Ana, CA

Bill Manis, City of Santa Ana, Community Development Agency
P.O. Box 1988
Santa Ana, CA 92702
(Ph.) 714-647-5372 (Fax) 714-647-6580
wmanis@ci.santa-ana.ca.us

Denver, CO

Betty Jean Brooks, City and County of Denver, Housing and Neighborhood Development Services, Focus Neighborhood Initiative
216 16th St.
Denver, CO 80202-5124
(Ph.) 720-913-1545 (Fax) 720-913-1800
b.j.brooks@ci.denver.co.us

Bridgeport, CT

Rina Bakalar, City of Bridgeport, Office of Central Grants
999 Broad St. City Hall Annex
Bridgeport, CT 06604
(Ph.) 203-332-5662 (Fax) 203-332-3060
RBakalar@ci.bridgeport.ct.us

Gloria Davis, City of Bridgeport, Office of Central Grants
999 Broad St. City Hall Annex
Bridgeport, CT 06604
(Ph.) 203-332-5662 (Fax) 203-332-3060
davisg0@ci.bridgeport.ct.us

Dawn Savo, City of Bridgeport, Office of Central Grants
999 Broad St. City Hall Annex
Bridgeport, CT 06604
(Ph.) 203-332-5662 (Fax) 203-332-3060
savod0@ci.bridgeport.ct.us

New Haven, CT

Daniel Newell, Children's Center of Hamden,
1400 Whitney Ave.
Hamden, CT 06517
(Ph.) 203-248-2117 (Fax) 203-248-2572
dnewell@childrenscenterofhamden.org

Stephen Robinson, Empower New Haven, Inc.
59 Elm St., Suite 410
New Haven, CT 06510
(Ph.) 203-776-2777 (Fax) 203-776-0537
stephenrobinson@snet.net

District of Columbia

Gregory A. Johnson, District of Columbia, Office of the Deputy Mayor
1350 Pennsylvania Ave., N.W., Room 317
Washington, DC 20004
(Ph.) 202-727-6883 (Fax) 202-727-6703
gregorya.johnson@dc.gov

Wilmington, DE

Edwina Bell-Mitchell, Wilmington Enterprise Community/New Castle County,
800 French St. Louis L. Redding Bldg., Ninth Floor
Wilmington, DE 19801
(Ph.) 302-571-4189 (Fax) 302-573-5685
ebell@ci.wilmington.de.us

Empowerment Alliance of Southwest Florida, FL

Barbara Cacchione, Empowerment Alliance of Southwest Florida EC,
2400 Tamiami Trail North Suite 300
Naples, FL 34103
(Ph.) 941-649-5000 (Fax) 941-649-5337
bcacchione@comcast.net

Jackson County, FL

Bill Stanton, Jackson County Enterprise Community,
P.O. Box 920
Marianna, FL 32447
(Ph.) 850-526-4005 (Fax) 850-526-4008
stantonjcdc@earthlink.net

Stan Whitehurst, Jackson County Enterprise Community,
P.O. Box 920
Marianna, FL 32447
(Ph.) 850-526-76695 (Fax) 850-526-4008
jcdc@digitalexp.com

Jacksonville, FL

Roslyn Phillips, Jacksonville Economic Development Commission
220 E. Bay St., City Hall Annex, Suite 1400
Jacksonville, FL 32202
(Ph.) 904-630-1540 (Fax) 904-630-2919
roslynp@coj.net

Miami/Dade, FL

Bryan K. Finnie, Miami-Dade Empowerment Trust, Inc.,
3050 Biscayne Blvd. Suite 300
Miami, FL 33137
(Ph.) 305-372-7620 (Fax) 305-372-7629
kfinnie@miamidade.gov

Aundra Wallace, Miami-Dade Empowerment Trust, Inc.,
3050 Biscayne Blvd. Suite 300
Miami, FL 33137
(Ph.) 305-372-7620 (Fax) 305-372-7629
consir@miamidade.gov

Tampa, FL

Vernell Savage, City of Tampa, Community Redevelopment Agency
2105 N. Nebraska Ave.
Tampa, FL 33602
(Ph.) 813-274-7954 (Fax) 813-274-7745
vernell.savage@tampagov.net

Albany, GA

Julie Duke, City of Albany, Office of the City Manager, Community Services
P.O. Box 447
Albany, GA 31702
(Ph.) 229-431-2837 (Fax) 229-431-3223
jadalbany@yahoo.com

Atlanta, GA

Lynette Young, Office of the Mayor, City of Atlanta, Grants Development
55 Trinity St.
Atlanta, GA 30335
(Ph.) 404-330-6833 (Fax) 404-658-6238
lyoung@ci.atlanta.ga.us

Central Savannah River Area, GA

Andy Crosson, CSRA Enterprise Community,
3023 River Watch Pkwy. Suite A
Augusta, GA 30907-2016
(Ph.) 706-210-2000 (Fax) 706-210-2006
info@csrardc.org

Southwest Georgia United, GA

Robert Cooke, Southwest Georgia United Empowerment Zone,
1150 Industrial Dr.
Vienna, GA 31092

(Ph.) 229-268-7592 (Fax) 229-268-7595
rcooke@sowega.net

Molokai, HI

Karen M. Holt, Molokai Enterprise Community,
P.O. Box 1046
Kaunakakai, HI 96748
(Ph.) 808-553-3244 (Fax) 808-553-3370
mcsc@aloha.net

Stacy Crivello, Molokai Enterprise Community,
P.O. Box 1097
Kaunakakai, HI 96748
(Ph.) 808-553-5123 (Fax) 808-553-3735
stacy@aloha.net

Des Moines, IA

Caroline Gathright, City of Des Moines, Division of Neighborhood Planning
602 E. First St.
Des Moines, IA 50309
(Ph.) 515-283-4151 (Fax) 515-237-1713
cegathright@ci.des-moines.ia.us

Chicago, IL

Wallace Goode, City of Chicago,
20 N. Clark St. 28th Floor
Chicago, IL 60602-5086
(Ph.) 312-744-9623 (Fax) 312-744-9696
wgoode@cityofchicago.org

East St. Louis, IL

Ralph Muhammad, East St. Louis Enterprise Community/Vision 20/20,
301 River Park Dr. Third Floor
East St. Louis, IL 62201
(Ph.) 618-482-6642 (Fax) 618-482-6788
ralphmuhammad@accessus.net

Southernmost Illinois Delta, IL

Donna Raynalds, Southernmost Illinois Delta Empowerment Zone,
203 Rustic Campus Dr.
Ullin, IL 62992
(Ph.) 618-634-9471 (Fax) 618-634-9452
djraynalds@sidezoffice.org

Springfield, IL

Cleatia Bowen, City of Springfield, Office of Planning and Economic Development
231 S. Sixth St.
Springfield, IL 62701
(Ph.) 217-789-2377 (Fax) 217-789-2380
cbowen@cwlp.com

Gary/Hammond/East Chicago, IN

John D. Artis, City of East Chicago, Department of Redevelopment and Housing Authority
P.O. Box 498
East Chicago, IN 46312-0498
(Ph.) 219-397-9974 (Fax) 219-397-4249
jdart@netnitco.net

Venus Cobb, City of Gary/East Chicago/Hammond, Empowerment Zone Office
840 Broadway St., First Floor, Suite 337
Gary, IN 46402
(Ph.) 219-881-4997 (Fax) 219-881-4999
venuscobb@yahoo.com

Rocharda Moore-Morris, City of Hammond, Department of Planning
649 Conkey St.
Hammond, IN 46324
(Ph.) 219-853-6371 (Fax) 219-853-6334
omiller@jorsm.com

Taghi Arshami, City of Gary, Department of Planning and Community Development
504 Broadway St., Suite 512
Gary, IN 46402
(Ph.) 219-880-2040 (Fax) 219-888-7878
bnzerem@yahoo.com

Indianapolis, IN

Jim Naremore, City of Indianapolis, Division of Community Development and Financial Services
200 E. Washington St. City County Bldg., Suite 1841
Indianapolis, IN 46204
(Ph.) 317-327-3766(Fax) 317-327-5908
jnaremore@indygov.org

Town of Austin, IN

Charlotte Mathis, Town of Austin Enterprise Community,
129 US Highway 31 South
Austin, IN 47102-1325
(Ph.) 812-794-9446 (Fax) 812-794-4706
cmathis@mail.scott1.k12.in.us

Wichita County, KS

Sharla Krenzel, Wichita County Enterprise Community,
206 S. 4th St.
Leoti, KS 67861-0345
(Ph.) 620-375-2182 (Fax) 620-375-4350
wced@wbsnet.org

Elmer Ridder, Wichita County Enterprise Community,
206 S. 4th St.
Leoti, KS 67861-0345
(Ph.) 620-375-2731 (Fax) 620-375-4350
wcclerk@pld.com

City of Bowling Green, KY

Lisa Ryan, City of Bowling Green Enterprise Community,
P.O. Box 430
Bowling Green, KY 42102-0430
(Ph.) 270-393-3658 (Fax) 270-393-3168
ryanL51@bgky.org

Eastern Kentucky, KY

Susan Ramos, Owsley County Industrial Authority,
P.O. Box 637 Old Highway 11
Booneville, KY 41314
(Ph.) 606-593-7296 (Fax) 606-593-7781
sramos@owsleycountykentucky.org

Kentucky Highlands, KY

Jerry Rickett, Kentucky Highlands Empowerment Zone,
P.O. Box 1738
London, KY 40743
(Ph.) 606-864-5175 (Fax) 606-864-5194
khienet@khic.org

Louisville, KY

Walter Munday, City of Louisville, Empowerment Zone Community
200 S. Seventh St.
Louisville, KY 40202
(Ph.) 502-574-2682 (Fax) 502-574-4227
wmunday@louky.org

Louisville, KY

Patti Clare, City of Louisville, Development Authority
600 W. Main St.
Louisville, KY 40202
(Ph.) 502-574-4271 (Fax) 502-574-4143

pclare@louky.org

Scott-McCrear, KY

Bruce Nurphy, Scott-McCreary Enterprise Community,
P.O. Box 579
Whitley City, KY 42653
(Ph.) 606-376-2413 (Fax) 606-376-9499
MurphyB@Highland.net

Central Louisiana, LA

Tana Trichel, Macon Ridge Economic Development Region, Inc.
P.O. Drawer 746
Ferriday, LA 71334
(Ph.) 318-757-3033 (Fax) 318-757-4212
ttrichel@maconridge.com

Macon Ridge, LA

Buddy Spillers, Macon Ridge Enterprise Community,
903 Louisiana Ave. P.O. Drawer 746
Ferriday, LA 71334
(Ph.) 318-757-3033 (Fax) 318-757-4212
buddy@maconridge.com

New Orleans, LA

Thelma H. French, City of New Orleans, Office of Federal and State Programs
1300 Perdido St. Room 2E04
New Orleans, LA 70112
(Ph.) 504-565-6414 (Fax) 504-565-6423
thelmaf@new-orleans.la.us

Leroy Dauterive, New Orleans Regional Planning Commission
1340 Poydras St., Suite 2100
New Orleans, LA 70112
(Ph.) 504-568-6611(Fax) 504-568-6643
ldautrive@norpc.org

Northeast Louisiana Delta, LA

Moses Junior Williams, Northeast Louisiana Delta Enterprise Community,
400 E. Craig St. Suite B
Tallulah, LA 71282
(Ph.) 318-574-0995 (Fax) 318-574-3132
neladeltacdc@aol.com

Northern Louisiana, LA

Tana Trichel, Macon Ridge Economic Development Region, Inc.
P.O. Drawer 746
Ferriday, LA 71334
(Ph.) 318-757-3033 (Fax) 318-757-4212
ttrichel@maconridge.com

Ouachita Parish, LA

Khasi Reitzel, Ouachita Enterprise Community
P.O. Box 4268
Monroe, LA 71211
(Ph.) 318-329-4031 (Fax) 318-329-4034
kreitzeloec@jam.rr.com

Elizabeth G. Pierre, Ouachita Economic Development Corp.,
1900 N. 18th St. Suite 440
Monroe, LA 71201
(Ph.) 318-387-0787 (Fax) 318-387-8529
lpierre@oedc.org

Boston, MA (Boston Connects)

Christine Araujo, Boston Connects, Inc.,
2201 Washington St. , Suite 302
Roxbury, MA 02119
(Ph.) 617-541-2670 (Fax) 617-427-0747
christine.araujo.bci@ci.boston.ma.us

Lawrence, MA

Thomas Schiavone, City of Lawrence,
225 Essex St.
Lawrence, MA 01840
(Ph.) 978-794-5891 (Fax) 978-683-4894
t_schiavone@citvoflawrence.com

Lowell, MA

Kathy Muldoon, City of Lowell, Department of Planning and Development
50 Arcand Dr. City Hall, JFK Civic Center Bldg.
Lowell, MA 01852
(Ph.) 978-446-7150 (Fax) 978-446-7014
kmuldoon@ci.lowell.ma.us

Linda King, City of Lowell,
JFK Civic Center 50 Arcand Dr.
Lowell, MA 01852
(Ph.) 978-446-7154 (Fax) 978-446-7014
lking@ci.lowell.ma.us

Springfield, MA

Miguel Rivas, City of Springfield, Department of Community Development
36 Court St. City Hall, Room 313
Springfield, MA 01103
(Ph.) 413-750-2240 (Fax) 413-787-7835
mrivas@largo.ci.springfield.ma.us

Baltimore, MD

Diane Bell, Empower Baltimore Management Corp.,
Three S. Frederick St.
Baltimore, MD 21202
(Ph.) 410-783-4400 (Fax) 410-783-0526
Dbell@ebmc.org

Aroostook County, ME

Robert P. Clarke, Aroostook County Empowerment Zone,
302 Main St. P.O. Box 779
Caribou, ME 04736
(Ph.) 207-498-8736 (Fax) 207-493-3108
rclark@nmdc.org

Empower Lewiston, ME

Carole J. Ansheles, City of Lewiston Enterprise Community,
95 Park St. Suite 412
Lewiston, ME 04240-7282
(Ph.) 207-777-5144 (Fax) 207-786-4412
ansheles@economicgrowth.org

Clare County, MI

Edward Kerr, Clare County Enterprise Community,
225 W. Main Street
Harrison, MI 48625-0439
(Ph.) 989-539-7805 (Fax) 989-539-2791
kerre@msue.msu.edu

Detroit, MI

Lary Givens, Detroit Empowerment Zone Development Corp.,
One Ford Place Suite 1F
Detroit, MI 48202
(Ph.) 313-872-8050 (Fax) 313-872-8002
lgivens@detez.com

Burney Johnson, City of Detroit Department of Planning and development
65 Cadillac Square Suite 2300
Detroit, MI 48226
(Ph.) 313-224-6380 (Fax) 313-224-1310
burneyjohnson@pdd.ci.detroit.mi.us

Flint, MI

Nancy Jurkiewicz, City of Flint, Flint Area Enterprise Community

805 Welch Blvd.
Flint, MI 48504
(Ph.) 810-341-1499 (Fax) 810-341-1182
njurkiewicz@ci.flint.mi.us

Lake County, MI

Mary L. Trucks, Lake County Enterprise Community
P.O. Box 37 302 N. Main St.
Scottville, MI 49454
(Ph.) 231-757-3785 (Fax) 231-757-9669
fivecap@fivecap.org

Muskegon, MI

Cathy Brubaker-Clarke, City of Muskegon, Department of Community and Economic Development
P.O. Box 536
Muskegon, MI 49443-0536
(Ph.) 231-724-6702 (Fax) 231-724-6790
cathy.brubaker-clarke@postman.org

Minneapolis, MN

Kim W. Havey, Minneapolis Empowerment Zone,
350 S. Fifth St. City Hall, Room 200
Minneapolis, MN 55415
(Ph.) 612-673-5415 (Fax) 612-673-3724
kim.havey@ci.minneapolis.mn.us

St. Paul, MN

Jeremy Lenz, City of St. Paul, Department of Planning and Economic Development
25 W. Fourth St. 1200 City Hall Annex
St. Paul, MN 55102
(Ph.) 651-266-6603 (Fax) 651-228-3341
jeremy.lenz@ci.stpaul.mn.us

City of East Prairie, MO

Martha Ellen Black, City of East Prairie Enterprise Community,
207 N. Washington Street
East Prairie, MO 63845
(Ph.) 573-649-3731 (Fax) 573-649-5028
martha@swflc.org

Kansas City, KS/MO

Marlene Nagel, Mid-American Regional Council (MARC), Department of Community Development
600 Broadway St. Suite 300
Kansas City, MO 64105-1554
(Ph.) 816-474-4240 (Fax) 816-421-7758
MNAGEL@marc.org

Greater St. Louis Regional EZ

Mike Jones, Greater St. Louis Regional Empowerment Zone
100 N. Tucker Suite 540
St. Louis, MO 63101
(Ph.) 314-241-0002 (Fax) 314-241-4099
mjones@stlouisezone.org

Jackson, MS

LaSeine T. Hilliard, City of Jackson, Division of Grants Development
P.O. Box 17
Jackson, MS 39205
(Ph.) 601-960-1908 (Fax) 601-960-2228
lhilliard@city.jackson.ms.us

Mid-Delta, MS

John C. Grer, Mid-Delta Empowerment Zone,
Mississippi Valley State University
Itta Bena, MS 38941
(Ph.) 662-254-9957 (Fax) 662-254-9941
jgreerjr@mdeza.org

North Delta, MS

Robert Avant, North Delta Enterprise Community,
P.O. Box 330
Sardis, MS 38666
(Ph.) 662-487-1968 (Fax) 662-487-0088
ndmec@panola.com

West Central Mississippi, MS

Henry Cote, Mississippi Development Authority, Division of Community Services
P.O. Box 849
Jackson, MS 39205-0849
(Ph.) 601-359-3179 (Fax) 601-359-3108
hcote@mississippi.org

Bruce Reynolds, Central Mississippi Planning and Development District
1170 Lakeland Dr.
Jackson, MS 39296
(Ph.) 601-981-1511 (Fax) 601-981-1515
breynolds@cmpdd.org

Fort Peck Assiniboine and Sioux Tribe, MT

Mark Sansaver, Fort Peck Assiniboine and Sioux Tribe EC,
Highway # 2 East P.O. Box 398
Poplar, MT 59255
(Ph.) 406-768-3155 *(Fax) 406-768-3581*
MarkS@fpcc.cc.mt.us

Charlotte, NC

Rickey L. Barksdale, City of Charlotte, Department of Neighborhood Development
600 E. Trade St.
Charlotte, NC 28202
(Ph.) 704-336-3956 (Fax) 704-336-2527
rbarksdale@ci.charlotte.nc.us

Halifax/Edgecombe/Wilson, NC

Terri Anderson,
Halifax/Edgecombe/Wilson Enterprise Community,
P.O. Box 1180
Rocky Mount, NC 27802
(Ph.) 252-972-1609 (Fax) 252-972-1590
anderson@ci.rocky-mount.nc.us

Robeson County, NC

Cynthia Johnson, Robeson County Enterprise Community,
204 N. Chestnut St.
Lumberton, NC 28358
(Ph.) 910-618-0722 (Fax) 910-618-1504
recdc@carolina.net

Center of North America REAP Zone

Joanne Rodenbiker, Center of North America REAP Zone,
P.O. Box 608
Cando, ND 58324
(Ph.) 701-968-3314 (Fax) 701-968-1747
joannr@nplains.com

Griggs-Steele, ND

Griggs-Steele Empowerment Zone,
P.O. Box 335
Finley, ND 58230
(Ph.) 701-524-2240 (Fax) 701-524-2244

Southwest REAP Zone

Shirley Brentrup, Southwest REAP Zone, Third St. and 13th Ave. W. Pulver Hall

Dickenson, ND 58601
(Ph.) 701-483-1241 (Fax) 701-483-1243
brentrup@rooseveltcuster.com

Turtle Mountain Band of Chippewa, ND

Lyle Poitra, Turtle Mountain Community College
P.O. Box 340
Belcourt, ND 58316
(Ph.) 701-477-7862 (Fax) 701-477-7909
lylepoitra@yahoo.com

Omaha, NE

Fred Conley, City of Omaha, Omaha Enterprise Community/Enterprise Zone
2421 N. 24th St. Blue Lion Centre
Omaha, NE 68110-2282
(Ph.) 402-444-3516 (Fax) 402-444-3755
fconley@ci.omaha.ne.us

Manchester, NH

Louise Donington, City of Manchester, Department of Planning and Community Development
One City Hall Plaza, West Wing, Second Floor
Manchester, NH 03101
(Ph.) 603-624-6450 (Fax) 603-624-6529
ldoningt@ci.manchester.nh.us

Camden, NJ

Richard H. Cummings, Jr., Camden Empowerment Zone Corporation
817 Carpenter St. Bridgeview Complex
Camden, NJ 08102-1156
(Ph.) 856-365-0300 (Fax) 856-365-0776
rickcummings@camdenez.org

Cumberland County, NJ

Gerard Velasquez, Cumberland Empowerment Zone Corp.,
50 E. Broad St.
Bridgeton, NJ 08302
(Ph.) 856-459-1700 (Fax) 856-459-4099
jerryv@cezcorp.org

Newark, NJ

Angela Corbo, City of Newark, Department of Administration
920 Broad St. City Hall, Room B-16
Newark, NJ 07102
(Ph.) 973-733-4331 (Fax) 973-424-4286
corboa@ci.newark.nj.us

Richard Monteilh, City of Newark, Department of Development
920 Broad St.
Newark, NJ 07102
(Ph.) 973-733-3780 (Fax) 973-733-3769
monteilhr@ci.newark.nj.us

Philadelphia, PA/Camden, NJ

Richard H. Cummings, Jr., Camden Empowerment Zone Corp.,
817 Carpenter St. Bridgeview Complex
Camden, NJ 08102
(Ph.) 856-365-0300 (Fax) 856-365-0776
RickCummings@camdenez.org

Albuquerque, NM

Sylvia Fettes, City of Albuquerque, Department of Family and Community Services
P.O. Box 1293
Albuquerque, NM 87103
(Ph.) 505-768-2932 (Fax) 505-768-3204
sfettes@cabq.gov

City of Deming, NM

Rachel Marrufo, City of Deming Enterprise Community,
309 South Gold
Deming, NM *88030*
(Ph.) 505-546-8848 (Fax) 505-546-6442
mva@cityofdeming.org

John Strand, City of Deming Enterprise Community,
P.O. Box 706
Deming, NM 88031
(Ph.) 505-546-8848 (Fax) 505-546-6442

La Jicarita, NM

John Martinez, La Jicarita Enterprise Community,
14155 State Road 27
Penasco, NM 87553
(Ph.) 800-458-7323 (Fax) 505-587-1687
johnmartinezljec@aol.om

Clarke County/Las Vegas, NV

Douglas R. Bell, County of Clark, Department of Community Resources Management
P.O. Box 551212
Las Vegas, NV 89155
(Ph.) 702-455-5025 (Fax) 702-455-5038
drb@co.clark.nv.us

Albany/Troy/Schenectady, NY

Anthony Tozzi, City of Schenectady, Department of Development
105 Jay St. City Hall, Room 14
Schenectady, NY 12305
(Ph.) 518-382-5054 (Fax) 518-382-5275
logtoz@cs.com

Brooklyn, NY

George Glatter, City of New York, Department of Business Services
110 William St. Third Floor
New York, NY 10038
(Ph.) 212-513-6442 (Fax) 212-618-8987
gglatter@nycdbs.cn.ci.nyc.ny.us

Buffalo, NY

Paula Alcala Rosner, City of Buffalo, Federal Enterprise Community of Buffalo, Inc.
920 City Hall
Buffalo, NY 14202
(Ph.) 716-851-5032 (Fax) 716-851-4388
Prosner@ch.ci.buffalo.ny.us

Buffalo-Lackawanna, NY

Bonnie Kane Lockwood, City of Buffalo,
920 City Hall 65 Niagara Square
Buffalo, NY 14202-3376
(Ph.) 716- 851-5468 (Fax) 716-854-0172
blockwood@ch.ci.buffalo.ny.us

Jamestown, NY

Bob Kenyon, Greater Jamestown Zone Capital Corp.,
200 East Third St. Municipal Bldg.
Jamestown, NY 14701
(Ph.) 716-483-7654 (Fax) 716-483-7772
Kenyon@CityofJamestownnycom

New York/Bronx County, NY

Marion Phillips, III, New York Empowerment Zone Corp.,
633 Third Ave. 32nd Floor
New York, NY 10017
(Ph.) 212-803-3240 (Fax) 212-803-2459
mphillips@empire.state.ny.us

James Ilako, New York Empowerment Zone Corp.,
633 Third Ave. 32nd Floor
New York, NY 10017
(Ph.) 212-803-3240 (Fax) 212-803-2459
jilako@empire.state.ny.us

Laura Acosta, Upper Manhattan Empowerment Zone,
290 Lenox Ave. Third Floor
New York, NY 10027
(Ph.) 212-410-0030 (Fax) 212-410-9083
lacost@umez.org

Jim Simmons, Upper Manhattan Empowerment Zone,
290 Lenox Ave. Third Floor
New York, NY 10027
(Ph.) 212-410-0030 (Fax) 212-410-9083
jsimmons@umez.org

Rafael A. Falaberrios, Bronx Overall Economic Development Corp., Bronx Empowerment Zone
198 E. 161st St., Suite 201
Bronx, NY 10451
(Ph.) 718-590-3549 (Fax) 718-590-3499
rfalaberrios@boedc.org

Pedro Gomez, Bronx Overall Economic Development Corp., Bronx Empowerment Zone
198 E. 161st St., Suite 201
Bronx, NY 10451
(Ph.) 718-590-6201 (Fax) 718-590-3499
pgomez@boedc.org

Nicole Poindexter, City of New York, Mayor's Office of the New York City EZ
City Hall
New York, NY 10007
(Ph.) 212-788-3098 (Fax) 212-788-2718
npoindexter @cityhall.nyc.gov

Newburgh/Kingston, NY

Barbara Lonczak, Kingston-Newburgh Enterprise Corp.,
104 S. Lander St.
Newburgh, NY 12550
(Ph.) 845-569-1680 (Fax) 845-569-9979
Knecorp@aol.com

Niagara Falls, NY

Nancy Joseph, City of Niagara Falls, Department of Community Development
P.O. Box 69 1022 Main St.
Niagara Falls, NY 14302
(Ph.) 716-286-8800 (Fax) 716-286-8809
njoseph@nfedz.org

Rochester, NY

Philip Banks, City of Rochester, Department of Economic Development
30 Church St. Room 005A
Rochester, NY 14614-1290
(Ph.) 585-428-6965 (Fax) 585-428-6042
banksp@ci.rochester.lib.ny.us

Schenectady, NY

Steven Strichman, City of Schenectady, City Hall Jay St., Room 14
Schenectady, NY 12305
(Ph.) 518-382-5049 (Fax) 518-382-5275
info@sgedz.org

George Robertson, City of Schenectady, Economic Development Office
1 Broadway Center, Suite 750
Schenectady, NY 12305
(Ph.) 518-393-7252 (Fax) 518-393-8687
sedc12301@aol.com

Sullivan-Wawarsing REAP Zone

Elliott Auerbach, Sullivan-Wawarsing REAP Zone,
1 Cablevision Center-Suite 155
Ferndale, NY 12734
(Ph.) 845-295-2632 (Fax) 845-295-2633
execdir@aol.com

Syracuse, NY

Bill Owens, City of Syracuse, Department of Operations, Community and Economic Development
233 E. Washington St. City Hall, Room 312
Syracuse, NY 13202
(Ph.) 315-448-8108 (Fax) 315-448-8036
bowens@edsyracuse.com

Tioga County REAP Zone

Larissa Gryczko Avellaneda, Tioga County REAP Zone,
Tioga County Office Building
Owego, NY 13827
(Ph.) *607-687-8258* (Fax) 607-687-1435
AvellanedaL@co.tioga.ny.us

Yonkers, NY

Edward A. Sheeran, City of Yonkers, Department of Industrial and Economic Development
40 S. Broadway City Hall
Yonkers, NY 10701
(Ph.) 914-377-6797 (Fax) 914-377-6003
yonkersida@aol.com

Maria Canales, Yonkers Empowerment Zone
One Ridge Hill
Yonkers, NY 10710
(Ph.) 914-862-7007 (Fax) 914-862-7003
YEZInc@aol.com

Akron, OH

Jerry Egan, City of Akron, Department of Planning and Urban Development
166 S. High St., Room 405
Akron, OH 44308-1628
(Ph.) 330-375-2090 (Fax) 330-375-2387
eganje@ci.akron.oh.us

Warren L. Woolford, City of Akron, Department of Planning and Urban Development
166 S. High St., Room 401
Akron, OH 44308-1628
(Ph.) 330-375-2090 (Fax) 330-375-2387
woolfa@ci.akron.oh.us

Cincinnati, OH

Susan Paddock, City of Concinnati,
805 Central Ave., Seventh Floor
Cincinnati, OH 45202
(Ph.) 513-352-4648 (Fax) 513-352-6113
susan.paddock@rcc.org

Harold L. Cleveland, Cincinnati Empowerment Corp.,
3030 Vernon Place Third Floor
Cincinnati, OH 45219-2445
(Ph.) 513-487-5200 (Fax) 513-487-5202
hcleveland@empowercincy.org

Cleveland, OH

James DeRosa, Cleveland Empowerment Zone,
3634 Euclid Ave., Suite 200
Cleveland, OH 44115
(Ph.) 216-664-3410 (Fax) 216-420-8522
jderosa@city.cleveland.oh.us

Columbus, OH

Jon C. Beard, Columbus Compact Corp., 1000 E. Main St. Engine House 11, Second Floor
Columbus, OH 43205
(Ph.) 614-251-0926 (Fax) 614-251-2243
jbeard@colscompact.com

Greater Portsmouth, OH

Robert Walton, Greater Portsmouth Enterprise Community,
433 Third St.
Portsmouth, OH 45662
(Ph.) 740-354-7541 (Fax) 740-354-3933
bwalton@zoomnet.net

Hamilton, OH

Suparna Dasgupta, City of Hamilton, Division of Neighborhood Development
345 High St., One Renaissance Center
Hamilton, OH 45011
(Ph.) 513-785-7027 (Fax) 513-785-7349
dasgupts@ci.hamilton.oh.us

Melissa Johnson, City of Hamilton, Division of Neighborhood Development
345 High St., One Renaissance Center
Hamilton, OH 45011
(Ph.) 513-785-7075 (Fax) 513-785-7067
johnsonm@ci.hamilton.oh.us

Youngstown, OH

Jay Williams, City of Youngstown, Department of Community Development
City Hall Annex, Second Floor 9 West Front St.
Youngstown, OH 44503
(Ph.) 330-744-0854 (Fax) 330-744-7522
jwilliams@cityofyoungstownoh.com

Oklahoma City, OK

Carl D. Friend, City of Oklahoma City, Division of Community Development
420 W. Main St. Suite 920
Oklahoma City, OK 73102
(Ph.) 405-297-2574 (Fax) 405-297-3796
carl.friend@ci.okc.ok.us

Steven Rhodes, City of Oklahoma City,
420 W. Main St. Suite 920
Oklahoma City, OK 73102
(Ph.) 405-297-2009 (Fax) 405-297-1631

Southeast Oklahoma, OK

Bob Yandell, Southeast Oklahoma EC,
502 W. Duke St.
Hugo, OK 74743
(Ph.) 580-326-3351 (Fax) 580-326-2305
byandell@littledixie.org

Tri-County Indian Nations, OK

Randa Jones, Tri-County Indian Nations Enterprise Community,
P.O. Box 1524
Ada, OK *74821*
(Ph.) 580-310-9715 (Fax) *580-310-9826*
tincdc@yahoo.com

Josephine County, OR

Illinois Valley Community Response Team EC,
P.O. Box 1824
Cave Junction, OR 97523
(Ph.) 541-592-2838 *(Fax) 541-592-4106*
ivcrt@ivcrt.org

Louise Dix, Josephine County Enterprise Community,
P.O. Box 127
Wolf Creek, OR 97497
(Ph.) 541-866-2600 (Fax) 541-866-2449
swcrt@echoweb.net

Klamath REAP Zone

L.H. "Trey" Senn, Klamath REAP Zone,
409 Pine St. P.O. Box 1777
Klamath Falls, OR 97601
(Ph.) 541-882-9600 (Fax) 541-882-7648
kcedats@cdsnet.net

Portland, OR

Sydney L. Roberts, County of Multnomah,
421 S.W. Sixth Ave. Suite 700
Portland, OR 97204
(Ph.) 503-988-6391 (Fax) 503-988-3379
sydney.l.roberts@co.multnomah.or.us

City of Lock Haven, PA

Leonora Hannagan, City of Lock Haven Enterprise Community,
20 E. Church St.
Lock Haven, PA 17745
(Ph.) *570-893-5903* (Fax) 570-893-5905
Hannagan@kcnet.org

Fayette, PA

Robert Junk, Fayette Enterprise Community,
2 W. Main St. Suite 407
Uniontown, PA 15401
(Ph.) 724-437-7913 (Fax) 724-437-7315
*

Harrisburg, PA

Terri Martini, City of Harrisburg, Department of Building and Housing Development
Ten N. Second St. MLK City Government Center, Suite 206
Harrisburg, PA 17101-1681
(Ph.) 717-255-6408 (Fax) 717-255-6421
tmartini@cityofhbg.com

Philadelphia, PA

Eva Gladstein, Philadelphia Empowerment Zone,
Room 168 City Hall
Philadelphia, PA 19107
(Ph.) 215-686-0457 (Fax) 215-686-0462
eva.gladstein@phila.gov

Philadelphia, PA/Camden, NJ

Eva Gladstein, City of Philadelphia,
City Hall Room 168
Philadelphia, PA 19107
(Ph.) 215-686-0457 (Fax) 215-686-0462
eva.gladstein@phila.gov

Pittsburgh, PA

Brandi Rosselli, City of Pittsburgh, Department of Planning
200 Ross St. Fourth Floor
Pittsburgh, PA 15219
(Ph.) 412-255-2217 (Fax) 412-255-2838
Brandi.Rosselli@city.pittsburgh.pa.us

Providence, RI

Patrick McGuigan
The Providence Plan
56 Pine St., Suite 3B
Providence, RI 02903
(Ph.) 401-455-8880 (Fax) 401-331-6840
pmcguigan@providenceplan.org

Allendale ALIVE, SC

Allendale County ALIVE Enterprise Community,
P.O. Box 252
Allendale, SC 29810
(Ph.) 803-584-3600 (Fax) 803-584-0700

Henry Lefite, Allendale County ALIVE Enterprise Community,
P.O. Box 252
Allendale, SC 29810
(Ph.) 803-584-3600 (Fax) 803-584-0700
acalive@barnwellsc.com

Charleston, SC

Jacquetta P. Jones, City of Charleston, Department of Housing and Community Development
75 Calhoun St. Third Floor
Charleston, SC 29401
(Ph.) 843-579-7636 (Fax) 843-965-4180
jonesj@ci.charleston.sc.us

Charleston, SC

Patricia Crawford, City of Charleston, Department of Housing and Community Development
75 Calhoun St. Division 616
Charleston, SC 29401-3506
(Ph.) 843-724-3766 (Fax) 843-965-4180
crawfordp@ci.charleston.sc.us

Sumter/Columbia, SC

Milton Smalls, Sumter/Columbia Empowerment Zone, Department of Community Services
1225 Laurel St.
Columbia, SC 29201
(Ph.) 803-545-3336 (Fax) 803-733-8312
masmalls@columbiasc.net

Leona Plaugh, City of Columbia,
P.O. Box 147
Columbia, SC 29202-0147
(Ph.) 803-733-8227 (Fax) 803-733-8317
lplaugh@columbiasc.net

Talmadge Tobias, City of Sumter,
P.O. Box 1449
Sumter, SC 29151-1449
(Ph.) 803-436-2577 (Fax) 803-436-2615
ttobias@sumter-sc.com

Sumter/Columbia, SC

Chikwe Njoku, Sumter/Columbia Empowerment Zone,
P.O. Box 1449
Sumter, SC 29151-1449
(Ph.) 803-436-2577 (Fax) 803-436-2615
cnjoku@sumter-sc.com

Williamsburg/Lake City, SC

John H. Whittleton, Williamsburg/Lake City Enterprise Community,
P.O. Box 428 114 W. Main St.
Kingstree, SC 29556
(Ph.) 843-354-9070 (Fax) 843-354-3252
ecwecc@flc-i.net

Beadle-Spink, SD

Lori Hintz, Beadle & Spink Enterprise Community,
P.O. Box 68.
Yale, SD 57386
(Ph.) 605-599-2991 (Fax) 605-599-2992
basec@santel.net

Oglala Sioux Tribe/Pine Ridge, SD

David "Tally" Plume, Oglala Sioux-Pine Ridge Empowerment Zone,
P.O. Box 655
Kyle, SD 57752
(Ph.) *605-455-1570* (Fax) *605-455-1571*
oowez@gwtc.net

Chattanooga, TN

Amy Walker Cherry, City of Chattanooga, Office of the Mayor
City Hall, Suite 100
Chattanooga, TN 37402
(Ph.) 423-757-5760 (Fax) 423-757-0005
cherry_a@mail.chattanooga.gov

Clinch-Powell, TN

Lindy Turner, Clinch-Powell Enterprise Community,
Rte 2, Hwy 11W
Rutledge, TN 37861
(Ph.) 865- 828-5927 (Fax) 865-828-5212
lindy@clinchpowell.org

Marvin Hammond, Clinch-Powell Enterprise Community,
Rte 2, Hwy 11W
Rutledge, TN 37861
(Ph.) 865- 828-5927 (Fax) 865-828-5212
lindy@clinchpowell.org

Fayette/Haywood County, TN

John Sicola, Fayette/Haywood Enterprise Community,
1420 Union Ave. *Suite 410*
Memphis, TN 38104
(Ph.) 901-729-2871 (Fax) 901-729-4107
jwsicola@maagov.org

Knoxville, TN

Diana Gerard Lobertini, City of Knoxville, Department of Community Development
P.O. Box 1631
Knoxville, TN 37901
(Ph.) 865-215-2554 (Fax) 865-215-2962
dlobertini@ci.knoxville.tn.us

Terrence Carter, Partnership for Neighborhood Improvement,
P.O. Box 2464
Knoxville, TN 37901
(Ph.) 865-251-5300 (Fax) 865-522-5085
tcarter@pniez.org

Memphis, TN

Joseph C. Gibbs, City of Memphis, Business Development Center
555 Beale St.
Memphis, TN 38103-3297
(Ph.) 901-526-9300 (Fax) 901-525-2357
jgibbs@memphisbdc.org

Dottie Jones, City of Memphis, Office of Intergovernmental Relations
125 North Main St. Room 336
Memphis, TN 38103
(Ph.) 901-576-6565 (Fax) 901-576-6570
dottie.jones@cityofmemphis.org

Nashville, TN

Paul Johnson, City of Nashville/County of Davidson, Metropolitan Development and Housing Agency
P.O. Box 846
Nashville, TN 37202-0846
(Ph.) 615-252-8543 (Fax) 615-252-8559
PJohnson@nashville-mdha.org

Scott-McCreary, TN

Leslie Winningham, Scott-McCreary Enterprise Community,
P.O. Box 186

Huntsville, TN 37756
(Ph.) 423-663-3280 (Fax) 423-663-3290
lwinningham@highland.net

Corpus Christi, TX

Patricia Garcia, City of Corpus Christi,
P.O. Box 9277
Corpus Christi, TX 78469
(Ph.) 361-844-1785 (Fax) 361-880-3239
Patriciaga@ci.corpus-christi.tx.us

David R. Garcia, City of Corpus Christi,
P.O. Box 9277
Corpus Christi, TX 78469
(Ph.) 361-880-3220 (Fax) 361-880-3239
Patriciaga@ci.corpus-christi.tx.us

Dallas, TX

Mark G. Obeso, City of Dallas,
Department of Housing
1500 Marilla St. Suite 6D N.
Dallas, TX 75201
(Ph.) 214-670-3601 (Fax) 214-670-0156
mobeso@ci.dallas.tx.us

El Paso , TX

Phyllis Rawley, El Paso Empowerment Zone
201 E. Main St., Suite 1603
El Paso, TX 79901
(Ph.) 915-351-1680 (Fax) 915-351-1679
prawley@elpasoez.org

Thomas Serrano, City of El Paso,
Department of Community and Human Development
Two Civic Center Plaza
El Paso, TX 79901
(Ph.) 915-541-4642 (Fax) 915-541-4370
serranotx@ci.el-paso.tx.us

El Paso County, TX

Melodia Salaices, County of El Paso,
500 E. San Antonio Suite 404
El Paso, TX 79901
(Ph.) 915-834-8242 (Fax) 915-834-8277
msmsalaices@co.el-paso.tx.us

FUTURO, TX

Tammye Carpinteyro, Futuro Enterprise Community,
330 East Main
Uvalde, TX 78801
(Ph.) 830-278-6817 (Fax) 830-278-6905
fcceo@futurocommunities.org

Houston, TX

Judith Garrett Butler, City of Houston,
Office of the Mayor
P.O. Box 1562
Houston, TX 77252-1562
(Ph.) 713-247-2666 (Fax) 713-247-3985
judy.butler@cityofhouston.net

Rio Grande Valley, TX

Yvonne "Bonnie" Gonzalez, Rio Grande Valley Empowerment Zone,
5405 North McColl
McAllen, TX 78504
(Ph.) *956- 661-6560* (Fax) 956-661-6566
bonnie@rgvezc.org

San Antonio, TX

Curley Spears, City of San Antonio,
Department of Housing and Community Development
1400 S. Flores St., Unit 3
San Antonio, TX 78204
(Ph.) 210-207-6600 (Fax) 210-886-0006
cspears@sanantonio.gov

Andrew W. Cameron, City of San Antonio, Department of Housing and Community Development
1400 S. Flores
San Antonio, TX 78204
(Ph.) 210-207-6600 (Fax) 210-886-0006
a.cameron@ci.sat.tx.us

Manny Longorio, City of San Antonio,
Department of Housing and Community Development
1400 S. Flores
San Antonio, TX 78204
(Ph.) 210-207-6600 (Fax) 210-886-0006

Waco, TX

George Johnson, Jr., City of Waco,
300 Austin Ave.
Waco, TX 76701-2570
(Ph.) 254-750-5640 (Fax) 254-750-5880
georgej@ci.waco.tx.us

Four Corners, UT

Larry Rogers, Four Corners Enterprise Community,
151 East 500 North
Blanding, UT 84511
(Ph.) 435-678-1468 (Fax) 435-678-1464
lasar98@yahoo.com

Ogden, UT

Susan Manning, City of Ogden Housing Authority,
2661 Washington Blvd. Suite 102
Ogden, UT 84401
(Ph.) 801-627-5851 (Fax) 801-627-6012
smanning@xmission.com

Accomack/Northampton, VA

Lee Mapp, Accomack/Northampton Enterprise Community,
P.O. Box 814
Nassawadox, VA 23413
(Ph.) 757-442-4509 ext 106
(Fax) 757-442-7530
veseehc@esva.net

Norfolk/Portsmouth, VA

Landis Faulcon, Empowerment 2010, Inc.,
2539 Corprew Ave.
Norfolk, VA 23504
(Ph.) 757-624-8650 (Fax) 757-622-4242
LFaulcon@empowerment2010.org

Dan Swanson, City of Portsmouth
Portsmouth Redevelopment and Housing Authority
339 High St.
Portsmouth, VA 23704
(Ph.) 757-391-2907 (Fax) 757-399-8697
dswanson@prha.org

Burlington, VT

Margaret Bozik, City of Burlington,
Office of Community and Economic Development
149 Church St. City Hall, Room 32
Burlington, VT 05401
(Ph.) 802-865-7171 (Fax) 802-865-7024
mbozik@ci.burlington.vt.us

Northeast Kingdom of Vermont REAP EZ

Carol Moore, Northeast Kingdom of Vermont REAP EZ,
Lyndon State College
Lyndonville, VT 05851
(Ph.) 802-626-6404 (Fax) 802-626-4804
moorec@mail.lsc.vsc.edu

Five Star, WA

Martin E. Wold, Five Star Enterprise Community,
347 W. Second St. Suite A
Colville, WA 99114
(Ph.) 509-684-4571 (Fax) 509-684-4788
mwold@plix.com

Lower Yakima County, WA

Mike Gregory, Lower Yakima County Enterprise Community,
P.O. Box 329.
Sunnyside, WA 98944
(Ph.) 509-839-6847 (Fax) 509-839-7462
lvcrec1@quicktel.com

Seattle, WA

Ben Wolters, City of Seattle, Office of Economic Development
700 Fifth Ave. Suite 1730
Seattle, WA 98104-5072
(Ph.) 206-684-8591 (Fax) 206-684-0379
ben.wolters@ci.seattle.wa.us

Tacoma, WA

Martha Anderson, City of Tacoma, Department of Development
747 Market St., Room 900
Tacoma, WA 98402
(Ph.) 253-591-5207 (Fax) 253-591-5232
manderso@cityoftacoma.org

Shary Hart, City of Tacoma, Department of Development
747 Market St., Room 900
Tacoma, WA 98402
(Ph.) 253-591-5208 (Fax) 253-591-5232
shart@cityoftacoma.org

Yakima, WA

Bill Cobabe, City of Yakima, Office of Neighborhood Development Services
112 South Eighth St.
Yakima, WA 98901
(Ph.) 509-575-6101 (Fax) 509-575-6176
bcobabe@ci.yakima.wa.us

Milwaukee, WI

Glen Mattison, City of Milwaukee, Community Block Grant Administration
200 E. Wells St. City Hall, Room 606
Milwaukee, WI 53202
(Ph.) 414-286-3760 (Fax) 414-286-5003
gmatti@ci.mil.wi.us

Julie A. Penman, City of Milwaukee, Department of City Development
809 N. Broadway
Milwaukee, WI 53202-2617
(Ph.) 414-286-5800 (Fax) 414-286-5467
lwake@mkedcd.org

Laura Wake, City of Milwaukee, Department of Economic Development
809 N. Broadway
Milwaukee, WI 53202-2617
(Ph.) 414-286-8639 (Fax) 414-286-5467
lwake@mkedcd.org

Northwoods NiiJii, WI

Karlene Zajicek, Northwoods NiiJii Enterprise Community,
P.O. Box 67
Lac du Flambeau, WI 54538
(Ph.) *715-588-3303 ext 350*
(Fax) 715-588-9408
pugzaj@newnorth.net

Central Appalachia, WV

Jerry Sizemore, Central Appalachia Enterprise Community,
P.O. Box 176
Clay, WV 25043
(Ph.) 304-587-2034 (Fax) 304-587-2027
caez@wirefire.com

Huntington, WV/Ironton, OH

Cathy Burns, Huntington WV/Ironton OH Empowerment Zone Inc.,
320 Ninth St. Suite B
Huntington, WV 25701
(Ph.) 304-399-5454 (Fax) 304-399-5458
burnsc@ntelos.net

McDowell County, WV

Dr. Clif Moore, McDowell County Enterprise Community,
P.O. Box 158
Wilcoe, WV 24895
(Ph.) 304-448-2118 (Fax) 304-448-3287
mcan24895@yahoo.com

Upper Kanawha Valley, WV

Ben Newhouse, Upper Kanawha Valley Enterprise Community,
200 Upper Kanawha Valley Way
Cabin Creek, WV 25035
(Ph.) 304-595-5991 (Fax) 304-595-5993
bnewhouse@ukvec.org

APPENDIX A-3. OFFICE OF NATIVE AMERICAN PROGRAMS (ONAP)

Persons with hearing or speech impediments may access any of these numbers via TTY by calling the Federal Relay Service at 800–877–8339.

Location of Tribes and TDHEs	*ONAP Contact Information*
All States east of the Mississippi River (plus Minnesota and Iowa)	Eastern/Woodlands Office of Native American Programs, 5API Metcalfe Federal Building 77 West Jackson Boulevard, Room 2400 Chicago, IL 60604–3507 312–886–4532 or 800–735–3239
Kansas, Louisiana, Missouri, Oklahoma, and Texas (except for Ysleta del Sur)	Southern Plains Office of Native American Programs, 6IPI 500 West Main Street, Suite 400 Oklahoma City, OK 73102 405–553–7520 TDD Number: 405–553–7480
Colorado, Montana, Nebraska, North Dakota, South Dakota, Utah, and Wyoming	Northern Plains Office of Native American Programs, 8API Wells Fargo Tower, North 633 17th Street Denver, CO 80202–3607 303–672–5465 TDD Number: 303–672–5116
All Regions	Denver Program Office of Native American Programs 1999 Broadway, Suite 3390, Box 4 Denver, CO 80202 303–675–1600 or 800–561–5913
Arizona, California, New Mexico, Nevada, and Ysleta del Sur in Texas	Southwest Office of Native American Programs, 9EPI One North Central Avenue, Suite 600 Phoenix, AZ 85004–2361 602–379–7200 ***OR*** Southwest Office of Native American Programs (Albuquerque Office), 9EPI 625 Silver Avenue, SW., Suite 300 Albuquerque, NM 87102 505–346–6923
Idaho, Oregon, and Washington	Northwest Office of Native American Programs, OAPI 909 First Avenue, Suite 300 Seattle, WA 98104–1000 206–220–5270 TDD Number: 206–220–5185
Alaska	Alaska Office of Native American Programs, OCPI 949 East 36th Avenue, Suite 401 Anchorage, AK 99508–4399 907–271–4633 TDD Number: 907–271–4328

Appendix B

This appendix to the General Section of the SuperNOFA contains the standard forms, certifications, and assurances used by the majority if not all the programs that are part of the SuperNOFA.

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
☐ a. contract ☐ b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	☐ a. bid/offer/application ☐ b. initial award c. post-award	☐ a. initial filing ☐ b. material change **For Material Change Only:** year _____ quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
☐ Prime ☐ Subawardee Tier _____, *if known*: **Congressional District**, *if known*:	**Congressional District**, *if known*:
6. Federal Department/Agency:	**7. Federal Program Name/Description:** CFDA Number, *if applicable*: _____
8. Federal Action Number, *if known*:	**9. Award Amount**, *if known*: $
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*):	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*):
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 this 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 that $10,000 and not more than $100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____
Federal Use Only:	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission
☐ Application ☐ Preapplication

2. Date Submitted	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name	8. Organizational Unit
9. Address (give city, county, State, and zip code) A. Address: B. City: C. County: D. State: E. Zip Code:	10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: B. Title: C. Phone: D. Fax: E. E-mail:
11. Employer Identification Number (EIN) or SSN	12. Type of Applicant (enter appropriate letter in box) A. State — I. University or College B. County — J. Indian Tribe C. Municipal — K. Tribally Designated Housing Entity (TDHE) D. Township — L. Individual E. Interstate — M. Profit Organization F. Intermunicipal — N. Non-profit G. Special District — O. Public Housing Authority H. Independent School District — P. Other (Specify)
13. Type of Application ☐ New ☐ Continuation ☐ Renewal ☐ Revision If Revision, enter appropriate letters in box(es) ☐ ☐ A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	14. Name of Federal Agency **U.S. Department of Housing and Urban Development**
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 --- Title: Component Title:	16. Descriptive Title of Applicant's Program
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)	

18a. Proposed Program start date	18b. Proposed Program end date	19a. Congressional Districts of Applicant	19b. Congressional Districts of Program

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?
A. Yes ☐ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date_____
B. No ☐ Program is not covered by E.O. 12372
☐ Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt? ☐ No
☐ Yes If "Yes," explain below or attach an explanation.

Previous versions of HUD-424 and 424-M are obsolete

Page 1 of 2

form **HUD-424** (01/2003)
ref. OMB Circular A-102

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federa Share	State Share	Local/Tribal Share	Other	Program Income	Total
Grand Totals									

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official	Name (printed)
Title	Date (mm/dd/yyyy)

Applicant Assurances and Certifications | **U.S. Department of Housing and Urban Development** | OMB Approval No. 2501-0017 (exp. 03/31/2005)

Instructions for the HUD-424-B Assurances and Certifications

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or an an individual must provide the following assurances and certifications. By signing this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

As the duly authorized representative of the applicant, I certify that the applicant [Insert below the Name and title of the Authorized Representative, name of Organization and the date of signature]:

Name:_____, Title:_____.

Organization:_____, Date:_____.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the applicant to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR Part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance **OR** if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR Part 8, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR Part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status, or national origin; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR Part 24 and 24 CFR 42, Subpart A.

6. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 *et seq.*) and related Federal authorities prior to the commitment or expenditure of funds for property acquisition and physical development activities subject to implementing regulations at 24 CFR parts 50 or 58.

7. Will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required in Paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

Applicant Assurances and Certifications (Continued)	**U.S. Department of Housing and Urban Development**	OMB Approval No. 2501-0017 (exp. 03/31/2005)

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee has worked, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(h). The applicant may insert in the space provided below the site(s) for the performance of work or may provide this information in connection with each application.

(i). Place of Performance (street address, city, county, state, zip code)

8. In accordance with 24 CFR Part 24, and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three year period preceding this proposal, been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in the preceding paragraph of this certification; and

(d) Where the applicant is unable to certify to any of the statements in this certification, an explanation shall be attached.

(e) Will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transaction, " provided by the HUD without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

These certifications and assurances are material representations of the fact upon which HUD can rely when awarding a grant. If it is later determined that I, the applicant, knowingly made an erroneous certifications or assurance, I may be subject to criminal prosecution. HUD may also terminate the grant and take other available remedies.

Budget Summary for Competitive Grant Programs

U.S. Department of Housing and Urban Development

OMB Approval No. 2501-0017 (exp. 03/31/2005)

Section A - Budget Categories

1. Object Class Categories	Grant Program, Function or Activity								Total
	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	
a. Personnel (Direct Labor)	$		$	$	$	$	$	$	$
b. Fringe Benefits									
c. Travel									
d. Equipment (Only Items > $5,000 Depreciated Value)									
e. Supplies (Only Items with Depreciated Value < $5,000)									
f. Contractual									
g. Construction									
1. Administrative and legal expenses									
2. Land, structures, rights-of way, appraisals, etc.									
3. Relocation expenses and payments									
4. Architectural and engineering fees									
5. Other architectural and engineering fees									
6. Project inspection fees									
7. Site Work									
8. Demolition and removal									
9. Construction									
10. Equipment									
11. Contingencies									
12. Miscellaneous									
h. Other (Direct Costs)									
1.									
2.									
3.									
4.									
5.									
6.									
I. Indirect Charges (% Approved Indirect Cost Rate: %)									
j. **Total Costs**									
k. Program Income									

form **HUD-424-C** (06/2002)

Public reporting Burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB Control Number.

General Instructions

This form consolidates OMB's Standard Form 424-A (Budget Summary - Non-Construction Programs) and Standard Form 424-C (Budget Summary Construction Programs) into a single Summary Budget for use with HUD competitive program applications.

This form is designed so that an application can be made for any of HUD's grant programs. In preparing the budget, adhere to any existing HUD requirements which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, HUD may require budgets be separately shown by function or activity.

Your budget information should show the entire cost of your proposed program of activities.

If you are not doing construction as part of your program, you do not have to complete that information.

NOTE: Not all budget categories on this form are eligible for funding under all programs. Please see eligible activities under the specific program for which you are seeking funding.

Section A. Budget Categories

For each budget category (personnel, fringe benefits, travel, etc.) you should complete the amount of funding you plan on using in your grant program. You should complete each column as follows:

Column 1 - Identify the amount of funds that you will need from the HUD grant program for which you are seeking funding.

Column 2 - Identify any matching funds that you are required to include in your proposed program in order to be eligible for assistance.

Column 3 - Identify any other HUD funds that you will be adding to this program either through your formula or competitive grant programs.

Column 4 - Identify any other Federal funds that you will be adding to this program either through your formula or competitive grant programs.

Column 5 - Identify any State funds that you will be adding to this program.

Column 6 - Identify any Local or Tribal Government funds that you will be adding to this program.

Column 7 - Identify any additional funds not previously identified in Columns 1 - 6, that you intend to use for your proposed program.

Column 8 - Identify any program income that you expect to generate under this program.

Column 9 - Add columns 1 - 8 across and place the total in Column 9.

Section A. Budget Categories (Continued)

Object Class Categories

be broken out under each column.

Lines a-f--Show the totals of Lines 1a to 1f in each column.

Line g.1.--

are related to the normal functions of government.

Line g.2.--

and/or easements).

Line g.3.--Enter estimated costs related to relocation advisory assistance,

replacement housing, relocation payments to displaced persons and businesses, etc.

Line g.4.--Enter estimated basic engineering fees related to construction

(this includes start-up services and preparation of project performance work plan).

Line g.5.--Enter estimated engineering costs, such as surveys, tests, soil borings, etc.

Line g.6.--Enter estimated engineering inspection costs.

Line g.7.--Enter the estimated site preparation and restoration which are not

included in the basic construction contract.

Line g.8.--Enter the estimated costs related to demolition activities.

Line g.9.--Enter estimated costs of the construction contract.

Line g.10.--Enter estimated cost of office, shop, laboratory, safety equipment,

Line g.11.--Enter any estimated contingency costs.

Line g.12.--Enter estimated miscellaneous costs.

Line h.--Enter any other costs not already addressed above.

Line i.--

Line j.--Total all the budget categories and place the amounts under each column of line j.

Line k

determining the total amount of the grant award.

Instructions for the HUD Grant Application Detailed Budget Form

Public reporting Burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB Control Number.

General Instructions

This form is designed so that an application can be made for any of HUD's grant programs. Space is provided for 3 separate program years.

In preparing the budget, adhere to any existing HUD requirements which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, HUD may require budgets to be shown separately by function or activity.

Your budget information should show the entire cost of your proposed program of activities per year. If you are not using funds in any of the line item categories, you should leave the item blank. Pages may be duplicated to show budget data for individual programs, projects or activities.

NOTE: Not all budget categories on this form are eligible for funding under all programs. Please see eligible activities under the specific program for which you are seeking funding.

Budget Categories

The budget categories identifies how your program funds will be allocated by type of use, e.g., funds going for salaries, travel, contracts, etc. Each of these line items should be broken out under each applicable column.

Lines a-f--Show the totals of Lines a to f in each column.

Lines g. Show construction related expenses in the appropriate categories below.

Line g.1.--Enter estimated amounts needed to cover administrative expenses. Do not include costs which are related to the normal functions of government.

Line g.2.--Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).

Line g.3.--Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.

Line g.4.--Enter estimated basic engineering fees related to construction (this includes start-up services and preparation of project performance work plan).

Line g.5.--Enter estimated engineering costs, such as surveys, tests, soil borings, etc.

Line g.6.--Enter estimated engineering inspection costs.

Line g.7.--Enter the estimated site preparation and restoration which are not included in the basic construction contract.

Line g.8.--Enter the estimated costs related to demolition activities.

Line g.9.--Enter estimated costs of the construction contract.

Line g.10.--Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility, if such costs are not included in the construction contract.

Line g.11.--Enter any estimated contingency costs.

Line g.12.--Enter estimated miscellaneous costs.

Line h.--Enter any other direct costs not already addressed above.

Line i.--

Line j.--Indicate the approved Indirect Cost Rate (if any) and calculate the indirect cost by

Grand Total (by Year)--Enter the sum of lines i. and j. under column 9 for each year.

column as follows:

Column 1

which you are seeking funding.

Column 2

program in order to be eligible for assistance.

Column 3 - Identify any other HUD funds that you will be adding to this program either through your formula or competitive grant programs.

Column 4 -

through your formula or competitive grant programs.

Column 5 - Identify any State funds that you will be adding to this program.

Column 6 -

program.

Column 7

you intend to use for your proposed program.

Column 8 - Identify any program income that you expect to generate under this program.

Column 9 - Add columns 1 - 8 across and place the total in Column 9.

Grant Application Detailed Budget

(Applicant should duplicate this first page as necessary)

U.S. Department of Housing and Urban Development

OMB Approval No. 2501-0017 (exp. 03/31/2005)

	Functional Categories (Year 1)								
	Column 1	**Column 2**	**Column 3**	**Column 4**	**Column 5**	**Column 6**	**Column 7**	**Column 8**	**Column 9**
Name of Project/Activity:	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
a. Personnel (Direct Labor)	$	$	$	$	$	$	$	$	$
b. Fringe Benefits									
c. Travel									
d. Equipment (Only Items > $5,000 Depreciated Value)									
e. Supplies (Only Items with Depreciated Value < $5,000)									
f. Contractual									
g. Construction									
1. Administration and legal expenses									
2. Land, structures, rights-of way, appraisals, etc.									
3. Relocation expenses and payments									
4. Architectural and engineering fees									
5. Other architectural and engineering fees									
6. Project inspection fees									
7. Site work									
8. Demolition and removal									
9. Construction									
10. Equipment									
11. Contingencies									
12. Miscellaneous									
h. Other (Direct Costs)									
i. Subtotal of Direct Costs									
j. Indirect Costs (% Approved Indirect Cost Rate:___%)									
Grand Total (Year 1):									

form **HUD-424-CB** (1/2003)

Grant Application Detailed Budget

(Applicant should duplicate this first page as necessary)

U.S. Department of Housing and Urban Development

OMB Approval No. 2501-0017 (exp. 03/31/2005)

	Functional Categories (Year 2)								
Name of Project/Activity:	**Column 1**	**Column 2**	**Column 3**	**Column 4**	**Column 5**	**Column 6**	**Column 7**	**Column 8**	**Column 9**
	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
a. Personnel (Direct Labor)	$	$	$	$	$	$	$	$	$
b. Fringe Benefits									
c. Travel									
d. Equipment (Only Items > $5,000 Depreciated Value)									
e. Supplies (Only Items with Depreciated Value < $5,000)									
f. Contractual									
g. Construction									
1. Administration and legal expenses									
2. Land, structures, rights-of way, appraisals, etc.									
3. Relocation expenses and payments									
4. Architectural and engineering fees									
5. Other architectural and engineering fees									
6. Project inspection fees									
7. Site work									
8. Demolition and removal									
9. Construction									
10. Equipment									
11. Contingencies									
12. Miscellaneous									
h. Other (Direct Costs)									
i. Subtotal of Direct Costs									
j. Indirect Costs (% Approved Indirect Cost Rate:___%)									
Grand Total (Year 2):									

form **HUD-424-CB** (1/2003)

Grant Application Detailed Budget

(Applicant should duplicate this first page as necessary)

U.S. Department of Housing and Urban Development

OMB Approval No. 2501-0017 (exp. 03/31/2005)

Name of Project/Activity:	Functional Categories (Year 3)								
	Column 1	**Column 2**	**Column 3**	**Column 4**	**Column 5**	**Column 6**	**Column 7**	**Column 8**	**Column 9**
	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
a. Personnel (Direct Labor)	$	$	$	$	$	$	$	$	$
b. Fringe Benefits									
c. Travel									
d. Equipment (Only Items > $5,000 Depreciated Value)									
e. Supplies (Only Items with Depreciated Value < $5,000)									
f. Contractual									
g. Construction									
1. Administration and legal expenses									
2. Land, structures, rights-of way, appraisals, etc.									
3. Relocation expenses and payments									
4. Architectural and engineering fees									
5. Other architectural and engineering fees									
6. Project inspection fees									
7. Site work									
8. Demolition and removal									
9. Construction									
10. Equipment									
11. Contingencies									
12. Miscellaneous									
h. Other (Direct Costs)									
i. Subtotal of Direct Costs									
j. Indirect Costs (% Approved Indirect Cost Rate:___%)									
Grand Total (Year 3):									

form **HUD-424-CB** (1/2003)

Instructions for Completing the Grant Application Detailed Budget Worksheet

Item	Discussion
This form is to be used to provide detailed budget information regarding your proposed program. If your program requires you to provide program activity information you should use a separate HUD-424-CBW to provide information related to each program activity. The detailed information provided on this form should be summarized on either the HUD-424-C or HUD-424-CB forms depending on whether you are requesting funding for a one year period or a multi year period of performance.	
1 - Personnel (Direct Labor)	This section should show the labor costs for all individuals supporting the grant program effort (regardless of the source of their salaries). The hours and costs are for the full life of the grant. If an individual is employed by a contractor or sub-grantee, their labor costs should not be shown here. Please include all labor costs which are associated with the proposed grant program, including those costs which will be paid for with in-kind or matching funds. Do not show fringe or other indirect costs in this section. Please use the hourly labor cost for salaried employees (use 2080 hours per year or the value your organization uses to perform this calculation). An employee working less than full time on the grant should show the numbers of hours they will work on the grant.
2 - Fringe Benefits	Use the standard fringe rates used by your organization. You may use a single fringe rate (a percentage of the total direct labor) or list each of the individual fringe charges. The spreadsheet is set up to use the Total Direct Labor Cost as the base for the fringe calculation. If your organization calculates fringe benefits differently, please use a different base and discuss how you calculate fringe as a comment.
3 - Travel	
3a - Transportation - Local Private Vehicle	If you plan on reimbursing staff for the use of privately owned vehicles or if you are required to reimburse your organization for mileage charges, show your mileage and cost estimates in this section.
3b - Transportation - Airfare	Show the estimated cost of airfare required to support the grant program effort. Show the destination and the purpose of the travel as well as the estimated cost of the tickets. Each program NOFA discusses the travel requirements which should be listed here.
3c - Transportation - Other	If you or are charged monthly by your organization for a vehicle for use by the grant program, indicate those costs in this section. Provide estimates for other transportation costs which may be incurred (metro, etc.).

form HUD-424-CBW-I (1/2003)

3d - Per Diem or Subsistence	For travel which will require the payment of subsistence or per diem in accordance with your organization's policies. Indicate the location of the travel. Each program NOFA discusses the travel requirements which should be listed here.
4 – Equipment	Equipment is defined by HUD regulations as tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. Each program NOFA describes what equipment may be purchased using grant funding.
5 - Supplies and Materials	Supplies and materials are consumable and non-consumable items which have a depreciated unit value of less than $5,000. Please list the proposed supplies and materials as either Consumable Supplies or as Non-Consumable Materials.
5a - Consumable Supplies	List the consumable supplies you propose to purchase. General office or other common supplies may be estimated using an anticipated consumption rate.
5b - Non-consumable materials	List furniture, computers, printers, and other items which will not be consumed in use. Please list the quantity and unit cost.
6 – Consultants	Please indicate the consultants you will use. Indicate the type of consultant (skills), the number of days you expect to use them, and their daily rate.
7 - Contracts and Sub-Grantees	List the contractors and sub-grantees which will help accomplish the grant effort. Examples of contracts which should be shown here include contracts with Community Based Organizations; liability insurance; and training and certification for contractors and workers. If any contractor, sub-contractor, or sub-grantee is expected to receive over 10% of the total Federal amount requested, a separate Grant Application Detailed Budget (Worksheet) should be developed for that contractor or sub-grantee and the total amount of their proposed effort should be shown as a single entry in this section. Unless your proposed program will perform the primary grant effort with in-house employees (which should be listed in section 1), the costs of performing the primary grant activities should be shown in this section. Types of activities which should be shown in this section: • Contracts for all services • Training for individuals not on staff • Contracts with Community Based Organizations or Other Governmental Organizations (note the 10% requirement discussed above) • Insurance if your program will procure it separately Please provide a short description of the activity the contractor or subgrantee will perform, if not evident.

form **HUD-424-CBW-I** (1/2003)

8 – Construction Costs	
8a – Administrative and legal expenses	Enter estimated amounts needed to cover administrative expenses. Do not include costs which are related to the normal functions of government.
8b – Land, structures, rights-of way, appraisal, etc.	Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).
8c – Relocation expenses and payments	Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.
8d – Architectural and engineering fees	Enter estimated basic engineering fees related to construction (this includes start-up services and preparation of project performance work plan).
8e – Other architectural and engineering fees	Enter estimated engineering costs, such as surveys, tests, soil borings, etc.
8f – Project inspection fees	Enter estimated engineering inspection costs.
8g – Site work	Enter the estimated site preparation and restoration which are not included in the basic construction contract.
8h – Demolition and removal	Enter the estimated costs related to demolition activities.
8i – Construction	Enter estimated costs of the construction contract.
8j - Equipment	Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility, if such costs are not included in the construction contract.
8k – Contingencies	Enter any estimated contingency costs.
8l – Miscellaneous	Enter estimated miscellaneous costs.
9 - Other Direct Costs	Other Direct Costs include a number of items that are not appropriate for other sections. Other Direct Costs may include: • Staff training • Telecommunications • Printing and postage • Relocation, if costs are paid directly by your organization (if relocation costs are paid by a subgrantee, it should be reflected in Section 7)
10 - Indirect Costs	OMB Circular A87 defines indirect costs are those that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the results achieved. Indirect costs include (a) the indirect costs originating in each department or agency of the governmental unit carrying out Federal awards and (b) the costs of central governmental services distributed through the central service cost allocation plan and not otherwise treated as direct costs. The spreadsheet is set up to use the Total Direct Labor plus the Fringe Benefits costs as the base for the indirect cost calculation. If your organization calculates indirect costs differently, please use a different base and discuss how you calculate fringe as a comment.

form **HUD-424-CBW-I** (1/2003)

Total Estimated Costs	Enter the grand total of all the applicable columns.

The eight rightmost columns allow you to identify how the costs will be spread between the HUD Share and other contributors (including Match funds and Program Income). This information will help the reviewers better understand your program and priorities.

form **HUD-424-CBW-I** (1/2003)

OMB Approval No. 2501-0017

(Exp. 03/31/2005)

Name and Address of Applicant:

Category — **Detailed Description of Budget (for full grant period)**

1. Personnel (Direct Labor)	**Estimated Hours**	**Rate per Hour**	**Estimated Cost**	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Position or Individual											
Total Direct Labor Cost											

2. Fringe Benefits	**Rate (%)**	**Base**	**Estimated Cost**	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Total Fringe Benefits Cost											

3. Travel

3a. Transportation - Local Private Vehicle	**Mileage**	**Rate per Mile**	**Estimated Cost**	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Trans - Local Private Vehicle											

form **HUD-424-CBW** (02/12/2002)

Detailed Description of Budget

3b. Transportation - Airfare (show destination)	Trips	Fare	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Transportation - Airfare											

3c. Transportation - Other	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Transportation - Other											

3d. Per Diem or Subsistence (indicate location)	Days	Rate per Day	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Per Diem or Subsistence											
Total Travel Cost											

4. Equipment (Only items over $5,000 Depreciated value)	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Total Equipment Cost											

form **HUD-424-CBW** (03/2002)

Detailed Description of Budget

5. Supplies and Materials (Items under $5,000 Depreciated Value)

5a. Consumable Supplies	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Consumable Supplies											

5b. Non-Consumable Materials	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Non-Consumable Materials											
Total Supplies and Materials Cost											

6. Consultants (Type)	Days	Rate per Day	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Total Consultants Cost											

7. Contracts and Sub-Grantees (List individually)	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Total Subcontracts Cost											

form **HUD-424-CBW** (03/2002)

Detailed Description of Budget

8. Other Direct Costs	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Item											
Total Other Direct Costs											

9. Indirect	Rate	Base	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Type											
Total Indirect Costs											
Total Estimated Costs											
Total of Federal Share and Match:											

form **HUD-424-CBW** (03/2002)

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/2003)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report ☐ **or an Update Report** ☐

1. Applicant/Recipient Name, Address, and Phone (include area code): ( ) -	2. Social Security Number or Employer ID Number: - -
3. HUD Program Name	4. Amount of HUD Assistance Requested/Received

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

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).
☐ **Yes** ☐ **No**

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9
☐ **Yes** ☐ **No.**

If you answered "**No**" to either question 1 or 2, **Stop**! You do not need to complete the remainder of this form. ***However***, you must sign the certification at the end of the report.

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

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

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

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

Part III Interested Parties. You must disclose:

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

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

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

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: X	Date: (mm/dd/yyyy)

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

Instructions

Overview.

A. Coverage. You must complete this report if:
   (1) You are applying for assistance from HUD for a specific project or activity **and** you have received, or expect to receive, assistance from HUD in excess of $200,000 during the during the fiscal year;
   (2) You are updating a prior report as discussed below; or
   (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. **Update reports (filed by "Recipients" of HUD Assistance): General.** All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.
All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to ***either*** questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

   Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

   The following information must be provided:

   1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
   2. State the type of other government assistance (e.g., loan, grant, loan insurance).
   3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
   4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD ***and any other source*** - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

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).
   Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

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

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in this application are consistent with the Strategic Plan of a Federally-designated Empowerment Zone (EZ), Enterprise Community (EC), an Urban Enhanced Enterprise Community, Strategic Planning Community or Renewal Community.

(Type or clearly print the following information)

Applicant Name _____

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

Name of RC/EZ/EC _____

I further certify that the proposed activities/projects will be located within the RC/EZ/EC/Urban Enhanced EC or Strategic Planning Community and will serve the RC/EZ/EC/Urban Enhanced EC, Strategic Planning Community residents, or Renewal Community. (2 points)

Name of the Official Authorized to Certify the RC/EZ/EC _____

Title _____

Signature _____

Date (mm/dd/yyyy) _____

form **HUD-2990** (3/2002)

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: _____

Certification Regarding Debarment and Suspension

U.S. Department of Housing and Urban Development

Certification A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions

1. The prospective primary participant certifies to the best of its knowledge and belief that its principals;

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency;

b. Have not within a three-year period preceding this proposal, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Instructions for Certification (A)

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was place when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms **covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded**, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of these regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines this eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph (6) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.

Certification B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Instructions for Certification (B)

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms **covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded**, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of these regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph (5) of these instructions, if a participant in a lower covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies including suspension and/or debarment.

Applicant	Date

Signature of Authorized Certifying Official	Title

Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

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

(fold line)

Type or clearly print the following information:

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

To Be Completed by HUD

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

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

- ☐ Enclosed
- ☐ Being sent under separate cover

Processor's Name _____

Date of Receipt _____

form HUD-2993 (2/99)

Client Comments and Suggestions

U.S. Department of Housing and Urban Development

You are our Client! Your comments and suggestions, please!

The Department of Housing and Urban Development in preparing this Notice of Funding Availability and application forms, has tried to produce a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to this document. You may leave this form attached to your application, or feel free to detach the form and return it to:

The Department of Housing and Urban Development
Office of Departmental Grants Management and Oversight
Room 3156
451 7th Street, SW
Washington, DC 20410

Please Provide Comments on HUD's Efforts:

The NOFA (insert title) _____

is: (please check one)

(a) ☐ is clear and easily understandable

(b) ☐ better than before, but still needs improvement (please specify)

(c) other (please specify)

The application form (insert title) _____

is: (please check one)

(a) ☐ is acceptable given the volume of information required by statute and the volume of information required for accountability in selecting and funding projects.

(b) ☐ is simpler and more user-friendly than before, but still needs work (please specify).

(c) other comments (please specify)

Name & Organization (Optional):

Are additional pages attached? ☐ Yes ☐ No

Previous versions obsolete

form **HUD-2994** (03/2003)

Survey on Ensuring Equal Opportunity for Applicants

U.S. Department of Housing and Urban Development

OMB No. 1890-0014 (Exp. 1/31/2006)

Do not enter information below unless instructed to do so.

Purpose: This form is for applicants that are nonprofit private organizations. Please complete it to assist the Federal government in ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. Information provided on this form will not be considered in any way in making funding decisions and will not be included in the Federal grants database.

Instructions for Submitting Survey

If submitting hard copy, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it with your application package.

If submitting electronically, please include the PR Award Number assigned to your e-application in the box above entitled "***Do not enter information below unless instructed to do so.***" Place and seal the completed survey in an envelope and mail it to: Office of Departmental Grants Management and Oversight, U.S. Department of Housing and Urban Development, AJT, Room 3156, 451 Seventh St., SW, Washington, DC 20410.

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

☐ Yes ☐ No

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

☐ 3 or Fewer ☐ 15-50
☐ 4-5 ☐ 51-100
☐ 6-14 ☐ over 100

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

☐ Less Than $150,000
☐ $150,000 - $299,999
☐ $300,000 - $499,999
☐ $500,000 - $999,999
☐ $1,000,000 - $4,999,999
☐ $5,000,000 or more

4. Is the applicant a faith-based/religious organization?

☐ Yes ☐ No

5. Is the applicant a non-religious community-based organization?

☐ Yes ☐ No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

☐ Yes ☐ No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

☐ Yes ☐ No

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

☐ ☐ Yes No

Survey Instructions on Ensuring Equal Opportunity for Applicants

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money your organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Administration

OMB Approval No. 2535-0113
(exp. 08/31/2003)

Program Title:

Grantee/Recipient Name:

Grantee Reporting Organization:

Reporting Period From (mm/dd/yyyy): _____ **To** (mm/dd/yyyy): _____

Racial Categories	Total Number of Racial Categories Reported	Total Number of Ethnic Category Responses (Hispanic or Latino)
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native *and* White		
Asian *and* White		
Black or African American *and* White		
American Indian or Alaska Native *and* Black or African American		
* Other multi-racial categories: [Per the form instructions, write in a description using the box on the right]		
Balance of individuals reporting more than one race		
Total:		

* If the aggregate count of any reported multi-racial category that is not listed above exceeds 1% of the total population being reported, you should separately indicate each such category here. Also indicate the total number of such other multi-racial categories reported, the population percentage, and the total number of positive ethic category responses.

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

form **HUD-27061** (2/2003)

Instructions for the Race and Ethnic Data Reporting form (HUD-27061)

A. General Instructions:

This form is intended to be used by two categories of respondents: (1) applicants requesting funding from the Department of Housing and Urban Development (HUD); and (2) organizations who receive HUD Federal financial assistance that are required to report race and ethnic information.

In compliance with OMB direction to revise the standards for collection of racial data, HUD has revised its standards as depicted on this form. The revised standards are designed to acknowledge the growing diversity of the U.S. population. Using the revised standards, HUD offers organizations that are responding to HUD data requests for racial information, the option of selecting one or more of nine racial categories to identify the racial demographics of the individuals and/or the communities they serve, or are proposing to serve. HUD's collection of racial data treats ethnicity as a separate category from race and has changed the terminology for certain racial and ethnic groups from the way it has been requested in the past using two distinct ethnic categories. The revised definitions of ethnicity and race have been standardized across the Federal government and are provided below.

1. The two ethnic categories as revised by the Office of Management and Budget (OMB) are defined below.

   Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

   Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories as revised by the Office of Management and Budget are defined below:

   American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

   Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

   Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

   Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

   White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

   Note: The information required to be reported may be collected and submitted to HUD via the use of this form or by other means, such as summary reports or via electronic reporting mechanisms. The primary goal to be achieved is the provision of the summary racial and ethic data of the population(s) proposed to be served or that is being served by your organization in a consistent manner across all HUD programs.

B. Specific Instructions for Completing the Form:

Organizations using this form should collect the individual responses from the community of individuals you intend to serve or those that you are serving, as applicable. After the individual collections are gathered, you should report (via this form or by the use of other means such as electronic reports that provide the summary data required by this form) the aggregate totals of the racial and ethnic data that you collect via the applicable categories as described below:

Total Number of Racial Categories Reported: Under this column you should indicate the total number of responses collected in the blocks next to the applicable categories.

Total Number of Ethnic Category Responses (Hispanic or Latino): Under this column you should indicate the total number of responses collected in the blocks next to the applicable racial categories (e.g., you would enter the total number of Asian respondents that indicated they are Hispanic or Latino). When collecting this information from beneficiaries of the Federal financial assistance all respondents should be required to indicate their ethnic category, which requires either a "yes" or "no" response.

Other multi-racial categories: Next to this racial category, indicate all racial categories (if any) identified by respondents that do not fit the nine racial categories above, and which have a total count that exceeds one percent of the total population being reported. You must identify each such racial category, including the actual count, the percentage of the total population (in parenthesis), and the actual count for the ethnic categories.

For example, if you obtain data that indicates that the total population being served is 200 and includes 10 Cajun Americans and 12 Creole Americans, and those numbers of Cajun and Creole Americans each equates to more than one percent of the total population being served, and 2 of the Cajun Americans indicate they belong to the Hispanic/Latino ethic category and 3 of the Creole Americans indicate they belong to the Hispanic/Latino ethnic category, you should complete the form as follows:

Racial Categories	Total Number of Racial Categories Reported	Total Number of Ethnic Category Responses (Hispanic or Latino)
* Other multi-racial categories: [Per the form instruction, write in a description using the box on the right]	Cajun American 10 (5%) Creole American 12 (6%)	2 3

How the percentage should be applied will vary by program depending on whether the program is required to provide data on the total community, or on the beneficiaries/individuals that are being served or that are proposed to be served.

Balance of individuals reporting more than one race: This block is intended to capture the balance of any racial categories that are not included in the list of nine above, and are not included under **"Other multi-racial categories."** Indicate the total number of all racial categories reported that do not fit the nine racial categories above, and do not equate to one percent of the total population being reported. Be sure to also indicate the total number of all such ethnic categories.

Total: On the last row of the form you should indicate the aggregate totals of all the information you have gathered including the total of all racial categories and the total of all the ethic categories.

Funding Application

Section 8 Tenant-Based Assistance
Rental Certificate Program
Rental Voucher Program

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

OMB Approval No. 2577-0169
(exp. 03/31/2004)

Send the original and two copies of this application form and attachments to the local HUD Field Office

Public reporting burden for this collection of information is estimated to average 1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Eligible applicants (HAs) must submit this information when applying for grant funding for tenant-based housing assistance programs under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). HUD will use the information to evaluate an application based on selection criteria stated in the Notice of Funding Availability (NOFA). HUD will notify the HA of its approval/disapproval of the funding application. Responses are required to obtain a benefit from the Federal Govenment. The information requested does not lend itself to confidentiality.

Name and Mailing Address of the Housing Agency (HA) requesting housing assistance payments

Application/Project No. (HUD use only)

Do you have an ACC with HUD	No	Yes	Date of Application	Legal Area of Operation (area in which the HA has authority under State and local law to administer the program)
for Section 8 Certificates?	☐	☐		
for Section 8 Vouchers?	☐	☐		

A. Area(s) From Which Families To Be Assisted Will Be Drawn.

Locality (city, town, etc.)	County	Congressional District	Units

B. Proposed Assisted Dwelling Units. (Complete this section based on the unit sizes of the applicants at the top of the waiting list)

	Number of Dwelling Units by Bedroom Size							Total Dwelling Units
	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	6+BR	
Certificates								
Vouchers								

C. Average Monthly Adjusted Income. Complete this section based on actual incomes of current participants by unit size. Enter average monthly adjusted income for each program separately and only for the unit sizes requested in Section B.

	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	6+BR
Certificates	$	$	$	$	$	$	$
Vouchers	$	$	$	$	$	$	$

D. Need for Housing Assistance. Demonstrate that the project requested in this application is responsive to the condition of the housing stock in the community and the housing assistance needs of low-income families residing in or expected to reside in the community. (If additional space is needed, add separate pages.)

E. Housing Quality Standards (HQS). (Check applicable box)

☐ HUD's HQS will be used with no modifications ☐ Attached for HUD approval are HQS acceptability criteria variations

F. New HA Information. Complete this section if HA currently does not administer a tenant-based certificate or voucher program.

Financial and Administrative Capability. Describe the experience of the HA in administering housing or other programs and provide any other relevant information which evidences present or potential management capability for the proposed rental assistance program. Submit this narrative on a separate page.

Qualification as an HA. Demonstrate that the applicant qualifies as an HA and is legally qualified and authorized to administer the funds applied for in this application. Submit the relevant enabling legislation and a supporting legal opinion.

Note: If this application is approved, the HA must submit for HUD approval a utility allowance schedule and budget documents.

G. Certifications. The following certifications are incorporated as a part of this application form. The signature on the last page of this application of the HA representative authorized to sign the application signifies compliance with the terms of these certifications.

Equal Opportunity Certification

The Housing Agency (HA) certifies that:

(1) The HA will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and regulations issued pursuant thereto (24 CFR Part 1) which state that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives financial assistance; and will take any measures necessary to effectuate this agreement.

(2) The HA will comply with the Fair Housing Act (42 U.S.C. 3601-19) and regulations issued pursuant thereto (24 CFR Part 100) which prohibit discrimination in housing on the basis of race, color, religion, sex, handicap, familial status, or national origin, and administer its programs and activities relating to housing in a manner to affirmatively further fair housing.

(3) The HA will comply with Executive Order 11063 on Equal Opportunity in Housing which prohibits discrimination because of race, color, creed, or national origin in housing and related facilities provided with Federal financial assistance and HUD regulations (24 CFR Part 107).

(4) The HA will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and regulations issued pursuant thereto (24 CFR Part 8) which state that no otherwise qualified individual with handicaps in the United States shall solely by reason of the handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

(5) The HA will comply with the provisions of the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) and regulations issued pursuant thereto (24 CFR Part 146) which state that no person in the United States shall on the basis of age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under a program or activity receiving Federal financial assistance.

(6) The Housing Agency will comply with the provisions of Title II of the Americans with Disabilities Act (42 U.S.C. 12131) and regulations issued pursuant thereto (28 CFR Part 35) which state that subject to the provisions of Title II, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of a public entity, or be subjected to discrimination by any such entity.

The following provisions apply only to housing assisted with Project-Based Certificates:

(7) The HA will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1) which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity.

(8) The HA will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701u) and regulations issued pursuant thereto (24 CFR Part 135), which require that, to the greatest extent feasible, opportunities for training and employment be given to low-income persons residing within the unit of local government for metropolitan area (or non-metropolitan county) in which the project is located.

Certification Regarding Lobbying

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Certification Regarding Drug-Free Workplace Requirements

Instructions for Drug-Free Workplace Requirements Certification:

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).

5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).

6. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All *direct charge* employees; (ii) All *indirect charge* employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees or subrecipients or subcontractors in covered workplaces).

A. The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, State, zip code)

Check ☐ if there are workplaces on file that are not identified here.

Housing Agency Signature

Signature of HA Representative	Print or Type Name of Signatory	
	Phone No.	Date

Logic Model Instructions U.S. Department of Housing And Urban Development Office of Departmental Grants Management and Oversight

OMB Approval No. 2535-0114 (exp. 9/30/2003)

The public reporting burden for this collection of information for the Logic Model is estimated to average 2 hours per response for applicants, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. HUD may not conduct, and a person is not required to respond to, a collection of information unless the collection displays a valid control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, Paperwork Reduction Project, in the Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, DC 20410-3600. When providing comments, please refer to OMB Approval No. 2535-0114.

The information submitted in response to the Notice of Funding Availability for the Logic Model is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545).

Instructions:

Responses to rating factor five should be in this format. Your response should be in bullet format rather than narrative. Please read each NOFA carefully to ensure the performance measures requested for this factor are reflected on the logic model form.

Program Name: The HUD funding program under which you are applying. If you are applying for a component of a program please include the Program Name as well as the Component Name.

Component Name: The HUD funding program under which you are applying.

Column 1: ***HUD's Strategic Goals***: Indicate in this column **the number** of the goal(s) that your proposed service or activity is designed to achieve. HUD's strategic goals are:

1. Increase homeownership opportunities.
2. Promote decent affordable housing.
3. Strengthen communities.
4. Ensure equal opportunity in housing.
5. Embrace high standards of ethics, management, and accountability.
6. Promote participation of grass-roots faith-based and other community-based organizations.

Policy Priority: Indicate in this column **the number** of the HUD Policy Priority(ies), if any, your proposed service or activity promotes. Applicants are encouraged to undertake specific activities that will assist the Department in implementing its Policy Priorities. HUD's Policy Priorities are:

1. Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency.
2. Improving the Quality of Life in our Nation's Communities.
3. Encouraging Accessible Design Features.
4. Providing Full and Equal Access to Grass-Roots Faith-Based and Other Community-Based Organizations in HUD Program Implementation.
5. Improving Housing Conditions in Colonias.
6. Increasing Participation of Minority Serving Institutions in HUD Programs.
7. Increasing Participation in Energy Star.
8. Ending Chronic Homelessness in Ten Years

Column 2: **Problem, Need, or Situation**: Provide a general statement of need that provides the rationale for the proposed service or activity.

Column 3: **Service or Activity:** Identify the activities or services that you are undertaking in your work plan, which are crucial to the success of your program. Not every activity or service yields a direct outcome.

Column 4 and Column 5: **Benchmarks:** These columns ask you to identify benchmarks that will be used in measuring the progress of your services or activities. Column 4 asks for specific interim or final products (called outputs) that you establish for your program's services or activities. Column 5 should identify the results associated with the product or output. These may be numerical measures characterizing the results of a program activity, service or intervention and are used to measure performance. These outputs should lead to targets for achievement of outcomes. Results should be represented by both the actual # and % of the goal achieved.

Column 4: **Benchmarks/Output Goal:** Set quantifiable output goals, including timeframes. These should be products or interim products, which will allow you and HUD to monitor and assess your progress in achieving your program workplan.

Column 5: **Benchmark/ Output Result:** Report actual result of your benchmarks. The actual result could be- number of housing units developed or rehabilitated, jobs created, or number of persons assisted. Outputs may be short, intermediate or long-term.

Column 6 and Column 7: **Outcomes:** Column 6 and Column 7 ask you to report on your expected and actual outcomes – the ultimate impact you hope to achieve. Column 6 asks you to identify outcomes in terms of the impact on the community, people's lives, changes in economic or social status, etc. Column 7 asks for the actual result of the outcome measure listed in Column 6, which should be updated as applicable.

Column 6: **Outcomes/ Goals:** Identify the outcomes that resulted in broader impacts for individuals, families/households, and/or the community. For example, the program may seek to improve the environmental conditions in a neighborhood, increase affordable housing, increase the assets of a low-income family, or improve self-sufficiency.

Proxy Outcome(s): Often direct measurement of the intended outcome is difficult -- or even impossible -- to measure. In these cases, applicants/grantees should use a proxy or surrogate measure that corresponds with the desired outcome. For example, improving quality of life in a neighborhood could be measured by a proxy indicator such as increases in home prices or decreases in crime. Training programs could be measured by the participant's increased wages or reading skills. The person receiving the service must meet eligibility requirements of the program.

Column 7: **Outcomes/Actual Result:** Identify specific achievements of outcomes listed in Column 6.

Column 8: **Measurement Reporting Tools:** (a) List the tools used to track output or outcome information (e.g., survey instrument; attendance log; case report; pre-post test; waiting list; etc); (b) Identify the place where data is maintained, e.g. central database; individual case records; specialized access database, tax assessor database; local precinct; other; (c) Identify the location, e.g. on-site; subcontractor; other; (d) Indicate how often data is required to be collected, who will collect it and how often data is reported to HUD; and (e) Describe methods for retrieving data, e.g. data from case records is retrieved manually, data is maintained in an automated database. This tool will be available for HUD review and monitoring and should be used in submitting reporting information.

Column 9: **Evaluation Process:** Identify the methodology you will periodically use to assess your success in meeting your benchmark output goals and output results, outcomes associated to the achievement of the purposes of the program, as well as the impact that the work has made on the individuals assisted, the community, and the strategic goals of the Department. If you are not meeting the goals and results projected for your performance period, the evaluation process should be used as a tool to ensure that you can adjust schedules, timing, or business practices to ensure that goals are met within your performance period.

Logic Model

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

OMB Approval No. 2535-0114
(exp. 9/30/2003)

Program Name:_____ **Component Name:**_____

Strategic Goals	Policy Priorities	Problem, Need, Situation	Service or Activity	Benchmarks		Outcomes		Measurement Reporting Tools	Evaluation Process
				Output Goal	Output Result	Achievement Outcome Goals	End Results		
1		2	3	4	5	6	7	8	9
Policy		Planning		Intervention		Impact		Accountability	
				Short Term				a. b. c. d. e.	
				Intermediate Term				a. b. c. d. e.	
				Long Term				a. b. c. d. e.	

HUD's Strategic Goals

1. Increase homeownership opportunities.
2. Promote decent affordable housing.
3. Strengthen communities.
4. Ensure equal opportunity in housing.
5. Embrace high standards of ethics, management, and accountability.
6. Promote participation of grass-roots faith-based and other community-based organizations.

Policy Priorities

1. Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency.
2. Improving the Quality of Life in our Nation's Communities.
3. Encouraging Accessible Design Features.
4. Providing Full and Equal Access to Grass-Roots Faith-Based and Other Community-Based Organizations in HUD Program Implementation.
5. Improving Housing Conditions in Colonias.
6. Increasing Participation of Minority Serving Institutions in HUD Programs.
7. Increasing Participation in Energy Star.
8. Ending Chronic Homelessness in Ten Years.

form **HUD-96010** (4/08/2003)

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

COMMUNITY DEVELOPMENT TECHNICAL ASSISTANCE (CD-TA)

HOME
CHDO (HOME)
McKinney-Vento Homeless Assistance
HOPWA TA

Billing Code 4210-32-C

FUNDING AVAILABILITY FOR COMMUNITY DEVELOPMENT TECHNICAL ASSISTANCE (CD–TA) PROGRAMS—HOME, CHDO (HOME), McKINNEY-VENTO HOMELESS ASSISTANCE, AND HOPMA

PROGRAM OVERVIEW

Purpose of the Program. Funds are available to provide technical assistance (TA), under cooperative agreements with HUD, for four separate programs: (1) HOME Investment Partnerships Program (HOME); (2) HOME Investment Partnerships Program for Community Housing Development Organizations [CHDO (HOME)]; (3) McKinney-Vento Homeless Assistance; and (4) Housing Opportunities for Persons With AIDS (HOPWA).

Available Funds. Approximately $22.9 million in Fiscal Year 2003 funds is available for the CD–TA programs and additional funds that may become available as a result of recapturing unused funds.

Eligible Applicants. Eligibility differs for each of the CD–TA programs. Specific eligibility requirements for the fourthree CD–TA programs are found below in Section III (B).

Application Deadline. June 4, 2003.

Match. None.

Additional Information

If an organization is interested in applying for funding under this program, it should review carefully the General Section of this SuperNOFA and the following additional information.

I. Application Due Date; Application Submission Procedures; Addresses for Submitting Applications; For Further Information and Technical Assistance

(A) *Application Due Date.* Applicants must submit completed applications on or before May 28, 2003 to the addresses shown below.

(B) *Application Submission Procedures.* Only one application per organization is permitted; however, the one application may contain a proposal for one, two, three, or all four CD–TA programs, including the special ''pooled'' Field Office HOME Program TA arrangement being offered for the first time in this NOFA and described in Section II (B).

Applicants must submit two copies of their application. One original application must be submitted to HUD Headquarters; it is considered the official application. Applicants must also send a copy of the original application to each HUD Field Office in which their organization is seeking to provide services, except that, in the case of pooled Field Office HOME TA, applicants need only submit the original and one copy to HUD Headquarters.

Applicants must refer to the General Section of this SuperNOFA for detailed requirements governing application submission and receipt

(C) *Addresses for Submitting Applications.* While following the procedures in the General Section of this SuperNOFA, submit the original application to HUD Headquarters at: U.S. Department of Housing and Urban Development; CPD Processing and Control Branch, Room 7251; 451 Seventh Street, SW; Washington, DC 20410; Attention: CD–TA. Submit a copy of the application to the appropriate Field Office(s) at the address(es) shown on the list of HUD Field Offices included as Appendix B. Please mark the package Attention: CD–TA.

(D) *For Further Information and Technical Assistance.* Applicants may contact HUD Headquarters at 202–708–3176, or they may contact the HUD Field Office serving their area shown in Appendix B. Persons with hearing and speech challenges may access the above numbers via TTY (text telephone) by calling the Federal Relay Service at 1–800–877–8339 (this is a toll-free number). Information may also be obtained through the HUD Web site on the Internet at *http://www.hud.gov.*

HUD will hold an informational satellite broadcast for potential applicants to learn more about the CD–TA programs and preparation of the application. For information about the date and time of the broadcast, consult the HUD Web site at *http://www.hud.gov.*

II. Description of National and Field Office TA; Amounts Allocated; Fair Share; Award Adjustments; Award Period

(A) *Description of National and Field Office TA.* National TA activities are those that address, at a national or regional level, one or more of the CD–TA program activities and/or priorities identified in Section III (C) of this NOFA. National TA activities may include the development and delivery of training, delivery of training courses previously approved by HUD, development of written products, delivery of direct TA, the organization and delivery of workshops and conferences, and the development of online training materials. National TA activities will be administered by a Government Technical Representative (GTR) and Government Technical Monitor (GTM) at HUD Headquarters. Regardless of the geographical coverage proposed for the TA, applicants for National TA must be willing to work in any Field Office area listed in Appendix A of this NOFA.

All Field Office TA activities must also address the CD–TA program activities and/or priorities identified in Section III (C), but the TA will be targeted to the specific needs of each Field Office in which the TA is proposed. Field Office TA activities are limited to the development of needs assessments, the organization and delivery of workshops and conferences, the customization and delivery of previously approved HUD trainings, and direct TA. Following the award of CD–TA program funds, HUD Headquarters may approve other proposed Field Office TA activities on a case-by-case basis. Field Office TA will be administered by a GTR and GTM in the respective HUD Field Office. Please note that the pooled Field Office HOME TA is Field Office TA carried out in Field Office jurisdictions and directed by Field Office GTRs and GTMs. Pooled Field Office HOME TA will involve coordination between HUD Headquarters and the respective Field Office as described in Section II (B).

(B) *Amounts Allocated.* The amounts allocated for each CD–TA program are given below. Appendix A shows how the funds are divided between National TA and Field Office TA.

(1) HOME TA funds available are approximately $8.3 million. National HOME TA funds will be available only to applicants proposing eligible activities that are national in scope. Field Office TA funds will be available to those proposing to provide TA in the geographic areas under the purview of Field Offices and those Field Offices selecting Option #2 as described below under (C) ''Fair-Share''. (Field Offices that selected Option #2 are identified in Appendix A.) Please note that funding from HOME TA and all other HOME Program-related TA sources to any single eligible organization (excluding funds for organizational support and housing education ''passed through'' to CHDOs), whether as an applicant or subrecipient is limited to not more than 20 percent of the operating budget of the recipient organization, and is limited to 20 percent of the $17,883,000 made available for HOME and CHDO (HOME) TA in FY 2003.

(2) CHDO (HOME) TA funds available are approximately $6 million. Not less than 40 percent of the funds are available for eligible applicants that have worked primarily in one state. HUD will consider an intermediary as a primarily single State technical assistance provider if it can document that more than 50 percent of its past

activities in working with CHDOs or similar nonprofit and other organizations (on the production of affordable housing, revitalization of deteriorating neighborhoods, and/or the delivery of technical assistance to these groups) was confined to the geographic limits of a single state. Funding from CHDO (HOME) TA and all other HOME program-related TA sources to any single eligible organization (excluding funds for organizational support and housing education ''passed through'' to CHDOs), whether as an applicant or subrecipient is limited to not more than 20 percent of the operating budget of the recipient organization, and is limited to 20 percent of the $17,883,000 made available for HOME and CHDO (HOME) TA in FY 2003.

(3) McKinney-Vento Act Homeless Assistance Programs TA funds available are up to $6.6 million. Up to 25 percent of the McKinney-Vento Act Homeless Assistance technical assistance funds are for qualified providers who have not previously received a HUD CD–TA award.

(4) HOPWA FY 2003 TA funds available are up to $2 million. HUD will ensure that at least $400,000 of the HOPWA TA funds are designated for each of the two national goals [see section III (C)(4)].

(C) *Fair Share.* Each HUD Field Office with a Community Planning and Development (CPD) Division has been allocated a ''fair share'' of CD–TA funds for purposes of this competition, except for the HOPWA TA funds that will be awarded only through a national competition. Appendix A lists the fair share allocations. The amounts are based on allocations of HOME, CHDO (HOME), and McKinney-Vento Act Homeless Assistance formula funds and competitive programs for which Field Offices have management oversight.

For HOME TA only, Field Offices are given two options for TA administration. Under Option 1, Field Offices administer their fair share HOME CD–TA funds.

Under Option 2, Field Offices place their fair share of HOME TA funds into a separate HOME TA pooled account. Applications for these funds are rated and ranked separately. Field Offices that have chosen to ''opt in'' to the HOME TA pooled account receive assistance from TA providers chosen to serve the pooled account jurisdictions through this competition. Consequently, applicants proposing to provide training and/or direct TA with HOME TA pooled account funds must be willing to provide coverage to all Field Office jurisdictions opting in the HOME TA pooled account. Please review Appendix A for those Field Offices that have opted into the HOME TA pooled account and take the ''full coverage'' requirement into consideration when determining your funding request. Because of the statutory requirement that 40 percent of CHDO (HOME) TA be provided by single-state providers, all Field Offices will continue to administer their fair-share of CHDO (HOME) TA funds.

(D) *Award Adjustments.* In addition to the funding adjustment authority provided for in the General Section of this SuperNOFA, HUD reserves the right to adjust funding levels for each CD–TA applicant. The amounts listed in Appendix A are provided to assist applicants to develop Field Office or national CD–TA program budgets and do not represent the exact amounts to be awarded. Once TA providers are selected for award, HUD will determine the total amount to be awarded to any provider based upon the size and needs of each of the provider's service areas, the funds available for that area and CD–TA program, the number of other CD–TA recipients selected in that area or CD–TA program, and the scope of the TA to be provided.

Additionally, HUD may reduce the amount of funds allocated for Field Office jurisdictions to fund national CD–TA providers and other CD–TA providers for activities that cannot be fully budgeted for or estimated by HUD Headquarters or Field Offices at the time this NOFA was published. HUD may also require selected applicants, as a condition of funding, to provide coverage on a geographically broader basis than proposed in order to supplement or strengthen the CD–TA network in terms of the size of the area covered and types and scope of TA proposed. To facilitate the implementation of its Colonias initiative, HUD expects winners of national HOME TA funds to direct up to ten percent of their TA award to undertake activities in or related to the Colonias areas or its residents, to the extent feasible. (See the General Section of this SuperNOFA for information on HUD's Colonias initiatives.)

If funds remain after all selections have been made, the remaining funds may be distributed among Field Offices (in proportion to their fair-share awards) and/or the national program, or made available for other CD–TA program competitions.

(E) *Award Period.* Cooperative agreements will be for a period of up to 36 months. HUD, however, reserves the right to:

(1) Terminate awards anytime after 12 months in accordance with provisions contained in 24 CFR parts 84 and 85;

(2) Withdraw funds from a specific provider, if HUD determines that the need for the assistance is greater in other Field Office jurisdictions or the need for assistance is not commensurate with the amount of the award for assistance; and

(3) In cases where a CD–TA provider currently is providing TA under an existing CD–TA grant/cooperative agreement, HUD reserves the right to adjust the start date of funding under this NOFA to coincide with the conclusion of the previous award or to incorporate the remaining activities from the previous award into the new agreement, adjusting the funding levels as necessary.

III. Program Description; Eligible Applicants; Eligible Activities

(A) *Program Description.* The CD–TA program provides assistance to achieve the highest level of performance and results for four separate community development programs. Information about the four community development programs and their mission, goals, and activities can be found on the HUD Web site at *http://www.hud.gov.*

(B) *Eligible Applicants.*

(1) *General.* The eligible applicants for each of the four CD–TA programs are listed in paragraphs (2), (3), (4), and (5) of this section. The following requirements are applicable to all applicants:

(a) An organization may not provide assistance to itself. An organization may not provide assistance to another organization with which it contracts or subawards funds to carry out activities under the TA award;

(b) A consortium of organizations may apply for one or more CD–TA programs, but one organization must be designated as the applicant;

(c) Applicants must meet minimum statutory eligibility requirements for each CD–TA program for which they are applying; and

(d) Applicants must meet the applicable threshold requirements of Section V (B)(2) of the General Section of the SuperNOFA.

Applicants may propose assistance using in-house staff, consultants, sub-contractors and sub-recipients, networks of private consultants, and/or local organizations with requisite experience and capabilities. Where appropriate, applicants should make use of TA providers located in the Field Office jurisdiction receiving services. This draws upon local expertise and persons familiar with the opportunities and

resources available in the area to be served while reducing travel and other costs associated with delivering the proposed TA services.

(2) *HOME TA Eligible Applicants.*

(a) A for-profit or non-profit professional and technical services company or firm that has demonstrated capacity to provide technical assistance services;

(b) A HOME participating jurisdiction (PJ);

(c) A public purpose organization responsible to the chief elected official of a PJ and established pursuant to State or local legislation;

(d) An agency or authority established by two or more PJs to carry out activities consistent with the purposes of the HOME program; and

(e) A national or regional non-profit organization that has membership comprised predominantly of entities or officials of entities of PJs or PJs' agencies or established organizations.

(3) *CHDO (HOME) TA Eligible Applicants.*

(a) Public and private non-profit intermediary organizations that customarily provide services (in more than one community) related to HOME affordable housing development and management or other neighborhood revitalization by CHDOs; and

(b) Other non-profit organizations that engage in community revitalization activities undertaken by CHDOs, including all eligible organizations under section 233 of the Cranston-Gonzales National Affordable Housing Act, as amended.

(c) Any organization funded to assist CHDOs under this CD–TA program section of the SuperNOFA may not undertake CHDO set-aside activities itself within its service area while under cooperative agreement with HUD.

(4) *McKinney-Vento Act Homeless Assistance Programs TA Eligible Applicants.*

(a) States, units of general local government, and public housing authorities; and

(b) Public and private non-profit or for-profit groups, including educational institutions and area-wide planning organizations.

(5) *HOPWA TA Eligible Applicants.*

(a) Non-profit organizations; and

(b) States and units of general local government.

(C) *Eligible Activities.* Eligible activities for each of the four CD–TA programs are the following:

(1) *HOME TA.* By statute, HUD may provide TA to meet specified objectives. From these objectives, HUD has identified six TA priorities for FY 2003. These priorities are the following:

(a) Facilitate the exchange of information that will help PJs carry out the purposes of the HOME statute, including the design, implementation, and management of affordable housing programs that address accessibility, housing finance, land use controls, and building construction techniques;

(b) Improve the ability of PJs, particularly those PJs inexperienced in the development of affordable housing, to design and implement housing strategies that include an analysis and reduction of regulatory barriers, reflect sound management and fiscal controls, demonstrate measurable outcomes in the use of public funds, and provide for accurate and timely reporting of accomplishments;

(c) Encourage private lenders, non-profit organizations, and for-profit developers of low-income housing to participate in public-private partnerships to achieve the purposes of the HOME statute;

(d) Assist PJs in developing strategies that ameliorate the affordability gap between rapidly increasing housing costs and the less rapid growth in incomes among low-income households, especially among underserved populations (*e.g.*, residents of the Colonias, homeless, persons with disabilities);

(e) Assist PJs in developing strategies that increase and help sustain homeownership opportunities for low-income households—particularly low-income, minority households; and

(f) Facilitate the establishment and efficient operation of land assembly, under which title to vacant and abandoned parcels of real estate located in or causing blighted neighborhoods is cleared for use consistent with the purposes and timeframes of the HOME statute.

(2) *CHDO (HOME) TA.* CHDO (HOME) TA funds may be used only for the following eligible activities:

(a) Organizational Support—Organizational support may be made available to CHDOs to cover operational expenses, training, technical, legal, engineering, and other assistance to the board of directors, staff, and members of the community development organization;

(b) Housing Education—Housing education assistance may be made available to CHDOs to cover expenses related to the provision or administration of programs for educating, counseling, and organizing homeowners and tenants who are eligible to receive assistance under the HOME Program;

(c) Program-Wide Support of Non-Profit Development and Management—Technical assistance, training, and continuing support may be made available to eligible CHDOs for managing and conserving properties developed under the HOME program;

(d) Benevolent Loan Funds—Technical assistance may be made available to increase the investment of private capital in housing for very low-income families, particularly by encouraging the establishment of benevolent loan funds through which private financial institutions will accept deposits at below-market interest rates and make those funds available at favorable rates to developers of low-income housing and to low-income homebuyers;

(e) Community Development Banks and Credit Unions—Technical assistance may be made available to establish privately-owned, local community development banks and credit unions to finance affordable housing;

(f) Community Land Trusts—Organizational support, technical assistance, education, and training and assistance to community groups for the establishment of community land trusts [as defined in section 233(f) of the Cranston-Gonzales National Affordable Housing Act]; and

(g) Facilitating Women in Homebuilding Professions—Technical assistance may be made available to businesses, unions and organizations involved in the construction and rehabilitation of housing in low- and moderate-income areas to assist women residing in the area to obtain jobs involving such activities, which may include facilitating access by helping such women to develop nontraditional skills, recruiting women to participate in such programs, providing continuing support for women at job sites, counseling and educating businesses regarding suitable work environments for women, providing information to such women regarding opportunities for establishing small housing construction and rehabilitation businesses, and providing materials and tools for training such women in an amount not to exceed ten percent of any assistance provided under this paragraph. HUD shall give priority under this paragraph to providing technical assistance for organizations rehabilitating single family housing owned or controlled by HUD pursuant to Title II of the National Housing Act and which have women members in occupations in which women constitute 25 percent or less of the total number of workers in the occupation (in this section referred to as ''nontraditional occupations'').

(3) *McKinney-Vento Act Homeless Assistance Programs TA.* Funds are available to provide TA to McKinney-Vento Act-funded homeless assistance projects. Funds may be used to provide TA to prospective applicants, applicants, grantees, and project sponsors of McKinney-Vento Act-funded housing and supportive services for homeless persons. The assistance may include, but is not limited to, written information such as papers, manuals, guides and brochures; person-to-person exchanges; on-site assessments; provision of technical expertise; and training and related costs.

HUD has set a national goal to end chronic homelessness within ten years and seeks to meet the needs of chronically homeless individuals as well as other homeless persons and families. A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years.

TA activities are focused on but not limited to the following:

(a) Facilitating the exchange of information between community organizations to develop and implement a community-wide discharge plan for individuals exiting publicly-funded institutions (*e.g.*, criminal justice system, foster care system, mental health system) so that these individuals do not become homeless;

(b) Improving the ability of eligible applicants to develop and operate permanent housing projects for chronically homeless persons;

(c) Developing materials on effective grant administration for grantees and sponsors;

(d) Improving the ability of eligible grantees and sponsors in reaching out to and enumerating chronically homeless persons; and

(e) Improving the ability of grantees and sponsors in coordinating services available through mainstream resources with current housing units available for homeless persons.

(4) *HOPWA TA.* Funds are available to provide grantees, project sponsors, and potential recipients of HOPWA program funds with the skills and knowledge needed to develop, operate, and support HOPWA-eligible projects and activities in concert with two national goals: sustainable and sound management of HOPWA programs; and the accurate use of HUD's information and management tools. The national goals are to enhance the organization's ability to use HUD funds in a manner that upholds the public trust in the operation of the program, and to enhance the organization's ability to sustain their projects through financial downturns and beyond the term of the grant.

An applicant for HOPWA TA funds may propose activities on a national basis or a regional basis. To achieve the national goals, HOPWA TA must be used to address the following areas:

For goal one: Sustainable and sound management of HOPWA programs—

(a) Management and operations through such activities as training on management practices to ensure responsive, efficient, and cost effective facility and program operations; training on fiscal management to ensure accountability in the use of funds and in the development of long-term strategies to assure financial viability, including strategic planning, merger and acquisition consideration, and financial development programs;

(b) State, local, and community planning through such activities as training on the coordination of housing with health-care and other related supportive services for eligible persons; improving ability in developing collaborations with local, State and Federal agencies that administer HIV/AIDS-related programs, including programs funded under the Ryan White CARE Act; facilitating in creating or linking to existing needs assessments of the area's housing needs of persons living with HIV/AIDS and their families; facilitating in creating or linking to comprehensive multiple-year HIV/AIDS housing plans that are undertaken in collaboration with local, State and Federal programs including the Ryan White CARE Act programs; and facilitating in creating or linking to existing plans that address specialized needs of clients, including assistance for clients with serious mental illness, chronic alcohol and other drug abuse issues, and homelessness; and

(c) Program evaluation through such activities as advising on data collection and program evaluation and dissemination of results; and developing and providing program handbooks, guidance materials, audio/visual products, training, and other activities to promote good management practices.

For goal two: Accurate use of HUD's information and management tools—

Providing TA to grantees, project sponsors, and other nonprofit organizations involved in HIV/AIDS plans in using the Department's information technology, financial reporting on program activities. Proposed activities may support the use of the Department's Consolidated Planning Process and Comprehensive Annual Performance Evaluation Report (CAPER), Integrated Disbursement and Information System (IDIS), the use of HOPWA Annual Progress Reports, the Grants Management System, and LOCCS/HUDCAPS and other information collection or financial management tools, including the government-wide e-grants system when it becomes operational. The use of these management tools ensure that the performance of HOPWA recipients is measured under the HOPWA national performance goals. The proposed activities may include conducting grantee and sponsor workshops, developing training materials, developing or adapting program output and outcome measures and sponsoring related conferences and training of grantees and project sponsors.

IV. CD–TA Program Requirements

Because CD–TA program awards are made as cooperative agreements, they entail significant HUD involvement. Thus, the TA activities proposed in an application may change after discussion with HUD. In addition to the requirements listed in the General Section of this SuperNOFA, applicants are subject to the following requirements:

(A) *Profit/Fee.* No increment above cost, no fee or profit, may be paid to any recipient or subrecipient of an award under this CD–TA Program section of the SuperNOFA.

(B) *TA Oversight.* All Field Office TA providers, including those awarded pooled Field Office HOME TA account funds, must operate under the direction of each HUD Field Office within whose jurisdiction they are providing TA. When directed by a Field Office, TA providers may be required to coordinate activities through a lead CD–TA provider or other organization designated by the Field Office. If an applicant is selected as a Field Office CD–TA provider and is then designated as the lead CD–TA provider, the applicant must follow HUD Field Office direction and coordinate the activities of other CD–TA providers selected under this CD–TA Program section of the SuperNOFA. All national TA providers must coordinate their plans with, and operate under the direction of the GTR and GTM in HUD Headquarters.

Joint activities by CD–TA providers may be required.

(C) *Demand-Response Delivery System.* All CD–TA applicants must operate within the structure of the demand-response system. Under the demand-response system, CD–TA providers are required to:

(1) When requested by a HUD Headquarters or a Field Office GTR/GTM, market the availability of their services to existing and potential recipients within the jurisdictions in which the assistance will be delivered;

(2) Respond to requests for assistance from the HUD Headquarters or HUD Field Office GTR/GTM responsible for overseeing TA within a specific geographic service area, including responding to priorities established by the Field Office in its Grants Management System. HOME PJs, CHDOs, and McKinney-Vento Act Homeless Assistance grantees may request assistance from the CD–TA provider directly, but the CD–TA provider is responsible for obtaining the local HUD Field Office's approval before responding to such requests. For CHDO (HOME) TA, the Field Office will coordinate with the affected HOME PJ in which the CD–TA provider proposes to work;

(3) When requested by a HUD Headquarters or a Field Office GTR/GTM, conduct a Needs Assessment to identify the type and nature of the assistance needed by the recipient of the assistance. Needs Assessments identify the nature of the problem to be addressed, the plan of action, the type of TA to be provided, the duration of the assistance, the staff assigned to provide the assistance, anticipated products and/or outcomes, and the estimated cost; and

(4) CHDO (HOME) TA providers will be responsible for securing a technical assistance designation letter from a PJ stating that a CHDO, or prospective CHDO to be assisted by the provider, is a recipient or intended recipient of HOME funds and indicating, at its option, subject areas of assistance that are most important to the PJ.

(D) *Technical Assistance Delivery Plan (TADP).* After selection for funding but prior to executing the cooperative agreement, applicants must develop in consultation with the respective HUD Headquarters or Field Office GTR/GTM, a TADP for each national program or Field Office jurisdiction for which the applicant has been selected.

In developing the TADP, the applicant must follow the HUD Headquarters' or Field Office's management plan in determining the priority work activities, location of activities, and organizations to be assisted during the cooperative agreement performance period. The HUD Headquarters or Field Office GTR/GTM will direct TA activities and establish expected outcomes. Applicants will use the logic model to identify their planned outcomes and report on actual accomplishments in relation to the planned outcomes.

For national HOME TA, applicants must work cooperatively with the GTR and GTM in the Office of Affordable Housing Programs to develop a TADP that addresses the national priorities, as identified in Section III (C), paragraphs (1) and (2) of this CD–TA NOFA, and meets the needs of HOME PJs and their partners.

The TADP must delineate all tasks and sub-tasks for each CD–TA program the applicant will undertake either nationally or in each Field Office jurisdiction. The TADP must specify the location of the proposed CD–TA activities, the level of CD–TA funding and proposed activities by location, the improved program performance or other results expected from the CD–TA, and the methodology to be used for measuring the success of the CD–TA. A detailed time schedule for delivery of the activities, budget summary, budget-by-task, and staffing plan must be included in the TADP.

In the case of pooled Field Office HOME TA funds, applicants will work with the GTR and GTM in HUD Headquarters to develop a TADP that includes the elements contained in the previous paragraph except for the detailed time schedule for delivery of the activities, budget summary, budget-by-task, staffing plan, and scope of work which will be negotiated in the form of a Technical Plan for Assistance (TPA) with the Field Office in which the TA is to be provided to ensure that the TA provider is working under the control and direction of the Field Office. The TPA must be consistent with the approved TADP.

(E) *Training Sessions.* When conducting training sessions as part of its CD–TA activities, CD–TA providers are required to:

(1) Design the course materials as ''step-in'' packages (also called ''train-the-trainer'' packages) so that a Field Office or other CD–TA provider may independently conduct the course on its own;

(2) Provide all course material in an electronic format that will permit wide distribution among TA providers, Field Offices, and HUD grantees;

(3) Arrange for joint delivery of the training with Field Office or Headquarters participation when requested by the HUD Headquarters or Field Office GTR/GTM; and

(4) When required by HUD, deliver HUD-approved training courses that have been designed and developed by other HUD contractors or HUD cooperating parties on a ''step-in'' basis for CD–TA clients, and send trainers to approved ''train-the-trainers'' sessions. The costs associated with attending these required sessions are eligible under the cooperative agreement.

(F) *Reports to HUD Headquarters and Field Office GTR/GTMs.* CD–TA providers will be required to report to the HUD Field Office(s) with oversight of the geographic area(s) in which CD–TA services are provided or to Headquarters GTR/GTMs in the case of national providers. At a minimum, this reporting will be on a quarterly basis unless otherwise specified in the approved TADP.

(G) *Financial Management and Audit Information.* After selection for funding but prior to award, applicants must submit a certification from an Independent Public Accountant or the cognizant government auditor, stating that the applicant's financial management system meets prescribed standards for fund control and accountability required by 24 CFR part 84 for Institutions of Higher Education and other Non-Profit Institutions, 24 CFR part 85 for States and local governments, or the Federal Acquisition Regulations for all other applicants. The information should include the name and telephone number of the independent auditor, cognizant Federal auditor, or other audit agency as applicable. In addition, the applicant must submit a certification that the organization is in compliance with the statutory limitations placed on HOME and CHDO (HOME) TA.

(H) *Affirmatively Furthering Fair Housing.* Section V (D) of the General Section of the SuperNOFA does not apply to these technical assistance programs.

(I) *CHDO (HOME) ''Pass-Through Funds''.* CD–TA providers may propose to fund the purchase of equipment and supplies, salaries and operating expenses, and training scholarships for eligible CHDOs that directly assist these organizations to own, develop, or sponsor affordable housing. CD–TA providers proposing ''pass-through'' grants are required to:

(1) Establish written criteria for selection of CHDOs receiving pass through funds which include the following: Participating jurisdictions must designate the organizations as CHDOs; and, generally, the organizations should not have been in existence more than 3 years.

(2) Enter into an agreement with the CHDO that the agreement and pass through funding may be terminated at the discretion of HUD if no written legally binding agreement to provide assistance for a specific housing project (for acquisition, rehabilitation, new

construction, or tenant-based rental assistance) has been made by the PJ with the CHDO within 24 months of initially receiving pass-through funding.

(3) The pass-through amount, when combined with other capacity building and operating support available through the HOME program, cannot exceed the greater of 50 percent of the CHDO's operating budget for the year in which it receives funds or $50,000 annually.

(J) *Program Requirements for HOPWA Technical Assistance.*

(1) The items listed in (A)—(I) immediately above apply to HOPWA TA, except that the demand-response delivery system does not apply. The CD–TA provider is responsible for obtaining the Field Office's approval before responding to TA requests in Field Office jurisdictions.

(2) If selected, the TA provider is required to begin technical assistance activities within one year of selection (*i.e.*, one year from the date of the signing of the selection letter by HUD) and to provide an initial report to the Field Office and the Headquarters GTR on the startup of the planned activities within three months of selection. If a selected project does not meet an appropriate performance benchmark, HUD reserves the right to cancel or withdraw the grant funds.

(3) Except for national meetings, research, information and other activities that are conducted on a program-wide basis in cooperation with HUD Headquarters TA providers must work cooperatively with HUD Field Offices. Providers must notify the applicable HUD Field Office of the planned activities; must consider the views or recommendations of that office, if any; must follow those recommendations, to the degree practicable; and must report to the applicable Field Office on the accomplishments of the assistance.

V. Application Selection Process

(A) Threshold Review, Rating and Ranking

(1) HUD will review each application to determine whether it meets the threshold requirements described in Sections I, III, and IV of this CD–TA NOFA. Only if an application meets all of the threshold requirements will it be eligible to be rated and ranked.

(2) HUD will evaluate and rate applications that meet the threshold requirements according to the Factors for Award noted below in Section V (B). Separate ratings will be given for each CD–TA program within each Field Office or nationally, as applicable, and for the pooled Field Office HOME TA. Under this system, the single application from one organization for multiple CD–TA programs in several geographic areas could be assigned different scores for each program and for each Field Office. For HOPWA, separate ratings will be given for applications for each of the two national goals.

The maximum number of points to be awarded for a CD–TA program proposal is 100. The minimum score for a program proposal to be considered within funding range is 75 with a minimum of 15 points on Factor 1. The CD–TA program is not subject to bonus points, as described in Section VI (C)(1)-(3) of the General Section of the Super NOFA.

(3) Once rating scores are assigned, rated applications submitted for each CD–TA program and for the pooled Field Office HOME TA at either the Headquarters or Field Office level will be listed in rank order for each CD–TA program and, in the case of HOPWA TA, for each of the two national HOPWA goals for which activities are proposed. Applications within the funding range (score of 75+ points with 15+ points for Factor 1) may then be funded in rank order under the CD–TA program and service area for which they applied. Applicants for pooled Field Office HOME TA may not necessarily be funded in rank order since the amount of their awards, if any, will be determined by totaling the fair share amounts assigned to them by the individual Field Offices participating in the pool. A Field Office participating in the pooled account may distribute some or all of its fair share amount to any applicant for pooled funds that scores in the fundable range (*i.e.*, score of 75+ points with 15+ points for Factor 1).

(B) Factors for Award

For each CD–TA program and the pooled Field Office HOME TA, points are awarded on five factors. Factor 1 relates to the capacity of the applicant and its relevant organizational experience. Rating of the ''applicant'' or the ''applicant's organization and staff'' includes any sub-contractors, consultants, sub-recipients, and members of consortia which are firmly committed to the project. In responding to Factor 1, applicants should specify the experience, knowledge, skills, and abilities of the applicant's organization and staff, and any organizations firmly committed to the project.

When addressing Factors 2–5, applicants should discuss the specific TA projects, activities, tasks, etc. that will be carried out during the term of the cooperative agreement. Applicants should provide relevant examples to support the proposal, where appropriate. Applicants should also be specific when detailing the communities, populations, and/or organizations that they propose to serve and the specific outcomes expected as a result of the TA.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (25 points) (Minimum for Funding Eligibility—15 Points)

In a narrative, applicants should describe:

(1) (10 points). Recent, relevant, and successful experience of the applicant's organization in providing TA in all activities and to all entities for the CD–TA programs applied for, and an ability to provide CD–TA in a geographic area larger than a single city or county.

(2) (10 points). Competence, knowledge, skills, and abilities of key personnel in managing complex, multi-faceted, or multi-disciplinary TA programs that require coordination with other entities or multiple, diverse units in an organization.

(3) (5 points). Sufficient personnel or access to qualified experts or professionals with the knowledge, skills, and abilities to deliver the proposed level of TA in each proposed service area in a timely and effective fashion.

In rating this factor, HUD will consider the extent to which the application demonstrates, in relation to the CD–TA program funding that is requested, relevant experience within the last four years of providing TA that demonstrates the ability to manage multiple TA assignments simultaneously, experience levels of key staff demonstrated by the technical complexity of assignments performed, and the number and experience of key staff as well as their availability to perform the work.

Rating Factor 2: Need/Extent of the Problem (20 Points)

In a narrative, applicants should:

(1) (10 points). Identify high priority needs in relation to the eligible activities [see section III (C) of the CD–TA NOFA] for the CD–TA program in each community or Field Office jurisdiction for which CD–TA funding is requested, or on a national or regional basis for national HOPWA, McKinney-Vento Homeless Assistance, and HOME grants. Even though applicants for pooled Field Office HOME TA funds must be willing to provide full coverage for all of the Field Office jurisdictions participating in the pool, for the purposes of this narrative, these applicants need only identify high

priority needs in four (4) Field Office jurisdictions.

(2) (10 points). Support the description of the need described with objective information and/or data showing need in each community or Field Office jurisdiction for which CD–TA funding is requested, or on a national or regional basis for national HOPWA, McKinney-Vento Homeless Assistance, and HOME grants.

In rating this factor, HUD will evaluate the extent to which the application shows, in each geographic area for which CD–TA funding is requested, an understanding of the specific needs for TA and supports the description of need with reliable, quantitative information.

Rating Factor 3: Soundness of Approach (40 Points)

In a narrative, applicants should:

(1) (10 points). Describe a sound approach for addressing the identified needs.

(2) (10 points). Provide a cost-effective plan for designing, organizing, managing, and carrying out the proposed TA activities within the demand-response system.

(3) (10 points). Demonstrate an effective assistance program to specific disadvantaged communities, populations, and/or organizations which previously have been underserved and have the potential to participate in the four CD–TA programs.

(4) (10 points). Describe a feasible, creative plan which uses state of the art or new promising technology to transfer models and lessons learned in each of its CD–TA program's activities to grantees and/or program beneficiaries in other CD–TA programs.

In rating this factor, HUD will evaluate the extent to which the application presents and supports a detailed, sound approach in addressing identified needs and CD–TA program priorities. HUD will also evaluate the extent to which the application demonstrates the cost-effectiveness of its activities and the effectiveness of its operation under the demand-response system, including responding to requests for assistance at HUD's direction, handling competing demands, and responding to unanticipated demands.

Rating Factor 4: Leveraging Resources (5 Points)

This factor addresses the applicant's ability to secure community resources that can be combined with HUD's program resources to achieve program purposes.

Applicants should provide evidence of leveraging/partnerships by including in the application of firm commitments for specific dollar amounts in letters, memoranda of understanding, or agreements to participate from those entities identified as partners in the application. Each letter of commitment, memorandum of understanding, or agreement to participate should include the organization's name, proposed level of commitment of resources (at fair market value) and responsibilities as they relate to the proposed program. The commitment must be signed by an authorized official of the organization legally able to make commitments on behalf of the organization, and indicate specifically that the resources will be committed during the time period in which CD–TA funds will be used. Outdated or past commitments will not be considered.

Resources may include cash or in-kind contributions, such as services valued at the fair market rate. Resources may be provided by governmental entities, public or private nonprofit organizations, for-profit private organizations, or other entities.

In rating this factor, HUD will evaluate the extent to which, in relation to the funds requested, applicants can provide firm commitments for cash or in-kind services that will be used in conjunction with the CD–TA resources to achieve program purposes.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor emphasizes HUD's commitment to ensuring that the TA provided achieves measurable results. In a narrative, applicants should:

(1) (5 points). Propose an effective, quantifiable, outcome-oriented evaluation plan for measuring performance, *i.e.*, actual against planned achievements. An ''outcome'' is an impact or end result of the TA activities undertaken, not the TA activities themselves. The evaluation plan shall identify outcomes to be measured, how they will be measured, and the steps in place to make adjustments to work plans if performance targets are not met within established timeframes. For example, plans shall include goals (and report accomplishments) for the percent increase in program accomplishments as a result of capacity building assistance; measures of improved efficiencies; and increase in project resources as a result of assistance. The evaluation plan shall also contain ways to identify shortcomings and recommend areas for improvement when providing TA.

(2) (5 points). Demonstrate successful past performance in administering HUD CD–TA programs or, for applicants new to HUD's CD–TA Programs, demonstrate successful past performance in providing TA in other community development programs.

In rating this factor, HUD will evaluate the extent to which the application has an evaluation plan that is specific, measurable, and appropriate in relation to the activities proposed and the extent to which the application demonstrates past performance that is timely and cost-effective in the delivery of community development TA. HUD will consider past performance of current CD–TA providers, including financial drawdown information in HUD's files.

(C) *Selection.* Applications within the funding range (75+ points with 15+ points on Factor 1) may be funded in rank order under the CD–TA program and service areas for which they applied. Applicants for pooled Field Office HOME TA may not necessarily be funded in rank order since the amount of their awards, if any, will be determined by totaling the fair share amounts assigned to them by the individual Field Offices participating in the pool. A participating Field Office may distribute some or all of its fair share amount to any applicant for pooled funds that scores in the fundable range. To the extent permitted by funding constraints, HUD intends to provide coverage for as full a range of eligible CD–TA program activities as possible both in Field Office jurisdictions and nationally. To achieve this objective, HUD will seek to fund the highest ranking applications that bring the required expertise in one or more specialized activity areas, and fund portions of providers' proposed programs in which they have the greatest skill and capability for given geographic areas or on a national basis. HUD also may require national, multi-jurisdictional, or other providers to provide coverage to Field Office jurisdictions that cannot otherwise receive cost-effective support from a CD–TA provider. In selecting applicants for funding, HUD will seek to select a range of providers and activities that will best serve HOME, CHDO (HOME), McKinney-Vento Act Homeless Assistance, and HOPWA program goals and priorities.

(D) *Negotiation.* After all applications have been rated and ranked and a selection has been made, HUD requires that all winners participate in negotiations to determine the specific terms of the TADP and the budget. HUD will follow the negotiation procedures described in Section VI (D) of the General Section of the SuperNOFA.

(E) *Applicant Debriefing.* Applicants may request a debriefing as described in the General Section of the SuperNOFA.

VI. Application Submission Requirements

The application must contain the following items:

(A) HUD–424 which identifies the legal name of the applicant organization, a contact person, mailing address (including zip code), telephone number, fax number, and e-mail address. If the organization has never received a CD–TA award, please include a statement to this effect.

(B) One-page summary outlining the key elements of the proposed CD–TA activities.

(C) Chart that summarizes the amount of funds the applicant is requesting for each CD–TA program in each Field Office jurisdiction, for the pooled Field Office HOME TA, and for National TA. Please use the chart in Appendix C of this NOFA.

For Field Office TA only: If the applicant will not offer services throughout the full jurisdictional area of the Field Office, attach a statement to the chart that identifies the service areas proposed (*e.g.*, cities, counties, etc.), as well as the communities in which the organization proposes to offer services. Please note that applicants requesting funding under the pooled Field Office HOME TA account must be willing to provide coverage to all Field Office jurisdictions opting in to the pooled account.

(D) Statement as to whether the applicant proposes to be considered for the role of lead CD–TA provider in one or more specific program areas in a Field Office jurisdiction and, if so, the organization's capabilities and attributes that qualify the applicant organization for the role.

(E) Narrative addressing each of the Factors for Award described in Section V(B) of this CD–TA Program section of this SuperNOFA. This narrative statement will be the basis for evaluating the application.

(F) Statement as to whether the organization proposes to use pass through funds under the CHDO (HOME) TA program and, if so, the amount and proposed uses of such funds.

(G) If applying for the CHDO (HOME) program, a certification as to whether the organization qualifies as a primarily single-State provider under section 233(e) of the Cranston-Gonzales Affordable Housing Act and as discussed in Section III(C)(2) of this CD–TA program section of this SuperNOFA.

(H) Budget Summary identifying costs for implementing the plan of suggested TA activities by cost category for each CD–TA program for which funds are requested by Field Office or as a National Provider (applicants for pooled Field Office HOME TA should submit one Budget Summary to cover all Field Offices opting in) in accordance with the following:

(1) Direct Labor by position or individual indicating the estimated hours per position, the rate per hour, estimated cost per staff position, and the total estimated direct labor costs;

(2) Fringe Benefits by staff position identifying the rate, the salary base the rate was computed on, estimated cost per position, and the total estimated fringe benefit cost;

(3) Material Costs indicating the item, quantity, unit cost per item, estimated cost per item, and the total estimated material costs;

(4) Transportation Costs, as applicable;

(5) Equipment Costs, if any, identifying the type of equipment, quantity, unit costs, and total estimated equipment costs;

(6) Consultant Costs, if applicable, indicating the type, estimated number of consultant days, rate per day, total estimated consultant costs per consultant, and total estimated costs for all consultants;

(7) Subcontract Costs, if applicable, indicating each individual subcontract and amount;

(8) Other Direct Costs listed by item, quantity, unit cost, total for each item listed, and total other direct costs for the award; and

(9) Indirect Costs, if applicable, identifying the type, approved indirect cost rate, base to which the rate applies, and total indirect costs.

These line items should total the amount requested for each CD–TA program area. The grand total of all CD–TA program funds requested should reflect the grand total of all funds for which application is made.

(I) Forms, Certifications, and Assurances listed in Section II (H) of the General Section of the SuperNOFA (collectively referred to as the ''standard forms'').

VII. Corrections to Deficient Applications

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

VIII. Environmental Requirements

In accordance with 24 CFR 50.19(b)(9) and 58.34(a)(9), the assistance provided by these programs relates only to the provision of technical assistance and is categorically excluded from the requirements of the National Environmental Policy Act and not subject to environmental review under the related laws and authorities. This determination is based on the ineligibility of real property acquisition, construction, rehabilitation, conversion, leasing, or repair for HUD assistance under these technical assistance programs.

IX. Authority

The CHDO (HOME) Technical Assistance program is authorized by the HOME Investment Partnerships Act (42 U.S.C. 12773); 24 CFR part 92.

The HOME Technical Assistance Program is authorized by the HOME Investment Partnerships Act (42 U.S.C. 12781–12783); 24 CFR part 92.

For the McKinney-Vento Act Homeless Assistance Programs Technical Assistance, the Supportive Housing Program is authorized under 42 U.S.C. 11381 *et seq.*; 24 CFR 583.140. The Emergency Shelter Grant, Section 8 Moderate Rehabilitation Single Room Occupancy Program and Shelter Plus Care Technical Assistance Programs are authorized by the FY 2003 HUD Appropriations Act.

The HOPWA Technical Assistance program is authorized under the FY 2003 HUD Appropriations Act. The HOPWA program is authorized under the AIDS Housing Opportunities Act (42 U.S.C. 12901) and the HOPWA regulations are found at 24 CFR part 574.

X. HUD Reform Act

The provisions of the HUD Reform Act of 1989 that apply to the CD–TA programs are explained in the General Section of this SuperNOFA.

Appendix A to CD-TA NOFA: Amounts Available in dollars by CD-TA Program

TA Jurisdiction	HOME TA	Pooled HOME TA	CHDO (HOME) TA	McKinney-Vento Homeless Assistance TA	HOPWA TA
Alabama		75,000	75,000	40,000	
Alaska	40,000		45,000	40,000	
Arkansas	45,000		45,000	40,000	
California – Northern and Arizona, Nevada	395,000		405,000	242,000	
California – Southern	345,000		355,000	255,000	
Caribbean		90,000	90,000	40,000	
Colorado and Montana, North Dakota, South Dakota, Utah, Wyoming	140,000		140,000	40,000	
Connecticut		55,000	55,000	40,000	
District of Columbia area		45,000	45,000	83,000	
Florida –	60,000		60,000	70,000	

Southern					
Florida – Northern	120,000		120,000	49,000	
Georgia	115,000		115,000	40,000	
Hawaii	40,000		45,000	40,000	
Illinois		240,000	245,000	145,000	
Indiana		90,000	90,000	40,000	
Kansas, Missouri - Western		100,000	100,000	40,000	
Missouri - Eastern	40,000		45,000	40,000	
Kentucky		75,000	75,000	40,000	
Louisiana		100,000	100,000	40,000	
Maryland, except District of Columbia area		60,000	60,000	40,000	
Massachusetts, Maine, New Hampshire, Rhode Island, Vermont		245,000	205,000	182,000	
Michigan	185,000		185,000	138,000	
Minnesota	65,000		65,000	52,000	

Mississippi		50,000	50,000	40,000	
Nebraska and Iowa		70,000	70,000	40,000	
New Jersey		140,000	140,000	52,000	
New Mexico	40,000		45,000	40,000	
New York - Downstate		410,000	410,000	239,000	
New York - Upstate		85,000	70,000	57,000	
North Carolina	105,000		105,000	40,000	
Ohio	215,000		220,000	104,000	
Oklahoma		55,000	55,000	40,000	
Oregon and Idaho		85,000	85,000	40,000	
Pennsylvania - Eastern and Delaware		195,000	195,000	106,000	
Pennsylvania – Western and West Virginia	85,000		85,000	57,000	
South Carolina	55,000		55,000	40,000	
Tennessee	90,000		90,000	40,000	
Texas - Northern		245,000	250,000	88,000	
Texas –	55,000		55,000	40,000	

Southern					
Virginia, except District of Columbia area		80,000	80,000	40,000	
Washington		85,000	85,000	67,000	
Wisconsin		90,000	90,000	54,000	
Field Office TA Total	$2,235,000	$2,765,000	$5,000,000	$3,000,000	
National TA	$3,322,000		$961,000	$3,600,000	$2,000,000
Field Office and National Total	$8,322,000		$5,961,000	$6,600,000	$2,000,000

Appendix B to CD–TA Program—List of HUD CPD Field Offices

New England

Connecticut State Office, One Corporate Center, 19th Floor, Hartford, CT 06103–3220
Manchester Area Office, 275 Chestnut St., Norris Cotton Bldg., Manchester, NH 03101–2487
Massachusetts State Office, 10 Causeway Street, Room 301, Boston, MA 02222–1092

New York/New Jersey

Buffalo Area Office, 465 Main Street, Fifth Floor, Buffalo, NY 14203–1780
New Jersey State Office, One Newark Center, 13th Floor, Newark, NJ 07102–5260
New York State Office, 26 Federal Plaza, New York, NY 10278–0068

Mid-Atlanic

Maryland State Office, 10 S. Howard St., 5th Floor, City Crescent Bldg., Baltimore, MD 21201–2505
Pennsylvania State Office, Wanamaker Bldg., 100 Penn Square East, Philadelphia, PA 19107–3390
Pittsburgh State Office, 339 6th Avenue, 6th Floor, Pittsburgh, PA 15222–2515
Virginia State Office, 600 East Broad Street, Richmond, VA 23230–4920
District of Columbia Office, 820 1st St., N.E., Ste. 450, Washington, DC 20002–4205

Southeast/Caribbean

Alabama State Office, Medical Forum Building, Suite 900, 950 22nd Street North, Birmingham, AL 35203
Caribbean Office, 159 Carlos E. Chardon Avenue, San Juan, PR 00918–1804
Florida State Office, 909 Southeast 1st Ave., Rm 500, Miami, FL 33131
Georgia State Office, 40 Marietta Street, Five Points Plaza—15th Floor, Atlanta, GA 30303–3388
Jacksonville Area Office, Southern Bell Tower, 301 West Bay Street, Ste. 2200, Jacksonville, FL 32202–5121
Kentucky State Office, 601 W. Broadway, Louisville, KY 40202
Mississippi State Office, 100 West Capitol Street, Rm 910, Jackson, MS 39269–1096
North Carolina State Office, Koger Bldg., 2306 W. Meadowview Rd., Greensboro, NC 27407–3707
South Carolina State Office, S. Thurmon Fed. Bldg., 1835 Assembly Street, Columbia, SC 29201–2480
Tennessee State Office, 710 Locust Street, 3rd Floor, Knoxville, TN 37902–2526

Midwest

Illinois State Office, 77 West Jackson Boulevard, Ralph Metcalfe Bldg., Chicago, IL 60604–3507
Indiana State Office, 151 North Delaware Street, Indianapolis, IN 46204–2526
Michigan State Office, Patrick McNamara Building, 477 Michigan Avenue, Detroit, MI 48226–2592
Minnesota State Office, 920 Second Avenue, South, Minneapolis, MN 55401–2195
Ohio State Office, 200 North High Street, Columbus, OH 43215–2499
Wisconsin State Office, 310 W. Wisconsin Avenue, Ste. 1380, Milwaukee, WI 53203–2289

Southwest

Arkansas State Office, 425 West Capital Avenue, TCBY Tower, Ste. 900, Little Rock, AR 72201–3488
Louisiana State Office, 501 Magazine Street, Hale Boggs, 9th Floor, New Orleans, LA 70130–3099
New Mexico State Office, 625 Silver Avenue, SW., Ste. 100, Albuquerque, NM 87110–6472
Oklahoma State Office, 500 West Main Street, Ste. 40, Oklahoma City, OK 73102
San Antonio State Office, Washington Square, 800 Delorosa Street, San Antonio, TX 78207–4563
Texas State Office, 801 N. Cherry Street, 6T1, 25th Floor, Fort Worth, TX 76102

Great Plains

Kansas/Missouri State Office, Gateway Tower II, 400 State Avenue, Rm. 200, Kansas City, KS 66101–2406
Nebraska State Office, 10909 Mill Valley Road, Omaha, NE 68154–3955
St. Louis Area Office, 1222 Spruce Street, 3rd Floor, Suite 1200, St. Louis, MO 63103–2836

Rocky Mountain

Colorado State Office, First Interstate Tower North, 633—17th Street, Denver, CO 80202–3607

Pacific/Hawaii

California State Office, 450 Golden Gate Avenue, San Francisco, CA 94102–3448
Hawaii State Office, 500 Ala Moana Blvd., Ste. 3A, Honolulu, HI 96813–4918
Los Angeles Area Office, AT&T Center, 611 W. 6th Street, Ste. 800, Los Angeles, CA 90015–3801
Phoenix Area Office, 400 North 5th Street, Ste. 1600, Phoenix, AZ 85004

Northwest/Alaska

Alaska State Office, 949 East 36th Avenue, Ste. 401, Anchorage, AK 99508–4135
Oregon State Office, 400 Southwest 6th Ave., Ste. 700, Portland, OR 97204–1632
Washington State Office, 909 1st Avenue, Ste. 200, Seattle, WA 98104–1000

Appendix C to CD-TA NOFA: Chart for Applicants to Fill in Amount Request

TA Jurisdiction	HOME TA	Pooled HOME TA	CHDO (HOME) TA	McKinney-Vento Homeless Assistance TA	HOPWA TA
Alabama		*			
Alaska					
Arkansas					
California – Northern and Arizona, Nevada					
California – Southern					
Caribbean		*			
Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming					
Connecticut		*			
District of Columbia area		*			

Florida – Southern					
Florida – Northern					
Georgia					
Hawaii					
Illinois		*			
Indiana		*			
Kansas, Missouri - Western		*			
Missouri - Eastern					
Kentucky		*			
Louisiana		*			
Maryland, except District of Columbia area		*			
Massachusetts, Maine, New Hampshire, Rhode Island, Vermont		*			
Michigan					

Minnesota					
Mississippi		*			
Nebraska and Iowa		*			
New Jersey		*			
New Mexico					
New York - Downstate		*			
New York - Upstate		*			
North Carolina					
Ohio					
Oklahoma		*			
Oregon and Idaho		*			
Pennsylvania – Eastern and Delaware		*			
Pennsylvania – Western and West Virginia					
South Carolina					
Tennessee					
Texas - Northern		*			

Texas - Southern					
Virginia, except District of Columbia area		*			
Washington		*			
Wisconsin		*			
National TA					
Total					

* Indicates Field Offices participating in the pooled Field Office HOME TA arrangement. Please enter your funding request for this category on the Total line. Remember that applicants for this category of funding must be willing to provide services in any of the Field Office jurisdictions participating in the funding pool.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

UNIVERSITIES AND COLLEGES PROGRAMS

Community Outreach Partnership Centers Program (COPC)

Historically Black College and Universities (HBCU)

Hispanic-Serving Institutions Assisting Communities (HSIAC)

Alaska Native/Native Hawaiian Institutions Assisting Communities (AN/NHIAC)

Tribal Colleges and Universities Program (TCUP)

Billing Code 4210-32-C

Funding Availability for Universities and Colleges Programs

As part of HUD's consolidation approach to streamline the NOFA process, the Office of University Partnerships (OUP) is announcing the following competitive grant programs in this NOFA.

- Community Outreach Partnership Centers Program (COPC)
- Historically Black Colleges and Universities (HBCU)
- Hispanic Serving Institutions Assisting Communities (HSIAC)
- Alaska Native/Native Hawaiian Institutions Assisting Communities (AN/NHIAC)
- Tribal Colleges and Universities Program (TCUP)

The purpose for combining all of the OUP competitive grant programs (excluding the Early Doctoral Student Research Grant Program, the Doctoral Dissertation Research Grant Program, the Community Development Work Study Program, and the Community Outreach Partnership Center (COPC) Community Futures Demonstration) under this NOFA is to make it easier for applicants to identify all of the funding opportunities available to colleges and universities through OUP. Please read this NOFA thoroughly and carefully prior to submitting a proposal, since each program in this NOFA has distinct requirements. THERE IS NO SEPARATE APPLICATION KIT FOR THESE PROGRAMS.

Available Funds. Approximately $34.092 million from the Fiscal Year (FY) 2003 Consolidated Appropriation Resolution, Division K (plus any unexpended and additional funds recaptured from prior appropriations) is available for the Office of University Partnership programs as follows:

- Community Outreach Partnership Centers Programs: $6.955 million ($1.955 million has been set aside to fund the COPC Community Futures Demonstration. A separate NOFA is included in this SuperNOFA for this program).
- Historically Black Colleges and Universities: $9.935 million (up to $2 million was earmarked to provide technical assistances).
- Hispanic Serving Institutions Assisting Communities: $6.458 million plus approximately $588,000 in previously unexpended FY 2002 funds.
- Alaska Native/Native Hawaiian Institutions Assisting Communities: $2.981 million plus approximately $4.0 million in previously unexpended funds.
- Tribal Colleges and Universities Program: $2.981 million plus approximately $194,552 in previously unexpended FY 2002 funds.

Additional Information

Applicants interested in applying for funds under these grant programs should carefully review the General Section of this SuperNOFA and the following additional information.

I. Application Due Date, Addresses, Submission Procedures, Further Information, and Technical Assistance

Application Due Date. A completed application package is due on or before June 12, 2003 for Historically Black Colleges and Universities (HBCU) Program, Hispanic-Serving Institutions Assisting Communities (HSIAC) Program, Alaska Native/Native Hawaiian Communities Program (AN/NHIAC), and Tribal Colleges and Universities Program (TCUP).

A completed application package is due on or before June 24, 2003 for the Community Outreach Partnership Centers (COPC) Program.

Address for Submitting Applications. A completed application package consists of one original signed application, three copies, and one computer disk (in Word 6.0 or higher) of the application. This package must be submitted to the following address: Processing and Control Branch, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street SW., Room 7251, Washington, DC, 20410. When submitting an application package, also please include the following information on the outside of the envelope: (a) the Office of University Partnerships, (b) name of the program under which funding is being requested, (c) Room number 7251, (d) applicant's name and mailing address (including zip code), and (e) applicant's telephone number (including area code). Applicants applying for funding under the HBCU program must also send a copy of their application to the Community Planning and Development (CPD) Director in the appropriate HUD Field Office. The address for each Field Office is listed in the General Section of this NOFA.

Mailing and Receipt Procedures. Applicants must refer to the General Section of this SuperNOFA for detailed requirements governing application submission and receipt.

For Further Information and Technical Assistance. Applicants may contact Armand W. Carriere of HUD's Office of University Partnerships at (202) 708–3061, ext. 3181 or Susan Brunson at (202) 708–3061, ext. 3852. For information regarding the Tribal Colleges and Universities Program, please contact Sherone Ivey, Office of Native American Programs at (202) 708–0314 ext. 4200. Speech- or hearing-impaired individuals may call the Federal Information Relay Service TTY at (800) 877–8399. Except for the ''800'' number, these numbers are not toll-free. Applicants may also reach Mr. Carriere via email at *Armand_W._Carriere@hud.gov*, Ms. Brunson at *Susan_S._Brunson@hud.gov*, and Ms. Ivey at *Sherone_E._Ivey@hud.gov*.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about these programs and preparation of applications. For more information about the date and time of this broadcast, consult HUD's Website at *www.hud.gov.*

The Community Outreach Partnership Centers Program (COPC)

I. Program Overview

Purpose of the Program. To provide funds to two-year colleges, four-year colleges, and universities to establish and operate Community Outreach Partnership Centers (COPCs) to address the problems of urban areas.

II. Amount Allocated, Grant Size and Term, and Performance Period

The amount allocated, grant size and term, and performance period for this program are listed below.

Amount Allocated. In Fiscal Year 2003, approximately $6.955 million was earmarked by the conference report accompanying the FY 2003 Consolidation Appropriation Resolution, Division K ($1.955 million has been set aside to fund architectural and planning schools. There is a separate NOFA for this program and it is included in this SuperNOFA).

Grant Size and Term. HUD will award two kinds of grants under this program, New Grants and New Directions Grants.

(1) New Grants will be awarded to applicants who have never received a COPC grant to undertake eligible work (as identified in Section III(C) below). The minimum amount a New Grant applicant can request is $250,000 and the maximum amount is $400,000 for a three-year (36 months) grant performance period.

(2) New Directions Grants will be awarded to applicants who were previous COPC recipients to undertake new directions in their activities (as identified in Section III(C) below). The minimum and maximum amount a New Direction Grant applicant can request is $150,000 for a two-year (24 months) grant performance period.

HUD will use up to $4 million to fund approximately 10 New Grants and up to $1 million to fund approximately 6 New Directions Grants.

HUD intends to fund at least two eligible COPC applications (applications that receive a minimum score of 75 points) that serve Colonias, (as defined in the General Section of this SuperNOFA). HUD will select the highest-ranking COPC applications that serve Colonias among the rated COPC applications. If less than two fundable COPC applications that serve Colonias are eligible for award these funds will be used to award additional COPC grants.

III. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description. The main purpose of the COPC Program is to assist in establishing or carrying out outreach and applied research activities that address problems of urban areas; and to encourage structural change, both within an institution of higher education and in the way the institution relates to its neighbors. Funding under this program shall be used to establish and operate local Community Outreach Partnership Centers (COPC). The five key concepts that a COPC Program should include are:

(1) Outreach, technical assistance, and applied research;

(2) Empowerment efforts that engage community-based organizations and residents as partners with the institution throughout the life of the project and beyond;

(3) Applied research related to the project's outreach activities;

(4) Assistance to target communities primarily from the faculty, students, and to a limited extent by neighborhood residents and community-based organizations funded by the university; and

(5) Support from the university's senior officials to make the program part of the institution's broader effort to meet its urban mission.

(B) Eligible Applicants. Public or private nonprofit institutions of higher education granting two- or four-year degrees that are accredited by a national or regional accrediting agency recognized by the U.S. Department of Education. Consortia of eligible institutions may also apply, as long as one institution is designated the lead applicant. (**Note:** Institutions that participated in a COPC grant as a member of a consortium are eligible to apply for New Grant if they received 25 percent or less of the earlier grant.)

(C) Eligible Activities. COPC Programs should combine research with outreach activities and work with communities and local governments to address the multidimensional problems that beset urban areas. Appropriate urban problems include, but are not limited to housing, economic development, neighborhood revitalization, infrastructure, health care, job training, education, crime prevention, planning, the environment, and community organizing.

(1) Research activities must have a clear near-term potential and practical application for solving specific, significant urban problems in designated communities and neighborhoods, including evaluation of the effectiveness of the outreach activities and how they relate to HUD programs. Applicants must have the capacity to apply the research results directly to the proposed outreach activities outlined in the application's work plan. In addition, applicants must work with communities and local institutions, including neighborhood groups, local governments, and other appropriate community stakeholders, in applying these results to real-life urban problems.

(2) Outreach, technical assistance, and information exchange activities designed to address specific urban problems in designated communities and neighborhoods served by the grant.

Examples of outreach activities include, but are not limited to:

(a) Assistance to communities to improve consolidated housing and community development plans and eliminate impediments to the design and implementation of such plans;

(b) Design of community or metropolitan strategies to resolve urban problems of communities and neighborhoods;

(c) Innovative use of funds to provide direct technical expertise and assistance to local community groups, residents, and other appropriate community stakeholders to resolve local problems such as homelessness, housing discrimination, and impediments to fair housing choice;

(d) Technical assistance in business start-up activities for low- and moderate-income individuals and organizations, including business start-up training and technical expertise and assistance, mentor programs, assistance in developing small loan funds, business incubators, etc;

(e) Technical assistance to local public housing authorities on welfare-to-work initiatives and physical transformations of public or assisted housing, including development of accessible and visitable housing;

(f) Job training and other training projects, such as workshops, seminars, and one-on-one and on-the-job training;

(g) Assistance to communities in eliminating or reducing excessive, unnecessary or duplicative regulations, processes or policies that restrict the development or rehabilitation of affordable housing (For further discussion of Regulatory Barriers see the General Section of this SuperNOFA);

(h) Assistance to communities to improve the design of affordable housing to better meet user needs and applying design approaches and principles that can improve overall quality and livability. For further information and guidance visit the Web site: *http://www.designadvisor.org.*

(i) Regional projects that maximize the interaction of targeted inner city distressed neighborhoods with suburban job opportunities similar to HUD's Bridges-to-Work or Moving to Opportunity programs. (For more information *see www.HUDUSER.org.*)

(3) Funds for faculty development including paying for course time or summer support to enable faculty members to work with the COPC.

(4) Funds for stipends or salaries for students (but the program cannot cover tuition and fees) while they are working with the COPC.

(5) Up to 20% of the grant for payments of reasonable grant administrative costs related to planning and execution of the project (*e.g.* preparation/submission of HUD reports). A detailed explanation of these costs is provided in the OMB circulars that can be accessed at the White House Web site at: *http://www.whitehouse.gov/omb/circulars/index.html.*

(6) Activities to carry out the ''Program Requirements'' as defined in this NOFA. These activities may include leases for office space in which to house the Community Outreach Partnership Center, under the following conditions:

(a) The lease must be for existing facilities not requiring rehabilitation or construction;

(b) No repairs or renovations of the property may be undertaken with federal funds; and

(c) Properties in the Coastal Barrier Resource System designated under the Coastal Barrier Resources Act (16 U.S.C. 3501) cannot be leased with federal funds.

(7) Components of the program may address metropolitan or regional strategies. Applicants must clearly demonstrate how:

(a) Strategies are directly related to what the targeted neighborhoods and neighborhood-based organizations have decided is needed; and

(b) Neighborhoods and neighborhood organizations are involved in the development and implementation of the metropolitan or regional strategies.

(D) Ineligible Activities. Activities ineligible for funding under this program include, but are not limited to the following:

(1) Research activities that have no clear and immediate practical application for solving urban problems or do not address specific problems in designated communities and neighborhoods or have any specific link to HUD programs.

(2) Any type of construction, rehabilitation, or other physical development costs.

(3) Costs used for routine operations and day-to-day administration of institutions of higher education, local governments or neighborhood groups.

IV. Program Requirements

In addition to the program requirements listed in the General Section of this SuperNOFA, applicants must meet the following program requirements:

(1) All funds awarded to New Grant applicants must be spent over a three-year (36 months) grant performance period. All funds awarded to New Direction Grants applicants must be spent over a two-year (24 months) grant performance period.

(2) Applicants are required to meet the following match requirements:

(a) New Grant applicants match requirements:

(1) Research Activities. 50% of the total project costs of establishing and operating research activities.

(2) Outreach Activities. 25% of the total project costs of establishing and operating outreach activities.

(b) New Directions Grant applicants match requirements:

(1) Research Activities. 60% of the total project costs of establishing and operating research activities.

(2) Outreach Activities. 35% of the total project costs of establishing and operating outreach activities.

For each match, cash or in-kind contributions to the program, applicants must submit a signed letter of commitment (Further detailed information is outlined in this NOFA in Section V. Application Selection Process, ''Factor 4: Leveraging Resources'' for this program). Applicants may not count as match any costs that would be ineligible for funding under the program (*e.g.*, housing rehabilitation).

In previous competitions, some applicants incorrectly based their match calculations on the federal grant amount only. An applicant's match is evaluated as percentage of the total cost of establishing and operating research and outreach activities, not just the federal grant amount. Please remember to base the calculation on the TOTAL AMOUNT.

(3) Employ the research and outreach resources of the institution of higher education to solve specific urban problems identified by communities served by the Center;

(4) Establish outreach activities in areas identified in the application as the communities to be served;

(5) Establish a community advisory committee comprised of representatives of local institutions and residents of the communities to be served to assist in identifying local needs and advise on the development and implementation of strategies to address those issues;

(6) Coordinate outreach activities in communities to be served by the Center;

(7) Facilitate public service projects in the communities served by the Center;

(8) Act as a clearinghouse for dissemination of information;

(9) Develop instructional programs, convene conferences, and provide training for local community leaders, when appropriate;

(10) Exchange information with other Centers. The clearinghouse function in Section IV(8) above refers to a local or regional clearinghouse for dissemination of information and is separate and distinct from the functions in (10) above, which relate to the provision of information to the University Partnerships Clearinghouse, which is the national clearinghouse for the program; and

(11) Grant funds will pay for activities conducted directly, rather than passing funds to other entities (In order for an application to be competitive, no more than 25 percent of the grant funds should be passed to other entities).

V. Application Selection Process

Two types of reviews will be conducted:

(1) A threshold review to determine an application's eligibility; and

(2) A technical review for all applications that pass the threshold review to rate and rank the application based on the ''Factors for Award'' rating factors listed in Section V(B) below.

Only those applications that pass the threshold review will receive a technical review and be rated and ranked.

(A) Threshold Requirements For Funding Consideration

All applicants must be in compliance with the threshold requirements as defined in the General Section of this SuperNOFA and the requirements listed below to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified:

There will be two separate competitions, one for New Grants applicants and one for New Direction Grant applicants. For each type of grant applicants will be rated, ranked, and selected separately.

(1) The applicant is eligible as referenced in Section III, ''Program Description, Eligible Applicants; Eligible Activities in this NOFA''.

(2) Applicants applying for New Grants may not request less than $250,000 or exceed $400,000. Applicants applying for New Direction Grants may not request less or exceed $150,000.

(3) Applicants must meet the program's statutory match requirement (the requirement is defined in Section IV, ''Program Requirements'').

(4) New Grant applications must be multifaceted, address three or more urban problems, and propose at least one distinct activity to address each separate urban problem. Single purpose applications are not eligible.

(5) New Direction Grant applications are required to address two urban problems and undertake at least one activity for each of these problems. Applicants must also demonstrate that the proposed activities either implement new eligible projects in the current target neighborhood(s) or implement eligible projects in a new target neighborhood(s). Single purpose applications are not eligible.

(6) New Direction Grant applicants must have drawn down at least 75% from any previous COPC award two weeks prior to the program's application due date to be eligible to apply and receive a New Directions Grant.

(7) Applicants who were a member of a consortium and received more than 25 percent of the earlier funding are not eligible to apply for a New Grant. However applicants may submit an application for a New Direction Grant (Applicants may submit an application individually or as part of the old consortium).

(8) Only one New Grant application will be permitted from an institution. However different campuses of the same university system are eligible to apply, even if one campus has already received COPC funding if they have an administrative and budgeting structure independent of other campuses in the system.

(9) Applicants may be part of only one consortium or submit only one application or all applications will be disqualified. HUD will hold the applicant responsible for ensuring that neither the applicant nor any part of their institution, including specific faculty, participate in more than one application.

(10) Programs must operate in an urban area. The statute creating COPC is very specific that programs address the problems of urban areas. HUD uses the Census definition of an urban area: a single geographic place (*e.g.*, a city, town, or village, but not a county) with a population of 2,500 or more. Applicants cannot meet this test by aggregating several places smaller than the population threshold in order to meet this requirement.

(11) In order to ensure that the primary focus of the proposed project is on outreach, there is a cap on research costs that can be budgeted for this program. No more than 25 percent of the total project costs (federal share plus match) can be spent on research activities. However, applicants are not required to undertake any research as part of their project and may apply for a project that is totally outreach focused.

(B) Factors for Award Used to Evaluate and Rate Applications

The factors for evaluating, rating, and ranking an application and the maximum points for each factor are listed below. Unless otherwise noted, New Grant applications and New Directions Grant applications will receive the same number of points on a given factor. Applications must receive a minimum of 75 out of the total possible points to be considered for funding. The maximum number of points available under this program is 102. This includes the two RC/EZ/EC bonus points as described in the General Section of this SuperNOFA.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (15 Points)

This factor addresses the extent to which the applicant has the organizational resources necessary to successfully implement the proposed activities in a timely manner. In rating this factor HUD will consider the extent to which the proposal demonstrates:

(1) Knowledge and Experience (15 Points) For New Grant Applicants. (7 Points) For New Direction Grant Applicants.

(a) The knowledge and experience of the overall proposed project director and staff, including the day-to-day program manager, consultants, and contractors in planning and managing the kind of programs for which funding is being requested. Experience will be judged in terms of recent, relevant, and successful knowledge and skills of the staff to undertake eligible program activities. HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience producing specific accomplishments to be successful. The more recent and substantial the experience of the staff, particularly the institution's own staff who will work on the project have in successfully conducting and completing similar activities, the higher the number of points an applicant can receive for this rating factor. The following categories will be evaluated:

(1) Undertaking research activities in specific communities that have a clear near-term potential for practical application to significant urban issues;

(2) Undertaking outreach activities in specific communities to solve or ameliorate significant urban issues;

(3) Undertaking projects with community-based organizations or local governments; and

(4) Providing leadership in solving community problems and making national contributions to solving long-term and immediate urban problems.

(b) Past Performance (8 points). For New Directions Grants only. This subfactor will evaluate the extent to which an applicant has performed successfully under a previous COPC grant(s), as measured by:

(a) Achievement of specific measurable outcome objectives consistent with the timeline in the awarded grant proposal. Please provide a detailed list outlining those achievements as they related to the approved timeline in the awarded grant;

(b) Leveraging of funding consistent with or exceeding the funds originally proposed to be leveraged for that project. In addressing leveraging provide information that compares the proposed leveraged funds and resources with what was actually leveraged; and

(c) Full points will be awarded for performance that met the goals and objectives as outlined in the awarded grant proposal.

Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for funding the proposed program activities and an indication of the urgency of meeting the need in the target area. In evaluating this factor, the proposal will be rated on the extent to which the level of need for the proposed activities and the importance of meeting the need are documented.

Applicants should use statistics and analyses contained in at least one or more current data sources that are sound and reliable. The data provided must be current. In rating this factor, HUD will consider data collected within the last five years to be current. To the extent that the targeted community's Five (5) Year Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI) identify the level of the problem and the urgency in meeting the need, applicants should include references to these documents in the response.

If the proposed activities are not covered under the scope of the Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI), indicate such in the proposal and use other sound data sources to identify the level of need and the urgency in meeting the need. Other reliable sources of data include, but are not limited to, Census reports, HUD Continuum of Care gap analysis and its E-Map (*http://www.hud.gov/emaps*), law enforcement agency crime reports, Public Housing Authorities' Comprehensive Plan, community needs analyses such as provided by the United Way, the applicant's institution, and other sound and reliable appropriate sources. Needs in terms of fulfilling court orders or consent decrees, settlements, conciliation agreements, and voluntary compliance agreements may also be addressed.

The data used should be specific to the area where the proposed activities will be carried out. Needs should be documented as they apply to the area where the activities will be targeted, rather than the entire locality or state. Remember the statute creating COPC is very specific that the program addresses problems of an urban area: A single geographic place (*e.g.* a city, town, or village, but not a county) with a population of 2,500 or more.

Rating Factor 3: Soundness of Approach (55 Points)

This factor addresses the quality and cost-effectiveness of the proposed work plan. There must be a clear relationship between the proposed activities, community needs, and purpose of the program funding for an applicant to receive points for this factor. In addition, HUD will also consider the extent to which the budget is consistent with the Work Plan and the dollars indicated on the HUD 424 form.

This factor will be evaluated on the extent to which the proposed work plan will:

(1) (10 points). *Identify the specific services or activities to be performed.* (Note applicants are not required to undertake research as part of the grant.) In reviewing this subfactor, HUD will consider the extent to which:

(a) There is a clear research agenda;

(i) With identifiable research projects and outcomes (*e.g.*, reports, surveys, etc.)

(ii) That identifies each task and who will be responsible for it;

(iii) Which is tied to the outreach agenda (*e.g.*, if an applicant proposed to study the extent of housing abandonment in a neighborhood and then design a plan for reusing this housing, this demonstrates a link between the proposed research and outreach strategies);

(iv) Which does not duplicate research by the institution or others for the target area previously completed or currently underway. If other complimentary research is underway, describe how the proposed research agenda would complement it; and

(b) There is a clear outreach agenda:

(i) With identifiable outreach projects;

(ii) That identifies each task and who will be responsible for it;

(iii) That involves the institution as a whole (*i.e.*, many academic disciplines and administrative offices);

(iv) That provides for on-site or frequent presence in the target area; and

(v) That does not duplicate outreach activities by the institution or others for the target area previously completed or currently underway.

(c) For research and outreach activities, applicant should briefly summarize the potential for their work to improve the performance of HUD programs, such as citizen participation requirements and other features of the Consolidated Plan.

(2) (7 Points). *Involve the communities to be served in a partnership for the planning and implementation of the proposed program activities.* In reviewing this subfactor, HUD will look at the extent to which:

(a) One or more Community Advisory Committees have been or will be formed that represent the communities' diversity (including businesses, community groups, residents, and others) to be served to develop and implement strategies to address the needs identified in Factor 2. In addressing this subfactor, applicants must demonstrate by providing a list that such a committee(s) has already been formed and what groups they represent or that commitments have been secured from the appropriate persons to serve on the committee(s), rather than just describing generally the types of people whose involvement will be sought.

(b) A wide range of neighborhood organizations and local government entities has been involved in the identification of the proposed research and outreach activities.

(c) The committee and partners will play an active role in all stages of the project and will not serve as merely advisors or monitors.

(d) The outreach agenda includes training projects for local community leaders, for example, to increase their capacity to direct their organizations or undertake various kinds of community development projects.

(3) (6 Points). *Help solve or address an urgent problem as identified in Rating Factor 2 and will achieve the purposes of the program within the grant period.* In reviewing this subfactor, HUD will look at the extent to which:

(a) Specific time phased and measurable objectives are identified to be accomplished; the proposed short and long term program objectives to be achieved as a result of the proposed activities; the tangible and measurable impact the program will have on the community in general; the target area or population in particular including affirmatively furthering fair housing for classes protected under the Fair Housing Act; and the relationship the proposed activities to other ongoing or proposed efforts to improve the economic, social or living environment in the impact area; and

(b) The activities proposed are responsive to the pressing and urgent needs, as identified in the documents described in Factor 2.

(4) (4 Points) *Potentially yield innovative strategies or ''best practices'' that can be replicated and disseminated to other organizations, including nonprofit organizations, state and local governments.* In reviewing this subfactor, HUD will assess the applicant's demonstrated ability to disseminate results of research and outreach activities to other COPCs and communities. HUD will evaluate an applicant's past experience and the scope and quality of the plan to disseminate information on COPC results, strategies, and lessons learned through such means as conferences, cross-site technical assistance, publications, etc. The more proactive the plan for providing information to a wide ranges of audiences, the higher the number of points an applicant will receive.

(5) (5 Points) *Affirmatively Further Fair Housing.* This factor will evaluate the extent to which an applicant proposes to undertake activities designed to affirmatively further fair housing, for example:

(a) Working with other entities in the community to overcome impediments to fair housing, such as discrimination in the sale or rental of housing or in advertising, provision of brokerage services, or lending;

(b) Promoting fair housing choice through the expansion of homeownership opportunities and improved quality of services for minorities, families with children, and persons with disabilities; or

(c) Providing housing mobility counseling services.

(6) (6 Points) *HUD Policy Priorities.* HUD encourages applicants to undertake specific activities that will assist the Department in implementing its policy priorities and which help the Department achieve its goals and objectives in FY 2004, when the majority of grant recipients will be reporting programmatic results and achievements. In addressing this factor, HUD will evaluate the extent to which a program will further and support HUD's priorities. The quality of the responses provided to one or more of HUD's priorities will determine the score an applicant can receive. For each policy priority addressed an applicant will receive one point. Applicants cannot receive more than six points. For the full list and explanation of each policy priority, please refer to the General Section of this SuperNOFA.

(7) (12 Points) For New Grant Applicants (7 Points) For New Directions Grant Applicants. *Result in the COPC function and activities becoming part of the urban mission of the institution and being funded in the future by sources other than HUD.* The rating for this subfactor will vary depending on whether the application is for a New Grant or a New Directions Grant.

In reviewing this subfactor for a New Grant, HUD will evaluate the extent to which the applicant addresses each of the categories below:

(a) COPC activities relate to the institution's urban mission; demonstrates support and involvement of the institution's executive leadership (*e.g.* department chairs, deans, etc.); are linked by a formal organizational structure to other units related to outreach and community partnerships; are reflected in budget and planning documents of the university; are part of

a climate that rewards faculty work on these activities through promotion and tenure policies; benefit students because they are part of a service learning program or professional training at the institution (rather than just volunteer activities); and are reflected in the institution's curriculum. HUD will look at the institution's commitment to faculty and staff continuing work in COPC neighborhoods or replicating successes in other neighborhoods and to the long term commitment (*e.g.* three years after the start of the COPC) of hard dollars to COPC work. HUD will consider the extent to which the proposed activities are appropriate for an institution of higher education and are tied to the institution's teaching or research mission. In addition, HUD will consider the extent to which the faculty, staff and students from across many disciplines are involved in COPC-like activities as a way of demonstrating the institution's commitment to these kinds of activities.

(b) The institution has received commitments for funding from sources outside the university for related COPC-like projects and activities in the targeted neighborhood or other distressed neighborhoods. Funding sources to be considered include, but are not limited to, local governments, neighborhood organizations, private businesses, the institution, and foundations.

In reviewing this subfactor for a New Directions Grant, HUD will consider the extent to which the New Directions project will sustain the institutional capacity and commitment of the institution to undertake outreach activities. HUD will evaluate the following: (a) Increases in the number of faculty undertaking this kind of work, (b) increases in the number of courses linked to outreach activities and the number of students taking these courses, (c) formal changes in institutional policies related to support of outreach, and (d) other measures of the impact of this work on the institution.

(8) (5 Points) For New Direction Grants Only. Previous grantees have a wealth of knowledge that they can and should be shared with other institutions. If an applicant sends a faculty member of its team who has been listed in the application to participate in the peer review process for New Grants, the applicant will receive 5 points.

(9) (5 Points) *Budget.* HUD will consider the extent to which the budget presentation is consistent with the Work Plan and the dollars indicated on the HUD 424 form. The budget submission should follow the narrative statement in this factor and include the following documents:

(a) HUD 424–C ''Budget Summary for Competitive Grant Programs''. This budget form shows the costs for each budget category for the program's entire period of performance.

(b) HUD 424–CB ''Grant Application Detailed Budget''. This budget form shows the total budget by year and by line item for the program activities to be carried out. This will be a functional budget. Each year of the program should be presented separately.

All budget forms must be completed in full. If an application is selected for award, the applicant may be required to provide greater specificity to the budget during grant agreement negotiations.

(b) Budget-Narrative. A narrative explanation of how the applicant arrived at the cost estimates, for any line item, including match items, over $5,000. For example, a van rental, $150 per month × 36 months equals $5,400. The proposed cost estimates should be reasonable for the work to be performed and consistent with rates established for the level of expertise required to perform the work proposed in the geographical area. When necessary, quotes from various vendors or historical data should be used and included. All direct labor or salaries must be supported with mandated city/state pay scales, the Davis-Bacon rate, (if applicable) or other documentation. When an applicant proposes to use a consultant, the applicant must indicate whether there is a formal agreement or written procurement policy. For each consultant, please provide the name, if known, hour or daily fee, and the estimated time on the project. For equipment applicants must provide a list by type and cost for each item and explain how it will be used. Applicants using contracts must provide an individual description and cost estimate for each contract.

Indirect costs attributed to a particular project functional category should be listed under the category ''Indirect Costs''. Indirect costs are allowable only if an applicant has a federally approved indirect cost rate. A copy of the institution's negotiated indirect cost rate as issued by the cognizant federal agency must be attached to the budget sheets when submitting an application.

Make sure that the amount shown on the HUD 424, the budget forms, and on all other required program forms is consistent and the budget totals correct. Remember to check addition in totaling the categories on the HUD 424–C and HUD 424–CB forms so that all items are included in the total. If there is an inconsistency between any of the forms required, the HUD 424C form will be used. If upon checking the addition HUD finds that an applicant has added incorrectly, the HUD 424–CB will be revised accordingly. Please note that this would be considered a substantive rather than a technical error. If this correction puts an application over the grant maximum, the applicant will not be able to correct the amount requested and the application will be disqualified.

Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses the ability of the applicant to secure community resources that can be combined with HUD's grant funds to achieve the program purpose. This factor measures the extent to which partnerships have been established with other entities to secure additional resources to increase the effectiveness of the proposed program activities. Resources may include funding or in-kind contributions, such as services or equipment, allocated to the purpose(s) of the grant being sought. Resources may be provided by governmental entities, public or private nonprofit organizations, for-profit private organizations, or other entities willing to establish partnerships. Applicants may also establish partnerships with funding recipients in other grant programs to coordinate the use of resources in the target area. Please note that the value of the time of individuals serving on an applicant program advisory board cannot be counted as an in-kind contribution. Applicants may count overhead and other institutional costs (*e.g.*, salaries) that the institution has waived. In evaluating this factor, HUD will allocate points as follows:

(1) Five (5 Points) will be awarded for a match that is 50 percent over the required match, as described in Section V, Application Selection Process. Less points will be assigned depending on the extent of the match. Matching funds must be provided unconditionally in order to be counted for this subfactor.

HUD is concerned that applicants should be providing hard dollars as part of their matching contributions to enhance the tangible resources going into targeted neighborhoods. Thus, while indirect costs can count towards meeting the required match, they will not be used in calculating match overage. Only direct costs can count in this factor.

(2) (Up to an additional five (5) points) will be awarded for the extent to which applicants document that matching funds are provided from eligible sources other than the institution (*e.g.*, funds from the city,

including CDBG, other state or local government agencies, public or private organizations, or foundations). Less points will be assigned depending on the extent of the outside match. Applicants must provide evidence of leveraging/partnerships by including in the application package letters of firm commitment, memoranda of understanding, or agreements to participate from any entity, including the applicant's own institution that will be providing matching funds to the project.

For each match, cash or in-kind contribution, a letter of commitment, memorandum of understanding, or agreement must be provided that shows the extent and firmness of the commitment of leveraged funds (including any commitment of resources from the applicant's own institution) in order for the resources to count in determining points under this factor. Resources will not be counted for which there is no commitment letter, memorandum of understanding, or agreement, nor quantified level of commitment. Letters, memoranda of understanding or agreements must be submitted from the provider on the provider's letterhead and be included with the application package. The date of the letter, memorandum of understanding, or agreement from the CEO of the provider organization must be dated no earlier than the date of this published SuperNOFA. Applications that do not include evidence of leveraging will receive zero (0) points for this Factor and will be disqualified.

A firm commitment letter, memorandum of understanding, or agreement must address the following:

(a) The cash amount contributed or dollar value of the in-kind goods and/or services committed (If a dollar amount and use is not shown, the source cannot be counted toward the match requirement);

(b) Specifically indicate how the match is to be used;

(c) The date the match will be made available and a statement that describes the duration of the contribution. If any of the matching sources are for more than one year, the commitment letter, memorandum of understanding, or agreement must state the number of years, the per year commitment, and the total commitment. Without this statement, HUD will assume that the commitment is for only one year;

(d) Any terms and conditions affecting the commitment, other than receipt of a HUD Grant; and

(e) The signature of the appropriate executive officer authorized to commit the funds and/or goods and/or services.

Please remember that only items eligible for funding under this program can be counted as a match.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management, and accountability. The factor measures the applicant's commitment to assess their performance to achieve the program's proposed objectives and goals. Applicants are required to develop an effective, quantifiable, outcome oriented evaluation plan for measuring performance and determining that objectives and goals have been achieved.

''Outcomes'' are benefits accruing to institutions of higher education and/or communities during or after participation in the COPC program. Applicants must clearly identify the outcomes to be measured and achieved. Examples of outcomes are increasing business start-up in the target community, by a certain percentage, or increasing family financial stability (*e.g.,* increasing assets to families and communities through the development of incubators).

In addition, applicants must establish interim benchmarks and outputs that lead to the ultimate achievement of outcomes. ''Outputs'' are the direct products of the program's activities. Examples of outputs are the number of new businesses developed, the number of students involved in service learning activities, the number of new courses an institution developed that focus on community outreach activities, the number of new formed partnerships that aid in community capacity building. Outputs should produce outcomes for the program. At a minimum an applicant must address the following activities in the evaluation plan:

(a) Short and long term objectives to be achieved;

(b) Actual accomplishments against anticipated achievements;

(c) Measurable impacts the grant will have on the community in general and the target area or population;

(d) The impact the grant will have on the long term commitment of the University to the faculty and students to provide opportunities to reward and continue this type of work; and

(e) The impact the grant will have on assisting the University to obtain additional resources to continue this type of work at the end of the funding period of this grant award.

This information should be provided in a Logic Model format. This form and information on how to use can be found in the General Section of this SuperNOFA.

The Historically Black Colleges and Universities Program (HBCU)

I. Program Overview

Purpose of the Program. To assist Historically Black Colleges and Universities (HBCU) expand their role and effectiveness in addressing community development needs in their localities, including neighborhood revitalization, housing, and economic development, principally for persons of low- and moderate-income, consistent with the purposes of Title I of the Housing and Community Development Act of 1974, as amended.

II. Amount Allocated, Grant Size and Term and Performance Period

Amount Allocated. In Fiscal Year 2003, $9.935 million was earmarked by the conference report accompanying the FY 2003 Consolidation Appropriation Resolution, Division K (of which up to $2 million was earmarked to provide technical assistance).

Grant Size and Term. HUD will award two kinds of grants under this program, Previously Unfunded HBCU Grants and Previously Funded HBCU Grants.

(1) Previously Unfunded HBCU Grants will be awarded to HBCU applicants who have never received an HBCU grant. The minimum and maximum amount a Previously Unfunded HBCU applicant can request is $340,000 for a three-year (36 months) grant performance period.

(2) Previously Funded HBCU Grants will be awarded to HBCU applicants that have received funding under previous HBCU grant competitions. The minimum amount a Previously Funded HBCU applicant can request is $340,000 and the maximum is $550,000 for a three-year (36 months) grant performance period.

In order to ensure that Previously Unfunded HBCU applicants receive awards in this competition, approximately $1.4 million will be made available to fund Previously Unfunded HBCU applicants and approximately $6.6 million will be made available to Previously Funded HBCU applicants that have received funding under previous HBCU competitions. (See Appendix C of this NOFA for a list of Previously Funded and Unfunded HBCUs).

III. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description. The purpose of the HBCU Program is to assist HBCUs expand their role and effectiveness in addressing community development

needs in their localities, including neighborhood revitalization, housing, and economic development.

(1) For the purposes of these programs, the term ''locality'' includes any city, county, township, parish, village, or other general political subdivision of a state, Puerto Rico, or the U.S. Virgin Islands where the institution is located.

(2) If the institution is located in a metropolitan statistical area (MSA), as established by the Office of Management and Budget (OMB), the locality may be considered to be one or more entities (as defined above) within the entire MSA. The nature of the locality for each HBCU may differ, therefore, depending on its location.

(3) A ''target area'' is the locality or the area within the locality in which the institution will implement its proposed HUD grant.

(B) Eligible Applicants. HBCUs as determined by the Department of Education in 34 CFR 608.2 in accordance with that Department's responsibilities under Executive Order 13256, dated February 12, 2002, are eligible for funding under this program. Applicants must be accredited by a national or regional accrediting agency recognized by the U.S. Department of Education.

(C) Eligible Activities. Each activity proposed for funding must meet both a Community Development Block Grant (CDBG) Program national objective and the CDBG eligibility requirements. Eligible activities that may be funded under this program are those activities eligible for CDBG funding. The eligible activities are listed in 24 CFR part 570, subpart C, particularly §§ 570.201 through 570.206. Each activity funded under this program must meet one of the three national objectives of the Community Development Block Grant program, which are:

(a) Benefit to low- or moderate-income persons;

(b) Aid in the prevention or elimination of slums or blight; or

(c) Meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health and welfare of the community, and other financial resources are not available to meet such needs.

Criteria for determining whether an activity addresses one or more of these objectives are provided at 24 CFR 570.208.

Examples of Eligible Activities include, but are not limited to:

(a) Acquisition of real property;

(b) Clearance and demolition;

(c) Rehabilitation of residential structures including lead-based paint hazard evaluation and reduction; and encouraging accessible design features in accordance with the requirements of section 504 of the Rehabilitation Act of 1973;

(d) Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements, such as water and sewer facilities and streets; including lead-based paint hazard evaluation and reduction; and encouraging compliance accessible with the design and construction requirements of Section 504 of the Rehabilitation Act of 1973 and the Fair Housing Act;

(e) Relocation payments and other assistance for permanently and temporarily relocated individuals, families, businesses, nonprofit organizations, and farm operations where the assistance is:

(i) Required under the provisions of 24 CFR 570.606(b) or (c); or

(ii) Determined by the grantee to be appropriate under the provisions of 24 CFR 570.606(d);

(f) Direct homeownership assistance to low- and moderate-income persons, as provided in section 105(a) (25) of the Housing and Community Development Act of 1974;

(g) Special economic development activities described at 24 CFR 570.203;

(h) Assistance to facilitate economic development by providing technical or financial assistance for the establishment, stabilization, and expansion of microenterprises, including minority enterprises;

(i) Assistance to community-based development organizations (CBDO) to carry out a CDBG neighborhood revitalization, community economic development, or energy conservation project, in accordance with 24 CFR 570.204. This could include activities in support of a HUD approved local entitlement grantee, CDBG Neighborhood Revitalization Strategy (NRS) or HUD approved State CDBG Community Revitalization Strategy (CRS);

(j) Eligible public service activities are those general support activities that can help to stabilize a neighborhood and contribute to sustainable redevelopment of the area, including but not limited to such activities as those concerned with employment, crime prevention, child care, health, drug abuse, education, fair housing counseling, energy conservation, homebuyer down payment assistance, or recreational needs;

The CDBG Publication entitled ''Community Development Block Grant Program Guide to National Objectives and Eligible Activities for Entitlement Communities'' describes the regulations, and a copy can be obtained from HUD's SuperNOFA Information Center at 1–800–HUD–8929 or 1–800–HUD–2209 for the hearing-impaired.

(k) Fair housing services designed to further the fair housing objectives of the Fair Housing Act (42 U.S.C. 3601–20) by making all persons, without regard to race, color, religion, sex, national origin, family status and/or disability aware of the range of housing opportunities available to them;

(l) Payments of reasonable grant administrative costs related to planning and execution of the project (*e.g.* preparation/submission of HUD reports). A detailed explanation of these costs are provided in the OMB circulars that can be accessed at the White House Web site at: *http://www.whitehouse.gov/omb/circulars/index.html*; and

(m) Activities Designed to Promote Training and Employment Opportunities. HUD urges applicants to consider undertaking activities designed to promote opportunities for training and employment of very low-income residents in connection with HUD initiatives such as ''Neighborhood Networks'' (NN) in other federally assisted or insured housing and Employment Opportunities for Lower Income Persons in connection with Assisted Projects.

(D) *Ineligible Activities.* Ineligible CDBG Activities are listed at 24 CFR 570.207.

IV. Program Requirements

In addition to the program requirements listed in the General Section of this SuperNOFA, applicants must meet the following requirements:

(1) All funds awarded under these programs must be spent over a three-year (36 months) grant performance period.

(2) Applicants that propose to undertake activities that involve the following: acquisition of real property, clearance, demolition, rehabilitation of residential structures including lead-based paint hazard evaluation, reduction encouraging accessible design features, acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements are required to provide at least one appraisal from a qualified certified appraiser other than the institution, of the cost to complete the activities. This information must be submitted with the application. Such an entity must be involved in the business of housing rehabilitation, construction, and/or management.

(3) Applicants must ensure that not less than 51% of the aggregated expenditures of the grant benefit low- and moderate-income persons under the criteria specified in 24 CFR 570.208(a) or 570.208(d)(5) or (6).

(4) Applicants that claim leveraging from any source, including their own institution, must provide letters of firm commitment, memoranda of understanding, or agreements evidencing the extent and firmness of commitment of leveraging from other federal (*e.g.*, AmeriCorps Programs), state, local, and/other private sources (including the applicant's own resources). These documents must be dated no earlier than the date of this published NOFA and follow the outline provided in Section V, Application Process, ''Factor 4: Leveraging Resources of this NOFA.

(5) Where grant funds will be used for acquisition, rehabilitation, or new construction an applicant must demonstrate site control. Funds may be recaptured or deobligated from applicants that cannot demonstrate control of a suitable site within one year after the initial notification of award.

(6) Labor Standards. Applicants awarded funds must comply with the labor standards (Davis-Bacon) as found at 24 CFR 570.603.

V. Application Selection Process

Two type of reviews will be conducted:

(1) A threshold review to determine an applicant's eligibility; and

(2) A technical review for all applications that pass the threshold review to rate and rank the application based on the ''Factors for Award'' rating factors listed in Section V (B) below.

Only those applications that pass the threshold review will receive a technical review and be rated and ranked.

(A) Threshold Requirements for Funding Consideration

All applicants must be in compliance with the threshold requirements as defined in the General Section of this SuperNOFA and the requirements listed below to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified:

(1) The applicant is eligible as referenced in Section III, ''Program Description, Eligible Applicants; Eligible Activities in this NOFA''.

(2) The minimum and maximum amount Previously Unfunded HBCU applicants can request is $340,000. The minimum amount a Previously Funded HBCU applicant can request is $340,000 and the maximum is $550,000.

(3) Applicants are bound by the CDBG statutory requirement that no more than 15% of the total grant amount is used for public service activities that benefit low- and moderate-income persons. Therefore, at least 85% of the grant amount must be used for activities qualifying under an eligibility category other than public services (as described at 24 CFR 570.201(e). If an applicant proposes an activity which otherwise is eligible it may not be funded if state or local law requires that it be carried out by a governmental entity.

(4) Institutions with two (2) or more active HBCU grants who have drawn down less than 50 percent of the funding for each active grant two weeks prior to the program's application due date are ineligible to apply for a grant under this NOFA.

(B) Factors for Award Used To Evaluate and Rate Applications

The factors for evaluating, rating, and ranking an application and the maximum points for each factor are listed below. Applications must receive a minimum of 75 out of the total possible points to be considered for funding. The maximum number of points available under this program is 102. This includes the two RC/EZ/EC bonus points as described in the General Section of this SuperNOFA.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 Points)

This factor addresses the extent to which the institution has the organizational resources necessary to successfully implement the proposed activities in a timely manner. In rating this factor, HUD will consider the extent to which the proposal demonstrates:

(1) Knowledge and Experience (20 Points) For previously Unfunded Applicants (5 Points) For previously Funded Applicants.

The knowledge and experience of the overall project director and staff, including the day-to-day program manager, consultants (including technical assistance providers), and contractors in planning and managing the kinds of programs for which funding is being requested. Experience will be judged in terms of recent, relevant, and successful knowledge and skills of the staff to undertake eligible program activities. HUD will consider experience within the last 5 years to be recent; experience pertaining to specific activities to be relevant; and experience producing specific accomplishments to be successful. The more recent and substantial the experience of the staff, particularly the institution's own staff who will work on the project have in successfully conducting and completing similar activities, the higher the number of points an applicant can receive for this rating factor. The following categories will be evaluated:

(a) Undertaking specific successful community development projects with community-based organizations or local governments; and

(b) Providing leadership in solving community problems that have a direct bearing on the proposed activities.

(2) Past Performance for Previously Funded Grant Applicants Only (15 points).

This subfactor will evaluate the extent to which an applicant has performed successfully under all previously awarded and current grant(s) as measured by:

(a) Achievement of specific measurable outcome objectives consistent with the timeline in the grant proposal(s). Provide a detailed list outlining those achievements as they relate to the approved timeline in the past grant award(s);

(b) Leveraging of funding consistent with or exceeding the funds originally proposed to be leveraged for that project. In addressing leveraging, provide information that compares the proposed leveraged funds and resources with what was actually leveraged; and

(c) Full points will be awarded for performance that has met the goals and objectives as outlined in the past awarded grant proposal(s).

To address this subfactor, applicants must submit the HUD 40076–HBCU ''Response Sheet'' (Preparation Narrative only) for each HBCU grant they have received. (This form is located in Appendix C at the end of this NOFA.) The form should be complete and detailed.

Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for funding the proposed program activities and an indication of the importance of meeting the need in the target area. In responding to this factor, the proposal will be rated on the extent to which the level of need for the proposed activities and the importance of meeting the need are documented.

Applicants should use statistics and analyses contained in at least one or more current data sources that are sound and reliable. The data provided must be current. In rating this factor HUD will consider data collected within the last five years to be current. To the

extent that the targeted community's Five (5) Year Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI) identify the level of the problem and the urgency in meeting the need, applicants should include references to these documents in the response to this factor.

If the proposed activities are not covered under the scope of the Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI), indicate such in the proposal and use other sound data sources to identify the level of need and the urgency in meeting the need. Other reliable sources include, but are not limited to Census reports, HUD Continuum of Care gap analysis and its E–MAP (*http://www.hud.gov/emaps*), law enforcement agency crime reports, Public Housing Authorities' Comprehensive Plans, community needs analyses such as provided by the United Way, the applicant's institution, and other sound and reliable appropriate sources. Needs in terms of fulfilling court orders or consent decrees, settlements, conciliation agreements, and voluntary compliance agreements may also be addressed.

The data used should be specific to the area where the proposed activities will be carried out. Needs should be documented as they apply to the area where the activities will be targeted, rather than the entire locality or state, unless the target area is the entire locality or state.

Rating Factor 3: Soundness of Approach (50 Points)

This factor addresses the quality and cost effectiveness of the proposed work plan, the commitment of the institution to sustain the proposed activities, and actions regarding HUD's priorities, goals and objectives, and Affirmatively Furthering Fair Housing. In addition, HUD will also consider the extent to which the budget is consistent with the Work Plan and the dollars indicated on the HUD 424 form.

This factor will be evaluated based on the extent to which the proposed work plan will:

(1) Quality of the Work Plan (35 Points)

(a) (10 Points) *Work Plan Impact.* Describe how the proposed activities will:

(i) Expand the role of the institution in its community;

(ii) Alleviate and/or fulfill the needs identified in Factor 2;

(iii) Relate to and not duplicate other activities in the target area. Duplicative effort will be acceptable only if an applicant can demonstrate through documentation that there is a population in need that is not being served;

(iv) Involve and empower citizens of the target area in all stages of the proposed project (particularly through a committee that is representative of the target community to guide the project); and

(v) Be disseminated to a wide variety of audiences, both academic and community-based, using a wide variety of media, including print and Internet technology.

(b) (20 Points). *Specific Services and/or Activities.* The work plan must incorporate all proposed activities. HUD will consider the feasibility of success of the program, measurable objectives, and how timely products will be delivered.

Describe each proposed activity and the tasks required to implement and complete the activities. Also for each activity describe:

(i) Which CDBG national objective is being met and how;

(ii) The sequence, duration, and the products to be delivered in 6 month intervals, up to thirty-six (36) months. Indicate which staff member, as described in Factor 1, will be responsible and accountable for the deliverables; and

(iii) Measurable objectives to be accomplished, *e.g.*, the number of persons to be trained and employed; houses to be built (pursuant to 24 CFR 570.207) or rehabilitated; minority owned businesses to be started.

(c) (5 Points) *Involvement of the Faculty and Students.* The extent to which the applicant proposes to integrate the institution's students and faculty into proposed project activities.

(2) (5 Points) *HUD Policy Priorities.* HUD encourages applicants to undertake specific activities that will assist the Department in implementing its policy priorities and which help the Department achieve its goals and objectives in FY 2004, when the majority of grant recipients will be reporting programmatic results and achievements. In addressing this factor, HUD will evaluate the extent to which a program will further and support HUD's priorities. The quality of the responses provided to one or more of HUD's priorities will determine the score an applicant can receive. For each policy priority addressed an applicant will receive one point. Applicants cannot receive more than five points. For the full list and explanation of each policy priority, please refer to the General Section of this SuperNOFA.

(3) (5 Points) *Affirmatively Furthering Fair Housing.* This subfactor will be evaluated on the extent to which an applicant proposes to undertake activities designed to affirmatively further fair housing, for example:

(a) Working with other entities in the community to overcome impediments to fair housing, such as discrimination in the sale or rental of housing or in advertising, provision of brokerage services or lending;

(b) Promoting fair housing choice through the expansion of homeownership opportunities and improved quality of services for minorities, families with children, and persons with disabilities; or

(c) Providing housing mobility counseling services.

(4) (5 Points) *Budget.* HUD will consider the extent to which the budget presentation is consistent with the Work Plan and the dollars indicated on the HUD 424 Form. The budget submission should follow the narrative statement in this factor and include the following documents:

(a) HUD 424–C ''Budget Summary for Competitive Grant Programs''. This budget form shows the costs for each budget category for the program's entire period of performance.

(b) HUD 424–CB ''Grant Application Detailed Budget''. This budget form must show the total budget by year and by line item for the program activities to be carried out. This will be a functional budget. Each year of the program should be presented separately.

All budget forms must be completed in full. If an application is selected for award, the applicant may be required to provide greater specificity to the budget during grant agreement negotiations.

(c) Budget-Narrative. A narrative explanation of how the applicant arrived at the cost estimates, for any line item, including match items, over $5,000. For example, a van rental, $150 per month × 36 months equals $5,400. The proposed cost estimates should be reasonable for the work to be performed and consistent with rates established for the level of expertise required to perform the work proposed in the geographical area. When necessary, quotes from various vendors or historical data should be used and included. All direct labor or salaries must be supported with mandated city/state pay scales, Davis-Bacon wage rates (if applicable) or other documentation. When an applicant proposes to use a consultant, the applicant must indicate whether there is a formal agreement or written procurement policy. For each consultant, please provide the name, if known, hour or daily fee, and the estimated time on the project. If applicants propose to undertake: rehabilitation of residential, commercial

and/or industrial structures; and/or acquisition, construction, or installation of public facilities and improvements, applicants must submit one appraisal from a qualified certified appraiser other than the institution. Such an entity must be involved in the business of housing rehabilitation, construction and/or management. Guidance for securing these estimates can be obtained from the local HUD Office of Community Planning and Development. Equipment and contracts cannot be presented as a total estimated figure. For equipment applicants must provide a list by type and cost for each item and explain how it will be used. Applicants using contracts must provide an individual description and cost estimate for each contract.

Indirect costs attributed to a particular project functional category should be listed as ''Indirect Costs'' under that category. Indirect costs are allowable only if an applicant has a federally approved indirect cost rate. A copy of the institution's negotiated indirect cost rate as issued by the cognizant federal agency must be attached to the budget sheets when submitting an application.

Make sure that the amount shown on the HUD 424, the budget forms, and on all other required program forms is consistent and the budget totals correct. Remember to check addition in totaling the categories on the HUD 424–C and HUD 424–CB form so that all items are included in the total. If there is an inconsistency between any of the forms required, the HUD 424–C form will be used. If upon checking the addition HUD finds that an applicant has added incorrectly, the HUD 424–CB will be revised accordingly. Please note that this would be considered a substantive rather than a technical error. If this correction puts an application over the grant maximum, the applicant will not be able to correct the amount requested and the application will be disqualified.

Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses the ability of the applicant to secure community resources that can be combined with HUD's grant funds to achieve the program's purpose.

In evaluating this factor, HUD will consider the extent to which the applicant established partnerships with other entities to secure additional resources to increase the effectiveness of the proposed activities. Resources may include funding or in-kind contributions, such as services or equipment, allocated to the purpose(s) of the grant. Resources may be provided by governmental entities, public or private nonprofit organizations, for-profit private organizations, or other entities. Applicants may also establish partnerships with other program funding recipients to coordinate the use of resources in the target area. Please note that the value of the time of individuals serving on the program's advisory board cannot be counted as an in-kind contribution. Overhead and other institutional costs (*e.g.*, salaries) that the institution has waived may be counted. However, higher points will be awarded if an applicant secures leveraged resources from sources outside the institution. Examples of potential sources for outside assistance:

- State and local governments
- Housing Authorities
- Local or national nonprofit organizations
- Banks and/or private businesses
- Foundations
- Faith-based and other community based organizations.

For each match, cash or in-kind contribution to the program a letter of commitment, memorandum of understanding, or agreement must be provided that shows the extent and firmness of the commitment of leveraged funds (including any commitment of resources from the applicant's own institution) in order for these resources to count in determining points under this factor. Resources will not be counted for which there is no commitment letter, memorandum of understanding, or agreement, nor quantified level of commitment. Letters, memoranda of understanding, or agreements must be submitted from the provider on the provider's letterhead and be included with the application package. The date of the letter, memorandum of understanding, or agreement from the CEO of the provider organization must be dated no earlier than the date of this published SuperNOFA. Applications that do not include evidence of leveraging will receive zero (0) points for this Factor.

A firm commitment letter, memorandum of understanding, or agreement must address the following:

(a) The cash amount contributed or dollar value of the in-kind goods and/or services committed (If a dollar amount and use is not shown, the source cannot be counted towards the match requirement.);

(b) Specifically indicate how the match is to be used;

(c) The date the match will be made available and a statement that describes the duration of the contribution. If any of the matching sources are for more than one year, the commitment letter, memoranda of understanding, or agreement must state the number of years, the per year commitment, and the total commitment. Without this statement, HUD will assume that the commitment is for only one year;

(d) Any terms and conditions affecting the commitment, other than receipt of a HUD Grant; and

(e) The signature of the appropriate executive officer authorized to commit the funds and/or goods and/or services.

Please remember that only items eligible for funding under this program can be counted as a match.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management, and accountability. The factor measures the applicant's commitment to assess their performance to achieve the program's proposed objectives and goals. Applicants are required to develop an effective, quantifiable, outcome oriented evaluation plan for measuring performance and determining that objectives and goals have been achieved.

''Outcomes'' are benefits accruing to institutions of higher education and/or communities during or after participation in the HBCU program. Applicants must clearly identify the outcomes to be measured and achieved. Examples of outcomes are increasing community development in the target community, by a certain percentage, or increasing family stability through the creation of affordable housing opportunities (*e.g.,* increasing assets to families and communities through the development of affordable community housing).

In addition, applicants must establish interim benchmarks and outputs that lead to the ultimate achievement of outcomes. ''Outputs'' are the direct products of the program's activities. Examples of outputs are the number of new affordable housing units, the number of homes that have been renovated, and the number of community facilities that have been constructed or rehabilitated. Outputs should produce outcomes for the program. At a minimum, an applicant must address the following activities in the evaluation plan:

(a) Short and long term objectives to be achieved;

(b) Actual accomplishments against anticipated achievements;

(c) Measurable impacts the grant will have on the community in general and the target area or population;

(d) The impact the grant will have on the long term commitment of the

University to the faculty and students to provide opportunities to reward and continue this type of work; and

(e) The impact the grant will have on assisting the university to obtain additional resources to continue this type of work at the end of the funding period of this grant award.

This information should be provided in a Logic Model format. This form and information on how to use can be found in the General Section of this SuperNOFA.

The Hispanic-Serving Institutions Assisting Communities Program (HSIAC)

I. Program Overview

Purpose of the Program. To assist Hispanic-serving Institutions (HSIs) expand their role and effectiveness in addressing community development needs in their localities, including neighborhood revitalization, housing, and economic development, consistent with the purposes of Title I of the Housing and Community Development Act of 1974, as amended.

II. Amount Allocated, Grant Size and Term and Performance Period

Amount Allocated. In Fiscal Year 2003, $6.458 million was earmarked by the conference report accompanying the FY 2003 Consolidation Appropriation Resolution, Division K plus approximately $588,000 in previously unexpended FY 2002 funds.

Grant Size and Term. The maximum amount an HSIAC applicant can request for award is $600,000 for a three-year (36 months) grant performance period.

HUD intends to fund at least two eligible HSIAC applications (applications that receive a minimum score of 75 points) that serve Colonias (as defined in the General Section of the SuperNOFA). HUD will select the highest-ranking HSIAC applications that serve Colonias among the rated HSIAC applications. If less than two fundable HSIAC applications that serve Colonias are eligible for award these funds will be used to award additional HSIAC grants.

III. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description

The purpose of the HSIAC Program is to assist HSI's expand their role and effectiveness in addressing community development needs in their localities, including neighborhood revitalization, housing, and economic development, principally for persons of low- and moderate-income.

(1) For the purposes of these programs, the term ''locality'' includes any city, county, township, parish, village, or other general political subdivision of a state, Puerto Rico, or the U.S. Virgin Islands where the institution is located.

(2) A ''target area'' is the locality or the area within the locality in which the institution will implement its proposed HUD grant.

(B) Eligible Applicants

Nonprofit Hispanic-serving institutions of higher education that meet the definition of an HSI established in Title V of the 1998 Amendments to the Higher Education Act of 1965 (Pub. L. 105–244; enacted October 7, 1998). In order to meet this definition, at least 25 percent of the full-time undergraduate students enrolled in an institution must be Hispanic and not less than 50 percent of these Hispanic students must be low-income individuals. Institutions are not required to be on the list of eligible HSIs prepared by the U.S. Department of Education. However, an applicant that is not on the list is required to state in the application that the institution meets the U.S. Department of Education's statutory definition of an HSI.

(C) Eligible Activities

Each activity proposed for funding must meet both a Community Development Block Grant (CDBG) Program national objective and the CDBG eligibility requirements. Eligible activities that may be funded under this program are those activities eligible for CDBG funding. The eligible activities are listed in 24 CFR part 570, subpart C, particularly §§ 570.201 through 570.206. Each activity funded under this program must meet one of the three national objectives of the Community Development Block Grant program, which are:

(a) Benefit to low- or moderate-income persons;

(b) Aid in the prevention or elimination of slums or blight; or

(c) Meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health and welfare of the community, and other financial resources are not available to meet such needs.

Criteria for determining whether an activity addresses one or more of these objectives are provided at 24 CFR 570.208.

Examples of Eligible Activities include, but are not limited to:

(a) Acquisition of real property;

(b) Clearance and demolition;

(c) Rehabilitation of residential structures including lead-based paint hazard evaluation and reduction; and encouraging accessible design features in accordance with the requirements of section 504 of the Rehabilitation Act of 1973;

(d) Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements, such as water and sewer facilities and streets; including lead-based paint hazard evaluation and reduction; and encouraging compliance accessible with the design and construction requirements of Section 504 of the Rehabilitation Act of 1973 and the Fair Housing Act;

(e) Relocation payments and other assistance for permanently and temporarily relocated individuals, families, businesses, nonprofit organizations, and farm operations where the assistance is:

(i) Required under the provisions of 24 CFR 570.606(b) or (c); or

(ii) Determined by the grantee to be appropriate under the provisions of 24 CFR 570.606(d);

(f) Direct homeownership assistance to low- and moderate-income persons, as provided in section 105(a) (25) of the Housing and Community Development Act of 1974;

(g) Special economic development activities described at 24 CFR 570.203;

(h) Assistance to facilitate economic development by providing technical or financial assistance for the establishment, stabilization, and expansion of microenterprises, including minority enterprises;

(i) Assistance to community-based development organizations (CBDO) to carry out a CDBG neighborhood revitalization, community economic development, or energy conservation project, in accordance with 24 CFR 570.204. This could include activities in support of a HUD approved local entitlement grantee CDBG Neighborhood Revitalization Strategy (NRS) or HUD approved State CDBG Community Revitalization Strategy (CRS);

(j) Eligible public service activities are those general support activities that can help to stabilize a neighborhood and contribute to sustainable redevelopment of the area, including but not limited to such activities as those concerned with employment, crime prevention, child care, health, drug abuse, education, fair housing counseling, energy conservation, homebuyer down payment assistance, or recreational needs;

The CDBG Publication entitled ''Community Development Block Grant Program Guide to National Objectives and Eligible Activities for Entitlement Communities'' describes the regulations, and a copy can be obtained from HUD's SuperNOFA Information Center at 1–800–HUD–8929 or 1–800–HUD–2209 for the hearing-impaired.

(k) Fair housing services designed to further the fair housing objectives of the Fair Housing Act (42 U.S.C. 3601–20) by making all persons, without regard to race, color, religion, sex, national origin, family status and/or disability aware of the range of housing opportunities available to them;

(l) Up to 20% of the grant for payments of reasonable grant administrative costs related to planning and execution of the project (*e.g.* preparation/submission of HUD reports). A detailed explanation of these costs are provided in the OMB circulars that can be accessed at the White House website at: *www.whitehouse.gov/omb/circulars/index.html;* and

(m) Activities Designed to Promote Training and Employment Opportunities. HUD urges applicants to consider undertaking activities designed to promote opportunities for training and employment of very low-income residents in connection with HUD initiatives such as ''Neighborhood Networks'' (NN) in other federally assisted or insured housing and Employment Opportunities for Lower Income Persons in connection with Assisted Projects.

(D) Ineligible Activities

Ineligible CDBG Activities are listed at § 570.207.

IV. Program Requirements

In addition to the program requirements listed in the General Section of this SuperNOFA, applicants must meet the following requirements:

(1) All funds awarded under these programs must be spent over a three-year (36 months) grant performance period.

(2) Applicants that propose to undertake activities that involve the following: acquisition of real property, clearance, demolition, rehabilitation of residential structures including lead-based paint hazard evaluation, reduction encouraging accessible design features, acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements are required to provide at least one appraisal from a qualified certified appraiser other than the institution, of the cost to complete the activities. This information must be submitted with the application. Such an entity must be involved in the business of housing rehabilitation, construction, and/or management.

(3) Applicants must ensure that not less than 51% of the aggregated expenditures of a grant benefit low- and moderate-income persons under the criteria specified in 24 CFR 570.208(a) or 570.208(d)(5) or (6).

(4) Applicants that claim leveraging from any source, including their own institution, must provide letters of firm commitment, memoranda of understanding, or agreements evidencing the extent and firmness of commitment of leveraging from other federal (*e.g.*, AmeriCorps Programs), state, local, and/other private sources (including the applicant's own resources). These documents must be dated no earlier than the date of this published NOFA and follow the outline provided for these programs in Section V, Application Process, ''Factor 4: Leveraging Resources'' of this NOFA.

(5) Where grant funds will be used for acquisition, rehabilitation, or new construction an applicant must demonstrate site control. Funds may be recaptured or deobligated from applicants that cannot demonstrate control of a suitable site within one year after the initial notification of award.

(6) Labor Standards. Applicants awarded funds must comply with the labor standards (Davis-Bacon) as found at 24 CFR 570.603.

V. Application Selection Process

Two types of reviews will be conducted:

(1) A threshold review to determine an applicant's eligibility; and

(2) A technical review for all applications that pass the threshold review to rate and rank the application based on the ''Factors for Award'' rating factors listed in Section V(B) below. Only those applications that pass the threshold review will receive a technical review and be rated and ranked.

(A) Threshold Requirements for Funding Consideration

All applicants must be in compliance with the threshold requirements as defined in the General Section of this SuperNOFA and the requirements listed below to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified:

(1) The applicant is eligible as referenced in Section III, ''Program Description, Eligible Applicants; Eligible Activities in this NOFA''.

(2) The maximum amount an HSIAC applicant can request is $600,000.

(3) In order to meet the definition of a HISAC, at least 25 percent of the full-time undergraduate student enrolled in an institution must be Hispanic and not less than 50 percent of these Hispanic students must be low-income individuals.

(4) An individual campus that is one of several campuses of the same institution may apply separately from the other campus as long as the applicant's campus has a separate administrative and budget structure.

(5) Institutions that received an HSIAC grant in FY2002 cannot reapply. If an institution received an HSIAC grant in FY1999, FY2000, or FY2001 the institution may reapply as long as it: (a) propose a different activity (activities) in their current project location, or propose replicating their current project in a new location and (b) have drawn down at least 75 percent of the previous grant two weeks prior the program's application due date.

(B) Factors for Award Used To Evaluate and Rate Applications

The factors for evaluating, rating, and ranking an application and the maximum points for each factor are listed below. Applications must receive a minimum of 75 out of the total possible points to be considered for funding. The maximum number of points available under this program is 102. This includes the two RC/EZ/EC bonus points as described in the General Section of this SuperNOFA.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 Points)

This factor addresses the extent to which the institution has the organizational resources necessary to successfully implement the proposed activities in a timely manner. In rating this factor, HUD will consider the extent to which the proposal demonstrates:

(1) Knowledge and Experience (20 Points) For previously Unfunded Applicants (5 Points) For previously Funded Applicants.

The knowledge and experience of the overall project director and staff, including the day-to-day program manager, consultants (including technical assistance providers), and contractors in planning and managing the kinds of programs for which funding is being requested. Experience will be judged in terms of recent, relevant, and successful knowledge and skills of the staff to undertake eligible program activities. HUD will consider experience within the last 5 years to be recent;

experience pertaining to specific activities to be relevant; and experience producing specific accomplishments to be successful. The more recent and substantial the experience of the staff, particularly the institution's own staff who will work on the project have in successfully conducting and completing similar activities, the higher the number of points an applicant can receive for this rating factor. The following categories will be evaluated:

(a) Undertaking specific successful community development projects with community-based organizations or local governments; and

(b) Providing leadership in solving community problems that have a direct bearing on the proposed activities.

(2) Past Performance For previously Funded Grant Applicants Only (15 Points).

This subfactor will evaluate the extent to which an applicant has performed successfully under all previously awarded and current grant(s) as measured by:

(a) Achievement of specific measurable outcome objectives consistent with the timeline in the grant proposal(s). Provide a detailed list outlining those achievements as they relate to the approved timeline in the past grant award(s);

(b) Leveraging of funding consistent with or exceeding the funds originally proposed to be leveraged for that project. In addressing leveraging, provide information that compares the proposed leveraged funds and resources with what was actually leveraged; and

(c) Full points will be awarded for performance that has met the goals and objectives as outlined in the past awarded grant proposal(s).

Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for funding the proposed program activities and an indication of the importance of meeting the need in the target area. In responding to this factor, the proposal will be rated on the extent to which the level of need for the proposed activities and the importance of meeting the need are documented.

Applicants should use statistics and analyses contained in at least one or more current data sources that are sound and reliable. The data provided must be current. In rating this factor HUD will consider data collected within the last five years to be current. To the extent that the targeted community's Five (5) Year Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI) identify the level of the problem and the urgency in meeting the need, applicants should include references to these documents in the response to this factor.

If the proposed activities are not covered under the scope of the Consolidated Plan and Analysis of Impediments for Housing Choice (AI), indicate such in the proposal and use other sound data sources to identify the level of need and the urgency in meeting the need. Other reliable sources include, but are not limited to Census reports, HUD Continuum of Care gap analysis and its E–MAP (*www.hud.gov/emaps*), law enforcement agency crime reports, Public Housing Authorities' Comprehensive Plans, community needs analyses such as provided by the United Way, the applicant's institution, and other sound and reliable appropriate sources. Needs in terms of fulfilling court orders or consent decrees, settlements, conciliation agreements, and voluntary compliance agreements may also be addressed.

The data used should be specific to the area where the proposed activities will be carried out. Needs should be documented as they apply to the area where the activities will be targeted, rather than the entire locality or state, unless the target area is the entire locality or state.

Rating Factor 3: Soundness of Approach (50 Points)

This factor addresses the quality and cost effectiveness of the proposed work plan, the commitment of the institution to sustain the proposed activities, and actions regarding HUD's priorities, goals and objectives, and Affirmatively Furthering Fair Housing. In addition, HUD will also consider the extent to which the budget is consistent with the Work Plan and the dollars indicated on the HUD 424 form.

This factor will be evaluated based on the extent to which the proposed work plan will:

(1) Quality of the Work Plan (35 Points)

(a) (10 Points) *Work Plan Impact.* Describe how the proposed activities will:

(i) Expand the role of the institution in its community;

(ii) Alleviate and/or fulfill the needs identified in Factor 2;

(iii) Relate to and not duplicate other activities in the target area. Duplicative effort will be acceptable only if an applicant can demonstrate through documentation that there is a population in need that is not being served;

(iv) Involve and empower citizens of the target area in all stages of the proposed project (particularly through a committee that is representative of the target community to guide the project); and

(v) Be disseminated to a wide variety of audiences, both academic and community-based, using a wide variety of media, including print and Internet technology.

(b) (20 Points) *Specific Services and/or Activities.* The work plan must incorporate all proposed activities. HUD will consider the feasibility of success of the program, measurable objectives, and how timely products will be delivered.

Describe each proposed activity and the tasks required to implement and complete the activities. Also for each activity describe:

(1) Which CDBG national objective is being met and how;

(2) The sequence, duration, and the products to be delivered in 6 month intervals, up to thirty-six (36) months. Indicate which staff member, as described in Factor 1, will be responsible and accountable for the deliverables; and

(3) Measurable objectives to be accomplished, *e.g.*, the number of persons to be trained and employed; houses to be built (pursuant to 24 CFR 570.207) or rehabilitated; minority owned businesses to be started.

(c) (5 Points) *Involvement of the Faculty and Students.* The extent to which the applicant proposes to integrate the institution's students and faculty into proposed project activities.

(2) (5 Points) *HUD Policy Priorities.* HUD encourages applicants to undertake specific activities that will assist the Department in implementing its policy priorities and which help the Department achieve its goals and objectives in FY2004, when the majority of grant recipients will be reporting programmatic results and achievements. In addressing this factor, HUD will evaluate the extent to which a program will further and support HUD's priorities. The quality of the responses provided to one or more of HUD's priorities will determine the score an applicant can receive. For each policy priority addressed, an applicant will receive one point. Applicants cannot receive more than five points. For the full list and explanation of each policy priority, please refer to the General Section of this SuperNOFA.

(3) (5 Points) *Affirmatively Furthering Fair Housing.* This subfactor will be evaluated on the extent to which an applicant proposes to undertake activities designed to affirmatively further fair housing, for example:

(a) Working with other entities in the community to overcome impediments to

fair housing, such as discrimination in the sale or rental of housing or in advertising, provision of brokerage services or lending;

(b) Promoting fair housing choice through the expansion of homeownership opportunities and improved quality of services for minorities, families with children, and persons with disabilities; or

(c) Providing housing mobility counseling services.

(4) (5 Points) *Budget.* HUD will consider the extent to which the budget presentation is consistent with the Work Plan and the dollars indicated on the HUD 424 Form. The budget submission should follow the narrative statement in this factor and include the following documents:

(a) HUD 424–C ''Budget Summary for Competitive Grant Programs''. This budget form shows the costs for the each budget category for the program's entire period of performance.

(b) HUD 424 CB ''Grant Application Detailed Budget''. This budget form must show the total budget by year and by line item for the program activities to be carried out. This will be a functional budget. Each year of the program should be presented separately.

All budget forms must be completed in full. If an application is selected for award, the applicant may be required to provide greater specificity to the budget during grant agreement negotiations.

(c) Budget-Narrative. A narrative explanation of how the applicant arrived at the cost estimates, for any line item, including match items, over $5,000. For example, a van rental, $150 per month × 36 months equals $5,400. The proposed cost estimates should be reasonable for the work to be performed and consistent with rates established for the level of expertise required to perform the work proposed in the geographical area. When necessary, quotes from various vendors or historical data should be used and included. All direct labor or salaries must be supported with mandated city/state pay scales, Davis-Bacon wage rates (if applicable) or other documentation. When an applicant proposes to use a consultant, the applicant must indicate whether there is a formal agreement or written procurement policy. For each consultant, please provide the name, if known, hour or daily fee, and the estimated time on the project. If applicants propose to undertake: rehabilitation of residential, commercial and/or industrial structures; and/or acquisition, construction, or installation of public facilities and improvements, applicants must submit one appraisal from a qualified certified appraiser other than the institution. Such an entity must be involved in the business of housing rehabilitation, construction and/or management. Guidance for securing these estimates can be obtained from the local HUD Office of Community Planning and Development. Equipment and contracts cannot be presented as a total estimated figure. For equipment applicants must provide a list by type and cost for each item and explain how it will be used. Applicants using contracts must provide an individual description and cost estimate for each contract.

Indirect costs attributed to a particular project functional category should be listed as ''Indirect Costs'' under that category. Indirect costs are allowable only if an applicant has a federally approved indirect cost rate. A copy of the institution's negotiated indirect cost rate as issued by the cognizant federal agency must be attached to the budget sheets when submitting an application.

Make sure that the amount shown on the HUD 424, the budget forms, and on all other required program forms is consistent and the budget totals correct. Remember to check addition in totaling the categories on the HUD 424C and HUD 424–CB form so that all items are included in the total. If there is an inconsistency between any of the forms required, the HUD 424C form will be used. If upon checking the addition HUD finds that an applicant has added incorrectly, the HUD 424–CB will be revised accordingly. Please note that this would be considered a substantive rather than a technical error. If this correction puts an application over the grant maximum, the applicant will not be able to correct the amount requested and the application will be disqualified.

Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses the ability of the applicant to secure community resources that can be combined with HUD's grant funds to achieve the program's purpose.

In evaluating this factor, HUD will consider the extent to which the applicant established partnerships with other entities to secure additional resources to increase the effectiveness of the proposed activities. Resources may include funding or in-kind contributions, such as services or equipment, allocated to the purpose(s) of the grant. Resources may be provided by governmental entities, public or private nonprofit organizations, for-profit private organizations, or other entities. Applicants may also establish partnerships with other program funding recipients to coordinate the use of resources in the target area. Please note that the value of the time of individuals serving on the program's advisory board cannot be counted as an in-kind contribution. Overhead and other institutional costs (*e.g.*, salaries) that the institution has waived may be counted. However, higher points will be awarded if an applicant secures leveraging resources from sources outside the institution. Examples of potential sources for outside assistance:

- State and local governments
- Housing Authorities
- Local or national nonprofit organizations
- Banks and/or private businesses
- Foundations
- Faith-based and other community based organizations.

For each match, cash or in-kind contribution to the program a letter of commitment, memorandum of understanding, or agreement must be provided that shows the extent and firmness of the commitment of leveraged funds (including any commitment of resources from the applicant's own institution) in order for these resources to count in determining points under this factor. Resources will not be counted for which there is no commitment letter, memorandum of understanding, or agreement, nor quantified level of commitment. Letters, memoranda of understanding, or agreements must be submitted from the provider on the provider's letterhead and be included with the application package. The date of the letter, memorandum of understanding, or agreement from the CEO of the provider organization must be dated no earlier than the date of this published SuperNOFA. Applications that do not include evidence of leveraging will receive zero (0) points for this Factor.

A firm commitment letter, memorandum of understanding, or agreement must address the following:

(a) The cash amount contributed or dollar value of the in-kind goods and /or services committed (If a dollar amount and use is not shown, the source cannot be counted towards the match requirement);

(b) Specifically indicate how the match is to be used;

(c) The date the match will be made available and a statement that describes the duration of the contribution. If any of the matching sources are for more than one year, the commitment letter, memorandum of understanding, or agreement must state the number of years, the per year commitment, and the total commitment. Without this statement, HUD will assume that the commitment is for only one year;

(d) Any terms and conditions affecting the commitment, other than receipt of a HUD Grant; and

(e) The signature of the appropriate executive officer authorized to commit the funds and/ or goods and /or services.

Please remember that only items eligible for funding under this program can be counted as a match.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management, and accountability. The factor measures the applicant's commitment to assess their performance to achieve the program's proposed objectives and goals. Applicants are required to develop an effective, quantifiable, outcome oriented evaluation plan for measuring performance and determining that objectives and goals have been achieved.

''Outcomes'' are benefits accruing to institutions of higher education and/or communities during or after participation in the HSIAC program. Applicants must clearly identify the outcomes to be measured and achieved. Examples of outcomes are increasing community development in the target community, by a certain percentage, or family stability through the creation of affordable housing opportunities (*e.g.* increasing assets to families and communities through the development of affordable community housing).

In addition, applicants must establish interim benchmarks and outputs that lead to the ultimate achievement of outcomes. ''Outputs'' are the direct products of the program's activities. Examples of outputs are the number of new affordable housing units, the number of homes that have been renovated, the number of community facilities that been constructed or rehabilitated. Outputs should produce outcomes for the program. At a minimum an applicant must address the following activities in the evaluation plan:

(a) Short and long term objectives to be achieved;

(b) Actual accomplishments against anticipated achievements.

(c) Measurable impacts the grant will have on the community in general and the target area or population;

(d) The impact the grant will have on the long term commitment of the University to the faculty and students to provide opportunities to reward and continue this type of work; and

(e) The impact the grant will have on assisting the university to obtain additional resources to continue this type of work at the end of the funding period of this grant award.

This information should be provided in a Logic Model format. This form and information can be found in the General Section of this SuperNOFA.

The Alaska Native/Native Hawaiian Institutions Assisting Communities Program (AN/NHIAC)

I. Program Overview

Purpose of the Program. To assist Alaska Native/Native Hawaiian Institutions of higher education (AN/NHIs) expand their role and effectiveness in addressing community development needs in their localities, including neighborhood revitalization, housing, and economic development, principally for persons of low- and moderate-income, consistent with the purposes of Title I of the Housing and Community Development Act of 1974, as amended.

II. Amount Allocated, Grant Size and Term, and Performance Period

Amount Allocated. In Fiscal Year 2003, $2.981 million was earmarked by the conference report accompanying the FY 2003 Consolidation Appropriation Resolution, Division K plus approximately $4 million in previously unexpended FY2002 funds.

III. Grant Size and Term, and Performance Period

HUD will award two kinds of grants under this program. Grants for Alaska Native Institutions (ANIs) and grants for Native Hawaiian Institutions (NHIs).

The maximum amount an ANI and NHI applicant can request is $800,000 for a three-year (36 months) grant performance period. $3.4 million is being made available for ANIs and $ 3.4 million is being made available for NHIs.

IV. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description

The purpose is to assist AN/NHIs to expand their role and effectiveness in addressing community development needs in their localities, including neighborhood revitalization, housing, and economic development.

(1) For the purposes of this program, the term ''locality'' includes any city, county, township, parish, village, or other general political subdivision of a state within which your AN/NHI is located.

(2) A ''target area'' is the locality or the area within the locality in which the institution will implement its proposed HUD grant.

(B) Eligible Applicants

Nonprofit Alaska Native and Native Hawaiian institutions of higher education that meet the definitions of Alaska Native and Native Hawaiian institutions of higher education established in Title III, Part A, Section 317 of the Higher Education Act of 1965, as amended by the Higher Education Amendments of 1998 (Pub. L.105–244; enacted October 7, 1998). Institutions are not required to be on the list of eligible AN/NHIs prepared by the U.S. Department of Education. However, an institution that is not on the list is required to state in the application that the institution meets the U.S. Department of Education's statutory definition of an AN/NHI institution.

(C) Eligible Activities

Each activity proposed for funding must meet both a Community Development Block Grant (CDBG) Program national objective and the CDBG eligibility requirements. Eligible activities that may be funded under this program are those activities eligible for CDBG funding. The eligible activities are listed in 24 CFR part 570, subpart C, particularly §§ 570.201 through 570.206. Each activity funded under this program must meet one of the three national objectives of the Community Development Block Grant program, which are:

(a) Benefit to low-or moderate-income persons;

(b) Aid in the prevention or elimination of slums or blight; or

(c) Meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health and welfare of the community, and other financial resources are not available to meet such needs.

Criteria for determining whether an activity addresses one or more of these objectives are provided at 24 CFR 570.208.

Examples of Eligible Activities include, but are not limited to:

(a) Acquisition of real property;

(b) Clearance and demolition;

(c) Rehabilitation of residential structures including lead-based paint hazard evaluation and reduction; and encouraging accessible design features in accordance with the requirements of section 504 of the Rehabilitation Act of 1973;

(d) Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and

improvements, such as water and sewer facilities and streets; including lead-based paint hazard evaluation and reduction; and encouraging compliance accessible with the design and construction requirements of Section 504 of the Rehabilitation Act of 1973 and the Fair Housing Act;

(e) Relocation payments and other assistance for permanently and temporarily relocated individuals, families, businesses, nonprofit organizations, and farm operations where the assistance is:

(i) Required under the provisions of 24 CFR 570.606(b) or (c); or

(ii) Determined by the grantee to be appropriate under the provisions of 24 CFR 570.606(d);

(f) Direct homeownership assistance to low- and moderate-income persons, as provided in section 105(a) (25) of the Housing and Community Development Act of 1974;

(g) Special economic development activities described at 24 CFR 570.203;

(h) Assistance to facilitate economic development by providing technical or financial assistance for the establishment, stabilization, and expansion of microenterprises, including minority enterprises;

(i) Assistance to community-based development organizations (CBDO) to carry out a CDBG neighborhood revitalization, community economic development, or energy conservation project, in accordance with 24 CFR 570.204. This could include activities in support of a HUD-approved local entitlement grantee CDBG Neighborhood Revitalization Strategy (NRS) or HUD-approved State CDBG Community Revitalization Strategy (CRS);

(j) Eligible public service activities are those general support activities that can help to stabilize a neighborhood and contribute to sustainable redevelopment of the area, including but not limited to such activities as those concerned with employment, crime prevention, child care, health, drug abuse, education, fair housing counseling, energy conservation, homebuyer down payment assistance, or recreational needs.

The CDBG Publication entitled ''Community Development Block Grant Program Guide to National Objectives and Eligible Activities for Entitlement Communities'' describes the regulations, and a copy can be obtained from HUD's SuperNOFA Information Center at 1–800–HUD–8929 or 1–800-HUD–2209 for the hearing-impaired;

(k) Fair housing services designed to further the fair housing objectives of the Fair Housing Act (42 U.S.C. 3601–20) by making all persons, without regard to race, color, religion, sex, national origin, family status and/or disability aware of the range of housing opportunities available to them;

(l) Up to 20% of the grant for payments of reasonable grant administrative costs related to planning and execution of the project (*e.g.* preparation/submission of HUD reports). A detailed explanation of these costs are provided in the OMB circulars that can be accessed at the White House website at: *www.whitehouse.gov/omb/circulars/index.html;* and

(m) Activities Designed to Promote Training and Employment Opportunities. HUD urges applicants to consider undertaking activities designed to promote opportunities for training and employment of very low-income residents in connection with HUD initiatives such as ''Neighborhood Networks'' (NN) in other federally assisted or insured housing and Employment Opportunities for Lower Income Persons in connection with Assisted Projects.

(D) Ineligible Activities

Ineligible CDBG Activities are listed at 24 CFR 570.207.

V. Program Requirements

In addition to the program requirements listed in General Section of this SuperNOFA, applicants must meet the following program requirements:

(1) All funds awarded under these programs must be spent over a three-year (36 months) period grant performance period.

(2) Applicants that propose to undertake activities that involve the following: acquisition of real property, clearance, demolition, rehabilitation of residential structures including lead-based paint hazard evaluation, reduction encouraging accessible design features, acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements are required to provide at least one appraisal from a qualified certified appraiser other than the institution, of the cost to complete the activities. This information must be submitted with the application. Such an entity must be involved in the business of housing rehabilitation, construction, and/or management.

(3) Applicants must ensure that not less than 51% of the aggregated expenditures of a grant benefit low- and moderate-income persons under the criteria specified in 24 CFR 570.208(a) or 570.208(d)(5) or (6).

(4) Applicants that claim leveraging from any source, including their own institution, must provide letters of firm commitment, memoranda of understanding, or agreements evidencing the extent and firmness of commitment of leveraging from other federal (*e.g.*, AmeriCorps Programs), state, local, and/other private sources (including the applicant's own resources). These documents must be dated no earlier than the date of this published NOFA and follow the outline provided for this program in Section V, Application Process, ''Factor 4: Leveraging Resources'' of this NOFA.

(5) Where grant funds will be used for acquisition, rehabilitation, or new construction an applicant must demonstrate site control. Funds may be recaptured or deobligated from applicants that cannot demonstrate control of a suitable site within one year after the initial notification of award.

(6) Labor Standards. Applicants awarded funds must comply with the labor standards (Davis-Bacon) as found at 24 CFR 570.603.

VI. Application Selection Process

Two types of reviews will be conducted:

(1) A threshold review to determine an applicant's eligibility; and

(2) A technical review for all applications that pass the threshold review to rate and rank the application based on the ''Factors for Award'' rating factors listed in Section V (B) below. Only those applications that pass the threshold review will receive a technical review and be rated and ranked.

(A) Threshold Requirements for Funding Consideration

All applicants must be in compliance with the threshold requirements as defined in the General Section of this SuperNOFA and the requirements listed below to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified:

(1) The applicant is eligible as referenced in Section III, ''Program Description, Eligible Applicants; Eligible Activities in this NOFA''.

(2) The maximum amount ANI and NHI applicants can request for award is $800,000.

(3) In order to meet the Alaska Native Institution definition, at least 20% of the undergraduate headcount enrollment must be Alaska Native students. If applicant is a Native Hawaiian institution, in order to meet this definition at least 10% of the

undergraduate headcount enrollment must be Native Hawaiian students.

(4) Institutions that received grants in FY 2002 are not eligible to submit an application.

(5) If an institution has multiple campuses, each one is eligible to apply separately as long as it meets the enrollment test.

(B) Factors for Award Used To Evaluate and Rate Applications

The factors for evaluating, rating, and ranking an application and the maximum points for each factor are listed below. Applications must receive a minimum of 75 out of the total possible points to be considered for funding. The maximum number of points available under this program is 102. This includes the two RC/EZ/EC bonus points as described in the General Section of this SuperNOFA.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 Points)

This factor addresses the extent to which the institution has the organizational resources necessary to successfully implement the proposed activities in a timely manner. In rating this factor, HUD will consider the extent to which the proposal demonstrates:

(1) Knowledge and Experience (20 Points) For previously Unfunded Applicants (5 Points) For previously Funded Applicants.

The knowledge and experience of the overall project director and staff, including the day-to-day program manager, consultants (including technical assistance providers), and contractors in planning and managing the kinds of programs for which funding is being requested. Experience will be judged in terms of recent, relevant, and successful knowledge and skills of the staff to undertake eligible program activities. HUD will consider experience within the last 5 years to be recent; experience pertaining to specific activities to be relevant; and experience producing specific accomplishments to be successful. The more recent and substantial the experience of the staff, particularly the institution's own staff who will work on the project have in successfully conducting and completing similar activities, the higher the number of points an applicant can receive for this rating factor. The following categories will be evaluated:

(a) Undertaking specific successful community development projects with community-based organizations or local governments; and

(b) Providing leadership in solving community problems that have a direct bearing on the proposed activities.

(2) Past Performance—For previously Funded Grant Applicants Only (15 Points).

This subfactor will evaluate the extent to which an applicant has performed successfully under all previously awarded and current grant(s) as measured by:

(a) Achievement of specific measurable outcome objectives consistent with the timeline in the grant proposal(s). Provide a detailed list outlining those achievements as they relate to the approved timeline in the past grant award(s);

(b) Leveraging of funding consistent with or exceeding the funds originally proposed to be leveraged for that project. In addressing leveraging, provide information that compares the proposed leveraged funds and resources with what was actually leveraged; and

(c) Full points will be awarded for performance that has met the goals and objectives as outlined in the past awarded grant proposal(s).

Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for funding the proposed program activities and an indication of the importance of meeting the need in the target area. In responding to this factor, the proposal will be rated on the extent to which the level of need for the proposed activities and the importance of meeting the need are documented.

Applicants should use statistics and analyses contained in at least one or more current data sources that are sound and reliable. The data provided must be current. In rating this factor HUD will consider data collected within the last five years to be current. To the extent that the targeted community's Five (5) Year Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI) identify the level of the problem and the urgency in meeting the need, applicants should include references to these documents in the response to this factor.

If the proposed activities are not covered under the scope of the Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI), indicate such in the proposal and use other sound data sources to identify the level of need and the urgency in meeting the need. Other reliable sources include, but are not limited to Census reports, HUD Continuum of Care gap analysis and its E-MAP (*http://www.hud.gov/emaps*), law enforcement agency crime reports, Public Housing Authorities' Comprehensive Plans, community needs analyses such as provided by the United Way, the applicant's institution, and other sound and reliable appropriate sources. Needs in terms of fulfilling court orders or consent decrees, settlements, conciliation agreements, and voluntary compliance agreements may also be addressed.

The data used should be specific to the area where the proposed activities will be carried out. Needs should be documented as they apply to the area where the activities will be targeted, rather than the entire locality or state, unless the target area is the entire locality or state.

Rating Factor 3: Soundness of Approach (50 Points)

This factor addresses the quality and cost effectiveness of the proposed work plan, the commitment of the institution to sustain the proposed activities, and actions regarding HUD's priorities, goals and objectives, and Affirmatively Furthering Fair Housing. In addition, HUD will also consider the extent to which the budget is consistent with the Work Plan and the dollars indicated on the HUD 424 form.

This factor will be evaluated based on the extent to which the proposed work plan will:

(1) Quality of the Work Plan (35 Points)

(a) (10 Points) Work Plan Impact. Describe how the proposed activities will:

(i) Expand the role of the institution in its community;

(ii) Alleviate and/or fulfill the needs identified in Factor 2;

(iii) Relate to and not duplicate other activities in the target area. Duplicative effort will be acceptable only if an applicant can demonstrate through documentation that there is a population in need that is not being served;

(iv) Involve and empower citizens of the target area in all stages of the proposed project (particularly through a committee that is representative of the target community to guide the project); and

(v) Be disseminated to a wide variety of audiences, both academic and community-based, using a wide variety of media, including print and Internet technology.

(b) (20 Points). *Specific Services and/or Activities.* The work plan must incorporate all proposed activities. HUD will consider the feasibility of success of the program, measurable objectives, and how timely products will be delivered.

Describe each proposed activity and the tasks required to implement and complete the activities. Also for each activity, describe:

(1) Which CDBG national objective is being met and how;

(2) The sequence, duration, and the products to be delivered in 6 month intervals, up to thirty-six (36) months. Indicate which staff member, as described in Factor 1, will be responsible and accountable for the deliverables; and

(3) Measurable objectives to be accomplished, *e.g.*, the number of persons to be trained and employed; houses to be built (pursuant to 24 CFR 570.207) or rehabilitated; minority-owned businesses to be started.

(c) (5 Points) *Involvement of the Faculty and Students.* The extent to which the applicant proposes to integrate the institution's students and faculty into proposed project activities.

(2) (5 Points) *HUD Policy Priorities.* HUD encourages applicants to undertake specific activities that will assist the Department in implementing its policy priorities and which help the Department achieve its goals and objectives in FY 2004, when the majority of grant recipients will be reporting programmatic results and achievements. In addressing this factor, HUD will evaluate the extent to which a program will further and support HUD's priorities. The quality of the responses provided to one or more of HUD's priorities will determine the score an applicant can receive. For each policy priority addressed an applicant will receive one point. Applicants cannot receive more than five points. For the full list and explanation of each policy priority, please refer to the General Section of this SuperNOFA.

(3) (5 Points) *Affirmatively Furthering Fair Housing.* This subfactor will be evaluated on the extent to which an applicant proposes to undertake activities designed to affirmatively further fair housing, for example:

(a) Working with other entities in the community to overcome impediments to fair housing, such as discrimination in the sale or rental of housing or in advertising, provision of brokerage services or lending;

(b) Promoting fair housing choice through the expansion of homeownership opportunities and improved quality of services for minorities, families with children, and persons with disabilities; or

(c) Providing housing mobility counseling services.

(4) (5 Points) *Budget.* HUD will consider the extent to which the budget presentation is consistent with the Work Plan and the dollars indicated on the HUD 424 Form. The budget submission should follow the narrative statement in this factor and include the following documents:

(a) HUD 424–C ''Budget Summary for Competitive Grant Programs''. This budget form shows the costs for each budget category for the program's entire period of performance.

(b) HUD 424 CB ''Grant Application Detailed Budget''. This budget form must show the total budget by year and by line item for the program activities to be carried out. This will be a functional budget. Each year of the program should be presented separately.

All budget forms must be completed in full. If an application is selected for award, the applicant may be required to provide greater specificity to the budget during grant agreement negotiations.

(c) Budget-Narrative. A narrative explanation of how the applicant arrived at the cost estimates, for any line item, including match items, over $5,000. For example, a van rental, $150 per month × 36 months equals $5,400. The proposed cost estimates should be reasonable for the work to be performed and consistent with rates established for the level of expertise required to perform the work proposed in the geographical area. When necessary, quotes from various vendors or historical data should be used and included. All direct labor or salaries must be supported with mandated city/state pay scales, Davis-Bacon wage rates (if applicable) or other documentation. When an applicant proposes to use a consultant, the applicant must indicate whether there is a formal agreement or written procurement policy. For each consultant, please provide the name, if known, hour or daily fee, and the estimated time on the project. If applicants propose to undertake: rehabilitation of residential, commercial and/or industrial structures; and/or acquisition, construction, or installation of public facilities and improvements, applicants must submit one appraisal from a qualified certified appraiser other than the institution. Such an entity must be involved in the business of housing rehabilitation, construction and/or management. Guidance for securing these estimates can be obtained from the local HUD Office of Community Planning and Development. Equipment and contracts cannot be presented as a total estimated figure. For equipment applicants must provide a list by type and cost for each item and explain how it will be used. Applicants using contracts must provide an individual description and cost estimate for each contract.

Indirect costs attributed to a particular project functional category should be listed as ''Indirect Costs'' under that category. Indirect costs are allowable only if an applicant has a federally approved indirect cost rate. A copy of the institution's negotiated indirect cost rate as issued by the cognizant federal agency must be attached to the budget sheets when submitting an application.

Make sure that the amount shown on the HUD 424, the budget forms, and on all other required program forms is consistent and the budget totals correct. Remember to check addition in totaling the categories on the HUD 424C and HUD 424–CB form so that all items are included in the total. If there is an inconsistency between any of the forms required, the HUD 424C form will be used. If upon checking the addition HUD finds that an applicant has added incorrectly, the HUD 424–CB will be revised accordingly. Please note that this would be considered a substantive rather than a technical error. If this correction puts an application over the grant maximum, the applicant will not be able to correct the amount requested and the application will be disqualified.

Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses the ability of the applicant to secure community resources that can be combined with HUD's grant funds to achieve the program's purpose.

In evaluating this factor, HUD will consider the extent to which the applicant established partnerships with other entities to secure additional resources to increase the effectiveness of the proposed activities. Resources may include funding or in-kind contributions, such as services or equipment, allocated to the purpose(s) of the grant. Resources may be provided by governmental entities, public or private nonprofit organizations, for-profit private organizations, or other entities. Applicants may also establish partnerships with other program funding recipients to coordinate the use of resources in the target area. Please note that the value of the time of individuals serving on the program's advisory board cannot be counted as an in-kind contribution. Overhead and other institutional costs (*e.g.*, salaries) that the institution has waived may be counted. However, higher points will be awarded if an applicant secures leveraging resources from sources outside the institution. Examples of potential sources for outside assistance:

- State and local governments
- Housing Authorities

- Local or national nonprofit organizations
- Banks and/or private businesses
- Foundations
- Faith-based and other community based organizations.

For each match, cash or in-kind contribution to the program a letter of commitment, memorandum of understanding, or agreement must be provided that shows the extent and firmness of the commitment of leveraged funds (including any commitment of resources from the applicant's own institution) in order for these resources to count in determining points under this factor. Resources will not be counted for which there is no commitment letter, memorandum of understanding, or agreement, nor quantified level of commitment. Letters, memoranda of understanding, or agreements must be submitted from the provider on the provider's letterhead and be included with the application package. The date of the letter, memorandum of understanding, or agreement from the CEO of the provider organization must be dated no earlier than the date of this published SuperNOFA. Applications that do not include evidence of leveraging will receive zero (0) points for this Factor.

A firm commitment letter, memorandum of understanding, or agreement must address the following:

(a) The cash amount contributed or dollar value of the in-kind goods and/ or services committed (If a dollar amount and use is not shown, the source cannot be counted towards the match requirement);

(b) Specifically indicate how the match is to be used;

(c) The date the match will be made available and a statement that describes the duration of the contribution. If any of the matching sources are for more than one year, the commitment letter, memorandum of understanding, or agreement must state the number of years, the per year commitment, and the total commitment. Without this statement, HUD will assume that the commitment is for only one year;

(d) Any terms and conditions affecting the commitment, other than receipt of a HUD Grant; and

(e) The signature of the appropriate executive officer authorized to commit the funds and/ or goods and/or services.

Please remember that only items eligible for funding under this program can be counted as a match.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management, and accountability. The factor measures the applicant's commitment to assess their performance to achieve the program's proposed objectives and goals. Applicants are required to develop an effective, quantifiable, outcome oriented evaluation plan for measuring performance and determining that objectives and goals have been achieved.

''Outcomes'' are benefits accruing to institutions of higher education and/or communities during or after participation in the AN/NHIAC program. Applicants must clearly identify the outcomes to be measured and achieved. Examples of outcomes are increasing community development in the target community, by a certain percentage, or increasing family stability through the creation of affordable housing opportunities (*e.g.*, increasing assets to families and communities through the development of affordable community housing).

In addition, applicants must establish interim benchmarks and outputs that lead to the ultimate achievement of outcomes. ''Outputs'' are the direct products of the program's activities. Examples of outputs are the number of new affordable housing units, the number of homes that have been renovated, the number of community facilities that have been constructed or rehabilitated. Outputs should produce outcomes for the program. At a minimum, an applicant must address the following activities in the evaluation plan:

(a) Short- and long-term objectives to be achieved;

(b) Actual accomplishments against anticipated achievements.

(c) Measurable impacts the grant will have on the community in general and the target area or population;

(d) The impact the grant will have on the long term commitment of the University to the faculty and students to provide opportunities to reward and continue this type of work; and

(e) The impact the grant will have on assisting the university to obtain additional resources to continue this type of work at the end of the funding period of this grant award.

This information should be provided in a Logic Model format. This form and information on how to use can be found in the General Section of this SuperNOFA.

Tribal Colleges and Universities Program (TCUP)

I. Program Overview

Purpose of the Program. To assist Tribal Colleges and Universities (TCUs) to build, expand, renovate, and equip their own facilities.

II. Amount Allocated, Grant Size and Term, and Performance Period

Amount Allocated. In Fiscal Year 2003, $2.981 million was earmarked by the conference report accompanying the FY 2003 Consolidation Appropriation Resolution, Division K, and approximately $194,522 in previously unexpended FY 2002 funds is being made available.

Grant Size and Term. The maximum amount a TCUP applicant can request is $400,000 for a three-year (36 months) grant performance period.

III. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description

The purpose of this program is to assist TCUs to build, expand, renovate, and equip their own facilities, especially those facilities that are used by or available to the larger community.

(B) Eligible Applicants

Tribal colleges and universities that meet the definition of a TCU established in Title III of the 1998 Amendments to the Higher Education Act of 1965 (Pub. L. 105–244, enacted October 7, 1998). Institutions must be accredited or state they are a candidate for accreditation by a regional institutional accrediting association recognized by the U.S. Department of Education.

(C) Eligible Activities

Each activity proposed for funding must meet one of the following Community Development Block Grant (CDBG) Program national objectives:

(a) Benefit low- and moderate-income persons;

(b) Aid in the prevention or elimination of slums or blight; or

(c) Meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health and welfare of the community, and other financial resources are not available to meet such needs.

TCU Programs should build, expand, renovate, and equip facilities to assist activities that an institution normally provides. Buildings in which an institution undertakes activities that serve those not enrolled in the institution are eligible, however the facilities must be predominantly for the use of the institution.

Up to 20% of the grant for payments of reasonable grant administrative costs related to planning and execution of the project (*e.g.*, preparation/submission of

HUD reports). A detailed explanation of these costs is provided in the OMB circulars that can be accessed at the White House Web site at: *http://www.whitehouse.gov/omb/circulars/index.html.*

Examples of Eligible Activities include, but are not limited to:

(a) Small business assistance center operated by the institution or renovation of the facility in which the center is located;

(b) New gymnasium solely for students, but that offers some physical education classes or other activities in the evening to the larger community;

(c) Rehabilitation of a student union building that would also serve as a community meeting facility, with the community helping to plan the renovations and also helping to operate additional activities;

(d) Equipping the university's computer lab where the larger community helped the institution identify the equipment needs and also help in implementing workshops, etc.;

(e) Development of a facility that is solely for the institution (*e.g.*, a dormitory or administration building); and

(f) Long-term leases of property (*i.e.*, at least five years in duration are considered an acceptable form of ownership under this program).

(D) Ineligible Activities

Activities ineligible for funding under this program include, but are not limited to the following:

(a) Renovation of a facility/center in which the facility/center is not used at least 51% of the time by the institution.

(b) Rental space to another entity that operates a small business assistance center;

(c) Institution proposes to build a new gymnasium, where the majority of the activities are for non-students, or the activities are primarily run by an outside entity.

IV. Program Requirements

In addition to the program requirements listed in the General Section of this SuperNOFA, applicants must meet the following program requirements:

(1) All funds awarded under this program must be spent over a three-year (36 months) grant performance period.

(2) While community-wide use of a facility (that is purchased, leased, or built) is permissible under this program, the facility must be predominantly for the use of the institution (*i.e.*, it must be used by the institution at least 51% of the time).

(3) Applicants that claim leveraging from any source, including their own institution, must provide letters of firm commitment, memoranda of understanding, or agreements evidencing the extent and firmness of commitment of leveraging from other federal (*e.g.*, Bureau of Indian Affairs), state, Indian housing authorities, local, tribes, and/other private sources (including the applicant's own resources). These documents must be dated no earlier than the date of this published NOFA and follow the outline provided for these programs in Section V, Factor 4 of this NOFA.

(4) If a TCU is a part or instrumentality of a tribe, the applicant must comply with the Indian Civil Rights Act (25 U.S.C. 1301 *et seq.*). If the TCU is not a part or instrumentality of a tribe the applicant must comply with the Fair Housing Act (42 U.S.C. 3601–19) and implementing regulations at 24 CFR part 100 *et seq.* Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d–2000d–4) (Nondiscrimination in Federally Assisted Programs) and implementing regulations at 24 CFR part 1, and Section 109 of Title One of the Housing and Community Development Act of 1974, as amended, with respect to nondiscrimination on the basis of age, sex, religion, or disability and implementing regulations at 24 CFR part 6;

(5) Labor Standards. Institutions and their subgrantees, contractors and subcontractors must comply with the labor standards (Davis-Bacon) requirements referenced in 24 CFR 570.603. However, in accordance with HCDA section 107(e)(2), the Secretary waives the provisions of HCDA section 110 with respect to the TCUP program for grants to a TCU that is part of a tribe, *i.e.*, a TCU that is legally a department or other part of a tribal government, but not a TCU that is established under tribal law as an entity separate from the tribal government. If a TCU is not part of a tribe, the labor standards of HCDA section 110, as referenced in 24 CFR 570.603, apply to activities under the grant to the TCU.

V. Application Selection Process

Two types of reviews will be conducted:

(1) A threshold review to determine an applicant's eligibility; and

(2) A technical review for all applications that pass the threshold review to rate and rank the application based on the ''Factors for Award'' rating factors listed for each program in Section V(B) below.

Only those applications that pass the threshold review will receive a technical review and be rated and ranked.

(A) Threshold Requirements for Funding Consideration

All applicants must be in compliance with the threshold requirements as defined in the General Section of this SuperNOFA and the requirements listed below to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified:

(1) The applicant is eligible as referenced in Section III, ''Program Description, Eligible Applicants; Eligible Activities in this NOFA.

(2) The maximum amount a TCUP applicant can request for award is $400,000.

(3) Funds awarded under this program may not be used for public services, as defined in 24 CFR part 570, subpart C, § 570.201(e).

(4) Only one application is eligible for funding from an institution or campus. However, an individual campus that is one of several campuses of the same institution may apply separately from the other campus as long as the applicant's campus has a separate administrative and budget structure.

(5) Institutions that received grants in FY 2002 are not eligible to submit an application

(B) Factors for Award Used To Evaluate and Rate Applications.

The factors for evaluating, rating, and ranking an application and the maximum points for each factor are listed below. Applications must receive a minimum of 75 out of the total possible points to be considered for funding. The maximum number of points available under this program is 100. The RC/EZ/EC bonus points do not apply to this program as described in the General Section of this SuperNOFA.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 Points)

This factor addresses the extent to which the applicant has the organizational resources necessary to successfully implement the proposed activities in a timely manner. In rating this factor, HUD will consider the extent to which the proposal demonstrates the overall project director and staff, including the day-to-day program manager, consultants, and contractors in planning and managing the kind of activities/projects for which funding is being requested. Experience will be judged in terms of recent, relevant, and successful knowledge and skills of the staff to undertake eligible program activities. HUD will consider experience

within the last 5 years to be recent; experience pertaining to specific activities to be relevant; and experience producing specific accomplishments to be successful. Higher points will be awarded for this factor where the experience belongs to members of the TCU staff who will actually do the work on the project rather than consultants, contractors, and other staff outside the institution.

Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for funding the proposed program activities and an indication of the importance of meeting that need. In responding to this factor, the proposal will be rated on the extent to which the level of need for the proposed activities and the importance of meeting the need are documented.

Applicants should use statistics and analyses contained in at least one or more current data sources that are sound and reliable. The data provided must be current and specific to the area where the proposed activities will be carried out. In rating this factor HUD will consider data collected within the last five years to be current.

Rating Factor 3: Soundness of Approach (50 Points)

This factor addresses the quality and cost-effectiveness of the proposed work plan.

(1) Quality of Work Plan (40 Points)

(a) (15 Points) *Work Plan Impact.* Specifically, HUD will consider the extent to which the proposed activities will:

(i) Meet an identified important need; and

(ii) Relate to and not duplicate other activities in the target area.

(b) (15 Points) *Specific Services and/or Activities.* HUD will consider the feasibility of success of the program, the measurable objectives, and how timely the identified tasks will be completed. Specifically, HUD will examine the extent to which the objectives are measurable (*e.g.*, the number of classrooms added, the number of additional clients that can be helped in an expanded small business assistance center), result in measurable improvement to the community (*e.g.*, fifty more people receiving computer literacy training, twenty more small businesses started, *etc.*), and how well the applicant demonstrates that these objectives will be achieved by the proposed management plan, and team and will result directly from the activities.

(c) (5 Points) *Community Involvement.* HUD will consider the extent to which the applicant has involved the community in all stages of the proposed project.

(d) (5 Points) *Involvement of the Faculty and Students.* The extent to which the applicant proposes to integrate students and faculty into project activities.

(2) (5 Points) *HUD Policy Priorities.* HUD encourages applicants to undertake specific activities that will assist the Department in implementing its policy priorities and which help the Department achieve its goals and objectives in FY 2004, when the majority of grant recipients will be reporting programmatic results and achievement. In addressing this factor, HUD will evaluate the extent to which a program will further and support HUD priorities. The quality of the responses provided to one or more of HUD's priorities will determine the score an applicant can receive. For each policy priority addressed an applicant will receive one point. Applicants cannot receive more than five points. For the full list and explanation of each policy priority, please refer to the General Section of this SuperNOFA.

(3) (5 Points) *Budget.* HUD will consider the extent to which the budget presentation is consistent with the Work Plan and the dollars indicated on the HUD 424 form. The budget submission should follow the narrative statement in this factor and include the following documents:

(a) HUD 424–C ''Budget Summary for Competitive Grant Programs''. This budget form shows the cost for each budget category for the program's entire period of performance.

(b) HUD 424–CB ''Grant Application Detailed Budget''. This budget form shows the total budget by year and by line item for the program activities to be carried out. This will be a functional budget. Each year of the program should be presented separately.

All budget forms must be completed in full. If an application is selected for award, the applicant may be required to provide greater specificity to the budget during grant agreement negotiations.

(b) Budget-Narrative. A narrative explanation of how the applicant arrived at the cost estimates, for any line item, including match items, over $5,000. For example, a van rental, $150 per month × 36 months equals $5,400. The proposed cost estimates should be reasonable for the work to be performed and consistent with rates established for the level of expertise required to perform the work proposed in the geographical area. When necessary, quotes from various vendors or historical data should be used and included. All direct labor or salaries must be supported with mandated city/state pay scales, Davis-Bacon wage rates (if applicable) or other documentation. When an applicant proposes to use a consultant, the applicant must indicate whether there is a formal agreement or written procurement policy. For each consultant, please provide the name, if known, hour or daily fee, and the estimated time on the project. Applicants must submit one appraisal from a qualified certified appraiser other than the institution for projects that involve rehabilitation of residential, commercial and/or industrial structures; and/or acquisition, construction, or installation of public facilities and improvements. Such an entity must be involved in the business of housing rehabilitation, construction and/or management. Guidance for securing these estimates can be obtained from the local Office of Native American Programs (ONAP) and the local HUD Office of Community Planning and Development. Equipment and contracts cannot be presented as a total estimated figure. For equipment applicants must provide a list by type and cost for each item and explain how it will be used. Applicants using contracts must provide an individual description and cost estimate for each contract.

Indirect costs attributed to a particular project functional category should be listed as ''Indirect Costs'' under that category. Indirect costs are allowable only if an applicant has a federally approved indirect cost rate. A copy of the institution's negotiated indirect cost rate as issued by the cognizant federal agency must be attached to the budget sheets when submitting an application.

Make sure that the amount shown on the HUD 424, the budget forms, and on all other required program forms is consistent and the budget totals correct. Remember to check addition in totaling the categories on the HUD 424–C and HUD 424–CB form so that all items are included in the total. If there is an inconsistency between any of the forms required, the HUD 424–C will be used. If upon checking the addition HUD finds that an applicant has added incorrectly, the HUD 424–CB will be revised accordingly. Please note that this would be considered a substantive rather than a technical error. If this correction puts an application over the grant maximum, the applicant will not be able to correct the amount requested and the application will be disqualified.

Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses the ability of the applicant to secure community resources that can be combined with HUD's grant funds to achieve the program's purpose.

In evaluating this factor, HUD will consider the extent to which the applicant established partnerships with other entities to secure additional resources to increase the effectiveness of the proposed activities. Resources may include funding or in-kind contributions, such as services or equipment, allocated to the purpose(s) of the grant. Resources may be provided by governmental entities (*e.g.* the tribe, federal government (Bureau of Indian Affairs, Department of Health and Human Services, and Department of Education)), public or private nonprofit organizations, for-profit private organizations, or other entities. Applicants may also establish partnerships with other program funding recipients to coordinate the use of resources in the target area. Please note that the value of the time of individuals serving on the program's advisory board cannot be counted as an in-kind contribution. Overhead and other institutional costs (*e.g.*, salaries) that the institution has waived may be counted. However, higher points will be awarded if an applicant secures leveraging resources from sources outside the institution. Examples of potential sources for outside assistance are:

- State and local governments
- Tribe/Tribally Designated Housing Entities
- Local or national nonprofit organizations
- Banks and/or private businesses
- Foundations
- Faith-based and other community based organizations.

For each match, cash or in-kind contribution, a letter of commitment, memorandum of understanding, or agreement must be provided that shows the extent and firmness of the commitments of leveraged funds (including any commitment of resources from the applicant's own institution) in order for these resources to count in determining points under this factor. Resources will not be counted for which there is no commitment letter, memorandum of understanding or agreement, nor quantified level of commitment. Letters, memoranda of understanding, or agreements must be submitted from the provider on the provider's letterhead and be included with the application package. The date of the letter, memorandum of understanding, or agreement from the CEO of the provider organization must be dated no earlier than the date of this published SuperNOFA. Applicants that do not include evidence of leveraging will receive zero (0) points for this Factor.

A firm commitment letter, memorandum of understanding, or agreement must address the following:

(a) The cash amount contributed or dollar value of the in-kind goods and/or services committed (If a dollar amount and use is not shown, the source cannot be counted towards the match requirement);

(b) Specifically indicate how the match is to be used;

(c) The date the match will be made available and a statement that describes the duration of the contribution. If any of the matching sources are for more than one year, the commitment letter, memorandum of understanding, or agreement must state the number of years, the per year commitment, and the total commitment. Without this statement, HUD will assume that the commitment is for only one year;

(d) Any terms and conditions affecting the commitment, other than receipt of a HUD grant; and

(e) The signature of the appropriate executive officer authorized to commit the funds and/or goods and/or services. Please remember that only items eligible for funding under this program can be counted as a match.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management, and accountability. The factor measures the applicant's commitment to assess their performance to achieve the program's proposed objectives and goals. Applicants are required to develop an effective, quantifiable, outcome-oriented evaluation plan for measuring performance and determining that objectives and goals have been achieved.

''Outcomes'' are benefits accruing to institutions of higher education and/or communities during or after participation in the TCUP program. Applicants must clearly identify the outcomes to be measured and achieved. Examples of outcomes are increasing the number of facilities built or renovated, by a certain percentage (*e.g.* rehabilitation of a student union building primarily for the use of students).

In addition, applicants must establish interim benchmarks and outputs that lead to the ultimate achievement of outcomes. ''Outputs'' are the direct products of the program's activities. Examples of outputs are the number of new on campus facilities renovated, or the number of new dormitories built. Outputs should produce outcomes for the program. At a minimum, an applicant must address the following activities in the evaluation plan:

(a) Short and long term objectives to be achieved;

(b) Actual accomplishments against anticipated achievements;

(c) Measurable impacts the grant will have on the community in general and the target area or population;

(d) The impact the grant will have on the long term commitment of the University to the faculty and students to provide opportunities to reward and continue this type of work; and

(e) The impact the grant will have on assisting the university to obtain additional resources to continue this type of work at the end of the funding period of this grant award.

This information should be provided in a Logic Model format. This form and information can be found in the General Section of this SuperNOFA.

VI. Application Submission Requirements (For All Programs)

A complete application package must include an original signed application, three copies, and one computer disk of the application (in Word 6.0 or higher) of the items listed below. In order to be able to recycle paper, applications should not be submitted in bound form; binder clips or loose-leaf binders are acceptable. Please do not use colored paper. Applications must be submitted on 8½ by 11 inches paper, double-spaced on one side of the paper, and printed in a standard Times Roman 12-point font. Each page should include the applicant's name and be numbered. Each section should be tabbed sequentially. The application narrative including the statement of work, tables, and maps must not exceed 75 pages (excluding forms, budget narrative, assurances and commitment letters). The double-spacing requirement applies to all parts of the application including agreements and tables. Please note that although submitting pages in excess of the page limit will not disqualify an application, HUD will not consider the information on any excess page. This may result in a lower score or failure to meet a threshold. Please make sure that all items are submitted in the order listed below. Except where a particular form may direct otherwise, all forms included in an application, as well as the transmittal letter, must be signed by

the Chief Executive Officer (this is generally the President or Provost) or an official authorized legally to make a commitment on behalf of the institution. If a designee signs, the application must contain a copy of the official designation of signatory authority.

Applicants applying for funding under more than one of the programs included in this NOFA will need to produce separate applications for each program. However, applicants may use portions of an application to fulfill certain requirements of all of the applications. There is no separate application kit for these programs. **Note:** All OUP programs are included under this NOFA (excluding the Early Doctoral Student Research Grant, the Doctoral Dissertation Research Grant, the Community Development Work Study Grant Programs, and the Community Outreach Partnerships Center Community Futures Demonstration). Applicants are advised to review each program for specific requirements. Therefore, it is important for applicants to thoroughly read the information presented in this NOFA. Please include each item in the order listed below:

(1) *HUD 424 ''Application for Federal Assistance''.* Instructions for completing this form are found on the back of the first page of the form. Please remember the following: (a) The full grant amount should be entered in block 15, not the amount for just one year; (b) Include the name, title, address, telephone number, facsimile number, and email address of the designated contact in block 5. This is the person who will receive the reviewer comments; therefore please ensure the accuracy of the information (c) the correct Employer Identification/ Tax ID number in block 6. This form should be signed by the appropriate official (d) Block 10, the Catalog of Federal Domestic Assistance Number for the program from which funding is requested, and (e) the project's proposed start date and completion date. For all projects the start date should be September 1, 2003. The Catalog of Federal Domestic Assistance (CDFA) numbers (Item 10) for all OUP programs are as follows:

—Community Outreach Partnership Center Programs 14.511
—Historically Black Colleges and Universities 14.237
—Hispanic Serving Institutions Assisting Communities 14.514
—Alaska Native/Native Hawaiian Institutions Assisting Communities 14.515
—Tribal Colleges and Universities Program 14.519

(2) *Transmittal Letter.* The letter should contain the following:

(a) A statement certifying that the institution is an eligible institution because it meets the requirement of the specific program from which funding is being sought; (b) the institution is a two- or four-year institution; and (c) the institution of higher education is fully accredited. This assurance must state not only the name of the accrediting agency but also that the particular accrediting agency is recognized by the U.S. Department of Education (or, for applicants to the Tribal Colleges and Universities Programs, that the institution has applied for accreditation by a regional instructional accrediting association recognized by the U.S. Department of Education). Applicants can also use the transmittal letter as one way to demonstrate the President's commitment to the institutionalization of the program. This letter must be signed by the *Chief Executive Officer* (usually the President or Provost) of the institution. If the Chief Executive Officer has delegated this responsibility to another official, that person may sign, but a copy of the delegation must be included or stated in the letter. (Note: If applying for funding under the TCUP program, applicants must also address whether their institution is a department or agency of a tribal government and is thus claiming exemption from Davis-Bacon labor standards and the non-discrimination provision of section 109 of the Housing and Community Development Act of 1974).

(3) *Application Checklist.* Applicants must include the completed checklist in their application. On the checklist, indicate the page number where each of the items can be found in the application (See Appendix A).

(4) *Abstract.* Applicants must include a two-page summary of the proposed project. Please include the following:

(a) The designated contact person, including phone number, facsimile number, and email address;

(b) University's name, department, mailing address, telephone number, facsimile number, and email address; and

(c) The principal investigator for the project, including phone number, facsimile number, and email address.

(5) *Narrative statement addressing the Factors for Award.* HUD will use the narrative response to the ''Factors for Award'' to evaluate, rate, and rank applications. This statement is the main source of information. Therefore, it is very important that applicants become fully familiar with each of the rating factors above since all OUP programs (excluding the Early Doctoral Student Research Grant, the Doctoral Dissertation Research Grant, the Community Development Work Study Programs, and the Community Outreach Partnership Centers Housing and Community Futures Demonstration) are included in this NOFA. Applicants are advised to review each factor carefully for program specific requirements. The response to each factor should be concise and contain only information relevant to the factor, but detailed enough to address each factor fully. Please do not repeat material in response to the five factors; instead focus on how well the proposal responds to each of the factors. In factors where there are subfactors, each subfactor should be presented separately, with the short title of the subfactor presented. Make sure to address each subfactor and provide sufficient information about every element of the subfactor.

The application narrative including the statement of work, tables, and maps must not exceed 75 pages (excluding forms, budget narrative, assurances, and letters of leveraging commitments).

(a) *Statement of Work.* The Statement of Work (SOW) under the Narrative Statement section of the application (Factor 3) should clearly identify and incorporate all proposed eligible activities in the application and detail how the proposed work will be accomplished. Specifically, the SOW must: briefly describe the target population that will be assisted with grant funds (See Factor for Award #2 for the kind of information that should be included).

(1) Arrange the presentation of related major activities by project functional category, (a) Summarize each activity, (b) Delineate the major tasks involved in carrying out each activity, (c) Indicate the sequence in which these tasks will be performed, noting areas of work that will be performed simultaneously and continually during the life of the grant and, (d) Identify the key personnel responsible for carrying out the activity (HUD recommends Applicant use a milestone chart to present the information above). Applicants applying for funding under the HBCU, HSIAC, AN/NHIAC, and TCUP programs should describe how each proposed activity meets one of the three Community Development Block Grant Program (CDBG) national objectives. The sequence and duration should be presented in six-month intervals for the entire life of the grant (See Allocation of Funding, Period of Performance, Match Requirement).

(2) Identify the specific number of quantifiable, major, intermediate, and end products and objectives (*e.g.,* the

number of individuals in the community that will receive job training) the proposal aims to deliver by the end of the grant period as a result of the work performed.

(3) State the impact objectives the project intends to achieve in measurable terms along with deadlines for meeting them (*e.g.,* number of persons obtaining jobs that pay more than minimum wage, or persons entering full time employment with benefits).

(4) Briefly discuss, with specific details:

(a) How the proposed major activities do not duplicate those of other entities in an applicant's target community; and

(b) Are appropriate for an institution of higher education to undertake in light of its teaching, research, and service missions (if applicable).

Note: If applying for a COPC New Directions Grant, the Statement of Work should also describe the new directions proposed in the application either the new activities or new target neighborhoods—and how these differ from those in the previous COPC grant.

(6) *Budget.* The budget documents should follow the statement addressing Factor 3. The budget presentation should be consistent with the Statement of Work and include the following:

(a) HUD 424–C ''Budget Summary for Competitive Grants Programs''

(b) (HUD 424–CB ''Grant Application Detailed Budget''

Applicants should provide a budget for the funding period of the program for which they are applying (See Allocation of Funding, Period of Performance, and Match Requirement).

(c) Budget-Narrative. A narrative of how the applicant arrived at costs for line items over $5,000. All budget forms must be completed in full.

Make sure that the amount shown on the HUD 424, the budget forms, and on all other required program forms is consistent and the budget totals correct. If there is an inconsistency between any of the forms required, the HUD 424–C will be used. If upon checking the addition HUD finds that an applicant has added incorrectly, the HUD 424–CB will be revised accordingly.

(d) Indirect Cost Rate. A copy of the negotiated indirect cost rate as issued by the cognizant federal agency.

(e) Explanation of Compliance with Limitation on Research Allocation. (Applicable only to applicants applying for funding under the COPC program). Applicants must demonstrate that not more than 25% of the total budget (including federal and matching funds) will be allocated to research activities. An applicant must use the Form HUD–30002, ''Community Outreach Partnership Centers Breakdown of Outreach and Research Activities'' to demonstrate this. This form is included in Appendix B. For purposes of this form, all costs (including administrative costs) must be categorized or apportioned as either research or outreach, as appropriate.

(f) Explanation of Compliance with Matching Requirement. (Applicable only to applicants applying for funding under the COPC program). This NOFA spells out the matching responsibilities for applicants applying for funds under COPC. Note that research requires a 50 percent match, while outreach activities require a 25 percent match. Match requirements are based on Total Project Costs, not the federal grant amount. In order to avoid confusion about the calculation of the match, an example is provided.

Assume that the total project cost for a New COPC Grant was $500,000, with $125,000 for research and $375,000 for outreach. Note that this project meets the requirement that no more than one-quarter of the total project costs be allocated for research. The total amount of the required match would be $156,250. The research match would be $62,500 ($125,000 × 50 percent) and the outreach match would be $93,750 ($375,000 × 25 percent). The federal grant requested would be $343,750 ($500,000 minus the match of $156,250). In calculating the match, administrative costs should be applied to the appropriate attributable outreach or research component.

Applicants must use Form ''HUD–30001, Community Outreach Partnership Centers Matching Requirements'' (included in Appendix B) to show how the match requirements have been met. Under each category, list the specific project activities. Only the dollar totals for research and outreach activities should be listed; costs by activity do not need to be listed. For the purposes of this form, administrative costs should be allocated between research and outreach activities, as appropriate. Applicants must provide letters, memoranda of understanding or agreements that show the extent and firmness of commitments of leveraged funds (including an applicant's own resources) in order for these resources to count. Any resource for which there is no commitment letter will not be counted, nor will the resource be counted without the proposed level of commitment being quantified. Each letter must include a specific dollar amount and use of the funds. If a dollar amount and use is not shown, the source cannot be counted towards the match requirement (Applicable only to COPC) and Factor 4. (**Note:** While indirect costs can count towards meeting the required match, they will not be used to calculate the match percentage above the match requirement. Only direct costs can count in this factor). Letters, memoranda of understanding and agreements must be signed by an authorized representative of the funding source. If any matching sources are for more than one year, the commitment letter, memorandum of understanding, or agreement must state the number of years, the per year commitment, and the total commitment. Items eligible for program funding can be counted as match. Include matching documentation at the end of in the Narrative Statement Addressing the Factors for Award (see below). COPC program applicants only must include a multiple-page worksheet entitled ''HUD 30011 or HUD 30012, Verification of the Match,'' (included in Appendix B) which must be used to determine if a sufficient match has been provided. This worksheet must be included in the application. Please note on this form by each commitment listed if the match is an inside or outside match commitment.

(7) *Certifications.* The following certifications and assurances must be included in all application packages. These forms must be signed by the Chief Executive Officer (or official designee) of the institution and can be downloaded from the HUD Web site at *http://www.hud.gov.*

(a) Applicant Assurances and Certifications (HUD–424–B)

(b) Disclosure of Lobbying Activities (SF–LLL)

(c) Applicant/Recipient Disclosure/Update Report (HUD–2880)

(d) Certification of Consistency with the Consolidated Plan (HUD–2991)

(e) Certification of Consistency with the EZ/EC/RC Strategic Plan (HUD–2990). Must be signed by the certifying official of the EZ/EC/RC. The General Section of the SuperNOFA provides procedures and guidelines required to certify that proposed grant activities are being conducted in the EZ/EC/RC that serve the residents of these areas, and are certified to be consistent with the area's strategic plan. (**Note:** Applicants applying for funding under the TCUP programs are not eligible to receive these bonus points.)

(f) *Acknowledgment of Receipt of Application* (Form HUD–2993). To confirm that HUD has received the application package, please complete this form. Applicants are not required to include this form, but HUD recommends an applicant to do so.

(g) *Client Comments and Suggestions* (Form HUD–2994). This form is included to solicit information from the most valuable source, the applicant. The changes that we have instituted this year are designed to make things easier for the applicant. If applicants complete and submit this form, it will help us to assess whether the changes have had the intended results. It will also guide us in our continuing efforts to improve the competitive grant process. Applicants are not required to complete this form.

(h) *Appendices.* Applicants are not permitted to submit any appendices. Letters of commitment for matching funds should be included in the narrative response to Factor 4. An applicant may not submit general support letters or resumes or other back-up materials (unless an applicant is willing to have the latter count towards the page limits). Applicants should make sure that the Statement of Work and Narrative Statement addressing the ''Factors for Award'' contain sufficient detail to stand on their own, without the need for back-up material.

(B) *Final selection.*

If an application is in compliance with the applicable threshold requirements as defined in the General Section of this SuperNOFA and NOFA, as well as the applicable program requirements, it will be evaluated, rated, and ranked based on its total score on the program's rating factors. In order to be funded, an application must receive a minimum score of 75 points. HUD will fund applications for each program in this NOFA in rank order, until it has awarded all available program funds.

If two or more applications have the same number of points, the application with the most points for Factor 3, Soundness of Approach, shall be selected. If there is still a tie, the application with the most points for Factor 4, Leveraging, shall be selected. HUD also reserves the right to make selections out of rank order to provide for geographic distribution of grantees. If HUD decides to use this option, it will do so only if two adjacent HUD regions do not yield at least one fundable grantee on the basis of rank order. If this occurs, HUD will fund the highest-ranking applicant within the two regions as long as the minimum score of 75 points is achieved.

HUD reserves the right to reduce the amount of funding requested in order to fund as many highly ranked applications under each program in this NOFA as possible. Additionally, if funds remain after funding the highest ranked applications, HUD may fund part of the next highest-ranking application in a given program area. If an applicant turns down the award offer, HUD will make the same determination for the next highest-ranking application. If funds remain after all selections have been made, the remaining funds will be carried over to the next funding cycle's competition.

(C) *Negotiations.* After all selections have been made, HUD may require winning applicants to participate in negotiations to determine the specific terms of a program's Statement of Work and/or Grant Budget. In cases where HUD cannot successfully conclude negotiations, or an applicant fails to provide HUD with requested information, an award will not be made. In such instances, HUD may elect to offer an award to the next highest-ranking applicant, and proceed with negotiations with that applicant.

VII. Other Matters

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the General Section of the SuperNOFA.

(A) *Debriefing.* The General Section of the SuperNOFA provides the procedures for requesting a debriefing. All requests for debriefings must be made in writing and submitted to Armand Carriere of HUD's Office of University Partnerships, Robert C. Weaver Building, 451 7th St., SW., Room 8106, Washington, DC 20410. Applicants may also write to Mr. Carriere via email at *Armand_W._Carriere@hud.gov.*

(B) *Administrative.* Grants awarded under this NOFA will be governed by the provisions of 24 CFR part 84 (Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations), A–21 (Cost Principles for Education Institutions) and A–133 (Audits of States, Local Governments, and Non-Profit Organizations). Applicants can access the OMB circulars at the White House website at *www.whitehouse.gov/omb/circulars/index.html.*

VIII. Corrections to Deficient Applications

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

IX. Site Control

Where grant funds will be used for acquisition, rehabilitation, or new construction an applicant must demonstrate site control. If the recipient cannot demonstrate control of a suitable site within one year after initial notification of award of assistance, HUD may recapture or deobligate any award for assistance. (This is not applicable to applicants applying for funding under COPC).

X. Environmental Requirements

(A) *COPC Program.* In accordance with 24 CFR 50.19 (b) of the HUD regulations, activities under the COPC program are categorically excluded from the requirements of the National Environment Policy Act and are not subject to environmental review under related laws and authorities.

(B) *HBCU, HSIAC, AN/NHIAC, and TCUP Programs.* Selection for award does not constitute approval of any proposed sites. Following selection for award, HUD will perform an environmental review of activities proposed for assistance in accordance with 24 CFR part 50. The results of the environmental review may require that proposed activities be modified or proposed sites be rejected. Applicants are particularly cautioned not to undertake or commit funds for acquisition or development of proposed properties prior to HUD approval of specific properties or areas. An application constitutes an assurance that the institution will assist HUD to comply with part 50; will supply HUD with all available and relevant information to perform an environmental review for each proposed property; will carry out mitigating measures required by HUD or select alternate property; and will not acquire, rehabilitate, convert, demolish, lease, repair, or construct property and not commit or expend HUD or local funds for these program activities with respect to any eligible property until HUD approval of the property is received. In supplying HUD with environmental information, applicants should use the same guidance as provided in the HUD Notice CPD–99–01 entitled ''Field Environmental Review Processing for HUD Colonias Initiative (HCI) Grants'' issued January 27, 1999.

XI. Authority

The COPC program is authorized under the Community Outreach Partnership Act of 1992 (42 U.S.C. 5307 note; the ''COPC Act''). The COPC Act is contained in section 851 of the Housing and Community Development Act of 1992 (Pub. L. 102–550, approved October 28, 1992) (HCD Act of 1992). Section 801(c) of the HCD Act of 1992 authorized $7.5 million for each year of the 5-year demonstration to create Community Outreach Partnership Centers as authorized in the COPC Act. Division K of the Consolidated Appropriations Resolution, 2003 (Pub. L. 108–7, approved February 20, 2003) continued the program beyond the

initial five-year demonstration by providing funding for Community Outreach Partnership Centers for FY 2003.

The HBCU program is authorized under section 107 (b) (3) of the Housing and Community Development Act of 1974 (42 U.S.C. 5307 (b) (3)), which was added by section 105 of the Department of Housing and Urban Development Reform Act of 1989 (Pub. L. 101–235, approved December 15, 1989). This program is governed by regulations contained in 24 CFR 570.400 and 570.404, and in 24 CFR part 570, subparts A, C, J, K, and O.

The HSIAC, AN/NHIAC, and TCUP programs were approved by the Congress under the conference report accompanying the CDBG appropriation for section 107, as part of the FY2003 Consolidated Appropriations Resolution (Pub. L. 108–7). These programs are being implemented through this NOFA and the policies governing its operation are contained herein.

XII. Appendices

The application checklist, non-standard forms required for the programs, and the list of previously funded and unfunded HBCUs follow in Appendices A–C.

Appendix A--Application Checklist

Application Checklist

This checklist identifies application submission requirements. Applicants are requested to use this checklist when preparing an application to ensure submission of all required elements. Please present the information in the application in the order outlined below and include a completed checklist. Standard Forms and required certification are found in the General Section of the SuperNOFA, program specific forms are found at the end of this NOFA in Appendix A-C.

I. PART A

____ HUD 424 "Application For Federal Assistance"

_ __ Transmittal Letter

_____ Application Checklist

_____ Abstract

_____ Narrative Statement Addressing the Factors for Award (Must not exceed 75 pages, double-spaced on one side, printed in standard Times Roman 12 point font).

___ Statement of Work

____ HUD-96010-1 "Logic Model"

____ HUD-40076 "Response Sheet-Performance Narrative" -only **(Previously Funded HBCU Applicants Only)**

_____ Budget

____HUD 424-C " Budget Summary for Competitive Grants Program"

____HUD 424-CB" Grant Application Detailed Budget"

____Budget Narrative (No form provided)

____Indirect Cost Rate

Community Outreach Partnership Center Applicants Only

____ HUD-30001 "Community Outreach Partnership Center Program Matching Requirements"

____ HUD 30002"Community Outreach Partnership Center Program Breakdown of Outreach and Research Activities"

____ HUD-30011 or HUD 30012 "Verification of Match

II. PART B

____ HUD-424-B "Applicant Assurance and Certifications"

_____HUD 50071 "Certification of Payments to Influence Transactions"

_____SF-LLL "Disclosure of Lobbying Activities"

_____ HUD-2880 "Applicant/Recipient Disclosure Update Report"

_____ HUD-2991 "Certification of Consistency with the Consolidated Plan", **(if applicable)**

_____ HUD-2990 "Certification of Consistency with the EZ/EC/RC Strategic Plan", **(if applicable)**

_____ HUD-2993 "Acknowledgement of Applicant Receipt"

_____ HUD-2994 "Client Comments and Suggestions"

Community Outreach
Partnership Centers Program
Matching Requirements

U.S. Department of Housing and Urban Development
Office of Policy Research and Development

OMB Approval No. 2528-0180
(exp. 04/30/2003)

	Federal Share $	Match $	Total Cost $	Match as Percent of Total Cost
Research Activities: (list)				
Subtotal				%
Outreach Activities: (list)				
Subtotal				%
Total				

form **HUD-30001** (4/98)

The information collection requirements contained in this notice of funding availability and application kit will be used to rate applications, determine eligibility, and establish grant amounts for the Community Outreach Partnership Centers (COPC) program.
Total public reporting burden for collection of this information is estimated to average 80 hours. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.
The information submitted in response to the notice of funding availability for the COPC program and HSI-WSP program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Pub.L. 101-235, approved December 15, 1989, 42 U.S.C. 3545).
The agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Community Outreach
Partnership Centers Program
Breakdown of Outreach and Research Activities

U.S. Department of Housing and Urban Development
Office of Policy Research and Development

OMB Approval No. 2528-0180
(exp. 04/30/2003)

The information collection requirements contained in this notice of funding availability and application kit will be used to rate applications, determine eligibility, and establish grant amounts for the Community Outreach Partnership Centers (COPC) program.

Total public reporting burden for collection of this information is estimated to average 80 hours. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The information submitted in response to the notice of funding availability for the COPC program and HSI-WSP program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Pub.L. 101-235, approved December 15, 1989, 42 U.S.C. 3545).

The agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

	Total Cost $	Percent of Total Project Cost
Total Research Activities		%
Total Outreach Activities		%
Total		

form **HUD-30002** (4/98)

Verification of Match for New Directions Grants

U.S. Department of Housing
and Urban Development
Office of Policy Development and Research

OMB Approval No. 2528-0180
(exp. 04/30/2003)

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected on this form is utilized to calculate and verify the amount of matching resources as a percentage of total project costs. This collection of information is authorized by Public Law 100-242, section 501. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. HUD has submitted a request for Office of Management and Budget (OMB) approval to collect this information. That approval is pending.

Record of Match Commitments

List of matching sources	Check if commitment letter is included and activity is eligible for match
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

form **HUD-30011** (3/2003)

Verification of Match (cont'd.)

CALCULATION OF THE MATCH

1. REQUIRED MATCH:

A. Research Total Project Costs::

_____	+	_____	=	_____
(Grant request for Research)		(Match for Research)		(Research Total Project Costs)

Research match should be:

_____	X	60%	=	_____
(Research Total Project Costs)				(Required Research Match)

B. Outreach Total Project Costs::

_____	+	_____	=	_____
(Grant request for Outreach)		(Match for Outreach)		(Outreach Total Project Costs)

Outreach match should be:

_____	X	35%	=	_____
(Outreach Total Project Costs)				(Required Outreach Match)

C. Required Total Match:

_____	+	_____	=	_____
(Required Research Match-from 1.A.)		(Required Outreach Match-from 1.B.)		(Required Total Match)

2. ACTUAL MATCH FOR STATUTORY PURPOSES:

COUNT ONLY THOSE ITEMS WHICH ARE ELIGIBLE AND FOR WHICH THERE ARE COMMITMENT LETTERS, USING THE FORM HUD-30001. THAT FORM AND THE FIRST PART OF THIS WORKSHEET SHOULD CONFORM.

Research match provided: _____

Outreach match provided: _____

Total match provided: _____

Match provided is more than match required:

_____ **Yes** _____ **No**

3. ACTUAL MATCH FOR FACTOR 4 PURPOSES:

Actual total match provided (from # 2 above): _____

Minus indirect match: _____

Actual total match for following calculations: _____

4. MATCH OVERAGE

Total Actual Match (w/o indirect costs)(from 3)= _____
Total Required Match (from 1.C.)

(As long as the number produced is more than 1, use only amount to the right of the decimal point to determine overage. If the number is less than 1, there is no match overage and you are not eligible for any points under this subfactor.)

5. MATCH FROM OUTSIDE SOURCES

Total Match from Outside Sources = _____
Total Actual Match (w/o indirect costs) (from 3)

Verification of Match for New Grants

U.S. Department of Housing
and Urban Development
Office of Policy Development and Research

OMB Approval No. 2528-0180
(exp. 04/30/2003)

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected on this form is utilized to calculate and verify the amount of matching resources as a percentage of total project costs. This collection of information is authorized by Public Law 100-242, section 501. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. HUD has submitted a request for Office of Management and Budget (OMB) approval to collect this information. That approval is pending.

Record of Match Commitments

List of matching sources	Check if commitment letter is included and activity is eligible for match
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

form **HUD-30012** (3//2003)

Verification of Match (cont'd.)

CALCULATION OF THE MATCH

1. REQUIRED MATCH:

A. Research Total Project Costs::

_____	+	_____	=	_____
(Grant request for Research)		(Match for Research)		(Research Total Project Costs)

Research match should be:

_____	X	50%	=	_____
(Research Total Project Costs)				(Required Research Match)

B. Outreach Total Project Costs::

_____	+	_____	=	_____
(Grant request for Outreach)		(Match for Outreach)		(Outreach Total Project Costs)

Outreach match should be:

_____	X	25%	=	_____
(Outreach Total Project Costs)				(Required Outreach Match)

C. Required Total Match:

_____	+	_____	=	_____
(Required Research Match-from 1.A.)		(Required Outreach Match-from 1.B.)		(Required Total Match)

2. ACTUAL MATCH FOR STATUTORY PURPOSES:

COUNT ONLY THOSE ITEMS WHICH ARE ELIGIBLE AND FOR WHICH THERE ARE COMMITMENT LETTERS, USING THE FORM HUD-30001. THAT FORM AND THE FIRST PART OF THIS WORKSHEET SHOULD CONFORM.

Research match provided: _____

Outreach match provided: _____

Total match provided: _____

Match provided is more than match required:

_____ **Yes** _____ **No**

3. ACTUAL MATCH FOR FACTOR 4 PURPOSES:

Actual total match provided (from # 2 above): _____

Minus indirect match: _____

Actual total match for following calculations: _____

4. MATCH OVERAGE

Total Actual Match (w/o indirect costs)(from 3)= _____
Total Required Match (from 1.C.)

(As long as the number produced is more than 1, use only amount to the right of the decimal point to determine overage. If the number is less than 1, there is no match overage and you are not eligible for any points under this subfactor.)

5. MATCH FROM OUTSIDE SOURCES

Total Match from Outside Sources = _____
Total Actual Match (w/o indirect costs) (from 3)

APPENDIX C

Historically Black Colleges and Universities
Previously Unfunded By HUD During Fiscal Years 1991-2002

Alabama
- Concordia College
- Selma University
- Trenholm State Technical College

Arkansas

Delaware

Florida
- Florida Memorial College

Georgia
- Morehouse School of Medicine
- Paine College

Louisiana

Maryland
- University of Maryland Eastern Shore

Michigan
- Lewis College of Business

Mississippi
- Mary Holmes College

North Carolina

Ohio
- Wilberforce University

Pennsylvania
- Cheyney University of Pennsylvania

South Carolina
- Clinton Junior College
- Denmark Technical College
- Morris College

Tennessee
- Knoxville College
- Lane College

Texas
- Southwestern Christian College

Virginia

West Virginia

U.S. Virgin Islands

Historically Black Colleges and Universities Previously Funded By HUD During Fiscal Years 1991-2002

Alabama

Alabama A&M University
Alabama State University
Bishop State Community College
Gadsden State Community College
J.F. Drake Technical College
Lawson State Community College
Miles College
Oakwood College
Stillman College
Talladega College
Tuskegee University
C.A. Fredd Technical College

Arkansas

Arkansas Baptist College
Philander Smith College
Shorter College
University of Arkansas at Pine Bluff

Delaware

Delaware State University

District of Columbia

Howard University
University of the District of Columbia

Florida

Bethune-Cookman College
Edward Waters College
Florida A&M University

Georgia

Albany State University
Clark Atlanta University
Fort Valley State University
Interdenominational Theological Center
Morehouse College
Morris Brown College
Savannah State University
Spelman College

Kentucky
Kentucky State University

Louisiana
Dillard University
Grambling State University
Southern University A & M College System at Baton Rouge
Southern University at Shreveport
Southern University at New Orleans
Xavier University of New Orleans

Maryland
Bowie State University
Coppin State College
Morgan State University

Mississippi
Alcorn State University
Coahoma Community College
Jackson State University
Mississippi Valley State University
Rust College
Tougaloo College
Hinds Community College

Missouri
Harris-Stowe State College
Lincoln University

North Carolina
Barber-Scotia College
Bennett College
Elizabeth City State University
Fayetteville State University
Johnson C. Smith University
North Carolina A&T State University
North Carolina Central University
St. Augustine's College
Shaw University
Winston Salem State University

Ohio
Central State University

Oklahoma
Langston University

Pennsylvania
Lincoln University

South Carolina

Allen University
Benedict College
Claflin College
South Carolina State University
Voorhees College

Tennessee

Fisk University
Lemoyne-Owen College
Meharry Medical College
Tennessee State University

Texas

Huston-Tillotson College
Jarvis Christian College
Paul Quinn College
Prairie View A&M University
Saint Philip's College
Texas Southern University
Texas College
Wiley College

Virginia

Hampton University
Norfolk State University
Saint Paul's College
Virginia State University
Virginia Union University

West Virginia

West Virginia State University
Bluefield State College

U.S. Virgin Islands

University of the Virgin Islands

OMB Approval No. 2506-0122 (exp. 2/29/2004)

RESPONSE SHEET

The information requested below is to be provided by Previously-funded HBCUs only.

Applicant should duplicate this page as necessary.

Performance Narrative. The following information is to be provided for HUD HBCU grant(s). The information will be reviewed in conjunction with the two latest progress reports for the grant(s) which are also to be submitted in response to this subfactor.

The following information is requested for **each** HUD/HBCU grant that you have received since 1991.

Applicant Name _____

Grant Number _____

Grant start date (grant agreement, HUD-1044, executed) _____

Grant end date _____

Amount of HUD Grant funds awarded $ _____

Amount of HUD Grant funds expended $ _____

Balance of Grant funds to be spent $ _____

Total cost of project $ _____

Amount contributed by partners $ _____

Partner percentage of total cost _____ %

Partner Name _____

Amount Contributed $ _____

Partner Name _____

Amount Contributed $ _____

Partner Name _____

Amount Contributed $ _____

Partner Name _____

Amount Contributed $ _____

Grant Goals and Objectives

OMB Approval No. 2506-0122 (exp. 2/29/2004)

RESPONSE SHEET

Applicant Name _____

Performance Narrative. (continued)

Were / are Grant Goals and Objectives being met? Yes ____ No ____

Total number of Grant tasks _____

Total number of persons to be served by completion of this Grant

For the following questions, please enter a date that is no earlier than the publication date of this SuperNOFA.

Total number of Grant tasks completed as of (enter date) _____

Percentage of Grant tasks completed as of (enter date) _____

Total number of persons served as of (enter date) _____

List measurable results as of (enter date)

Were / are Grant Target dates and Schedules being met? Yes ____ No ____

Impediments or delays in implementation encountered

Other comments:

RESPONSE SHEET

Applicant Name _____

Performance Narrative. (continued)

Total number of HUD / HBCU Grants you have received _____

Grant Number	**Amount of Grant**
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
Total	$ _____

Briefly describe the impact that the total amount of HUD/HBCU funds listed above have had on your community.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

UNIVERSITIES AND COLLEGES

Community Outreach Partnership Centers (COPC)
Community Futures Demonstration

Billing Code 4210-32-C

Funding Availability for Universities and Colleges: Community Outreach Partnership Centers (COPC) Community Futures Demonstration

Program Overview

Purpose of the Program. The purpose of the Community Outreach Partnership Centers (COPC) Community Futures Demonstration is to provide funds to schools of architecture, planning or design at two-year colleges, four-year colleges, and universities to establish and operate Community Outreach Partnership Centers (COPCs) to:

(1) Develop case study housing plans and designs that address community housing needs as described below; or

(2) Develop long-range plans for local communities that address future growth and development trends in the metropolitan area or region.

Available Funds. Up to $1.955 million from the Fiscal Year (FY) 2003 Consolidated Appropriation Resolution for the Community Outreach Partnership Centers Program (COPC).

Additional Information

Applicants interested in applying for funds under this NOFA should carefully review the General Section of this SuperNOFA and the following additional information.

I. Application Due Date, Addresses, Submission Procedures, Further Information, and Technical Assistance

Application Due Date. A completed application package is due on or before June 24, 2003.

Address for Submitting Applications. A completed application package consists of one original signed application, three copies, and one computer disk (in Word 6.0 or higher) of the application. This package must be submitted to the following address: Processing and Control Branch, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street SW., Room 7251, Washington, DC 20410. When submitting an application package, also include the following information on the outside of the envelope: (a) Office of University Partnerships, (b) COPC Community Futures Demonstration Application, (c) Room number 7251, (d) applicant's name and mailing address (including zip code), and (e) applicant's telephone number (including area code).

Mailing and Receipt Procedures. Applicants must refer to the General Section of this SuperNOFA for detailed requirements governing application submission and receipt procedures.

For Further Information and Technical Assistance. Applicants may contact HUD's Office of University Partnerships staff—Armand W. Carriere at (202) 708–3061, ext. 3852 or Susan Brunson at (202) 708–3061, ext. 3181. Speech-or hearing-impaired individuals may call the Federal Information Relay Service TTY at 1 (800) 877–8399. Except for the ''800'' number, these numbers are not toll-free. Applicants may also reach Mr. Carriere via e-mail at *Armand_W._Carriere@hud.gov* and Ms. Brunson at *Susan_S._Brunson@hud.gov.*

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about this NOFA and preparation of an application. For more information about the date and time of this broadcast, consult the HUD website at www.hud.gov.

II. Amount Allocated, Grant Size and Term, and Performance Period

The amount allocated, grant size and term, and performance period for this NOFA are listed below:

Amount Allocated. HUD will use up to $1.955 million to fund applications from accredited colleges and universities with programs in architecture, planning or design.

Grant Size and Term. HUD will make two kinds of grants under this NOFA (1) Housing Design Grants and (2) Planning Grants.

Applicants may apply for either (1) Housing Design Grants or (2) Planning Grants as described in Section III below, but not both.

The minimum grant amount an applicant can request is $250,000 and the maximum amount is $400,000 for a three-year (36-month) performance period.

Funds will be awarded on a competitive basis following the review of all applications that have passed the threshold review. A technical review will be conducted for all applications that pass the threshold review to rate and rank the applications according to the rating factors described in Section VII of this NOFA. Only applications that pass the threshold review will receive a technical review and be rated and ranked. A minimum score of 75 is required for award consideration. HUD will select the highest-ranking COPC Community Futures Demonstration application among the applications receiving the minimum score of 75 points. If funding remains after all the eligible applicants are awarded, these funds will be used to make awards to additional eligible applicants under the basic Universities and Colleges Community Outreach Partnership Centers (COPC) program, first to New Grants and then to New Directions applicants.

III. Purpose, Eligible Applicants, Program Description

(A) *Purpose.* The overall purpose of the COPC Community Futures Demonstration is to assist schools of architecture, planning and design to carry out applied research and outreach activities that address problems of urban areas and to enable them to form partnerships with local communities to address either of the urban issues described below.

COPC Community Futures awards are intended to focus on two specific urban problems that are cited in the COPC statute (housing and planning). They are also intended to further three of HUD's key Policy Priorities, as described in the General Section of the SuperNOFA: *Policy Priority A*—Providing increased homeownership and rental opportunities for low- and moderate-income persons, persons with disabilities, the elderly, minorities, and families with limited English proficiency; *Policy Priority C*—Encouraging accessible design features; *Policy Priority G*—Participation in Energy Star. Finally, the awards also intend to address three of HUD's key Strategic Goals that are described in the General Section of the SuperNOFA: (1) Increasing homeownership opportunities; (2) Promoting decent affordable housing; and (3) Strengthening communities.

HUD is also interested in how the research activities undertaken with COPC funds can assist HUD in improving its programs. In the case of the Community Futures awards, HUD is interested in how the research carried out with these funds can assist HUD in improving its Consolidated Plan requirements and procedures, which are currently in the process of being simplified and improved as an element in the President's Management Agenda. An area of special interest is the use of Geographic Information System (GIS), visual simulation tools and other computer technologies to enhance citizen participation and other elements of the planning process.

(B) *Eligible Applicants.* Public or private nonprofit institutions of higher education granting two- or four-year degrees in architecture, planning or design that are accredited by a national or regional accrediting agency recognized by the U.S. Department of Education may apply for COPC Community Futures awards. Institutions that were previous COPC grant recipients are eligible to apply for these

funds. Consortia of eligible institutions may also apply, as long as one institution is designated the lead applicant. Institutions applying for COPC Community Futures awards may also submit applications for the basic Universities and Colleges COPC program provided the application is from a different academic unit with its own administrative structure.

(C) *Program Description.* In general, a Communities Futures COPC program must combine research and outreach with communities and local governments, and address the problems faced by urban areas. The statute creating COPC is very specific that COPC address problems of urban areas. Funded research must have a clear potential for solving significant urban problems. Applicants must have the capacity to apply the research results and work with communities and local institutions, including neighborhood groups, individual citizens, local governments, and other appropriate community stakeholders, in applying these results to specific, real-world community issues. More specifically, HUD will award COPC Community Futures Demonstration awards for research and outreach activities in one of the following two categories:

(1) *Housing Design Awards.* HUD will award funds to eligible schools of architecture, planning or design to establish and operate Community Outreach Partnership Centers to develop case study housing plans that incorporate innovative technologies, good design, energy efficiency, universal design, accessibility and affordability, so that the homes can be economically viable and marketable in the local area.

HUD is interested in stimulating the design and construction of housing that will reflect the future needs of communities in the United States. Applicants are expected to address the need for greater innovation and experimentation in the housing industry, training of architects and planners in affordable housing design, and merging quality affordable housing designs with market needs and constraints. These designs should be practicable but innovative, cost-effective but using cutting-edge technologies that incorporate good design.

Case study homes should include the following features: Innovative building technologies, including green building technologies; accessibility; energy efficiency; and good design that is both innovative and contextual. Clearly, there is no single definition of good design; however, it should at least address the following criteria: (1) Meet user needs; (2) understand and respond to local context; (3) enhance the neighborhood; and (4) be built to last (*See www.designadvisor.org* for further guidance on these criteria).

The extent to which the housing addresses market needs is as important as the physical design. The designs should be based on a careful cost analysis and priced to meet specific segments of the housing market—either specific income levels or specific populations (elderly, female-headed households, young couples, persons with disabilities, homeless persons, etc).

Case study houses are not restricted to a single building type; they may consist of single-family homes, both detached or attached, multifamily units, or a combination of housing types that are suitable for different users. They may be rental or homeownership units, or single-room occupancy (SRO) units. They should be affordable to low- to moderate-income families (up to 80 percent of area median income). However, the affordable units may make up a portion of a larger complex that is market-rate; in fact, this may be a desirable strategy for meeting affordable housing needs. Several states, counties, or cities have established programs that provide for a set-aside of affordable units within a larger market-rate complex. HUD has also encouraged production of mixed-income housing, which combines affordable, market rate and subsidized housing as an alternative to previous approaches that separated these housing types. To the extent that the state or city has one of these programs, applicants may wish to adopt this strategy for their case study design.

Case study housing designs developed in this grant category must be conceived in one or more target communities in cooperation with a private or non-profit developer or builder (or more than one developer or builder) that will agree to build one or more demonstrations of the product in the community by the end of the grant period. The process for designing and building case study homes should be a joint venture with a developer or builder that is committed to building the final product. HUD recognizes the difficulty in establishing such joint ventures, particularly when they involve innovative or experimental designs such as envisioned through this NOFA. However, HUD's intent is to ensure that the designs result in tangible benefits for local communities in the form of affordable housing. At the same time, applicants may develop a range of case study housing designs through this NOFA, provided that at least one of these designs results in actual construction.

Within these parameters, the purpose of the Community Futures awards in housing design is to foster and stimulate creativity and innovation on the part of architecture schools in addressing housing needs in their communities. This NOFA is therefore purposefully non-prescriptive in defining the specific characteristics that HUD is seeking in the design of case study homes. Rather, these should be determined by community needs, market economics, and financial feasibility. In addition to benefiting individual communities, HUD hopes that policy makers and the building industry can learn from these local case studies in shaping the next generation of affordable housing in the United States. HUD is interested in the completed designs and built projects as best practices for the building industry, and will share the results with key public and private sector leaders around the country.

For the purposes of this grant, applicants must identify the community or communities that will be served by the COPC. Applicants may identify a community as either (1) one or more specific communities or neighborhoods; or (2) the entire city, in which case applicants must identify one or more demographic groups (*e.g.*, elderly, homeless persons, persons with disabilities) or income groups (*e.g.*, low-income, very low-income or moderate income) that will be served by the designs, and identify those neighborhoods in which the housing will be made available.

(2) *Planning Awards.* HUD will award funds to eligible schools of architecture, planning or design to establish and operate Community Outreach Partnership Centers to develop, in cooperation with communities and local governments in a city, region or metropolitan area, a plan for the future of the cities or metropolitan areas for the next 20 years.

HUD is interested in universities and colleges assisting communities to address the challenges associated with metropolitan growth. By 2050, the U.S. population is projected to grow from the current (2000) 281 million to 410 million. Much of this growth will take place in cities and metropolitan areas, but it will take place unevenly, depending on the geographic region of the country and other facts. Some metropolitan areas are growing, but their central cities continue to experience population losses. Planning awards in this category are intended to help communities assess the nature of these changes and develop policies, plans and strategies to effectively address them.

Applicant's plans must identify trends that are changing the shape of the metropolitan area—both cities and counties—such as: growing populations, demographic shifts, expanding and more complex transportation needs, environmental challenges, changing land use patterns that include declining density and loss of open space and farmland, the shortage of affordable housing in locations close to jobs and employment centers, changing location and composition of job markets, and as our population ages, the need for accessible housing, among other things. Many of these emerging issues cannot adequately be addressed independently in an individual neighborhood or community, but are more appropriately addressed at the city, regional or metropolitan level. Neighborhoods, cities and suburbs must plan for their futures in ways that recognize and address these changes.

Applicants should also be aware of HUD-required Consolidated Plans that cities (with populations of 50,000 or more) and urban counties (with populations of 200,000 or more) are required to prepare in order to receive Community Development Block Grant and other formula grant funds. These are 3–5 year plans that include a detailed housing needs assessment and specific actions that the community will take to address these needs, as well as other community and economic development activities. Community Futures Planning Grants provide applicants with an opportunity to build on these plans, by extending them to a regional level, using the housing needs data already gathered, and to expanding the time frame to 20 years. Regional councils of governments and metropolitan planning organizations also prepare long-range transportation and land use plans. Applicants should review these plans and identify appropriate steps to coordinate the planning efforts to be mutually supportive.

The plans should identify key elements that impact the growth, financial stability and quality of life of cities or communities within a region, including but not limited to the following:

- Population growth, diversity, and locational trends;
- Changing housing needs, affordability issues, and the range of housing types needed by diverse income and population groups, including, for example, female-headed households, single households, the elderly and persons with disabilities;
- Changing energy and transportation needs;
- Changing job and employment markets; and
- Infrastructure needs including water, sewer, and communications infrastructure that will allow for industry and business growth.

Plans must also provide three or more scenarios that describe alternative population, land use and growth patterns that result from the assessment of these trends. The scenarios must address the physical shape of the urban landscape as it develops over the next two or more decades. Alternative development patterns may be modeled to include such factors as varying transportation assumptions, alternative density patterns, alternative employment, job growth and commercial development trends, and alternative environmental (air and water quality, and other) impacts. These scenarios must be documented in the form of one or more plans utilizing Geographic Information System (GIS) or other computer modeling tools as described below.

Applicants must make use of GIS systems, visual simulation and other computer modeling tools to model and document alternative development trends. Applicants must also undertake an extensive outreach process in developing the plan. Outreach activities should include such activities as community meetings or design charettes, and other activities that include citizens and groups such as civic and non-profit organizations, elected and appointed officials, Chambers of Commerce, representatives of the business or development community, public housing resident management organizations and public housing officials. Web sites and other forms of electronic communications may be utilized.

Additionally, completed plans must include a priority listing of projects designed to address local needs to be presented to community officials and other stakeholders for possible adoption as a roadmap for future development of the metropolitan area/region. Applicants should determine the appropriate scale for the plans.

For the purpose of these Planning awards, the urban area covered may be city-wide, county-wide or metropolitan area-wide, since much of future growth will be across jurisdictional boundaries. Additionally, applicants must identify one or more local communities and model how the metro-wide changes being proposed for adoption will impact these communities, the implications of these changes for these communities, and local strategies for addressing them.

IV. Threshold Requirements

In addition to the threshold requirements identified in the General Section of this SuperNOFA, applicants must meet the following additional threshold requirements for an application to be considered for funding. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified.

(1) Applicants must be an eligible applicant, as referenced in Section III (B) ''Eligible Applicants.''

(2) Applicants must create a Community Outreach Partnership Center (COPC) to carry out the proposed activities.

(3) Applicants must meet the following, statutorily set match requirements:

(a) Research Activities. 50 percent of the total project costs of establishing and operating research activities.

(b) Outreach Activities. 25 percent of the total project costs of establishing and operating outreach activities.

(4) Total project costs do not include the cost of any housing units built by a participating developer or builder. For each match, cash or in-kind contribution provided applicants must submit a letter of commitment. Applicants may not count as meeting the match requirements any costs that would be ineligible for funding under this NOFA. An applicant's match is evaluated as percentage of the total cost of establishing and operating research and outreach activities, not just the federal grant amount. Please remember to base the calculation on the Total Amount. Applicants must use Form HUD–30001 ''Community Outreach Partnership Centers Matching Requirements'' (included in Appendix A) to show how the match requirements have been met. Applicants are also required to include Form HUD–30012, ''Verification of the Match'' (included in Appendix A) to determine if a sufficient match has been provided. Please note on this form by each commitment listed if the match is an inside or outside commitment.

(5) For each match, cash or in-kind contribution, a letter of commitment, memorandum of understanding, or agreement must be provided that shows the extent and firmness of the commitment of leveraged funds (including any commitment of resources from the applicant's own institution) in order for the resources to count in determining points under this factor. Resources will not be counted for which there is no commitment letter, memorandum of understanding, or

agreement, nor quantified level of commitment. Letters of commitment, memoranda of understanding or agreements must be submitted from the provider on the provider's letterhead and be included with the application package. The date of the letter of commitment, memorandum of understanding, or agreement from the CEO of the provider organization must be dated no earlier than the date of this published SuperNOFA. Applications that do not meet the required matching amounts will be disqualified from further review. A firm commitment letter, memorandum of understanding, or agreement must address the following:

(a) The cash amount contributed or dollar value of the in-kind goods and/or services committed (If a dollar amount and use is not shown, the source cannot be counted towards the match requirement);

(b) How the match is to be used;

(c) The date the match will be made available and a statement that describes the duration of the contribution. If any of the matching sources are for more than one year, the commitment letter, memorandum of understanding, or agreement must state the number of years, the per year commitment, and the total commitment. Without this statement, HUD will assume that the commitment is for one year (*e.g.*, $4,000 each year for three years totaling $12,000); and

(d) Any terms and conditions affecting the commitment, other than receipt of a HUD grant.

The commitment letter must be signed by the appropriate executive officer authorized to commit the funds and/or goods and/or services. Please remember that only items eligible for funding under this program can be counted as match.

Please note that the value of the time of individuals serving on an applicant program advisory board cannot be counted as an in-kind contribution. Applicants may count overhead and other institutional costs (*e.g.*, salaries) that the institution has waived.

HUD is concerned that applicants should be providing hard dollars as part of their matching contributions to enhance the tangible resources going into targeted neighborhoods. Thus, while indirect costs can count toward meeting the required match, they will not be used to calculate the match percentage above the match requirement. Only direct costs can count in this factor.

(6) The COPC must operate in an urban area. The statute creating COPC is very specific that programs address the problems of urban areas. HUD uses the Census definition of an urban area: a single geographic place with a population of 2,500 or more.

(7) Applicants for a Housing Design award must provide evidence of a commitment from a private or non-profit developer or builder (or more than one developer or builder) to build at least one of the case study designs prepared with this NOFA. This must be in the form of a letter on the developer's or builder's stationery.

V. Program Requirements

In addition to the program requirements listed in the General Section of this SuperNOFA, applicants must meet the following requirements that are specific to the COPC program Community Futures Demonstration awards:

(1) Conduct the statutorily required activities described below:

(2) Employ the research and outreach resources of the institution of higher education to solve specific urban problems identified by communities served by the Center;

(3) Establish outreach activities in areas identified in the application as the communities to be served;

(4) Establish a community advisory committee comprised of representatives of local institutions and residents of the communities to be served to assist in identifying local needs and advise on the development and implementation of strategies to address those issues;

(5) Coordinate outreach activities in communities to be served by the Center;

(6) Act as a clearinghouse for dissemination of information;

(7) Develop instructional programs, convene conferences, and provide training for local community leaders, when appropriate; and

(8) Exchange information with other Centers.

(B) No more than 25 percent of the grant funds should be passed through to other entities.

VI. Eligible Activities

(A) *Housing Design Grant.* Eligible activities for this category of Community Futures Demonstration awards include, but are not limited to, the following:

(1) Researching and identifying housing market needs for one or more target communities.

(2) Identifying the range of housing markets within an urban area based on current and anticipated demographic trends, including market needs of different income groups as well as diverse populations such as the elderly, persons with disabilities, younger families with children, empty-nesters, and racial and ethnic minorities.

(3) Identifying relevant technologies that show promise for improving the durability, affordability and accessibility of housing, including but not limited to advanced technologies and building systems that have been identified through such sources as the PATH program (Partnership for Advancing Technology in Housing), Energy Star and other sources (See *www. pathnet.org* for further information on PATH's technology inventory, and *www.energystar.gov* for information on Energy Star).

(4) Developing housing designs for construction of case study homes that demonstrate innovative technologies, energy efficiency, accessibility, green building techniques and/or other features of innovative design.

(5) Preparing schematic designs of these houses for review by a panel of construction and design experts, such as builders, developers and local architects.

(6) Preparing cost analyses of these designs that illustrate that they are suitable for and affordable, to one or more market segments in the local community.

(7) Conducting focus groups, design charettes and/or other decision-making activities that engage residents and community leaders in providing input and responses to proposed designs and plans.

(8) Preparing final designs and construction specifications, including where appropriate the use of industrialized housing systems.

(9) Identifying a site or sites for construction of final ''case study'' design or designs.

(10) Working with local HUD offices, other government agencies and private institutions (such as private foundations and lending institutions), non-profit and private sector developers to identify sources of financing for the case study houses.

(11) Identifying regulatory barriers, including zoning restrictions, building codes, permitting or inspection standards that inhibit use of new technologies or construction methods, and assisting communities to eliminate or reduce excessive, unnecessary or duplicative regulations, processes or policies that restrict the development or rehabilitation or add to the cost of affordable housing (For further discussion of Regulatory Barriers, see the General Section of this SuperNOFA).

(12) Implementing an information dissemination program for builders, investors and civic leaders that could

include exhibits of completed designs in suitable community locations, along with symposia, community workshops or other activities.

(13) Providing continuing architectural services during the construction of the completed design by a non-profit or for-profit developer.

(14) Conducting the required activities as described in Section V, ''Program Requirements''.

(B) *Planning Awards.* Eligible activities in the planning category include, but are not limited to, the following:

(1) Making use of visual simulation, Geographic Information Systems, and other computer modeling tools in the planning process.

(2) Preparing computer models that can simulate growth, market and investment demands as a tool for community planning and development decision-making.

(3) Identifying and utilizing HUD approved Consolidated Plans, and other community, city or regional plans that may provide useful growth-related data.

(4) Partnering with economists and market analysts to determine market demands for housing and other needs.

(5) Conducting symposia to educate local officials and residents.

(6) Working with legal and regulatory authorities to resolve legal and regulatory issues that might limit housing development or growth options for the area.

(7) Meeting and entering into agreements with local officials and community groups to establish priorities for plan implementation.

(8) Conducting focus groups, charettes or other decision-making activities that involve communities in providing input and responses to proposed designs and plans.

(9) Conducting the required activities as described in Section V, ''Program Requirements''.

(C) *Both Grant Categories.* In addition to eligible activities in each grant category described above, the following are eligible activities for both grant categories:

(1) Convening meetings and providing staff support for Community Advisory Boards.

(2) Incorporating relevant housing design and planning topics in the curriculum of architecture and planning schools, by offering design and planning courses and studios on relevant topics such as affordable housing, housing economics, real estate development, accessible design, energy efficient housing, and/or metropolitan growth.

(3) Stipends or salaries for students (but the program cannot cover tuition and fees) while they are working with the COPC.

(4) Faculty development, including paying for course time or summer support to enable faculty members to work with the COPC.

(5) Leases for office space in which to house the Community Outreach Partnership Center, under the following conditions:

(a) The lease must be for existing facilities not requiring rehabilitation or construction;

(b) No repairs or renovations of the property may be undertaken with COPC funds; and

(c) Properties in the Coastal Barrier Resource System designated under the Coastal Barrier Resources Act (16 U.S.C. 3501) cannot be leased with federal funds.

(6) Up to 20 percent of the grant for reasonable grant administrative activities related to planning and execution of the project (*e.g.*, preparation/submission of HUD reports). A detailed explanation of these costs is provided in the OMB circulars that can be accessed at the White House Web site at: *whitehouse.gov/omb/circulars/index.html.*

VII. Ineligible Activities

(A) Activities ineligible for funding under this program are as follows:

(a) Any type of construction, rehabilitation, or other physical development. (Leveraged funds beyond the match requirements may be used for this purpose).

(b) Routine operations and day-to-day administration of institutions of higher education, local governments or neighborhood groups.

(c) Payment of court fines, judgments or fees imposed as a result of a court case or a settlement of a court case.

VIII. Application Selection Process

(A) *Two Types of Reviews.* Two types of reviews will be conducted:

(1) A threshold review to determine an application's eligibility; and

(2) A technical review based on the rating factors listed below.

Only those applications that pass the threshold review will receive a technical review and be rated and ranked.

(B) *Factors for Award Used to Evaluate and Rate Applications.* The factors for evaluating, rating, and ranking an application and the maximum points for each factor are listed in this NOFA below. Applications must receive a minimum of 75 out of the total possible points to be considered for funding. The maximum number of points available under the program is 102. This includes the two RC/EZ/EC bonus points as described in the General Section of the SuperNOFA.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (15 Points)

This factor addresses the extent to which an applicant has the organizational resources necessary to successfully implement the proposed activities in a timely manner. The rating includes any faith-based and other community-based organizations, sub-contractors, consultants, sub-recipients and members of consortia that are firmly committed to the project. In rating this factor, HUD will consider the extent to which the proposal demonstrates the knowledge and experience of the overall proposed project director and staff, including the day-to-day program manager, consultants, and contractors in planning and managing the kind of programs for which funding is being requested. Experience will be judged in terms of recent, relevant, and successful knowledge and skills of the staff to undertake eligible program activities. HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience producing specific accomplishments to be successful. The more recent and substantial the experience of the staff, particularly the institution's own staff who will work on the project, in successfully conducting and completing similar activities, the higher the number of points an applicant can receive for this rating factor. The following categories will be evaluated:

(1) Undertaking research, planning, design or outreach activities in specific communities to solve or ameliorate significant urban issues;

(2) Undertaking projects with community-based organizations or local governments; and

(3) Experience in conducting planning or design work, including outreach to community groups, local officials and business leaders.

In addition, applicants should include information on project staff commitment to the project and position titles. Resumes of up to three pages each and position descriptions for up to three personnel (in addition to the project director and project manager) and a clearly delineated organizational chart for the project must be included.

(b) Applicants should provide their qualifications to carry out the proposed activities as evidenced by academic background, training, and/or relevant publications of project staff.

(c) Provide information that reflects whether an applicant has sufficient personnel, or will be able to retain qualified experts or professionals to begin the proposed project immediately, and to perform proposed activities in a timely and effective fashion. Applicants should describe how principal components of the organization will participate in or support the project.

(d) Applicants may submit attachments totaling no more than 25 pages over and above the narrative statement that consist of copies of plans, drawings, photographs, award announcements or journal articles that illustrate previous projects, both for project staff and/or representative studio design projects completed by students that illustrate the type of design and plans anticipated to be carried as part of the proposed activities.

Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for funding the proposed grant activities and an indication of urgency of meeting the need to participate in the target area. In responding to this factor, the proposal will be evaluated on the extent to which the level of need for the proposed activities and the importance of meeting the need are documented.

Applicants should use statistics and analyses contained in at least one or more current data sources that are sound and reliable. The data provided must be current. In rating this factor, HUD will consider data collected within the last five years to be current. To the extent that the targeted community or community's Five (5) Year Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI) identify the level of the problem and the urgency in meeting the need, applicants should include references to these documents in the response to this factor.

If the proposed activities are not covered under the scope of the Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI), indicate such in the proposal, and use other sound data sources to identify the level of need and the urgency in meeting the need. Other reliable sources include, but are not limited to, Census report data, HUD Continuum of Care gaps analysis and its E-Map (*http//:www.hud.gov/emaps*), law enforcement agency crime reports, Public Housing Authorities' Comprehensive Plans, community needs analyses such as provided by the United Way, the applicant's institution, etc., and other sound and reliable appropriate sources. Needs in terms of fulfilling court orders or consent decrees, settlements, conciliation agreements, and voluntary compliance agreements may also be addressed. The data used should be specific to the area where the proposed activities will be carried out. Needs should be documented as they apply to the area where the activities will be targeted. Remember, the statute creating COPC is very specific that the program address problems of an urban area: a single geographic place (e.g., a city, town, or village, but not a county) with a population of 2,500 or more.

Rating Factor 3: Soundness of Approach (60 Points)

This factor addresses the quality and cost-effectiveness of the proposed work plan. There must be a clear relationship among the proposed activities, community needs and the purpose of the funding to receive points for this factor.

The factor will be evaluated based on the extent to which the proposed work plan will:

(1) *Perform Specific Services and/or Activities.* (10 Points). Identify the specific services or activities to be performed in a Statement of Work, as well as the dollars allocated for each activity and task identified, milestones and timeline, and the budget for the activities proposed. HUD will make a judgment based upon the reasonableness and appropriateness of the budget to the dollars allocated for your work plan. In reviewing this sub-factor, HUD will consider the extent to which:

(a) There is a clear research agenda with identifiable research activities and outcomes (e.g., reports, surveys, etc.) that identifies each task and who will be responsible for it, and is tied to the outreach agenda which does not duplicate research by the institution or others for the target area previously completed or currently underway. If other complementary research is underway, describe how the proposed research agenda would complement it.

(b) There is a clear outreach agenda with identifiable outreach activities that involves the architecture, planning or design school (where appropriate in partnership with other disciplines, departments and administrative offices) and does not duplicate outreach activities by the institution or others for the target area previously completed or currently underway, that identifies each task and who will be responsible for it;

(c) For research and outreach activities, applicants should briefly summarize the potential for the work to improve the performance of HUD programs, such as the citizen participation requirements and other features of the Consolidated Plan that communities must prepare in order to receive Community Development Block Grant or other formula grant funds.

(2) *Involve the communities to be served in a partnership for the planning and implementation of the proposed activities.* (7 Points). In reviewing this subfactor, HUD will look at the extent to which:

(a) One or more Community Advisory Committees have been formed or will be formed that represent the community's or communities' diversity (including businesses, community groups, residents, and others) to be served to develop and implement strategies to address the needs identified in Rating Factor 2. In addressing this subfactor, applicants must demonstrate by providing a list that such a committee(s) has already been formed and what groups described above it represents, or that they have secured the commitment of the appropriate persons to serve on the committee(s), rather than just describing generally the types of people whose involvement will be sought.

(b) A range of neighborhood organizations and/or local government entities and or citizens have been involved in the proposed research and outreach activities.

(c) Innovative techniques and technologies have been identified to involve local citizens directly in the decision-making and design processes (e.g., computer mapping technologies or visual simulation tools, Internet, or other multi-media techniques).

(3) *Help solve or address an urgent problem as identified in Rating Factor 2 and will achieve the purposes of the proposed application within the award period.* (6 Points). In reviewing this subfactor, HUD will look at the extent to which:

(a) Specific time phased and measurable objectives are identified to be accomplished, including the proposed short and long term objectives to be achieved as a result of the proposed activities; the tangible and measurable impact the activities will have on the community in general and the target area or population in particular, including affirmatively furthering fair housing for classes protected under the Fair Housing Act; and the relationship of the proposed activities to other ongoing or proposed efforts to improve the economic, social or living environment in the impact area; and

(b) The activities proposed are responsive to pressing and urgent needs, as identified in the documents described in Rating Factor 2.

(c) Grant funds will pay for activities you conduct directly, rather than passing funds through to other entities. (No more than 25 percent of your grant funds should be passed through to other entities.)

(4) *Work will yield innovative strategies or ''best practices'' that can be replicated and disseminated to other organizations, including nonprofit organizations, state and local governments.* (4 Points) In reviewing this subfactor, HUD will assess the applicant's demonstrated ability to disseminate results of research and outreach activities to other COPCs and communities. HUD will evaluate an applicant's past experience and the scope and quality of the plan provided to disseminate information on COPC results, strategies, and lessons learned through such means as conferences, cross-site technical assistance, publications, etc. The more proactive the plan for providing information to a wide range of audiences, the higher the number of points an applicant will receive.

(5) *Affirmatively further Fair Housing.* (5 Points). This factor will be evaluated on the extent to which the application incorporates principles and techniques to affirmatively further fair housing, for example:

(a) Working with other entities in the community to overcome impediments to fair housing, such as discrimination in the sale or rental of housing or in advertising, provision of brokerage services or lending;

(b) Promoting fair housing choice through the expansion of homeownership opportunities and improved quality of services for minorities, families with children, and persons with disabilities;

(c) Providing housing mobility counseling services; or

(d) Ensuring that any housing units that result from this award are affirmatively marketed, either directly or through existing organizations.

(6) *HUD Policy Priorities.* (6 Points). HUD encourages applicants to undertake specific activities that will assist the Department in implementing its policy priorities and that help the Department achieve its goals and objectives in FY 2004, when the majority of grant recipients will be reporting programmatic results and achievement. In addressing this factor, HUD will evaluate the extent to which the research and outreach will further and support HUD's priorities. The quality of the responses provided to one or more of HUD's priorities will determine the score an applicant can receive. For each policy priority addressed, applicants will receive one point. Applicants cannot receive more than six points. For the full list and explanation of each policy priority, please refer to the General Section of this SuperNOFA.

(7) *Result in the COPC planning and design functions and activities becoming part of the urban mission of the institution and funded in the future by sources other than HUD.* (12 Points).

In rating this subfactor, HUD will evaluate the extent to which the applicant addresses each of the following categories:

(a) COPC activities relate to the institution's urban mission; demonstrate support and involvement of the institution's executive leadership (e.g., department chairs, deans, etc.); are linked by a formal organizational structure to other units related to outreach and community partnerships; are reflected in budget and planning documents of the university; are part of a climate that rewards faculty work on these activities through promotion and tenure policies; benefit students because they are part of the professional training programs at the institution (rather than just volunteer activities); and are reflected in the institution's curriculum. HUD will look at the institution's commitment to faculty and staff continuing work in COPC neighborhoods or replicating successes in other neighborhoods and to the long term commitment (e.g., three years after the start of the COPC) of hard dollars to COPC work. HUD will consider the extent to which the proposed activities are appropriate for an institution of higher education and are tied to the institution's teaching or research mission. In addition, HUD will consider the extent to which the faculty, staff and students from across disciplines are involved in COPC activities as a way of demonstrating the institution's commitment to these kinds of activities.

(b) The institution has received commitments for funding from sources outside the university for related COPC-like activities in the targeted neighborhood or other distressed neighborhoods. Funding sources to be considered include, but are not limited to, local governments, neighborhood organizations, private businesses, and foundations.

(8) *Involvement of students in course work.* (5 points). The extent to which COPC activities are incorporated or addressed in student course work, including design and planning studios. This should include students' developing an understanding of design and planning issues associated with the project, as well as the market economics associated with housing development. Please describe the proposed relationship between student work and the final plans or housing designs.

(9) *Budget.* (5 points) The extent to which the budget presentation is consistent with the Work Plan and the dollars indicated on the HUD 424 form. The budget submission should follow the narrative statement in this factor and include the following documents:

(a) HUD 424–C ''Budget Summary for Competitive Grant Programs''. This budget form shows the costs for each budget category for the program's entire period of performance. For budgeting purposes, applicants should assume a start date of September 1, 2003.

(b) HUD 424–CB ''Grant Application Detailed Budget''. This budget form shows the total budget by year and by line item for the program activities to be carried out. This will be a functional budget. Each year of the program should be presented separately.

These forms must be completed in full. If an application is selected for award, the applicant may be required to provide greater specificity to the budget during grant agreement negotiations.

(c) Budget Narrative. A narrative explanation of how the applicant arrived at the cost estimates, for any line item, including match items, over $5,000. For example, a van rental, $150 per month × 36 months equals $5,400. The proposed cost estimates should be reasonable for the work to be performed and consistent with rates established for the level of expertise required to perform the work proposed in the geographical area. When necessary, quotes from various vendors or historical data should be used and included. All direct labor or salaries must be supported with mandated city/state pay scales, the Davis-Bacon rate (if applicable) or other documentation. When an applicant proposes to use a consultant, the applicant must indicate whether there is a formal agreement or written procurement policy. For each consultant, please provide the name, if known, hour or daily fee, and the estimated time on the project. For equipment, applicants must provide a list by type and cost for each item and explain how it will be used. Applicants using contracts must provide an individual description and cost estimate for each contract.

Indirect costs attributed to a particular project functional category should be listed under the '' Indirect Cost'' category. Indirect costs are allowable only if an applicant has a federally approved indirect cost rate. A copy of the institution's negotiated indirect rate as issued by the cognizant federal

agency must be attached to the budget sheets when submitting an application.

Make sure that the amount shown on the HUD 424, the budget forms, and all other required program forms are consistent and the budget totals correct. Remember to check addition in totaling the categories on the HUD 424–C and HUD 424–CB forms so that all items are included in the total. If there is an inconsistency between any of the forms required, the HUD 424–C form will be used. If upon checking the addition, HUD finds that an applicant has added incorrectly, the HUD 424–CB will be revised accordingly. Please note that, because this would be considered a substantive rather than a technical error, if this correction puts an application over the grant maximum, the application will be disqualified.

Rating Factor 4: Leveraging Resources (5 Points)

This factor addresses the applicant's ability to secure additional community resources that will aid in project implementation.

(A) *Planning Grants.* HUD is looking for proposed plans to be adopted and resources allocated from the community to support the development. Example of resources are items such as detailed design drawings, construction specs, legal services, etc. that will be necessary to implement the priority projects once they are developed. The greater the number of resources provided by the community to support the policy priority projects, the higher the number of points that will be allocated.

(B) *Design Grants.* HUD is interested in a private or non-profit developer (or a number of developers) building one or more of the proposed units; leveraging points will be awarded based on the total developer project costs as a percentage of the total COPC funding award. The higher the developer contribution, the higher the number of points. Resources may also include funding or in-kind contributions, such as services or equipment, allocated to the purpose(s) of the grant being sought.

Resources may be provided by governmental entities, public or private nonprofit organizations, for-profit private organizations, or other entities willing to establish partnerships with the institution. Applicants may also establish partnerships with funding recipients in other grant programs to coordinate the use of resources in the target area. In order to receive points under this factor, applicants must submit letters of commitment. Applicants should follow the requirements for letters of commitment as defined in Section IV (5) ''Threshold Requirements''.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal of embracing high standards of ethics, management, and accountability. The factor measures the applicant's commitment to assess your performance to achieve the program's proposed objectives and goals. Applicants are required to develop an effective, quantifiable, outcome oriented evaluation plan to measure performance and determine that objectives and goals have been achieved. HUD will evaluate the extent to which applicants identify program activities, outcomes, interim benchmarks and performance indicators that will describe how performance will be measured, and a description of the steps that will be taken to make adjustments to the work plan if performance targets are not met within the established time frame associated with each activity.

The evaluation plan must include a statement of outcomes and interim benchmarks or outputs. ''Outcomes'' are benefits accruing to institutions of higher education and/or communities during or after participation in the COPC Community Futures Demonstration. Outcomes are not the actual development of housing units or community plans. Examples of outcomes are: increasing the homeownership rate in a community by a certain percentage, increasing housing stability (e.g., increasing assets through additional savings, home equity), or increasing the availability of rental housing.

In addition, applicants must establish interim benchmarks and outputs that lead to the ultimate achievement of outcomes. ''Outputs'' are the direct products of the program's activities. Examples of outputs are the number of houses designed and/or built and the number of homes rehabilitated. Outputs should produce outcomes for the COPC. At a minimum, an applicant must address the following activities in the evaluation plan:

(a) Short and long term objectives to be achieved;

(b) Actual accomplishments against anticipated achievements;

(c) Measurable impacts the grant will have on the community in general and the target area or population;

(d) The impact the grant will have on the long term commitment of the University to the community to continue this type of work; and

(e) The impact this award will have on assisting the university to obtain additional resources to continue this type of work at the end of the funding period.

This information should be provided in a Logic Model format. This form and information on how to use it can be found in the General Section of this SuperNOFA.

VI. Application Submission Requirements

A complete application package must include an original signed application and three copies, and one computer disk of the application (in Word 6.0 or higher) of the items listed below. In order to be able to recycle paper, applicants should not submit applications in bound form. Binder clips or loose-leaf binders are acceptable. Applications must be submitted on 8½ by 11 inch paper, double-spaced, and printed in a standard Times Roman 12-point font. The doubled-spaced requirement applies to all parts of the narrative, but excludes materials submitted in the appendix (e.g., visual materials, such as copies of plans, drawings, photographs, award announcements or journals). Each page should include the applicant's name, be numbered, and each section tabbed sequentially.

Please make sure that all items are submitted in the application in the order listed below. Except where a particular form may direct otherwise, all forms included in the application, as well as the transmittal letter, must be signed by the Chief Executive Officer (generally the President or Provost) or an official authorized to make a binding legal commitment for the institution. If a designee signs, the application must contain a copy of the official delegation of signatory authority.

(A) *Application Contents.* All information needed to apply for funding is contained in this SuperNOFA. There is no separate application kit. Please include each item in the order listed below:

(1) *Transmittal Letter.* The letter should contain the following:

(a) A statement certifying that the institution is an eligible institution because it meets the requirement of the specific program from which funding is sought; (b) the institution is a two- or four-year institution; and (c) the institution of higher education is fully accredited. This assurance *must* state not only the name of the accrediting agency but also that the particular accrediting agency is recognized by the U.S. Department of Education (or, for applicants to the Tribal Colleges and Universities Programs, that the institution has applied for accreditation

by a regional instructional accrediting association recognized by the U.S. Department of Education). Applicants can also use the transmittal letter as one way to demonstrate the President's commitment to the institutionalization of the program. This letter must be signed by the *Chief Executive Officer* (usually the President or Provost) of the institution. If the Chief Executive Officer has delegated this responsibility to another official, that person may sign, but a copy of the delegation must be included or stated in the letter.

(2) *HUD 424 ''Application for Federal Assistance''.* Applicants should complete this form signed by the Chief Executive Officer of the institution. Community Outreach Partnership Centers Program is 14.511.

(3) *Application Checklist.* This checklist, provided in Appendix A to this program NOFA, provides a listing of all of the items that need to be included in your application. Applicants must include the application items in the order that they are listed on the checklist. Applicants must include the completed checklist in their application. On the checklist, indicate the page number where each of the items can be found in the application.

(4) *Abstract.* Applicants must include a two-page summary of their proposed project. Please include the following: Page (1), (a) project title, (b) name of College/University, (c) requested grant amount, (d) project address, (e) the designated contact person, including phone number, facsimile number, and e-mail address; page (2), (a) University's name, department, mailing address, telephone number, facsimile number, and e-mail address, and (b) the principal investigator for the project, designated contact person, including telephone number, facsimile number, and e-mail address, (c) brief description of the target area to be assisted through this grant, (d) needs of the target area to be addressed through the proposed activities, (e) the activities proposed to be funded, and (f) the grant's goals and objectives.

(5) *Documentation required to verify match.*

(a) Applicants are required to use form HUD–30001, ''Community Outreach Partnership Center Match Requirements'' (included in Appendix A) to show how the match requirements have been met.

(b) Applicants must also include the multiple-page worksheet HUD 30012, ''Verification of the Match'' (included in Appendix A) which must be used to determine if a sufficient match has been provided.

(6) *Narrative statement* (including any required forms and submissions) addressing the following factors for award.

Factor 1: Capacity. Include any resumes or documentation showing experience.

Factor 2: Need. Include any documentation of need including any excerpts from the HUD approved Consolidated Plan.

Factor 3: Approach. Include statement of work, required budget documentation and any explanatory budget narrative for line items over $5,000.

Factor 4: Leveraging Resources. Include letters of commitment for the leveraged funds.

Factor 5: Achieving Results and Program Evaluation.

Application should not exceed 60 pages, including letters of commitment for the required match, tables and maps, but not including letters of matching commitments, the match calculation and budget forms. Please note that although submitting pages in excess of the page limit will not disqualify your application, HUD will not consider the information submitted on any pages that exceed the 60-page limit. Failure to include all the requested information within the page limit may result in a lower score for failure to meet a threshold.

(7) *Budget. The budget documents should follow the narrative addressing Factor 3. The budget presentation should be consistent with the Statement of Work and include the following:*

(a) HUD 424–C ''Budget Summary for Competitive Grants Programs''

(b) HUD 424–CW ''Grant Application Detailed Budget''

(c) Budget-Narrative. A narrative of how the applicant arrived at costs, for line items over $5,000. All budget forms must be completed in full.

(8) *Appendices.* Applicants may submit appendices that include visual material illustrating past projects and awards, provided that they follow the requirements stated under Factor 1(d), above.

(9) *Certifications.* The following certifications and assurances must be included in the application package. These forms must be signed by the Chief Executive Officer (or official designee) of the institution and can be downloaded from the HUD Website at *www.hud.gov.*

(a) Applicant Assurances and Certification (HUD–424–B)

(b) Disclosure of Lobbying Activities (SF–LLL)

(c) Applicant/Recipient Disclosure/Update Report (HUD–2880)

(d) Certification of Consistency with the Consolidated Plan (HUD–2991)

(e) Certification of Consistency with the EZ/EC/RC Strategic Plan (HUD–2990) (Must be signed by the certifying official of the EZ/EC/RC. The General Section of the SuperNOFA provides procedures and guidelines required to certify that proposed grant activities are being conducted in the EZ/EC/EEC/RC that serve the residents of these areas, and are certified to be consistent with the area's strategic plan.)

(10) *Acknowledgment of Receipt of Application (Form HUD–2993).* To confirm that HUD has received the application package, please complete this form. Applicants are not required to include this form, but HUD recommends that an applicant do so.

(11) *Client Comments and Suggestions (Form HUD–2994).* This form is included so that HUD can solicit information from the most valuable source, the applicant—our customers. Applicants are not required to complete this form.

(B) Final selection. If an application is in compliance with the applicable threshold requirements as defined in the General Section of this SuperNOFA and NOFA, as well as the applicable program requirements, it will be evaluated, rated, and ranked based on its total score on the program's rating factors. In order to be funded, an application must receive a minimum score of 75 points. HUD will fund applications under this NOFA in rank order, until it has awarded all available program funds.

If two or more applications have the same number of points, the application with the most points for Factor 3, Soundness of Approach, shall be selected. If there is still a tie, the application with the most points for Factor 1, Capacity, shall be selected. HUD also reserves the right to make selections out of rank order to provide for geographic distribution of grantees and a combination of planning and design awards. If this occurs, HUD will fund the highest-ranking application within the two categories in different locations as long as the minimum score of 75 points is achieved.

HUD reserves the right to reduce the amount of funding requested in order to fund as many highly ranked applications in this NOFA as possible. Additionally, if funds remain after funding the highest-ranked applications, HUD may fund part of the next highest-ranking application in a given program area. If an applicant turns down the award offer, HUD will make the same determination for the next highest-ranking application. If funds remain after all selections have been made, the remaining funds will be made available

to applicants to the basic Colleges and Universities COPC program in the following order: New Grants; New Directions.

(C) Negotiations. After all selections have been made, HUD may require winning applicants to participate in negotiations to determine the specific terms of a program's Statement of Work and/or Grant Budget. In cases where HUD cannot successfully conclude negotiations, or an applicant fails to provide HUD with requested information, an award will not be made. In such instances, HUD may elect to offer an award to the next highest-ranking applicant, and proceed with negotiations with that applicant.

VII. Other Matters

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the General Section of the SuperNOFA.

(A) *Debriefing.* The General Section of the SuperNOFA provides the procedures for requesting a debriefing. All requests for debriefings must be made in writing and submitted to Armand Carriere of HUD's Office of University Partnerships, Robert C. Weaver Building, 451 7th Street SW., Room 8106, Washington, DC 20410. Applicants may also write to Mr. Carriere via e-mail at *Armand_W._Carriere@hud.gov.*

(B) *Administrative.* Grants awarded under this NOFA will be governed by the provisions of 24 CFR part 84 (Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations), A–21 (Cost Principles for Education Institutions) and A–133 (Audits of States, Local Governments, and Non-Profit Organizations). Applicants can access the OMB circulars at the White House website at *whitehouse.gove/omb/circulars/index.html.*

(C) *Davis-Bacon Requirements.* Provided that no grant funds are used for construction or construction management of housing built as a result of this award, Davis-Bacon requirements do not apply, unless the funds used for construction are federal funds that carry their own Davis-Bacon requirements. Provision of architectural services, whether before or during construction, does not trigger Davis-Bacon requirements.

VIII. Corrections to Deficient Applications

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

IX. Environmental Requirements

In accordance with 24 CFR 50.19(b) of the HUD regulations, activities assisted with Community Planning awards are categorically excluded from the requirements of the National Environmental Policy Act and are not subject to environmental review under the related laws and authorities.

With regard to Housing Design awards, selection for award does not constitute approval of any proposed sites for construction of the housing designs. Following selection for award, HUD will perform an environmental review of sites proposed for construction of housing designs, in accordance with 24 CFR part 50. The results of the environmental review may require that the proposed activities be modified or that the proposed sites be rejected. Applicants are particularly cautioned not to undertake or commit funds for acquisition or development of proposed properties prior to HUD approval of specific properties or areas.

An application constitutes an assurance that the institution will assist HUD to comply with 24 CFR part 50; will supply HUD with all available and relevant information to perform an environmental review for each proposed property; will carry out mitigating measures required by HUD or select an alternate property; and will not acquire, rehabilitate, convert, demolish, lease, repair or construct property and will not commit or expend HUD or local funds for these program activities with respect to any eligible property, until HUD approval of the property is received. In supplying HUD with environmental information, applicants should use the same guidance as provided in the HUD Notice CPD–99–01 entitled ''Field Environmental Review Processing for HUD Colonias Initiative (HCI) Grants,'' issued January 27, 1999.

X. Authority

The COPC program is authorized under the Community Outreach Partnership Act of 1992 (42 U.S.C. 5307 note; the ''COPC Act''). The COPC Act is contained in section 851 of the Housing and Community Development Act of 1992 (Pub. L. 102–550, approved October 28, 1992 (HCD Act of 1992). Section 801(c) of the HCD Act of 1992 authorized $7.5 million for each year of the 5-year demonstration to create Community Outreach Partnership Centers as authorized in the COPC Act. Division K of the FY 2003 Consolidated Appropriations Resolution (Pub. L. 108–7, approved February 20, 2003) continued the program beyond the initial five-year demonstration by providing funding for Community Outreach Partnership Centers for FY 2003. Applicants are encouraged to familiarize themselves with the provisions of the statute on HUD's SuperNOFA website at *www.hud.gov.*

XI. Appendix A

Appendix A, which follows, includes the non-standard forms required for this NOFA.

Attachment A--Application Checklist

Application Checklist

This checklist identifies application submission requirements. Applicants are requested to use this checklist when preparing an application to ensure submission of all required elements. Please present the information in the application in the order outlined below and include the completed checklist. Standard Forms and required certification are found in the General Section of the SuperNOFA, program specific forms are found at the end of this NOFA in Appendix A.

I. PART A

_____Transmittal Letter

_____ HUD 424 "Application For Federal Assistance"

_____ Application Checklist

_____ Abstract

_____ Verification of Match Documents

_____ HUD-30001 "Community Outreach Partnership Center Program Matching Requirements"

_____ HUD 30012 "Verification of Match

_____ Narrative Statement Addressing the Factors for Award (Must not exceed 60 pages, double-spaced on one side, printed in standard Times Roman 12-point font).

____ HUD 96010 –1 "Logic Model "

_____ Budget

____HUD 424-C " Budget Summary for Competitive Grants Program"

____HUD 424-CB" Grant Application Detailed Budget"

____Budget Narrative (No form provided)

____ Indirect Cost Rate

_____ Appendix

II. PART B

____ HUD-424-B "Applicant Assurance and Certifications"

_____SF-LLL "Disclosure of Lobbying Activities"

_____ HUD-2880 "Applicant/Recipient Disclosure Update Report"

_____ HUD-2991 "Certification of Consistency with the Consolidated Plan", **(if applicable)**

_____ HUD-2990 "Certification of Consistency with the EZ/EC/RC Strategic Plan", **(if applicable)**

_____ HUD-2993 "Acknowledgement of Applicant Receipt"

_____ HUD-2994 "Client Comments and Suggestions"

Community Outreach
Partnership Centers Program
Matching Requirements

U.S. Department of Housing and Urban Development
Office of Policy Research and Development

OMB Approval No. 2528-0180
(exp. 04/30/2003)

	Federal Share $	Match $	Total Cost $	Match as Percent of Total Cost
Research Activities: (list)				
Subtotal				%
Outreach Activities: (list)				
Subtotal				%
Total				

form **HUD-30001** (4/98)

The information collection requirements contained in this notice of funding availability and application kit will be used to rate applications, determine eligibility, and establish grant amounts for the Community Outreach Partnership Centers (COPC) program.
Total public reporting burden for collection of this information is estimated to average 80 hours. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.
The information submitted in response to the notice of funding availability for the COPC program and HSI-WSP program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Pub.L. 101-235, approved December 15, 1989, 42 U.S.C. 3545).
The agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Verification of Match for New Grants

U.S. Department of Housing
and Urban Development
Office of Policy Development and Research

OMB Approval No. 2528-0180
(exp. 04/30/2003)

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected on this form is utilized to calculate and verify the amount of matching resources as a percentage of total project costs. This collection of information is authorized by Public Law 100-242, section 501. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. HUD has submitted a request for Office of Management and Budget (OMB) approval to collect this information. That approval is pending.

Record of Match Commitments

List of matching sources	Check if commitment letter is included and activity is eligible for match
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

form **HUD-30012** (3/2003)

Verification of Match (cont'd.)

CALCULATION OF THE MATCH

1. REQUIRED MATCH:

A. Research Total Project Costs::

_____	+	_____	=	_____
(Grant request for Research)		(Match for Research)		(Research Total Project Costs)

Research match should be:

_____	X	50%	=	_____
(Research Total Project Costs)				(Required Research Match)

B. Outreach Total Project Costs::

_____	+	_____	=	_____
(Grant request for Outreach)		(Match for Outreach)		(Outreach Total Project Costs)

Outreach match should be:

_____	X	25%	=	_____
(Outreach Total Project Costs)				(Required Outreach Match)

C. Required Total Match:

_____	+	_____	=	_____
(Required Research Match-from 1.A.)		(Required Outreach Match-from 1.B.)		(Required Total Match)

2. ACTUAL MATCH FOR STATUTORY PURPOSES:

COUNT ONLY THOSE ITEMS WHICH ARE ELIGIBLE AND FOR WHICH THERE ARE COMMITMENT LETTERS, USING THE FORM HUD-30001. THAT FORM AND THE FIRST PART OF THIS WORKSHEET SHOULD CONFORM.

Research match provided: _____

Outreach match provided: _____

Total match provided: _____

Match provided is more than match required:

_____ **Yes** _____ **No**

3. ACTUAL MATCH FOR FACTOR 4 PURPOSES:

Actual total match provided (from # 2 above): _____

Minus indirect match: _____

Actual total match for following calculations: _____

4. MATCH OVERAGE

Total Actual Match (w/o indirect costs)(from 3)= _____
Total Required Match (from 1.C.)

(As long as the number produced is more than 1, use only amount to the right of the decimal point to determine overage. If the number is less than 1, there is no match overage and you are not eligible for any points under this subfactor.)

5. MATCH FROM OUTSIDE SOURCES

Total Match from Outside Sources = _____
Total Actual Match (w/o indirect costs) (from 3)

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

EARLY DOCTORAL STUDENT RESEARCH GRANT PROGRAM AND DOCTORAL DISSERTATION RESEARCH GRANT PROGRAM

Billing Code 4210-32-C

Funding Availability for the Early Doctoral Student Research Grant Program and Doctoral Dissertation Research Grant Program

Program Overview

Purpose of the Programs. The purposes of the university partnership dissertation programs are:

Early Doctoral Student Research Grant Program (EDSRG). To help eligible doctoral students cultivate their research skills through the preparation of research manuscripts that focus on housing and urban development issues; and

Doctoral Dissertation Research Grant Program (DDRG). To assist Ph.D. candidates to complete their research and dissertations on housing and urban development issues.

Available Funds. Approximately $550,000 in Fiscal Year (FY) 2003 appropriations is available for the Office of University Partnerships dissertation programs as follows.

- Early Doctoral Student Research Program: $150,000
- Doctoral Dissertation Research Grant Program: $400,000

Application Deadline. May 27, 2003.

Match. None.

Additional Information

Doctoral students interested in applying for funding under these grant programs should carefully review the General Section of this SuperNOFA and the following additional information. There is no separate Application Kit for this NOFA.

Additional Information

I. Application Due Date, Further Information, and Technical Assistance

Application Due Date. A completed application package is due on or before May 27, 2003.

Address for Submitting Applications. A completed application package consists of an original signed application, three copies, and one computer disk (in Word 6.0 or higher) of the application. All applications must be submitted via the United States Postal Service to the following address: University Partnerships Clearinghouse, c/o Danya International, 8737 Colesville Road, Suite 1200, Silver Spring, MD 20910. When submitting an application package, indicate the following information on the outside of the envelope: Name of the program under which funding is being requested and the doctoral student's name and mailing address, including zip code. HUD will accept only one application package per doctoral student.

For Further Information and Technical Assistance. Doctoral students may contact Armand Carriere of HUD's Office of University Partnerships at (202) 708–3061, ext. 3181 or Susan Brunson at (202) 708–3061, ext. 3852. Speech- or hearing-impaired individuals may call the Federal Information Relay Service TTY at 1–800–877–8339. Except for the ''800'' number, these telephone numbers are not toll-free. Students may also reach Mr. Carriere via the Internet at *Armand_W._Carriere@hud.gov* and Ms. Brunson at *Susan_S._Brunson@hud.gov.*

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential doctoral student applicants to learn more about the programs and preparation of applications. For more information about the date and time of this broadcast, consult the HUD Website at *www.hud.gov.*

II. Amount Allocated, Grant Size and Term, and Performance Period

The amount allocated, grant size and term, and performance period are listed below for each program in this NOFA. HUD's authority for making funding available under this NOFA is Division K of the Consolidated Appropriations Resolution of 2003 (Pub. L. 108–7, approved February 20, 2003).

Early Doctoral Student Research Grant Program—Approximately $150,000 will be made available for funding under this program.

The maximum grant period is 12 months. The performance period will commence on the effective date of the grant agreement.

The maximum amount that can be requested by a doctoral student for award is $15,000.

Doctoral Dissertation Research Grant Program—Approximately $400,000 will be made available for funding under this program.

The maximum grant period is 24 months. The performance period will commence on the effective date of the grant agreements.

The maximum amount that can be requested by a doctoral student for award is $25,000.

III. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description

Early Doctoral Student Research Grant Program (EDSRG). The purpose of the EDSRG program is to enable doctoral students enrolled at an accredited institution of higher learning recognized by the U.S. Department of Education to cultivate their research skills through the preparation of research manuscripts that focus on policy-relevant housing and urban development issues. The program also encourages new scholars to share their research findings through presentation at scholarly conferences and/or publication in refereed journals. The FY 2003 EDSRG program seeks to fund research studies that may impact federal problem solving and policymaking and that are relevant to HUD's policy priorities and annual goals and objectives. (See the General Section of the SuperNOFA for discussion of these priorities and annual goals and objectives).

Doctoral Dissertation Research Grant Program (DDRG). The purpose of the DDRG program is to enable Ph.D. candidates enrolled at accredited institutions of higher education recognized by the U.S. Department of Education to complete their research and dissertations on policy-relevant housing and urban development issues. The FY 2003 DDRG program seeks to fund dissertations that may impact federal problem solving and policymaking and that are relevant to HUD's policy priorities and annual goals and objectives. (See the General Section of the SuperNOFA for discussion of these priorities and annual goals and objectives). Examples of topics addressing these issues (applicable to both the EDSRG and DDRG programs) include but are not limited to:

(1) Increase Homeownership Opportunities

(a) Increasing Minority Homeownership;

(b) Simplifying the Homebuying Process (RESPA reform) and Reducing Settlement Costs;

(c) Setting Appropriate Housing Goals for the GSEs;

(d) Countering Predatory Lending;

(e) Helping Low-Income Homeowners Avoid Default and Foreclosure;

(f) Evaluating Housing Counseling.

(2) Promote Decent Affordable Housing

(a) Reducing Regulatory Barriers to the Development of Affordable Housing, as well as All Forms of Multifamily Housing

(b) Developing Creative Strategies for Expanding the Availability of Affordable Housing. Strengthening the Delivery of HUD-Funded Rental Assistance and Assistance Provided Through the Low-Income Housing Tax Credit

(c) Promoting Self-Sufficiency Among Residents of Public and Assisted Housing

(d) Meeting the Housing-Related Needs of the Elderly

(e) Meeting the Housing-Related Needs of Persons with Disabilities

(f) Improving Housing Quality and Affordability through Technology and Design

(3) Strengthen Communities

(a) Ending Chronic Homelessness

(b) Preventing Homelessness

(c) Strengthening Cities

(d) Meeting the Housing and Community and Economic Development Needs of Residents of High-Needs Areas, including the Colonias, Appalachia, the Mississippi Delta, and Tribal Areas.

(4) Ensure Equal Opportunity In Housing

(a) Reducing Housing Discrimination

(b) Improving Housing Accessibility for Persons with Disabilities

(5) Embrace High Standards Of Ethics, Management And Accountability

(a) Reducing Fraud, Waste and Abuse in HUD-Funded Programs

(b) Improving the Effectiveness of HUD Programs Through Program Evaluations

(6) Promote Participation Of Faith-Based And Community Organizations

(a) Strengthening the Capacity of Faith-Based and Community Organizations

(B) Eligible Applicants

Doctoral students must demonstrate they meet the requirements listed under the grant program in this NOFA which they are requesting funding.

Early Doctoral Student Research Grant Program (EDSRG). Doctoral students applying for funding under this program must meet the following requirements:

(a) Be a U.S. citizen or resident alien currently enrolled, as a full-time student at an accredited doctoral program at an accredited institution of higher education (recognized by the U.S. Department of Education);

(b) Have a major or concentration within a field related to housing and urban development;

(c) Have not taken the preliminary/comprehensive examinations;

(d) Completed at least two semesters or three terms of a doctoral studies program (depending on the course structure of the institution);

(e) Have an assigned faculty advisor to supervise the research manuscript (provide the advisor's name, address, phone number, facsimile number, and email address);

(f) Submit support letters/documentation from the chairperson of the doctoral student's department that confirms the student meets *all* of the conditions above and that the proposed research manuscript can be completed within the one-year grant period; and

(g) Provide a support letter from the institution that includes in detail the type of support the university is providing. Such support might include tuition waivers, office space, equipment, computer time, assumption of indirect costs, or similar items the doctoral student might need in order to complete the required product. This support may not replace support or assistance the institution would otherwise provide to the student.

Doctoral Dissertation Research Grant Program (DDRG). Doctoral students applying for funding under this program must meet the following requirements:

(a) Be a U.S. citizen or resident alien (student) currently enrolled and matriculated who has been accepted into candidacy in an accredited doctoral program at an accredited institution of higher education recognized by the U.S. Department of Education;

(b) Developed an approved dissertation proposal;

(c) Provide documentation from the dissertation committee chairperson that confirms the following information;

(1) By the application due date, the student's dissertation proposal has been accepted by the full dissertation committee and the student has been assigned a dissertation advisor (provide the advisor's name, address, phone number, facsimile number, and email address);

(2) By September 1, 2003, the student will have satisfactorily completed all other written and oral Ph.D. requirements, including all examinations and defense of the proposal, except the dissertation; and

(3) The proposed dissertation can be completed within the two-year grant period.

(d) Provide a support letter from the institution that includes in detail the type of support the university is providing. Such support might include tuition waivers, office space, equipment, computer time, assumption of indirect costs, or similar items the student might need in order to complete the required product. This support may not replace support or assistance the institution would otherwise provide to the student.

(C) Eligible Activities

Grant funds awarded for programs in this NOFA must be used to support direct costs incurred in the timely completion of the research product. Eligible costs include stipends, computer software, purchase of data, travel expenses to collect data, transcription services, and compensation for interviews.

(D) Ineligible Activities

Grant funds awarded for programs under this NOFA *may not* be used to pay for tuition, computer hardware, or meals.

IV. Program Requirements

(A) Threshold Requirements

All applicants requesting funding from programs under this NOFA must be in compliance with the applicable threshold requirements found in Section V of the General Section of the SuperNOFA and the requirements listed below to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified.

(1) The doctoral student is eligible to apply (as defined in Section III (B) above) for the program for which they are requesting funding;

(2) University sponsorship. The university shall enter into a Grant Agreement with HUD that provides for payment of the grant by HUD to the university and from the university to the approved doctoral student, and that further provides all required certifications and assurances. The university shall agree to provide as the Principal Investigator under the Grant Agreement a dissertation advisor or chairperson of the doctoral student's dissertation committee who shall supervise the student's work under the Grant Agreement.

(3) The student has provided a letter from the department chairperson confirming the applicant is eligible as outlined in Section III (B).

(4) The student's institution has provided a letter agreeing to provide support and outlines the specific type of support they will provide as part of this grant as defined in Section III (B).

(5) The student has requested no more funding than the grant maximum allocated as defined in Section II Amount Allocated, Grant Size and Term, and Performance Period.

(B) Program Specific Requirements

Early Doctoral Student Research Grant Program (EDSRG). Three thousand dollars of the grant funds will be held until the doctoral student's research manuscript has been completed and accepted for presentation at a conference or publication in a refereed journal by the end of the grant period, or a committee of three faculty members (including the faculty sponsor, as the principal investigator of the grant) has determined and certified to HUD that the manuscript is of high quality and

worthy of submission to conferences or journals and two copies of the research product are submitted to HUD in its final version.

Doctoral Dissertation Research Grant Program (DDRG). Six thousand dollars of the grant funds will be held until the doctoral student's dissertation has been completed, approved by the committee, and two final copies are submitted to HUD in its final version.

Note: Institutions that have had previously awarded grants under these programs terminated for non-performance and have outstanding funds owed to HUD resulting from the termination will be excluded from competition until the outstanding funds are repaid (Applicants must comply with the Delinquent Federal Debt Requirement as defined in Section V (B)(4) of the General Section of the SuperNOFA).

(C) Other Requirements (applicable to both grant programs)

(1) Progress reporting. All recipients of grant funds for programs in this NOFA are required to submit a report, halfway through the grant period, on the progress to date that has been made towards completion of the research product and the likelihood that it will be completed on time.

V. Application Selection Process

(A) Two Types of Reviews Will Be Conducted

(1) A threshold review to determine a student's eligibility to apply; and

(2) A technical review to rate the student's application based on the rating factors in this section.

(B) Threshold Criteria for Funding Consideration

Doctoral students must meet all of the threshold requirements listed above and the General Section of the SuperNOFA to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified.

(C) Final Selection

In order to be funded, an application must receive a minimum score of 75 points. HUD will fund applications under each program in rank order, until all available program funds are awarded. If two or more applications have the same number of points, the application with the higher points for Factor 1, Capacity to do the Research, shall be selected. If there is still a tie, the application with the higher points for Factor 2, Need for the Research, shall be selected.

(D) Factors for Award Used to Evaluate and Rate Applications

The factors for rating and ranking an application and the maximum points available for award for each factor are provided below. Doctoral students applying for either program must address these factors. Applications must receive a minimum of 75 points out of the total 100 maximum points available for each program. The RC/EZ/EC bonus points described in the General Section of the SuperNOFA do not apply to these research programs.

Rating Factor 1: Capacity to do the Research (20 points)

In reviewing this factor, HUD will determine the extent to which:

(1) The student's skills and experience are relevant to the proposed research manuscript/dissertation (*e.g.*, course work, teaching, research projects, and presentations);

(2) The student provides a research outline that identifies the preliminary steps that have been undertaken (*e.g.*, literature review, research hypotheses, questions to be answered) to produce the proposed manuscript/dissertation; and

For Early Doctoral Program Applicants only. (3) The proposed research will help to further the student's research skills (*i.e.*, it is relevant to the kinds of projects the student will continue to work on as she/he earns his/her Ph.D.).

For Doctoral Dissertation Research Applicants only. (3) The doctoral student's previous research experience (*e.g.*, graduate-level research projects, presentations at conferences, publications, etc.) is relevant to and supportive of the proposed dissertation.

Rating Factor 2: Need for the Research (35 points)

In reviewing this factor, HUD will determine the extent to which the research manuscript/dissertation will produce policy-relevant information that is directly related to HUD's research priorities and/or annual goals and objectives as defined in the General Section of the SuperNOFA (*i.e.*, the research that will be produced could have an effect on HUD's strategic goals and programs and policies to achieve these goals). The more direct the relationship is between the doctoral student's manuscript/dissertation and one of these topics, the higher number of points awarded. For example a study of minorities' housing choice decisions would have high relevance to HUD's strategic goals; a study of transportation inequities would have medium relevance; and a study of the effects of global warming on urban development would have low relevance.

Rating Factor 3: Soundness of Approach (35 points)

In reviewing this factor, HUD will determine the extent to which:

(1) The research design and methodology proposed is likely to produce data and information that will successfully answer the research hypothesis;

(2) The methodology proposed is sound and generally accepted by the relevant research community and is in line with research already completed or existing publications in the field as they relate to the scholarly standard for the research questions; and

(3) The research and production of the research manuscript/dissertation can feasibly be completed within the grant performance period. Efforts on the part of the doctoral student who proposes extremely complex and time-consuming data collection efforts (*e.g.*, major longitudinal studies or a very large number of site visits within the grant period) will be determined less feasible for completion within the allotted grant period. For example, if the proposed methodology is based on information that may not be publicly available until after the end of the grant period (*e.g.*, Census information), or a data collection plan that will take longer than the allotted grant period, zero points will be awarded for this factor.

Rating Factor 4: Issuance of the Research Product (10 points)

An important purpose of these programs is to fund research that may impact federal problem solving and policymaking and is relevant to HUD's policy priorities and annual goals and objectives (See the General Section of the SuperNOFA for discussion). In reviewing this factor, HUD will evaluate the likelihood that the research will be completed and suitable for presentation at a conference or publication in a refereed journal by the end of the grant period. HUD will also evaluate the student's plan to disseminate the research through other means, *e.g.*, seminars, university publications, or relevant Internet listserves.

VI. Application Submission Requirements

(A) Content of Application. The application package must include an original signed application, three copies, and one computer disk (in Word 6.0 or higher) of the items listed below. In order to be able to recycle paper, doctoral students should not submit

applications in bound form; binder clips or loose-leaf binders are acceptable. Please do not use colored paper. The application narrative must not exceed 15 pages in length (excluding forms and assurances) and must be submitted on 8½ by 11-inch paper, double-spaced on one side of the paper, and printed in a standard Times Roman 12-point font. Each page should be numbered, section tabbed, and the name of the student and university on each page. The double-spacing requirement applies to all parts of an application including agreements. Please note that although submitting pages in excess of the page limit will not disqualify the application, HUD will not consider the information on any excess page. This may result in a lower score or failure to meet a threshold

Applications must contain the items listed in this section in the order shown below. There is no separate Application Kit for these programs.

(1) Transmittal Letter. This letter is from the student and must contain the following information: (a) Student's home address, telephone number, and email address; (b) Student's address, telephone number, facsimile number and email address at the university; (c) University's name, department, mailing address, telephone and facsimile number; and (d) The faculty advisor's name, title, department, address, telephone number, facsimile numbers, and email address—This must be the person who will serve as the Principal Investigator for the grant.

(2) HUD–424 (''Application for Federal Assistance'') Instructions for completing this form are found on the back of the first page of the form. Please remember the following: (a) The full grant amount should be entered in block 15, not the amount for one year, (b) Include the name, title, address, telephone number, facsimile number, and email address of the person authorized to execute the grant agreement in Block 5, (c) Include the institution's tax ID number in Block 6. The form should be signed by the appropriate university official, and (d) Block 10, the Catalog of Federal Domestic Assistance Number for the program funding is being requested. The Catalog of Federal Domestic Assistance (CDFA) number (block 10) for each program is as follows:

Early Doctoral Student Research Grant Program is 14.517

Doctoral Dissertation Research Grant Program is 14.516

(3) Table of Contents.

(4) Application Checklist (See Appendix A)

(5) Executive Summary (500 words or less). The Executive Summary should, at a minimum, include a summary of the proposed research project that addresses the following topics: (a) Specific purpose of the manuscript/dissertation; (b) Methodology being used; and (c) How the student meets the eligibility criteria for the program from which she/he is requesting funding.

(6) Narrative statement responding to the Factors for Award in Section V. The narrative of application must not exceed 15 pages, double-spaced, typed in standard Times Roman 12-point font, and be submitted on one side of 8½-by 11-inch paper. HUD will use the narrative response to the Factors for Award to rate and rank an application. This statement is the main source of information; therefore, it is very important that the student becomes fully familiar with the rating factors above for the program from which he/she is requesting funding. The narrative should be numbered in accordance with each factor and subfactor.

(7) Department Chairperson Support Letter. This letter must provide a statement from the doctoral student's department chairperson verifying the doctoral student has met all the eligibility criteria described in Section III (B).

(8) University Support Letter. This letter must provide a statement from the appropriate official at the university that describes in detail the type of support the university will be providing, as described in Section III (B). Please remember that this support may not replace support nor assistance that the institution would otherwise provide the student.

(9) Budget. The budget presentation should be consistent with the Statement of Work. (See Appendix B for a sample.)

(10) Additional Required Assurances and Certifications. These forms can be downloaded from the HUD website at www.hud.gov.

(a) Applicant Assurances and Certification (HUD–424B) (if applicable)

(b) Disclosure of Lobbying Activities (SF LLL) (if applicable)

(c) Acknowledgment of Receipt of Applications (HUD–2993). To confirm that HUD received the student's application, please complete this form. This form is optional.

(d) Client Comments and Suggestions (HUD 2994). This form is included so that we can solicit information from the most valuable source—the student, or customers. If the student completes and submits this form, it will help HUD to assess whether the changes made to this document have had the intended results. It will also guide us in our continuing efforts to improve the competitive grant process. This form is optional and can be completed by the student.

VII. Correction to Deficient Applications

After all application selections have been made, HUD may require the student to participate in negotiations to determine the specific terms of the Statement of Work and the grant budget. In cases where HUD cannot successfully complete negotiations, or the student fails to provide HUD with requested information, an award will not be made. Students must submit clarifications or corrections of technical deficiencies in accordance with the information provided by HUD within 14 calendar days of the date of receipt of the HUD notification. (If the due date falls on a Saturday, Sunday or federal holiday, the correction must be received by HUD on the next day that is not a Saturday, Sunday or federal holiday.) If the deficiency is not corrected within this time period, HUD will reject the application as incomplete, and it will not be considered for funding. In such instances, HUD may elect to offer an award to the next highest-ranking application, and proceed with negotiations with that student.

VIII. Environmental Requirements

The provision of assistance under these programs is categorically excluded from environmental review under the National Environmental Policy Act of 1969 (42 U.S.C. 4321) and not subject to compliance actions for related environmental authorities under 24 CFR 50.19(b)(1) and (b)(9).

IX. Other Matters

(1) Applicants must comply with the requirements for funding competitions established by the HUD Reform Act of 1989 (42 U.S.C. 3531 *et seq.*) as defined in the General Section of the SuperNOFA.

(2) Debriefing. The General Section of the SuperNOFA provides the procedures for requesting a debriefing. All requests for debriefings must be made in writing and submitted to Armand Carriere of HUD's Office of University Partnerships, Robert C. Weaver Building, 451 7th ST. SW., Room 8106, Washington DC 20410. Doctoral students may also write to Mr. Carriere via the Internet at *Armand_W._Carriere@hud.gov.*

X. Authority

These programs are being undertaken under HUD's research authority under

Title V of the Housing and Urban Development Act of 1970.

Appendices A and B

The application checklist and sample budget are included in Appendices A and B.

APPENDIX A

EARLY DOCTORAL STUDENT RESEARCH GRANT PROGRAM AND DOCTORAL DISSERTATION RESEARCH GRANT PROGRAM

APPLICATION CHECKLIST

This checklist identifies application submission requirements. You are requested to use this checklist when preparing your application to ensure submission of all required elements. Please present the information in your application in the order outline below and include the completed checklist.

I. PART A

_____Transmittal Letter

_____ HUD Form 424, Application for Federal Assistance

_____ Table of Contents

_____ Executive Summary (500 words or less)

_____ Narrative statement addressing selection factors for award (Must not exceed 15 pages in length excluding required forms and assurances)

____ Support Letter (From the applicant's department chairperson)

____ Support Letter (From the university)

II. PART B

_____ Budget Form (Sample Appendix B)

_____ HUD Form 424B, Applicant Assurances and Certifications (if applicable)

_____ HUD Form 2993, Acknowledgement of Application Receipt

_____ HUD Form 2994, Client Comments and Suggestions

APPENDIX B

BUDGET INSTRUCTIONS:

A sample budget for an application is shown below. The categories of expenses shown do not necessarily apply to all applications, and some applications may have expense categories not shown. The sample is representative, not binding.

Name and Address of Student: Bernice Barnes
471 Robins Road
Stansbury, MD 12345

Name of the Research Product: "A Study of Equal Opportunity and Self-Sufficiency In Households run by Single Parent Females"

Services:

Applicant (Bernice Barnes)
_____ days @_____/day = $ xxx

Other Professionals
R. Nelson _____ days @_____/day = $ xxx
K. Crawley_____ days @_____/day = $ xxx

Clerical

J. Brown _____ days @_____/day = $ xxx

Subtotal, Services

Other:
Travel: _____ trips @_____/trip = $ xxx
Computer Usage = $ xxx
Reproduction Costs = $ xxx
Phone, Mailing, Misc. Materials = $ xxx

Subtotal Other

Total Estimated Cost **$XXXXXX**

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

COMMUNITY DEVELOPMENT WORK STUDY PROGRAM

Billing Code 4210-32-C

Funding Availability for the Community Development Work Study Program

Program Overview

Purpose of the Program: To provide assistance to economically disadvantaged and minority graduate students who participate in community development work study programs, are U.S. citizens or resident aliens, and are enrolled full-time in a graduate community building academic degree program.

Available Funds: Approximately $2.981 million from Fiscal Year (FY) 2003 Consolidated Appropriation Resolution, (plus any additional funds recaptured from prior appropriations).

Eligible Applicants: Institutions of higher learning accredited by national or regional accrediting agency recognized by the U.S. Department of Education, Area-Wide Planning Organizations (APOs), and states.

Application Deadline: May 27, 2003

Match: None.

Additional Information

Applicants interested in applying for funding under this NOFA should carefully review the General Section of this SuperNOFA and the following additional information. There is no separate Application Kit for this NOFA.

I. Application Due Date and Technical Assistance

Application Due Date. A completed application package is due on or before May 27, 2003, based on the following submission requirements.

Address for submitting applications. A completed application package (*one original signed application, three copies, and one computer disk (in Word 6.0 or higher)* of the application. This package must be submitted to the following address: Processing and Control Branch, Office of Community Planning and Development, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW., Room 7251, Washington, DC 20410. When submitting an application package, also please include the following information on the outside of the envelope: (a) the Office of University Partnerships, (b) refer to the Community Development Work Study Program, (c) Room number 7251, (d) the applicant's name and mailing address (including zip code), and (e) the applicant's telephone number (including area code).

Mailing and Receipt Procedures. Applicants must refer to the General Section of this SuperNOFA for detailed requirements governing application submission and receipt.

For Further Information and Technical Assistance. Applicants may contact Armand Carriere of HUD's Office of University Partnerships at (202) 708–3061, ext. 3181 or Susan Brunson, at (202) 708–3061, ext. 3852. Hearing-or speech-impaired individuals may call the Federal Information Relay Service at 1–800–877–8339 (this is the only toll-free number). Applicants may also reach Mr. Carriere via e-mail at *Armand_W._Carriere@hud.gov* and Ms. Brunson at *Susan_S._Brunson@hud.gov.*

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about this program and preparation of the application. For more information about the date and time of this broadcast, consult HUD's website at www.hud.gov.

II. Amount Allocated, Grant Size and Term, and Performance Period

Up to $2.981 million, plus approximately $120,000 in previously unexpended funds and any additional funds recaptured from prior appropriations will be available for funding under this program.

The maximum grant performance period is two years (24 months). The performance period will commence on the effective date of the grant agreement.

Institutions may request no more than $15,000 per year per student for a total of $30,000 for a two-year (24 months) grant performance period. The minimum amount an institution can request is $90,000 (funding for three students) and the maximum amount is $150,000 (funding for five students).

III. Program Description; Eligible Applicants; Eligible Activities and Costs

(A) Program Description

Community Development Work Study Program (CDWSP) funds two-year grants to accredited institutions of higher education, APOs, and states applying on behalf of institutions of higher education to provide assistance to economically disadvantaged and minority graduate students who participate in a community development work study program. Students must be U.S. citizens or resident aliens and enrolled full-time in a graduate community building academic degree program. Grants will cover the academic period August 2003 through August 2005.

(B) Eligible Applicants

Organizations are eligible if they are:

(1) An accredited institution of higher education recognized by the U.S. Department of Education that offers a graduate degree in a community development academic program;

(2) An APO applying on behalf of two or more eligible accredited institutions of higher education recognized by the U.S. Department of Education that are located in the same Standard Metropolitan Statistical Area (SMSA) or non-SMSA as the APO (in accordance with the regulations at 24 CFR 570.415, institutions of higher education are permitted to choose whether to apply independently or through an APO); or

(3) A state applying on behalf of two or more eligible accredited institutions of higher education recognized by the U.S. Department of Education that are located in the state. If a state is approved for funding, accredited institutions of higher education located in that state may not apply independently.

(C) Eligible Activities and Costs

Applicants may request no more than $15,000 per year per student, for a total of $30,000 for two years. The total is broken down per year as follows: an administrative allowance of $1,000 per student per year; a work stipend of no more than $9,000 per student per year; and tuition, fees, and additional support of no more than $5,000 per student per year.

IV. Program Requirements

In addition to the program requirements listed in the General Section of this SuperNOFA, applicants must meet the following program requirements.

(A) *Statutory Requirements.* Applicants *must* comply with all statutory and regulatory requirements applicable to this program. CDWSP regulations can be found at 24 CFR 570.415. Copies of the regulations are available on request from HUD User (*www.HUDUSER.org*).

(B) *Recipient/Student Bonding Agreement.* This agreement should cover the purpose of the work placement, responsibilities of both parties, including financial support and work component. This agreement should also address the student's responsibilities as described in the program regulations.

(C) *Recipient Workplace Agreement.* This agreement should cover the purpose of the work placement and the respective roles of the parties. Among other matters determined to be appropriate, this agreement should address the work placement agency's responsibilities described in the program regulations.

(**Note:** HUD does not provide a model or sample format for either of these agreements).

V. Application Selection Process

(A) Two Types of Reviews

Two types of reviews will be conducted:

(1) A threshold review to determine an applicant's eligibility; and

(2) A technical review based on the ''Factors for Award'' rating factors listed in Section V below.

Only those applications that pass the threshold review will receive a technical review and be rated and ranked.

(B) Threshold Criteria for Funding Consideration

All applicants must be in compliance with the threshold requirements as defined in the General Section of this SuperNOFA and the requirements listed below to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified:

(1) *Eligibility.* Applicants must be eligible to apply for the program (Sec. III B). In an effort to expand the program to include a greater variety of institutions, institutions that received grants in FY 2002 (independently or through an APO or state) are not eligible to submit an application.

(2) *Eligibility of the Degree Program.* An eligible community building academic program includes but is not limited to accredited graduate degree programs in community and economic development, community planning, community management, public administration, public policy, urban economics, urban management, and urban planning. An eligible community building academic program excludes social and humanistic fields such as law, economics (except for urban economics), education, sociology, social work, business administration, history, and joint degree programs except where both joint degree fields have the purpose and focus of educating students in community building. Applicants are encouraged to contact Armand Carriere or Susan Brunson at the above listed telephone numbers if they have any questions about eligibility of a proposed degree program.

(3) *Number of students to be assisted.* The minimum number of students that may be assisted per participating institution is three. If an APO or state receives assistance for a program that is conducted by two or more institutions, each participating institution must have a minimum of three students per program. The maximum number of students that can be assisted under this program is five per participating institution.

(4) *Graduation rates.* If an applicant received funding during the FY 2000 round, at least 50 percent of the students assisted must have graduated. This round of funding covered the school years August 2000 to August 2002. To address this requirement an applicant must submit a copy of the final Community Development Work Study Program Student Data Sheet, HUD–30007, for each student that received assistance from the program. This rate must be achieved two weeks prior to the application submission date of this NOFA. Institutions funded under the FY 2000 CDWSP funding round that cannot verify such a rate will be excluded from participating in the FY 2003 funding competition.

(5) *Budget.* Submit a completed budget Form HUD–30015 (Community Development Work Study Program Student Budget Sheet) for the August 2003 through August 2005 funding period. Applicants may request no more than a total of $15,000 per year per student and funding for no more than five or fewer than three students per institution of higher education. An APO and/or state must also complete the HUD 30014 (Community Development Work Study Program State/Areawide Planning Organization Budget Summary).

(6) *Compliance with nondiscrimination requirements.* All applicants and their subrecipients must comply with all Fair Housing and civil rights laws, statutes, regulations and executive orders as enumerated in 24 CFR 5.105(a). In addition, applicants must comply with Title X of the Education Amendments Act of 1972 (2 U.S.C. 1681 et seq.). HUD will not approve an application for funding under this NOFA if, as of the due date, the applicant:

(a) Has been charged with a systemic violation of the Fair Housing Act alleging ongoing discrimination;

(b) Is the defendant in a Fair Housing Act lawsuit filed by the Department of Justice alleging an ongoing pattern or practice of discrimination; or

(c) Has received a letter of noncompliance findings identifying on-going or systemic noncompliance, under Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, or Section 109 of the Housing and Community Development Act; and if the charge, lawsuit, or a letter of findings has not been resolved to HUD's satisfaction before the application deadline stated in this NOFA, the applicant may not apply for assistance under this program. HUD will not rate and rank the application. HUD's decision regarding whether a charge, lawsuit, or letter of findings has been satisfactorily resolved will be based upon whether appropriate actions have been taken to address allegations of ongoing discrimination in the policies or practices involved in the charge, lawsuit, or letter of findings. Examples of actions that may be taken prior to the application due date to resolve the charge, lawsuit, or letter of finding include, but are not limited to:

(i) A voluntary compliance agreement signed by all parties in response to the letter of findings;

(ii) A HUD-approved conciliation agreement signed by all parties;

(iii) A consent order or consent decree; or

(iv) A judicial ruling or a HUD Administrative Law Judge's decision that exonerates the respondent of any allegations or discrimination.

(C) Factors for Award Used to Evaluate and Rank Applications.

The factors for evaluating, rating, and ranking an application, and the maximum points for each factor, are listed below. The maximum number of points available for this program is 100. To be eligible for funding, an application must have a minimum score of 75 points out of the total possible points. The RC/EZ/EC bonus points described in the General Section of this SuperNOFA do not apply to this program.

Rating Factor 1: Capacity of the Academic Program and Relevant Past Experience (25 points)

This factor addresses the extent to which an applicant's academic program has the capacity to prepare students for careers in community building. In evaluating this factor, HUD will consider:

(1) *Capacity of the Academic Program* (20 points)for previously unfunded applicants and 15 points for previously funded applicants)

Applicants must describe the quality of the academic program the institution offers (or in the case of an application from an APO or state, those offered by the institutions included in the application) including, without limitation, the:

(a) Quality of the course offerings in terms of their depth and emphasis on applied coursework;

(b) Appropriateness of the courses offered for preparing students for careers in community building; and

(c) Qualifications of the faculty, such as the number of PhD's, and the percentage of their time devoted to

teaching and research in community building.

As a supplement to the narrative response, applicants can include photocopies of excerpts from official publications of the educational institution or department. Please make sure to place these documents after the narrative and include them in the page count requirement.

(2) *Rates of Graduation* (5 points for previously unfunded applicants and 10 points for previously funded applicants)

HUD will evaluate the graduation rates of students previously enrolled in a community building academic degree program, specifically (where applicable) graduation rates from any previously funded CDWSP academic programs or similar programs. This factor measures the rate of graduation for all applicable years and awards points based on the extent to which the applicant exceeds a 50 percent graduation rate each applicable year. Previously funded CDWSP programs should include copies of the final Community Development Work Study Program Student Data Sheet, HUD–30007 for each previously enrolled student that received assistance from the program.

Rating Factor 2: Need for the Program (10 Points)

This factor addresses the extent to which there is a need for funding the proposed program activities and an indication of the importance of meeting the need. In responding to this factor, HUD will evaluate the applicant's commitment to meeting the needs of economically disadvantaged and minority students as demonstrated by the institution's policies and plans, past efforts and successes recruiting, enrolling, and financially assisting economically disadvantaged and minority students, including the provision of reasonable accommodations for students with disabilities. If the applicant is an APO or state, HUD will consider the demonstrated commitment of each accredited institution of higher education on whose behalf the APO or state is applying.

Rating Factor 3: Soundness of Approach (45 Points)

This factor addresses the quality and effectiveness of the proposed student work placement assignments.

(1) *Quality of the Work Placement Assignments* (13 Points) HUD will evaluate the extent to which participating students will receive a variety of work placement assignments. (Note: Students cannot be placed with a Federal Government agency). The assignments should provide practical and useful experience to students participating in the program and further the participating students' preparation for professional careers in community building. In rating this factor, HUD will consider the quality in terms of the variety of work placement agencies, and the variety of projects/experiences at each agency and overall. Applicants must also include a description of the plan for rotating students among work placement agencies. **Note:** Students engaging in community building projects through an institution of higher education (rather than being directly supervised by local work placement sites) may do so only through a HUD funded Community Outreach Partnership Center (COPC), which will in that instance be considered a work placement agency even if the community building projects are undertaken with or through a separate organization or entity. Accordingly, students engaging in community building through an institution of higher education's outreach center should do so during only part of their academic program and should rotate to other work placement agency responsibilities as well. In order to receive higher points on this subfactor, applicants must propose at least three different work placement experiences for each student (typically, one each school year and one during the summer between the two school years) and include executed agreements with their proposed work study sites, rather than just listing these sites.

(2) *Effectiveness of Program Administration* (15 Points) HUD will evaluate the degree to which the applicant will be able to coordinate and administer the program. HUD will allocate the maximum points available under this criterion equally among the following three considerations, except that the maximum points available under this criterion will be allocated equally only between (a) and (b), if the applicant has not previously administered a CDWSP-funded program. If an applicant received a CDWSP grant in FY 1999 or before and has not received one since, the applicant is considered a new applicant, for the purposes of this factor. Applicants must include a Management Work Plan that addresses the following details at a minimum:

(a) The strength and clarity of the plan for placing CDWSP students on rotating work placement assignments and for monitoring CDWSP students' progress both academically and in their work placement assignments. In addition, include plans, procedures, schedules, and preferably a milestone chart that indicates the sequence in which these tasks will be performed, noting areas of work that will be performed simultaneously and continually during the life of the grant, along with the name of the responsible individual. Also, include plans for recruiting and selecting students, monitoring and guidance of students academic progress, coordinating and monitoring student work placement agencies, and other matters deemed significant;

(b) The key personnel responsible for administering, managing, and evaluating the project, the experience, responsibilities, available time, and authority of the individual who will coordinate and administer the program; and

(c) The effectiveness of prior coordination and administration of a CDWSP-funded program, where applicable. In addressing this factor, applicants should describe the timeliness of report submissions. Applicants should review their prior CDWSP grant agreements and reports and compare when reports were due with when the reports actually were submitted. Applicants should also describe their timeliness in drawing down grant funds. Applicants are encouraged to provide a chart that outlines report submissions for each grant by the submission date and the pattern of drawing down of funds.

(3) Likelihood of Fostering Students' Permanent Employment in Community Building (15 Points)

HUD will evaluate the extent to which the proposed program will lead participating students directly and immediately to permanent employment in community building. Include a statement that describes, at a minimum, the following:

(a) Past success in placing graduates (particularly CDWSP-funded and similar program graduates, where applicable) in permanent employment in community building; and

(b) How the institution will assist students (particularly students in CDWSP-funded and similar programs, where applicable) in finding permanent employment in community building. Include the amount/type of faculty/staff time and resources that will be devoted to assisting students.

(4) *HUD 2003 Policy Priorities* (2 Points). The extent to which an applicant provides students with work place assignments that undertake specific activities that will further and support HUD's policy priorities and FY 2004 goals. In rating this factor, HUD will evaluate the quality of the responses provided to one or more of

HUD's priorities to determine the score an applicant will receive. For each policy priority addressed an applicant can receive one point. Applicants cannot receive more than two points.[S1] For a full list and explanation of each priority, please refer to the General Section of this SuperNOFA.

Rating Factor 4: Leveraging Resources (10 points)

HUD will evaluate the applicant's commitment and ability to assure that CDWSP students will receive sufficient financial assistance above and beyond the CDWSP funding to complete their academic program in a timely manner and without working in excess of 20 hours a week during the school year. When addressing this issue, delineate the full costs budgeted annually per student (including living expenses, fees, etc), explain the basis for the budget and how the financial assistance package offered to each CDWSP student will meet that budget. Applicants must explain how variations in the budget needs and emergency financial needs will be addressed among students. Loans are less preferred than grants because of the burden placed on the student to repay them. Therefore, higher points will be given to applicants that provide assistance in the form of grants rather than loans.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

HUD will evaluate the extent to which an applicant identifies program activities, outcomes, interim benchmarks, and performance indicators that will describe how performance will be measured. Applicants must also describe the steps that will be taken to make adjustments to the work plan if performance targets are not met within the established timeframe associated with each activity. At a minimum, the evaluation plan should address the following activities:

(a) Student recruitment;

(b) Student completion of degree program; and

(c) Long term placement after graduation (1year after graduation).

All performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. This information should be provided in a Logic Model format. This form and information on how to use it can be found in the General Section of this SuperNOFA.

VI. Application Submission Requirements

(A) *Content of Application.* The application package should include one original signed application, three (3) copies, and one computer disk of the application (in Word 6.0 or higher) of the items listed below. In order to be able to recycle paper, applicants should not submit applications in bound form; binder clips or loose-leaf binders are acceptable. Also, please do not use colored paper. The application narrative must not exceed 50 pages in length (excluding forms and assurances) and must be submitted on 8½ by 11-inch paper, double-spaced on one side of the paper, and printed in a standard Times Roman 12-point font. The double-spacing requirement applies to all parts of the program narrative, including agreements and tables (photocopies of excerpts from official publications of the educational institution or department are excluded from this requirement). Please do not provide any additional exhibits, appendices, or resumes to support responses. No additional attachments are permitted. Please note that although submitting pages in excess of the page limit will not disqualify an application, HUD will not consider the information on any excess page. This may result in a lower score or failure to meet a threshold. Please make sure that all items are submitted in the order listed below and all pages numbered. Except where a particular form may direct otherwise, all forms included in the application, as well as the transmittal letter, must be signed by the Chief Executive Officer (this is generally the President or Provost) or an official designee legally authorized to make a commitment on behalf of the institution. If a designee signs, the application must contain a copy of the official delegation of signatory authority.

(1) Transmittal Letter. This letter must contain the following:

(a) A statement assuring that the institution of higher education (not the department or program) that will be receiving funds under this grant is fully accredited. The letter must state not only the name of the accrediting agency but also that the particular accrediting agency is recognized by the U.S. Department of Education. If a state or APO is the applicant, the transmittal letter must set forth this assurance for each institution of higher education with whom they will be working;

(b) The name, title, address, telephone number, fax number, and e-mail address of the Program Director and the individual(s) authorized to legally negotiate on the institution's behalf. All APOs and states must provide this assurance with respect to accreditation for each institution that would participate in their FY 2003 CDWSP grant.

(2) HUD Form 424 (Application for Federal Assistance). When completing this form, please remember the following:

(a) The full grant amount should be entered in block 15, not the amount for the first year;

(b) In designating the contact (in box 5), please include a title, address, telephone number, fax number, and e-mail address. This is the person who will be receiving the reviewer comments, so please ensure the accuracy of the address;

(c) Item 10, the Catalogue of Federal Domestic Assistance Number for this program is 14.512; and

(d) The project start date should be August 1, 2003 and the completion date should be August 31, 2005.

(3) Table of Contents.

(4) Application Checklist (See attachment A) fully completed.

(5) Executive Summary—no more than three (3) pages in length. The Executive Summary should, at a minimum, describe:

(a) The academic degree programs for which the students will be selected;

(b) The type of work placement agencies (including specific examples) that have committed to participate in the program (students cannot be placed at a Federal Government agency); and

(c) The plans and resources/facilities for administering the program and assisting students to pursue post-academic or community building opportunities.

(6) Designation of Applicable Graduate Degree Program(s) Form HUD–30013 (Community Development Work Study Program Designation of Applicable Graduate Academic Degree Program). Review carefully the regulations dealing with eligible types of degree programs before completing this form. If the proposed program is other than one listed as an eligible degree program, please contact Armand Carriere or Susan Brunson for additional guidance.

(7) Narrative statement addressing the Factors for Award in Section V. The application narrative must not exceed 50 pages in length (excluding required forms and assurances) and must be submitted on 8½ by 11-inch paper, double-spaced on one side of the paper, and printed in a standard Times Roman 12-point font. The double-spacing requirement applies to all parts of the program narrative, including agreements and tables (photocopies of excerpts from

official publications of the educational institution or department are excluded from this requirement). Please do not provide any additional exhibits, appendices, or resumes to support your responses. No additional attachments are permitted. Please note that although submitting pages in excess of the page limit will not disqualify an application, HUD will not consider the information on any excess page. Failure to comply with this requirement may result in a lower score or failure to meet a threshold. This statement is the main source of information used to rate and rank an application; therefore, it is very important to become fully familiar with the rating factors above. In each factor there may be subfactors. Each subfactor should be presented separately, with the short tile of the subfactor and sufficient information about every element of the subfactor. The response to each factor and subfactor should be concise and contain only relevant information, but detailed enough to address each factor fully. Please do not repeat material in response to the factors and subfactors.

(8) Budget. Use the budget form HUD 30015 (Community Development Work Study Program Student Budget Sheet) for the August 2003 through August 2005 funding period. Applicants may request no more than a total of $15,000 per year per student for five students and no fewer than three students per institution of higher education. An APO and/or state must also complete the HUD 30014 (Community Development Work Study Program State/Area-wide Planning Organization Budget Summary). Please provide any necessary back-up documentation (*e.g.*, pages from course catalogues listing the fees) to demonstrate concisely that the amounts requested are reasonable and customary. Applicants are not required to submit documentation for the administrative allowance amount. Any anticipated increases to these project costs should be included and an explanation for the basis of the increases provided. If documentation is not included, the award amount will be based on current tuition rates, regardless of any subsequent tuition increase. HUD will not increase the amount of the grant once awarded to reflect any tuition or fee increases that have not been set forth in the application. Also, HUD will not cover any costs exceeding the per-student maximum.

(9) Additional required Assurances and Certifications.

(a) Applicant Assurances and Certifications (HUD–424B) if applicable.

(b) Applicant/Recipient Disclosure Update Report (HUD–2880).

(c) Assurance Regarding the Applicant's Financial Management Systems.

(d) Acknowledgement of Applicant Receipt (HUD–2993)

(e) Client Comments and Suggestions (HUD–2994).

(B) *Rating Panels.* To review and rate applications, the Department may establish panels including persons not currently employed by HUD to obtain certain expertise and outside points of view, including views from other Federal agencies.

(C) *Selections.* If an application passes the threshold requirement review, it will be rated and then ranked based on the total score it received on the rating selection factors. Applications will be considered for selection based on their rank order. HUD may make awards out of rank order to achieve geographic diversity, and may provide assistance to support a number of students that is less than the number requested under an application or a lower funding level per student, in order to provide assistance to as many highly ranked applications as possible.

The minimum fundable score is 75 points. If there is a tie in the point scores of two applications, the rank order will be determined by the scores on Rating Factor 3 entitled ''Soundness of Approach.'' The application with the higher points on this factor will be given the higher rank. If there is still a tie, the rank order will be determined by the applicants' scores on Rating Factor 1 entitled ''Capacity of the Applicant's Academic Program and Relevant Past Experience.'' The application with the higher points for this selection factor will be given the higher rank.

If there are insufficient funds to fund an application, even if the request is reduced to the minimum number of students that could be funded (*i.e.*, three students per institution of higher education), HUD may select the next ranked application that would not exceed the funding left available and still fund the minimum number of students allowed.

If funds remain after funding the highest ranked applications that can be fully funded, HUD may fund part of the next highest-ranking application (as long as it would provide assistance to the minimum number of students required to be served) in a given program area. If an applicant turns down the award offer, HUD will make the same determination for the next highest-ranking application. If funds remain after all selections have been made, the remaining funds will be carried over to the next funding cycle's competition.

(1) Applicants must comply with the requirements for funding competitions established by the HUD Reform Act of 1989.

(D) *Debriefing.* The General Section of the SuperNOFA provides the procedures for requesting a debriefing. All requests for a debriefing must be made in writing and submitted to Armand W. Carriere, Acting Director, Office of University Partnerships, Robert C. Weaver Building, 451 7th Street SW., Room 8106, Washington, DC 20410.

(E) *Disclosures.* HUD will make available to the public for five years all applicant disclosure reports (HUD Form 2880) submitted in connection with this NOFA. Update reports (also Form 2880) will be made available along with the applicant disclosure reports, but in no case for a period less than three years. All reports—both applicant disclosures and updates—will be made available in accordance with the Freedom of Information Act (5 U.S.C. 552) and HUD's implementing regulations at 24 CFR part 15.

(F) *Negotiations.* After selections have been made, HUD may require winners to participate in negotiations to determine the Grant Budget. In cases where HUD cannot successfully conclude negotiations, or an applicant fails to provide HUD with the requested information, an award will not be made. In such instances, HUD may elect to offer an award to the next highest-ranking applicant, and proceed with negotiations with the next highest applicant.

VII. Corrections to Deficient Applications

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

VIII. Environmental Requirements

This NOFA does not direct, provide for assistance or loan and mortgage insurance for, or otherwise govern or regulate real property acquisition, disposition, leasing, rehabilitation, alteration, demolition, or new construction, or establish, revise, or provide for standards for construction or construction materials, manufactured housing, or occupancy. Accordingly, under 24 CFR 50.19(c)(1), this NOFA is categorically excluded from environmental review under the National Environmental Policy Act of 1969, as amended (42 U.S.C. 4321) and 24 CFR 50.19(b)(3) and (b)(9).

IX. Other Matters

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are

explained in the General Section of the SuperNOFA.

X. Authority

Section 107(c) of the Housing and Community Development Act of 1974, as amended (42 U.S.C. 5301 *et seq.*) authorizes CDWSP. Regulations for the program appear at 24 CFR part 57.

COMMUNITY DEVELOPMENT WORK STUDY PROGRAM

APPLICATION CHECKLIST

(Attachment A)

This checklist identifies application submission requirements. Applicants are requested to use this checklist when preparing an application to ensure submission of all required elements. Please present the information in the application in the order outlined below and include the completed checklist.

I. PART A

_____Transmittal Letter

_____HUD Form 424, Application for Federal Assistance

_____Table of Contents

_____ Application Checklist

_____ Executive Summary (no more than three (3) pages in length)

_____ HUD 30013, Community Development Work Study Program Designation of Applicable Degree Program

_____ Narrative statement addressing selection factors for award (Must not exceed 50 pages in length excluding required forms and assurances)

_____ Management/Workplan

_____ HUD 30007, Community Development Work Study Program Student Data Sheets

_____ Recipient/Student Binding Agreement (No form provided)

_____ Recipient/Work Placement Agreement (No form provided)

_____ Logic Model Form (See General Section of the SuperNOFA)

II. PART B

_____ HUD 30015, Community Development Work Study Program Student Budget Sheet

_____ HUD 30014, Budget Cover Sheet for State/Area-Wide Planning Organizations Budget Summary Sheet (applicable only for states and APOs)

_____ HUD 424-B, Applicant Assurances and Certifications (if applicable)

_____ HUD Form 2880, Applicant/Recipient Disclosure Update Report

_____ HUD Form 2993, Acknowledgement of Application Receipt (optional)

_____ HUD Form 2994, Client Comments and Suggests (optional)

Community Development Work Study Program Student Data Sheet

U.S. Department of Housing and Urban Development
Office of University Partnerships

OMB Approval No. 2528-0175
(exp. 10/31/2003)

The information collection requirements contained in this notice of funding availability and application kit will be used to rate applications, determine eligibility, and establish grant amounts for the Community Development Work Study Program, (CDWSP). Total reporting burden for collection of this information is estimated to average 1hour. This includes time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information submitted in response to the notice of funding availability for CDWSP is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 189 (Pub. L. 101-235, approved December 15, 1989, U.S.C. 3545). The agency may not conduct or sponsor, and a person is not required to, a collection of information unless the collection displays a valid control number.

Institution:_____ Grant #: CDWS____-____-_____

Date of Report :_____ Interim:_____ Final: _____

Student::_____ Gender:_____

Ethnicity: (Select one) Hispanic or Latino ☐ Not Hispanic or Latino ☐

Race: (Select one or more)
American Indian or Alaska Native ☐ Asian ☐ Black or African-American ☐
Native Hawaiian or Other Pacific Islander ☐ White ☐

Date Student Entered Program: _____

Degree/Major/Concentration: _____

Hours Required for Degree: _____ Qtr. Hrs. or _____ Semester Hrs.

Hours Completed Through Reporting Period: _____ Cumulative GPA:_____

Work Placements: Initial ☐ Second ☐ Third ☐
(Check appropriate placement)

Agency Name:_____

Position:_____

Start Date: _____ End Date: _____

Date Student Will Graduate/Did Graduate From Program: _____

Date Student Withdrew* From Program Without Completion: _____

Grant Funds Expended Through This Reporting Period:

Administrative Allowance _____
Work Stipend _____
Tuition and Fees _____
Additional Supprt _____

* An explanation of students's withdrawal must accompany the Student Data Sheet

Previous versions obsolete

form **HUD-30007** (10/2002)

Community Development Work Study Program Designation of Applicable Graduate Academic Degree Program

U.S. Department of Housing and Urban Development
Office of University Partnerships

OMB Approval No. 2528-0175
(exp. 10/31/2003)

The information collection requirements contained in this notice of funding availability and application kit will be used to rate applications, determine eligibility, and establish grant amounts for the Community Development Work Study Program, (CDWSP). Total reporting burden for collection of this information is estimated to average 1 hour. This includes time for reviewing instructions, searching existing data resources, gathering, and maintaining the data needed, completing, and reviewing the collection of information. The information submitted in response to the notice of funding availability for CDWSP is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 189 (Pub.L. 101-235, approved December 15, 1989, U.S.C. 3545). The agency may not conduct or sponsor, and a person is not required to, a collection of information unless the collection displays a valid control number.

To be eligible for participation in the Community Development Work Study Program (CDWSP), an institution must have a graduate academic degree program in one of the relevant fields as defined in the program's regulations. Closely examine the definitions of "community building" and "community building academic program" in the regulations and, if in doubt, speak with the program staff in the Office of University Partnerships before preparing an application.

Below are the degree programs that the institution has determined as eligible programs to implement this CDWSP grant.

Academic Degree Program(s)

_____

_____

_____

_____

Attached are photocopies of excerpts from an official publication of the educational institution(s) or department setting forth the degree requirements and listing the courses applicable for the particular academic program(s) to which this grant will apply.

_____

Signature of Dean (or Equivalent) of Academic Department Granting Degree(s)

Previous versions obsolete
Submit and Original and three copies

form **HUD 30013** (10/2002)

Community Development Work Study Program
State/Areawide Planning Organization
Budget Summary Sheet

U.S. Department of Housing and Urban Development
Office of University Partnerships

OMB Approval No. 2528-0175
(exp.10/31/2003)

The information collection requirements contained in this notice of funding availability and application kit will be used to rate applications, determine eligibility, and establish grant amounts for the Community Development Work Study Program, (CDWSP). Total reporting burden for collection of this information is estimated to average 1 hour. This includes time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, completing and reviewing the collection of information. The information submitted in response to the notice of funding availability for CDWSP is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 189 (Pub.L. 101-235, approved December 15, 1989, U.S.C. 3545). The agency may not conduct or sponsor, and a person is not required to, a collection of information unless the collection displays a valid control number

Name of State/Areawide Planning Organization: _____

Date Submitted: _____

Total Application Budget

Administrative Allowance: _____

Work Stipend: _____

Tuition and Fees: _____

Additional Support: _____

TOTAL _____

Total number of students _____

Participating Institutions of Higher Education:

_____

_____

_____

_____

_____

_____

_____

_____

Previous versions obsolete
Submit and Original and three copies

form **HUD 30014** (10/2002)

Community Development Work Study Program
Student Budget Sheet

U.S. Department of Housing and Urban Development
Office of University Partnerships

OMB Approval No. 2528-0175
(exp. 10/31/2003)

The information collection requirements contained in this notice of funding availability and application kit will be used to rate applications, determine Eligibility, and establish grant amounts for the Community Development Work Study Program, (CDWSP). Total reporting burden for collection of this information is estimated to average 1 hour. This includes time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, completing and reviewing the collection of information. The information submitted in response to the notice of funding availability for CDWSP is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 189 (Pub.L. 101-235, approved December 15, 1989, U.S.C. 3545). The agency may not conduct or sponsor, and a person is not required to, a collection of information unless the collection displays a valid control number.

Name of Institution of Higher Education _____ Date Submitted: _____

CATEGORY	YEAR ONE (Per Student)		YEAR TWO (Per Student)		Number of Students		TOTAL (Both years, All students)
	Resident	**Non-Resident**	**Resident**	**Non-Resident**	**Resident**	**Non-Resident**	
Administrative Allowance (Maximum = $1,000)							
Work Stipend (Maximum = $9,000)							
Tuition, Fee and Additional Support (Maximum = $5,000)							
Totals							

Total requested **per resident student** for the two **years combined:** $ _____
Total requested **non resident student** for the two **years combined:** $ _____

The requested **WORK STIPEND** is based on the prevailing hourly rate of $ _____for initial entry positions in the community and economic development field for graduate students multiplied by_____ hours per semester/quarter multiplied by semesters/quarters and if applicable, _____ hours during the summer for the yearly per student total work stipend.

The request **TUITION AND FEES per resident student** for the two **years combined**: $ _____
The request **TUITION AND FEES resident student** for the two **years combined**: $ _____
To support the request above, a tuition and fee schedule is attached to this document:
Yes_____ No _____

ADDITIONAL SUPPORT may cover books and other educational supplies ($_____), travel expenses for the students ($ _____), Professional association dues ($_____), and other, i.e., computer diskettes _____ ($_____).

Previous versions obsolete
Submit and Original and three copies

form **HUD 30015** (10/2002)

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

FAIR HOUSING INITIATIVES PROGRAM (FHIP)

Billing Code 4210-32-C

Funding Availability for the Fair Housing Initiatives Program (FHIP)

Program Overview

Purpose of the Program. To increase compliance with the Fair Housing Act (the Act) and with substantially equivalent State and local fair housing laws.

Available Funds. Approximately $20,118,375 in FY 2003 funds and any potential recapture is allocated to three (3) initiatives as follows:

A. Private Enforcement Initiative (PEI) $10.2 million

B. Education and Outreach Initiative (EOI) $5.318 million.

C. Fair Housing Organizations Initiative (FHOI) $2.1 million. Approximately $2.5 million will be used for contracts including the continuation of activities for the third option year under the Project for Training and Technical Assistance Guidance (PATTG) and in furtherance of fair housing education and outreach to meet HUD's Minority Serving Institution (MSI) goals. The funds for PATTG were announced under a previous solicitation. The funds to further the Department's goals to work with MSIs will be announced under a separate solicitation.

Eligible Applicants. Eligibility requirements are described in detail under each of the funded initiatives and components, set forth below

Application Deadline. June 5, 2003.

Match: No matching funds are required for the Education and Outreach or Private Enforcement Initiatives. However, sponsored organizations under FHOI must meet the requirements described in Section IV (D) below.

Additional Information

If you are interested in applying for funding under the Fair Housing Initiatives Program (FHIP), please review carefully the General Section of this SuperNOFA (hereafter, the General Section), the FHIP Authorizing Statute (Sec. 561 of the Housing and Community Development Act of 1987, as amended), the FHIP Regulations (24 CFR 125.103–501), and the following additional information:

I. Application Due Date, Further Information, and Technical Assistance

Application Due Date. You must submit a completed application (one original and three copies) for the specific initiative and component for which you are applying on or before June 5, 2003, to the HUD Headquarters building, at the address shown below.

Application Submission Procedures. See the General Section of the SuperNOFA for specific procedures governing the submission and receipt of applications.

Address for Submitting Applications. Your application consists of an original signed application form (HUD–424) and all items listed in the Checklist (See Section IV and Appendix C for all submission requirements). Mail your completed application (one original and three copies) to:

FHIP SuperNOFA 2003 [Specify the Initiative/Component to which you apply], FHIP/FHAP Support Division, Office of Fair Housing and Equal Opportunity, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW., Room 5224, Washington, DC 20410.

For Further Information and Technical Assistance. You may contact Myron P. Newry or Denise L. Brooks of the FHIP/FHAP Support Division, at 202–708–0800 (this is not a toll-free number). Persons with hearing or speech impairments may contact the Division by calling 1–800–290–1617 (this is a toll-free number). Contained in Appendix A of this NOFA is a Question and Answer section. Please review this section for answers to some of your questions.

Satellite Broadcast. HUD will hold an information broadcast via satellite for prospective applicants to learn more about the program and preparing applications. For more information about the date and time of this broadcast, you should consult the HUD web site at *http://www.hud.gov/grants.*

II. Amounts Allocated

In Fiscal Year 2003, $20,118,375 was appropriated for the Fair Housing Initiatives Program. Of this amount, $17,618,375 is being made available on a competitive basis to eligible organizations responding to this FHIP program section of the SuperNOFA. The remaining approximately $2,500,000 will be used for a continuation of activities for the third option year under the Project for Training and Technical Assistance Guidance (PATTG) and the awarding of a new contract in furtherance of a fair housing education and outreach effort in partnership with Historically Black Colleges and Universities (HBCU) with law schools. The amount available for each initiative or component and the maximum amount of funds that can be awarded for each grant are specified as follows:

(A) *Private Enforcement Initiative (PEI).* Approximately $10,200,000 is allocated; maximum award is $275,000 per grant; project duration is 12 to 18 months.

(B) *Education and Outreach Initiative (EOI).* Approximately $5,318,375 is allocated. This Initiative has five (5) components. Approximately $4,818,375 is allocated to four (4) components under the EOI Regional/Local/Community-Based (R/L/CB) Program. The maximum award is $100,000 for the R/L/CB Program and the project duration is 12 to 18 months. These four components are as follows:

(1) EOI—General Component. Approximately $3,018,375 is allocated.

(2) EOI—Disability Component. Approximately $900,000 is allocated.

(3) Hispanic Fair Housing Awareness Component. Approximately $450,000 is allocated.

(4) Fair Housing and Minority Homeownership Component. Approximately $450,000 is allocated.

The fifth Component falls under the EOI—National Program:

(5) Codes Component. Approximately $500,000 is allocated. The maximum award for the EOI National Program—Model Codes Component is $500,000 and the project duration is 24 months.

(C) *Fair Housing Organizations Initiative (FHOI).* Approximately $2,100,000 is allocated; project duration is three years. Maximum award is $1,050,000 allocated over a three year period at up to $350,000 per year.

III. Program Description; Eligible Applicants; Eligible Activities

(A) *Program Description.* The Fair Housing Initiatives Program (FHIP), 24 CFR part 125, assists fair housing activities that increase compliance with the Fair Housing Act (the Act) and with the substantially equivalent fair housing laws administered by state and local government agencies (Fair Housing Assistance Program Agencies (FHAP)). Applications submitted for funding under EOI are required to describe a complaint referral process that should result in referrals to HUD of fair housing complaints and other information regarding discriminatory housing practices. HUD's recently published Housing Discrimination Study found that discrimination against Hispanic renters appears to have remained essentially unchanged since 1989. To address this issue, HUD has created a separate Component under EOI to provide effective bilingual fair housing education and outreach to Hispanics; however, grantees may not deny services to a client who is not Hispanic. For the Fair Housing and Minority Homeownership Component, HUD wants to educate people on the Fair Housing Act and how to prepare for homeownership.

(B) *Program Definitions.* The definitions that apply to this FHIP section of the NOFA are as follows:

Broad-based proposals are those that include activities that are not limited to a single fair housing issue; instead, they cover multiple issues related to housing discrimination covered under the Act, such as: Rental, sales and financing of housing. (See also Full Service Projects below)

Colonias (See General Section).

Complainant means the person (including the Assistant Secretary for FHEO) who files a complaint under Section 810 of the Act.

Disability advocacy groups mean organizations that traditionally have provided for the civil rights of persons with disabilities. This would include organizations such as Independent Living Centers, and cross-disability legal services groups. Such organizations must be experienced in providing services to persons with a broad range of disabilities, including physical, cognitive, and psychiatric/mental disabilities. Such organizations must demonstrate actual involvement of persons with disabilities throughout their activities, including on staff and board levels.

Enforcement proposals are potential complaints under the Act that are timely, jurisdictional, and well-developed, that could reasonably be expected to become enforcement actions if an impartial investigation finds evidence supporting the allegations and the cases proceeded to a resolution with HUD or FHAP Agency involvement.

Fair Housing Act means Title VIII of the Civil Rights Act of 1968 as amended by the Fair Housing Amendments Act of 1988 (42 U.S.C. 3600–3620).

Fair Housing Assistance Program (FHAP) Agencies mean State and local fair housing enforcement government agencies that receive FHAP funds because they administer laws deemed substantially equivalent to the Act, as described in 24 CFR part 115.

Fair Housing Enforcement Organization (FHO) means an organization engaged in fair housing activities as defined in 24 CFR 125.103.

Full-service projects must include the following enforcement-related activities in your project application: Interviewing potential victims of discrimination; analyzing housing-related issues; taking complaints; testing; evaluating testing results; conducting preliminary investigations; conducting mediation; enforcing meritorious claims through litigation or referral to administrative enforcement agencies; and disseminating information about fair housing laws.

Grassroots organizations (See General Section).

Meritorious claims means enforcement activities by an organization that resulted in lawsuits, consent decrees, legal settlements, HUD and/or substantial equivalent agency (under 25 CFR 115.6) conciliations and organization initiated settlements with the outcome of monetary awards for compensatory and/or punitive damages to plaintiffs or complaining parties, or other affirmative relief, including the provision of housing (24 CFR 125.103).

Minority Serving Organization (See General Section).

Operating budget means your organization's total planned budget expenditures from all sources, including the value of in-kind and monetary contributions, in the period for which funding is requested.

Qualified Fair Housing Enforcement Organization (QFHO) means an organization engaged in fair housing activities as defined in 24 CFR 125.103.

Regional/Local/Community-Based Activities are defined at 24 CFR 125.301(a) & (d).

Rural Areas, according to the Rural Housing and Economic Development Program of Community Planning and Development (CPD), may be defined in one of five ways:

(i) A place having fewer than 2,500 inhabitants (within or outside of metropolitan areas).

(ii) A county with no urban population (*i.e.*, city) or 20,000 inhabitants or more; territory, persons and housing units in the rural portions of 'extended cities.'

(iii) The rural portions of extended cities in the United States as identified by the U.S. Census Bureau.

(iv) Open country that is not part of or associated with an urban area. The United States Department of Agriculture (USDA) describes open country as a site separated by open space from any adjacent densely populated urban area. Open space includes undeveloped land, agricultural land, or sparsely settled areas, but does not include physical barriers (such as rivers or canals) public parks, commercial and industrial developments, small areas reserved for recreational purposes, and open space set aside for future development.

(v) Any place with a population not in excess of 20,000 and that is not located in a Metropolitan Statistical Area.

Traditional Civil Rights Organizations mean non-profit organizations or institutions and/or private entities with a history and primary mission of securing Federal civil rights protection for groups and individuals protected under the Act or substantially equivalent State or local laws and that are engaged in programs to prevent or eliminate discriminatory housing practices.

Underserved Areas mean jurisdictions where there are no Fair Housing Initiatives Program or Fair Housing Assistance Program agencies and where either no public or private fair housing enforcement organizations exist or the jurisdiction is not sufficiently served by one or more public or private enforcement fair housing organizations and there is a need for service.

Underserved Populations mean groups of individuals who fall within one or more of the categories protected under the Act and who are also: (1) Of an immigrant population (especially racial and ethnic minorities who are not English-speaking or with limited English proficiency), (2) in rural populations, (3) persons living in the Colonias, (4) the homeless, (5) persons with disabilities who can be historically documented to have been subject to discriminatory practices not having been the focus of Federal, State or local fair housing enforcement efforts, and (6) areas that are heavily impacted with minorities and there is inadequate protection and ability to provide service from the State or local government or private fair housing organizations.

(C) *Changes to this year's FHIP NOFA.* A number of changes have been made this year.

(1) All technical deficiencies must be responded to in 5 days from receipt of notice of deficiency;

(2) For EOI, there is one new EOI National Program Component: the Model Codes Component and two new Regional/Local Community-Based Components—the Hispanic Fair Housing Awareness and the Fair Housing and Minority Homeownership Components;

(3) Except for applicants under FHOI, applicants may not submit multiple applications under this NOFA;

(4) All applicants must submit a completed Statement of Eligibility; and

(5) The criteria for awarding points under Rating Factor 2—Need/Distress/Extent of the Problem has been revised for FHOI.

Bonus Points: See General Section VI (C) ''Factors For Award Used to Evaluate and Rate Applications'' for information on how Bonus Points will be awarded under this SuperNOFA.

(D) *Ineligible Activities.* (1) *Fair Housing and Free Speech.* None of the amounts made available under this FHIP Program Section of the SuperNOFA may be used to investigate or prosecute under the Act any activity

engaged in by one or more persons, including the filing or maintaining of a non-frivolous legal action that is protected by the First Amendment to the U.S. Constitution. This includes activities engaged in for the purpose of achieving or preventing action by a government official or entity.

(2) *Insurance Testing.* HUD will fund organizations that conduct insurance-related enforcement work under the FHIP, but no project that focuses exclusively on this issue will be funded.

(3) *All Applicants.* If a majority (51% or more) of the activities within your application, Statement of Work (SOW), or Budget are ineligible or you propose to carry out ineligible activities that total 51% or more, your application will be ineligible.

(4) *Imposed Burdens.* Registration fees, fundraising, professional/association dues, publications, and other fees or costs that result in burdens placed on the public being serviced by these awards are prohibited practices.

(E) *Objectives.* Applicants submitting applications to the Education and Outreach National Program's Model Codes Component and all the Regional/Local Community-Based Initiatives/Component must address all forms of housing discrimination covered under the Fair Housing Act.

For the Model Codes Component, applicants must partner with a Disability Advocacy Group to coordinate with current efforts by HUD to identify jurisdictions where activities can be targeted and education and outreach can be designed to provide technical assistance to these jurisdictions that wish to adopt HUD-recognized Fair Housing Act safe harbor codes. In addition, applicants must identify and coordinate with jurisdictions that want to update their existing codes to incorporate one of the safe harbors.

Lastly, President Bush announced an ambitious plan to help close the homeownership gap by increasing minority homeownership by 5.5 million families before the end of the decade. This year, HUD has included under this NOFA the *Fair Housing and Minority Homeownership Component,* where applicants must demonstrate the ability to conduct community outreach activities to educate people about their rights under the Fair Housing Act and to prepare them for homeownership. The goal of this Component is to improve access to homeownership by racial and ethnic minorities by educating them about fair housing, the home buying process and generally to help prepare participants for the responsibilities of homeownership.

(F) *Eligible Activities.* (1) *Private Enforcement Initiative (PEI).* This Initiative assists private, tax-exempt fair housing enforcement organizations in the investigation and enforcement of alleged violations of the Act and substantially equivalent State and local fair housing laws. As a condition of funding, you will be required to refer to HUD all cases arising from FHIP-funded enforcement activities (see Mandatory Referrals, Section IV below).

(a) *Eligible Applicants.* Eligible applicants are fair housing enforcement organizations (FHOs) with at least one year of experience in complaint intake, complaint investigation, testing for fair housing violations, and meritorious claims in the two years prior to the filing of this application (24 CFR 125.401(b)(2)) and *Qualified Fair Housing Enforcement Organizations (QFHOs)* with at least two years of enforcement-related experience, as noted above, and meritorious claims in the three years prior to filing this application, (24 CFR 125.103). You must certify, in the Statement of Eligibility that you submit with this application, that your organization is an FHO or a QFHO and document in the Statement of Eligibility that your organization has the required one or two years of enforcement-related experience. All applicants claiming QFHO and FHO status are required to be a 501(c)(3) tax-exempt organization and also to submit with their application a copy of its Letter of Determination from the Internal Revenue Service (IRS) in support of its 501(c)(3) tax-exempt status.

(b) *Eligibility of Successor Organization.* HUD recognizes that QFHOs and FHOs may merge with each other or other organizations. The merger of a QFHO or an FHO with a new organization, that has a separate Employer Identification Number (EIN), does not confer QFHO or FHO status upon the successor. To determine whether the successor organization meets the eligibility requirements for this Initiative, HUD will look at the enforcement-related experience of the successor organization (based upon the successor organization's EIN). The successor organization is not eligible to apply under this Initiative unless it establishes in the Statement of Eligibility that it is a private, tax-exempt organization with the requisite two years of enforcement related experience for a QFHO or one year experience for an FHO.

(c) *Eligible Activities* include either:

(i) Complaint intake of allegations of housing discrimination, testing, evaluating testing results, or providing other investigative and complaint support for administrative and judicial enforcement of fair housing laws; or

(ii) Investigations of individual complaints and systemic housing discrimination for further enforcement processing by HUD, through testing and other investigative methods; or

(iii) Mediated agreements or other voluntary resolution of allegations of fair housing discrimination after a complaint has been filed; and

(iv) Litigating fair housing cases including procuring expert witnesses.

(2) *Education and Outreach Initiative (EOI).* This Initiative assists projects that inform the public about the rights and obligations under the Act and substantially equivalent State and local fair housing laws. Under this Initiative, you must develop a complaint referral process so that activities funded under this Initiative will result in referrals to HUD of fair housing complaints and other information regarding possible discriminatory housing practices. Applications are solicited for this Initiative under the EOI-Regional/Local/Community-Based Program—in which activities are conducted on a regional/local/community-based level; and, under a National Program. You may submit your application for the Regional/Local/Community-Based General Component, Disability Component, the Hispanic Fair Housing Awareness Component; the Fair Housing and Minority Homeownership Component or the National Program's Model Codes Component depending upon its focus.

(a) *Eligible Applicants.* Eligible applicants are QFHOs; FHOs; public or private, for-profit or not-for-profit organizations or institutions and other public or private entities that are formulating or carrying out programs to prevent or eliminate discriminatory housing practices (including entities that will be established as a result of receiving an award under this FHIP NOFA); agencies of State or local governments; and agencies that participate in the FHAP (see the list of FHAP agencies at Appendix D). If you are a disability advocacy group, an organization that identifies or connects/communicates with Hispanics, grassroots faith-based and other community-based organization, minority universities or institutions, or traditional civil rights organization, you are encouraged to apply under this Initiative.

(b) *Eligible Activities.* The following are eligible activities for EOI: Conducting educational symposia or other training; developing new and innovative fair housing activities or

materials throughout your project area; providing outreach and information on fair housing through printed and electronic media; developing fair housing curricula, and providing outreach to persons with disabilities and/or their support organizations and service housing providers working with homeless activists or persons to determine if fair housing plays a part in the homeless situation, and the general public regarding the rights of persons with disabilities under the Act. When conducting your outreach activities, we also encourage the use of existing, fair housing materials; except that we require that you translate these existing materials in languages other than English. The applicants for the Regional/Local/Community-Based Programs who submit an application in conjunction with a grassroots faith-based and other community-based organization must include in their application a letter of firm commitment from that grassroots faith-based and other community based organization. This letter of firm commitment must: (1) Identify the grassroots faith-based and other community-based organization; (2) identify the activities/tasks to be undertaken by the grassroots faith-based and other community-based organization under the project; and (3) be signed by the individual or organization with legal authority to make commitments for the organization. These components are described below:

Disability Component. Applications that emphasize the fair housing needs of persons with disabilities, so that persons with disabilities, housing providers and the general public better understand the rights and obligations under the Act and more fully appreciate the forms of housing discrimination that persons with disabilities may encounter, should submit their applications to the EOI-Disability Component. Although the component has a disability focus, the funded activities must provide education and outreach to all persons protected under the Act.

Hispanic Fair Housing Awareness Component. Applicants must be able to provide bilingual materials and services to Hispanics so that they are aware of and educated about their fair housing rights and responsibilities under the Fair Housing Act. In addition, applicants must have staff who are bilingual and have demonstrated experience, which is defined as 5 years of proven experience in providing social services to persons of Hispanic origin or must have established a partnership with an established faith-based or other community-based organization to carry out the objectives of this component and three years of experience with the applicant. Although the component has a focus in providing education and outreach to Hispanic communities, the funded activities must provide education and outreach in a non-discriminatory manner. Grantees may not deny services to a client who is not Hispanic.

Fair Housing and Minority Homeownership Component. Today, homeownership in America is at an all time high—but not all Americans have benefited. While 75% of white Americans own their own homes, less than half of all African Americans and Hispanic Americans are homeowners. Even with a surge in homeownership during the 1990's, the homeownership gap between minority and white households declined by just 1.5 percentage points. In June 2002, President George W. Bush announced an ambitious plan to help close the homeownership gap by increasing minority homeownership by 5.5 million families before the end of the decade. Educating homebuyers is an important step in meeting the President's challenge and there is a strong tie between equal housing opportunity and minority homeownership.

Under the Fair Housing and Minority Homeownership Component, applicants must demonstrate the ability to conduct community outreach activities to educate people about their rights under the Fair Housing Act and to prepare them for homeownership. The goal of this Component is to improve access to homeownership by racial and ethnic minorities by educating them about fair housing and how to recognize discriminatory housing practices in sales and financing of housing. Applicants must demonstrate the ability to educate participants about various forms of unlawful discrimination including discrimination in the sale of dwellings, discrimination in the financing of dwellings and unlawful segregation resulting from steering and other activities. Please ensure that all activities are tied to the protections outlined in the Fair Housing Act.

General Component. Applications for all other fair housing education and outreach activities should be submitted to the EOI-General Component.

The fifth component is the *National Program—Model Codes Component.*

The purpose of this component of the National Program is to increase compliance with the Fair Housing Act's accessible design and construction requirements through activities that will promote a collaborative partnership among builders and State and local government building code entities and disability advocacy or fair housing groups. These collaborations will ultimately result in encouraging the adoption of model building codes at the State and local level that are consistent with the accessibility requirements of the Fair Housing Act, its regulations and the Fair Housing Accessibility Guidelines. Activities to be carried out will involve taking steps to encourage State and local jurisdictions to adopt building codes that incorporate one of the HUD-recognized safe harbors for compliance. (These safe harbors are discussed below). Activities must be done in a manner that recognizes that under the Fair Housing Act, HUD cannot compel the adoption of model codes but HUD is encouraging jurisdictions to adopt such codes.

Activities may include identifying jurisdictions toward which to target activities and education and outreach designed to provide technical assistance to jurisdictions that wish to adopt HUD-recognized Fair Housing Act safe harbor codes or update their existing codes to incorporate one of the safe harbors. This may be done through direct meetings, educational workshops, on-line ''how to'' technical assistance, and technical assistance to State and local communities that may be in the process of updating State or local building codes. Such technical assistance shall include educating entities on incorporating commentary or appendices to their codes.

These kinds of activities may be carried out under this NOFA:

(1) Assisting State and local jurisdictions that modify their existing building codes so that they are consistent with the accessibility requirements of the Fair Housing Act and the Fair Housing Accessibility Guidelines, the ANSI A117.1 technical standards;

(2) Educating State and local officials on the requirements of the Fair Housing Act and the Fair Housing Accessibility Guidelines, the ANSI A117.1 technical standards, or the State or local building codes if such codes already incorporate requirements that are consistent with the Act;

(3) Developing an electronically accessible ''Best Practices Directory'' for dissemination of information to those interested in finding peer communities and organizations that have successfully adopted or revised their model building codes to meet the Fair Housing Act's accessibility requirements, the Fair Housing Accessibility Guidelines, and the ANSI A117.1 technical standards;

(4) Providing assistance and reviewing proposed modifications of language to be included in building

codes to ensure that such codes meet the Fair Housing Act's accessibility requirements, the Fair Housing Accessibility Guidelines, and the ANSI A117.1 technical standards. (2)

(5) Encouraging jurisdictions to use one of the former three model codes, *i.e.*, the Uniform Building Code, the Standard Building Code, or the BOCA National Building Code to update their codes to address inconsistencies identified in HUD's Final Report on the Review of Model Building Codes, published in the **Federal Register** on March 23, 2000.

There are currently seven documents recognized by HUD as providing a safe harbor for meeting the accessibility requirements of the Fair Housing Act. The seven documents include the following:

1. HUD's March 6, 1991 Fair Housing Accessibility Guidelines (the Guidelines) and the June 28, 1994 Supplemental Notice to Fair Housing Accessibility Guidelines: Questions and Answers about the Guidelines;
2. ANSI A117.1—1986—Accessible and Usable Buildings and Facilities, used in conjunction with the Act, HUD's Regulations, and the Guidelines;
3. CABO/ANSI A117.1—1992—Accessible and Usable Buildings and Facilities, used in conjunction with the Act, HUD's regulations, and the Guidelines;
4. ICC/ANSI A117.1—1998—Accessible and Usable Buildings and Facilities, used in conjunction the Act, HUD's regulations, and the Guidelines;
5. HUD's Fair Housing Act Design Manual;
6. Code Requirements for Housing Accessibility 2000 (CRHA), approved and published by the International Code Council (ICC), October 2000; and,
7. International Building Code (IBC) 2000 as amended by the IBC 2001 Supplement to the International Building Codes.

It is important to note that the ANSI A117.1 standard contains only technical criteria, whereas the Act, HUD's regulations, and the Guidelines contain both scoping and technical criteria. Therefore, in using any of the ANSI standards, it is necessary to also consult the Act, HUD's regulations, and the Guidelines for the scoping requirements. The CRHA and the IBC contain both scoping and technical criteria and are written in building code language, which make them readily adoptable by state and local jurisdictions.

(3) *Fair Housing Organizations Initiative (FHOI).* This Initiative provides assistance to projects (sponsoring organizations) that establish or build the capacity of organizations to become viable fair housing enforcement organizations that conduct fair housing enforcement activities in underserved areas (as defined in Section IV) in rural areas, in the Colonias, and areas with new immigrants (especially racial and ethnic minorities who are not English-speaking or have limited English proficiency). This is accomplished with the assistance of a sponsoring organization. It is the sponsoring organization that submits the application under this Initiative and certifies the sponsored organization's ability to become a QFHO or FHO (**Note:** The sponsoring organization is ineligible if they received a grant under this Initiative in 2001 or 2002.) The sponsored organization whose enforcement capacity is established or enhanced by funding under this Initiative, will be allowed to participate in this Initiative for three years contingent upon annual performance reviews. Funds are allocated under this NOFA for this Initiative for 3 years and distributed to the sponsored organization by the sponsoring organization. The sponsoring organization may expend FHIP funds for administrative costs as described below. HUD has targeted for funding under this Initiative projects that will provide fair housing enforcement services to the Colonias, rural areas, and to underserved areas, and to immigrants (especially racial and ethnic minorities who are not English speaking or have limited English proficiency).

(a) *Eligible Applicants.* Only the sponsoring organization is eligible to apply under this Initiative. The sponsoring organization must be a qualified fair housing enforcement organization (QFHO). You must certify in the Statement of Eligibility that you submit with this application that your organization is a QFHO.

(b) *Eligible Activities.* The proposed activities must build the enforcement capacity of the sponsored organization so that it can undertake all of the following activities by the conclusion of year 3 of the grant cycle:

(i) Complaint intake of allegations of housing discrimination, testing, evaluating testing results or providing other investigative and complaint support for administrative and judicial enforcement of fair housing laws;

(ii) Investigations of individual complaints and systemic housing discrimination for further enforcement processing by HUD, through testing and other investigative methods;

(iii) Mediation or other voluntary resolution of allegations of fair housing discrimination after a complaint has been filed; and

(iv) Litigating fair housing cases including procuring expert witnesses.

(c) *Administrative Costs for the Sponsoring Organization.* The sponsoring organization may use no more than 15 percent of the annually awarded funds to cover its costs to administer the grant.

IV. Program Requirements

(A) *Requirements for All Initiatives.* In addition to the Threshold Requirements in Section V of the General Section of this SuperNOFA, your FHIP-funded program application must also meet the following requirements:

(1) *Protected Basis.* All FHIP-funded projects must address housing discrimination based upon race, color, religion, sex, disability, familial status, or national origin.

(2) *Performance Measures and Products.* For all Initiatives, your application must demonstrate how your project activities will support HUD goals, identify performance measures/outcomes in support of those goals, describe your proposed record-keeping and evaluation systems, and identify current (baseline) conditions and target levels of the performance measures that you plan to achieve. For PEI, your application also must contain a strategy for generating enforcement related project products, with related timelines and milestones. For FHOI, if the sponsoring organization is enhancing an existing organization, then the sponsoring organization must submit a statement outlining: (1) What is expected of the sponsored organization, and (2) that the sponsored organization will be part of the program. If the sponsoring organization is being created, then the sponsored organization must submit a mission statement for the sponsoring organization and a timeline for creation and independence. If selected for funding, your final performance measures will be negotiated between you and HUD as part of your executed grant agreement.

(3) *Reports and Meetings on Performance Measures and Products.* Refer to the mandatory use of the Logic Model provided in the forms appended to the General Section.

(4) *Single Applications.* Except for applicants under FHOI, all applicants may only submit one application under the FHIP. FHOI applicants may apply under FHOI and one other Initiative. Applicants must determine which Initiative/Component to which they want to apply and submit a completed application to only that Initiative/Component. Multiple applications

applying to more than one, except FHOI, Initiative/Component will be treated as a technical deficiency and the applicant will be asked to identify which application they want reviewed.

(5) *Independence of Awards.* HUD will review each application separately and without reference to other applications submitted by you or others. However, the application you submit must be independent and capable of being implemented without reliance on the selection of other applications submitted by you or other applicants.

(6) *Project Starting Period.* For planning purposes, assume a start date no later than March 1, 2004.

(7) *Page Limitation and Formatting Requirements.* The maximum narrative page requirement is ten (10) pages per factor. All pages in your application must be numbered consecutively from beginning to end. The narrative pages must be double-spaced (no more than three lines per vertical inch). This includes all narrative text, titles and headings. (However, you may single space footnotes, quotations, references, captions, charts, forms, tables, figures and graphs). You are required to use 12 point typesize. A page is 8.5″ × 11″, on one side only, with 1″ margins top, bottom, right and left. You must respond fully to each factor to obtain maximum points. Failure to provide narrative responses to all factors or omitting requested information will result in less than the maximum points available for the given rating factor or sub-factors. Failure to provide double spaced, 12 point typesize narrative responses will result in five points being deducted from your overall score (one point per factor). Failure to consecutively number pages within your application will result in one point being deducted from your overall score.

(8) *Training funds.* Your proposed budget must set-aside funds to participate in HUD mandatory sponsored or approved training $3000 for 12–18 month projects (EOI and PEI); and $6000 annually for 36 month projects (FHOI). For FHOI, there must be attendance from the sponsoring and sponsored organization.

Requests to attend HUD-approved training must be submitted to the GTR for approval in advance of the requested training. Do not include amounts over the $3000 or $6000 (as appropriate) for the training set-aside in this category. If applicants do not include these funds in the budget and you are selected for an award, HUD may modify your budget, reallocating the appropriate amount for training. If awardee's key personnel do not attend mandatory HUD-approved or HUD-sponsored training, training funds must be returned to HUD and it will be reflected on your performance assessment.

(9) *Payment Contingent on Completion.* Payment of FHIP funds is made on a reimbursement basis. Payments are contingent on the satisfactory and timely completion of your project activities and products as reflected in your grant or cooperative agreement. Requests for funds must be accompanied by financial and progress reports.

(10) *Accessibility Requirements.* All activities, facilities, and materials funded by this Program must be accessible to persons with disabilities (24 CFR 8.2, 8.4, 8.6, and 8.54).

(11) *Copyright Materials.* You may copyright any work that is eligible for copyright protection subject to HUD's right to reproduce, publish, or otherwise use your work for Federal purposes, and to authorize others to do so as required in 24 CFR 84.36.

(12) *Complaints Against Awardees.* Each FHIP award is overseen by a HUD Grant Officer (See Appendix B for list of Grant Officers per region). Complaints from the public against FHIP grantees should be forwarded to the Grant Officer. The Grant Officer's name and contact information is provided in the grant agreement. If, after notice and consideration of relevant information, the Grant Officer concludes that there has been inappropriate conduct, such as a violation of FHIP program requirements, terms or conditions of the grant, or any other applicable statute, regulation or other requirement, HUD will take appropriate action in accordance with 24 CFR 84.62. Such action may include: written reprimand; consideration of past performance in awarding future FHIP applications; repayment to HUD of funds received under the grant; or temporary or permanent denial of participation in the FHIP in accordance with 24 CFR part 24.

(13) *Double Payments.* If you are awarded funds under this NOFA, you (and any subcontractor or consultant) may not charge or claim credit for the activities performed under this project under any other Federal project.

(14) *Award Instrument.* The type of funding instrument HUD may offer a successful applicant which sets forth the relationship between HUD and the grantee will be a grant or cooperative agreement, where the principal purpose is the transfer of funds, property, services, or anything of value to the applicant to accomplish a public purpose. The agreement will identify the eligible activities to be undertaken, financial controls, and special conditions, including sanctions for violations of the agreement. HUD will determine the type of instrument under which your award will be made and monitor your progress to ensure that you have achieved the objectives set out in your agreement. Failure to meet such objectives may be the basis for HUD determining your agreement in default and exercising available sanctions, including suspension, termination, and/or the recapture of your funds. Also HUD may refer violations or suspected violations to enforcement offices within HUD, the Department of Justice, or other enforcement authorities.

(15) *Reallocation of Funds.* If after all applications within funding range have been selected or obligations are completed in an Initiative and funds remain available, the selecting official or designee will have the discretion to reallocate leftover funds in rank order between initiatives as follows:

(a) For EOI, any remaining funds from any component will be reallocated first within the initiative; if after reallocating funds within the initiative left over funds remain, they shall be reallocated to PEI then to FHOI;

(b) For PEI, any remaining funds will be reallocated to EOI then to FHOI;

(c) For FHOI, left over funds will be reallocated to PEI then to EOI.

Reallocated funds will be awarded within initiative as described in Section V of this Program Section of the SuperNOFA.

(16) *Affirmatively Furthering Fair Housing.* A separate AFFH submission is not required for FHIP.

(17) *Name Check Review.* (See General Section).

(18) *Product Information.* Press releases and any other product intended to be disseminated to the public must be submitted to the Government Technical Representative (GTR) 2 weeks before release for approval and acceptance.

(19) *Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women Owned Businesses.* (See General Section).

(20) *Retainer Fees.* If you are a recipient of FHIP funds, you cannot require any complainant to whom you are providing assistance using FHIP funds, to sign a retainer agreement or other contract for legal fees as part of the filing, commencement, or maintenance of a Fair Housing Act complaint. If the FHIP recipient has a successful settlement or a verdict, then the FHIP is able to include its reasonable fees as a part of the settlement, though the complainant shall be under no obligation to accept such an arrangement. If reasonable legal fees are recovered, the FHIP agency must return

a portion of its recovery to HUD, in proportion to the amount of FHIP funds spent on the prosecution of the case.

Agencies that are the recipients of FHIP funds agree to provide HUD with information regarding the recovery of fees and applicable reimbursement of FHIP funds to HUD on a yearly basis. All settlements and verdicts involving cases processed using FHIP funds are a matter of public record. An agency cannot claim attorney-client or other privilege against the release of data concerning the case. This restriction on withholding of information must be communicated to the complainant. The complainant must agree to such a restriction before the case can be processed using FHIP funds.

(21) For FHOI, HUD will fund applications that purpose to provide services in underserved areas (See Section III (B)(1)(b) of the FHIP Program Section of this NOFA.

(22) HUD expects applicants to address all forms of housing discrimination covered under the Fair Housing Act.

(23) HUD has determined there is a need to ensure equal opportunity and access to housing in communities across the nation.

(B) *Screening/Threshold Review.* Only applications that satisfy all of the applicable requirements under this FHIP NOFA will be considered for funding. The rating of the ''applicant'' or the ''applicant's organization and staff'' for technical merit or threshold compliance, unless otherwise specified, will include any sub-contractors, consultants, sub-recipients, and members of consortia that are firmly committed to the project.

(1) *General Section Requirements and Procedures.* Applicants are ineligible for funding if they do not meet the Threshold Requirements set forth in Section V (B), (C) and (D) of the General Section of this SuperNOFA.

(2) *Debarment and Suspension.* Applicants are ineligible for funding if they are debarred and suspended (See General Section).

(3) *Maximum award.* Applicants are ineligible for funding if they request funding in excess of the maximum allowed under the initiative or component for which you are applying your application is ineligible. Any amount over the maximum award, even if less than one dollar, will be considered a request in excess of the maximum award. In addition, inconsistencies in the amount requested and/or miscalculations that result in amounts over the maximum award will be considered excessive; therefore the application is ineligible.

(4) *Incomplete Application.* Applicants are ineligible for funding if their application does not include a completed Statement of Eligibility.

(5) *Research Activities.* Applicants are ineligible for funding if 100% of their project is aimed solely and primarily at research. Also, your application should not require any unapproved surveys or questionnaires.

(6) *Eligible Applicants.* Applicants are ineligible for funding if they do not meet the eligibility requirements for EOI, PEI and FHOI. For PEI, you must be a FHO or a QFHO and document in the Statement of Eligibility that your organization has the required one or two years of enforcement-related experience. For FHOI, you must be a QFHO. For EOI, see specific Component requirements.

(7) *Tax Exempt Status.* For PEI and FHOI applicants are ineligible for funding if they are not a 501(c)(3) tax exempt organization as determined by the Internal Revenue Service (IRS). Your application must include a copy of your Letter of Determination from the Internal Revenue Service, dated prior to the deadline date of this FHIP Program Section of the SuperNOFA, establishing your 501(c)(3) tax-exempt status. Failure to submit this with your application is a technical deficiency.

(8) *Model Codes Component applications.* Applicants are ineligible for funding if they do not have demonstrated technical expertise in the design and construction requirements of the Fair Housing Amendments Act of 1988, the applicable implementing regulations, the Fair Housing Accessibility Guidelines, the ANSI A117.1 technical standards, and State and local building codes.

Applicants may establish their ''demonstrated technical expertise'' in many ways. For example: (a) Your organization has designed or conducted training or seminars, (b) your organization's staff has taken a course/attended a seminar on the accessibility provisions of the Fair Housing Act for and have applied that training to your work as, for example, building inspectors, architects, housing providers, or developers in a jurisdiction with a building code that incorporates these provisions, or (c) your organization's work experience has made you thoroughly knowledgeable about design and construction requirements of the Fair Housing Act/Accessibility Guidelines, the ANSI A117.1 technical standards, and State and local building codes. Agendas, course(s) descriptions, specific examples of work experiences, and years of experience, must be highlighted when establishing demonstrated technical expertise.

Only joint applications filed by a minimum of two entities, at least one of which is a national and a State or local disability rights advocacy group or organization (national, State or local organization), will be considered, and the roles of each partner must be clearly delineated. Your application must identify additional sub-recipients and consultants/contractors who will work on this project. A letter of firm commitment must be included stating that the partner(s) agrees to the proposed Statement of Work and will participate in the project, if selected for award. If you fail to include this letter of firm commitment with your application, your application will be declared ineligible for funding.

(9) *Poor Performance.* Applicants are ineligible for funding if they are a previous FHIP grantee that has received a ''Poor'' performance rating for its most recent performance rating from its Government Technical Representative. HUD will assess performance ratings for applicants who have received FHIP funding in 1999, 2000, or 2001. If the applicant has received a ''poor'' performance rating for its most recent performance rating from its Government Technical Representative, its application is ineligible for FY 2003 competition. An applicant that does not agree with its determination of ineligibility for the FY 2003 competition because of ''poor'' performance must address to HUD's satisfaction the factors resulting in the ''poor'' performance rating before the FHIP application deadline. If the ''poor'' performance rating is not resolved to the Department's satisfaction before the application deadline, the application is ineligible for funding. HUD is interested in increasing the performance level of all grantees; therefore, applicants who are deemed ineligible because of a ''poor'' performance rating have the right and are encouraged to seek technical assistance from HUD to correct their performance in order to be eligible for future NOFA competition.

(10) *Suits Against the United States.* Your application is ineligible for funding if as a current or past recipient of FHIP funds, your organization used any funds provided by HUD for the payment of expenses in connection with litigation against the United States (24 CFR 125.104(f)).

(11) *Other Litigation.* Your application is ineligible for funding if you used funds under this Program provided by HUD to settle a claim, satisfy a judgment, or fulfill a court order in any defensive litigation (24 CFR 125.104).

(12) *Hispanic Fair Housing Awareness Component.* Applicants are ineligible for funding if staff persons that have been providing bilingual services have not been employees with the applicant for 3 of the 5 years used to prove eligibility under the Hispanic Fair Housing Awareness Component. List all bilingual employees and provide proof of employment of staff. Grantees may not deny services to a client who is not Hispanic.

(13) *FHOI.* Applicants for FHOI only are ineligible if their organization received previous FHOI awards in FY 2001 or FY 2002.

(C) *Additional Requirements For PEI and FHOI.* (1) *Mandatory Referrals.* You must refer to HUD all cases arising from FHIP-funded enforcement activities. In all FHIP-funded cases where you find a basis for filing a complaint on behalf of a complainant other than your organization, you must file the complaint with HUD unless the complainant declines to do so in writing. You must return copies of all complaints that the complainant declines to file to HUD. In addition to filing complaints with HUD, a complainant may file a civil action in Federal or State Court.

(2) *Broad-Based and Full-Serviced.* Your organization must conduct a broad-based and full-service enforcement project that addresses discrimination against all persons protected by the Fair Housing Act on the basis of race, color, religion, sex, disability, familial status, or national origin.

(3) *Outreach Expenses.* The funds awarded for enforcement grants may be used for outreach and education activities (hereafter, outreach activities) in order to promote awareness of your project's services, as follows: under FHOI, you may provide for up to 10 percent of the requested funds for the sponsored organization to be used for outreach activities; under PEI, you may designate up to 5 percent of the requested funds for outreach activities.

(4) *Tester Requirements.* Testers in your FHIP-funded testing activities must not have prior felony convictions or convictions of crimes involving fraud or perjury. All testers must receive training acceptable to HUD or be experienced in testing procedures and techniques. Testers and the organizations conducting tests, and the employees and agents of these organizations may not:

(a) Have an economic interest in the outcome of the test; except to the extent that they could recover damages as provided by law;

(b) Be a relative related by adoption, blood, or marriage to any party in a case;

(c) Have had any employment or other affiliation, within the past year, with the person or organization to be tested; or

(d) Be a licensed competitor of the person or organization to be tested in the listing, rental, sale, or financing of real estate.

(5) *Review and Approval of Testing Methodology.* If your SOW proposes testing, other than rental housing testing, HUD may require copies of the following documents to be reviewed and approved by HUD prior to your carrying out the testing activities:

(a) The testing methodology to be used,

(b) The training materials to be provided to testers, and

(c) Other forms, protocols, cover letters, etc. used in the conduct of testing and reporting of results.

The testing methodology and training materials that you submit to HUD for review and approval are for enforcement purposes and will remain confidential.

(6) *Tester Training.* You must provide sufficient information in the application to show how testers are trained by your organization and how the materials will be used.

(7) *Conflict of Interest and Use of Settlement Funds.*

(a) You may not solicit funds from or seek to provide fair housing educational or other services or products for compensation either directly or indirectly to any person or organization that has been the subject of FHIP-funded testing by your organization during the 12 month period following the test. This does not preclude providing training or technical assistance that is court ordered or contained in a negotiated settlement. HUD reserves the right to impose additional provisions addressing potential conflicts of interest in the grant agreement.

(b) You must reimburse the United States for FHIP-funded activities whenever you receive funds as the result of enforcement activities funded in whole or in part by the FHIP program, including testing. You must provide information about reimbursements and/or potential reimbursements in a report that you submit to HUD (see Reports below). Provisions regarding terms for reimbursing the United States will be specified in your grant or cooperative agreement. This reimbursement requirement does not apply to compensation received as a result of a judgment in Federal or State Court. Calculate your reimbursement on a per complaint basis. Identify the complaint, then subtract the amount of non-FHIP funds from the amount of FHIP funds used to resolve the complaint. The difference is the amount owed. For example:

Testing Expense = $500 (All FHIP funds used)
Settlement Award = $15,000
Reimburse HUD = $500

(8) *Reports.* You must provide reports in a format (which may be computer-generated), at a frequency and with contents specified by HUD. At a minimum, the report must include the number and basis of complaints filed with HUD, with a FHAP agency, or in Federal/State Court as well as the number and terms of settlements or other outcomes achieved. If HUD does not prescribe a format or frequency, you will provide a narrative report within 90 days after all grant activities have ended or at the end of each 12 month period of the grant, whichever comes first. All settlements and verdicts are public except settlements or judgment that a court or other tribunal has ordered to be kept confidential. However, all settlements and verdicts are public involving cases processed using FHIP funds are a matter of public record. Your agency will not be able to claim attorney-client or other privileges against the release of data to the Department on any case where FHIP funds are used. You will also be required to provide status reports on case referrals you have made to HUD or a FHAP agency. These reports are for enforcement purposes and will remain confidential.

(9) *Enforcement Log.* You are required to record information about the funded project in a case tracking log (or Fair Housing Enforcement Log) in a format prescribed by HUD. Such information must include: The number of complaints of possible discrimination you have received; the protected basis of these complaints; the issue, test type, and number of tests utilized in the investigation of each allegation; the respondent type and testing results; the time for case processing, including administrative or judicial proceedings; the cost of testing activities and case processing; the entity to which the case was referred; and the resolution and type of relief sought and received. You must agree to make this log available to HUD. This log will be considered confidential for enforcement purposes. This log should only have case information in it where FHIP funds were used.

(10) *Attachments.* All PEI, FHOI, EOI applicants must submit a Statement of Eligibility. All applicants must submit resumes, or position descriptions for newly created positions of all key personnel; if you received HUD funding

in the past please submit the most recent SF 269. In addition, FHOI and PEI applicants must submit the Internal Revenue Service's, Letter of Determination declaring your Section 501(c)(3) status as a tax-exempt organization. Failure to submit your IRS Letter of Determination with your original application is a technical deficiency.

(D) *Additional Requirements For Education and Outreach Initiative. Complaint Referral Process.* EOI activities do not end with the delivery of outreach and educational activities. Its purpose is to ensure that persons are informed of their fair housing rights and to provide enforcement assistance to persons who believe they have experienced housing discrimination by providing immediate and accurate referral information to persons contacting them for assistance. EOI applicants must develop a process for referring fair housing complaints to HUD or Fair Housing Assistance Program agencies . The referral process must be described in the application.

(E) *Additional Requirements For Fair Housing Organizations Initiative Sponsored and sponsoring organization's viability and fair housing enforcement capacity.* Over the duration of the grant, the sponsored organization with the help of the sponsoring organization must demonstrate its capacity to become a viable, fair housing enforcement organization that conducts fair housing-related enforcement activities and leverages non-FHIP resources. These are the performance measures that, if not met, may result in termination of the grant, and your description of how you will achieve these measures will be considered when HUD evaluates your application. We will look for this description in your response to Rating Factor 3: Soundness of Approach. Specifically, the application must address:

(1) Fair Housing-related enforcement activities. The sponsored organization must be able to independently conduct enforcement-related activities by the conclusion of year 3 of the grant including: complaint intake, complaint investigation, testing for fair housing violations, and meritorious claims. Your application must identify which activities the sponsored organization will conduct at the end of the grant year 1, 2 and 3. A pro-forma budget must be submitted for the sponsored organization showing how funds will be allocated and accounted for in each of the grant years. Your performance measures will be based upon this description, and failure to meet them may result in termination of your grant or cooperative agreement.

(2) Organizational resources. The sponsored organization must not rely exclusively on FHIP funding. At the conclusion of each grant year, the sponsored organization must show increasing support from sources other than what is awarded under this program. Specifically, at the conclusion of year 1, no less than 5% of the funds supporting the sponsored organization's fair housing enforcement-related activities must be funded from non-FHIP funds; at the conclusion of year 2, no less than 10% of the funds supporting the sponsored organization's fair housing enforcement-related activities must be from non-FHIP funds; and at the conclusion of year 3, no less than 20% of the funds supporting the sponsored organization's fair housing enforcement-related activities must be from non-FHIP funds. Your application and budget must state how you will meet these requirements. Your performance measures will be based upon these requirements, and failure to meet them may result in termination of the grant.

In addition, the sponsoring organization must demonstrate its capacity to maintain itself as a viable, fair housing enforcement organization that has the ability to sustain itself over the course of the grant.

V. Application Selection Process

(A) *Rating and Ranking.* Although all rating factors are organized the same way for all FHIP initiatives, there are differences in application requirements and rating criteria, which are indicated throughout the Rating Factor instructions. Your application for funding will be evaluated competitively against all other applications submitted under one of the following initiatives or components:

(1) Private Enforcement Initiative (PEI);

(2) Education and Outreach Initiative (EOI);

(a) Regional/Local/Community-Based Program:

(i) General Component (EOI-GC);

(ii) Disability Component (EOI-DC);

(iii) Hispanic Fair Housing Awareness Component (EOI-HA);

(iv) Fair Housing and Minority Homeownership Component (EOI-HC);

(b) National Program:

(i) Model Codes Component;

(3) Fair Housing Organizations Initiative (FHOI)

All eligible applications will be reviewed and points awarded based upon: (1) Your narrative responses to the Factors for Award and accompanying materials (*e.g.*, resumes) and (2) bonus points, if entitled. Ineligible applications will not be ranked. The maximum number of points to be awarded for the Rating Factors is 100. See Section VI (C) of the General Section for discussion on Bonus Points. Applications with a score of seventy-five (75) points or more will be considered of sufficient quality for funding. The Selecting Official will not select for award any application with a score below seventy-five (75) points. Generally, applications of sufficient quality for funding will be selected in rank order under each initiative or component. HUD reserves the right to select applicants out of rank order to achieve greater geographic distribution of awards under each initiative or component, as described in Section V (C) below. Selections under each initiative or component will continue to be made until either all allocated funds have been obligated or until no applications of sufficient quality remain.

(B) *Tie Breaking.* When two or more applications have the same total overall score, the application with the higher score under Rating Factor 3: Soundness of Approach will be ranked higher. If this does not break the tie, the application with the higher score under Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience will be ranked higher. If this does not break the tie, the application requesting the lower amount of FHIP funding will be ranked higher. Finally, if this does not break the tie, the application with the higher score under Rating Factor 2 will be rated higher.

(C) *Achieving Geographic Diversity of Awards.* (1) *PEI and EOI.* HUD reserves the right to select applications out of rank order under geographic diversity, to ensure that, to the extent possible, applications from more states for each initiative or component are selected for funding. If the Selecting Official exercises this discretion, there will be two determinants used: (a) Geography and (b) score. Geographic diversity shall be applied to all qualified applications (applications of sufficient quality for funding—applications that received a score of 75 or more points) in each Initiative or Component in which the Selecting Official applies geographic diversity. The geographic diversity provision will be applied as follows: when there are two or more applications of sufficient quality from the same state, the application(s) with the lower score(s) will be moved to the end of the qualified queue. The applications moved to the end of the qualified queue will retain their geographic rank order.

If sufficient funds remain, it is possible that applications moved to the end of the queue may be selected for award.

(2) *FHOI.* The geographic diversity provision does not apply to FHOI.

(D) *Factors for Award Used to Evaluate and Rate PEI, FHOI and EOI Regional/Local Community-Based Applications.* The factors for rating and ranking applications and the maximum points for each Rating Factor are described below. Failure to provide the required information under the appropriate Factor will result in a lower score for that Factor—for example, information in the Project Abstract, although useful for obtaining a concise summary of the proposed activities is not considered in the rating of applications.

Please respond fully to the criteria in each Rating Factor and sub-factor and, when directed, provide other information in support of your response. The Factors for Award are set out as follows:

In general. This section applies to all applicants. Your responses to each Rating Factor and including the ''In Addition'' section below must not exceed the 10 page Rating Factor requirement.

In addition. This section identifies issues to which you must respond, if required, by the particular Initiative or Component for which you are applying.

Rating Factor 1: Capacity of Applicant and Relevant Organizational Experience (25 Points)

You must describe staff expertise and your organization's ability to complete the proposed activities within the grant period.

In General. HUD recognizes that, in carrying out the proposed activities, you may have persons already on staff, plan to hire additional staff, or rely on subcontractors or consultants to perform specific tasks. You must describe your staffing plan and the extent to which you plan to add staff (employees) or contractors. If your application proposes using subcontractors and these subcontractor activities amount to more than 10 percent of your total activities, you must submit a separate budget for each subcontractor. Failure to include a separate budget will result in lower points being assessed to your application.

(5) Points Current FHIP Grantees

(10) Points for New Applicants

a. *Number and expertise of staff (this includes subcontractors and consultants).* You must show that you will have sufficient, qualified staff who will be available to complete the proposed activities. Provide the following information for all staff assigned to or hired for this project, not just key personnel (those persons identified in attachments to Rating Factor 3: Soundness of Approach):

(i) Identify, by name and/or title, all persons that will be assigned to the project. You must describe the knowledge and experience of the proposed overall project director and day-to-day program manager (whose duties and responsibilities include managing all program and administrative activities as outlined in the SOW and ensuring that all timelines are met), in planning and managing projects similar in scope and complex interdisciplinary programs. Indicate the percentage of time that key personnel will devote to your project. To receive maximum points, your day-to-day program manager must devote a minimum of 75% of his/her time to the project. For day-to-day managers who do not have at least 75% of their time devoted to the project, no points will be awarded under this sub-factor. You may demonstrate capacity by thoroughly describing your prior experience in fair housing. You should indicate how this prior experience will be used in carrying out your proposed activities. Your application must clearly identify those persons that are on staff at the time this application is filed, and those persons who will be assigned at a later date; describe each person's duties and responsibilities and their expertise (including years of experience) to perform project tasks; indicate whether the staff person is assigned to work full-time or part-time (if part-time, indicate the percentage of time each person is assigned to the project).

(ii) Attach resumes for all key personnel or position descriptions for newly created positions. (Resumes or position descriptions do not count against the ten-page limit.)

(10) Points for Current FHIP Grantees

(15) Points for New Applicants

b. *Organizational experience.* In responding to this subfactor, you must show that your organization has: (1) Conducted a past project or projects similar in scope and complexity to the project proposed in this application (whether FHIP-funded or not), or (2) engaged in activities that, although not similar, are readily transferable to the proposed project. Experience will be judged in terms of recent, relevant and successful experience of your staff to undertake eligible activities.

In rating this factor, HUD will consider experience within the last 3 years to be recent, experience pertaining to the specific activities to be relevant, and experience producing measurable accomplishments to be successful. The more recent the experience and the more experience your own staff members who work on the project have in successfully conducting and completing similar activities, the greater the number of points you will receive for this rating factor. For all applicants, your fully completed and signed Statement of Eligibility will also be considered as part of your organizational experience. The applicant organization must state within its application that it is based in an area considered by the Department as Colonias.

In addition. If you are applying for funding under the EOI-Hispanic Fair Housing Awareness Component, provide the following information when responding to this sub-factor.

(i) A list of all bilingual materials you have distributed

(ii) A description of specific instances where projects similar to the scope and activities proposed in this application had an impact in a Hispanic community.

(iii) A description of recent relevant experience. Recent experience is experience within the past 3 years. Grantees may not deny services to a client who is not Hispanic.

In addition. If you are applying for funding under the EOI-Fair Housing and Minority Homeownership Component, provide the following information when responding to this subfactor:

(i) A description of staff's experience in providing fair housing and homeownership advice with the objective of increasing awareness of homeownership opportunities and

(ii) A description of staff's experience and accomplishments in advocating with the real estate industry, the mortgage lending industry, appraisers, and developers to increase awareness of homeownership opportunities.

In addition. If you are applying for funding under PEI or FHOI, provide the following information when responding to this subfactor:

(i) Describe the procedure you will use to ensure that testers comply with the requirements in Section IV(B)(3) of the FHIP Program Section of the SuperNOFA.

(ii) If you propose to conduct testing (other than rental or accessibility testing), projects proposing testing in the specific areas (for example, if testing is for sales of housing), your application should outline your sales testing

experience) should document that, at a minimum, you have conducted successful testing in those areas. Provide a general description of when and where the tests occurred, the entities tested, and the overall results of the tests, including complaints filed and the settlements or remedies secured.

FHOI. Provide a statement of organizational capacity and experience of the sponsored organization and a list of persons who will work on the project along with their experience.

(10) Points for Current FHIP Grantees

(0) Points for New Applicants

c. *Performance on past project(s).* You must describe your organization's past performance in conducting activities relevant to your proposal, in the past three years (FY 1999–2001 FHIP grants), demonstrating good financial management and documenting timely use of funds, timely reporting and submissions of tasks and deliverables. HUD may supplement information you provide with relevant information on-hand or available from public sources such as newspapers, Inspector General or General Accounting Office Reports or Findings, hotline complaints that have been proven to have merit, or other such sources of information. In evaluating past performance, the following points will be deducted from your score under this rating sub-factor:

10 points will be deducted if you received a ''fair performance'' assessment;

5 points will be deducted if you received a ''good performance'' assessment; and

0 points will be deducted if you received an ''excellent performance'' assessment.

In addition. If you have received an FHOI or a PEI award under the FY 1999, 2000, or 2001 FHIP Program Section of the SuperNOFA, you must:

(i) Discuss your compliance with the mandatory referral requirement of all cases arising from FHIP-funded activities requirement, as described in the FY 1999, 2000, and 2001 FHIP Program Section of the SuperNOFAs. Five (5) points will be deducted for this subfactor if you do not show in your application compliance with the requirement. The compliance discussion should provide an explanation if discrepancies exist. For example, your application notes receipt of 100 applications. It also notes that only 25 complaints were referred. There should be an explanation for the difference of 75 complaints.

(ii) Discuss your compliance with the requirement to reimburse the Federal government for compensation received from FHIP-funded enforcement activities. If you have not reimbursed the Federal government for such compensation, explain why you have not. Also, state whether you reported to HUD any likely compensation that may result in such reimbursement. Two (2) points will be deducted for this sub-factor if you have not complied with the requirement.

Rating Factor 2: Need/Distress/Extent of the Problem (20 Points)

This factor addresses the extent to which there is a need for funding the proposed activities to address a documented fair housing problem(s) in the target area(s). You will be evaluated on the information that you submit that describes the fair housing need in the geographic area you propose to serve, its urgency and how your project is responsive to that need. You must also describe whether you and/or your project are not served by a State or local FHAP agency.

(15 Points for PEI/EOI and 20 Points for FHOI)

a. *Documentation of Need.* To justify the need for your project, PEI and EOI applicants must describe the following:

(1) The fair housing need, including:

(i) Geographic area to be served;

(ii) Populations that will be served—your project must serve all persons protected by the Act; and

(iii) The presence of housing discrimination, segregation and/or other indices of discrimination in the project area based upon race, color, religion, sex, national origin, familial status, or disability.

(2) The urgency of the identified need. For example:

(i) The potential consequences to persons if your application is not selected for funding;

(ii) The extent to which the organizations provides the services identified in your application;

(3) Other sources that support the need and urgency for this project. For example, make reference to reports, statistics, or other data sources that you used that are sound and reliable, including but not limited to, HUD or other Federal, state or local government reports analyses, relevant economic and/or demographic data, including those that show segregation, foundation reports and studies, news articles, and other information that relate to the identified need. Chapter V of the *Fair Housing Planning Guide, Vol. 1* has other suggestions for supporting documentation. You may access the Guide from the HUD web at *www.hud.gov.*

To receive maximum points under this subfactor, applicants must submit data and studies that support (1), (2), and (3) above. Those that address each category and submit supporting data will receive higher points than those that do not.

For FHOI: To justify the need for a sponsored organization under FHOI, the sponsoring organization must describe the following:

(i) Populations that will be served—HUD has targeted for funding under this Initiative, projects that will provide fair housing enforcement services to underserved areas, rural areas, the Colonias, and areas serving individuals who are immigrants (especially racial and ethnic minorities who are not English-speaking or have limited English proficiency).

(ii) The presence of housing discrimination, segregation and/or other indices of discrimination in the project area based upon race, color, religion, sex, national origin, familial status, or disability and submit data and studies that support your claim; and

(iii) Why the project area is underserved and why the proposed sponsored organization is needed. Your proposal must serve all persons protected by the Act.

For example, make reference to reports, statistics, or other data sources that you used that are sound and reliable, including but not limited to, HUD or other Federal, state or local government reports analyses, relevant economic and/or demographic data, including those that show segregation, foundation reports and studies, news articles, and other information that relate to the identified need.

For all applicants: If the fair housing needs you have identified are not covered under the Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI) or if your locality does not have a CP or AI, you should so indicate, and use other sound data sources to identify the level of need and the urgency in meeting the need. If your application addresses needs that are identified in the AI, you will receive more points than applicants located in an area with an AI that do not relate their program to the identified needs in the AI. For you to receive maximum points for this factor, there must be a direct relationship between your proposed activities, community needs, and the purpose of the program funding.

To the extent possible, the data you use should be specific to the area where the proposed activity will be carried out. You should document needs as

they apply to the area where activities will be targeted, rather than the entire locality or state. If the data presented does not specifically represent your target area, you should discuss why the target areas were proposed.

(4) The link between the need and your proposed activities:

(i) How the proposed activities augment or improve upon on-going efforts by public and private agencies, organizations and institutions in the target area, and/or

(ii) Why, in light of other on-going efforts, the additional funding you are requesting is necessary.

In addition, with respect to Documentation of Need, the following apply to specific FHIP initiatives or components:

EOI—Disability Component. Your project must focus on individuals who are disabled and must serve all persons protected by the Act.

EOI—Hispanic Fair Housing Awareness Component. Your project must focus on serving Hispanics and must serve all persons protected by the Act. Therefore, provide specific demographics on Hispanic neighborhoods to be served and the relationship of the area served to the objectives of the project. The need in these neighborhoods must be clearly stated and supported with documentation such as beneficiary information. Grantees may not deny services to a client who is not Hispanic.

EOI—Fair Housing and Minority Homeownership Component. Your project must document underrepresentation of homeownership by protected classes or a critical level of need for fair housing and homeownership activities in the area where activities will be carried out.

(5 Points PEI and EOI)

b. *Underserved Areas.* For EOI and PEI: Up to five points will be awarded when the applicant's location *and* the project area are not served by a State or local FHAP agency. In instances where the applicant is located in an area not served by a FHAP agency but the project activities are conducted in various geographic areas, some of which are not served by a State or local FHAP agency, points will be awarded as follows:

5 points will be awarded if more than 80% of the activities are conducted in areas not served by a State or local FHAP agency.

4 points will be awarded if more than 60% but less than 80% of the activities are conducted in areas not served by a State or local FHAP agency.

3 points will be awarded if more than 40% but less than 60% of the activities are conducted in areas not served by a State or local FHAP agency.

2 points will be awarded if more than 20% but less than 40% of the activities are conducted in areas not served by a State or local FHAP agency.

1 point will be awarded if less than 20% of the activities are conducted in areas not served by a State or local FHAP agency.

You must indicate whether (a) you are located in an area that is served by a State or local FHAP agency (see Appendix D of this FHIP Program Section of the SuperNOFA for a list of FHAP agencies); (b) the activities you propose will be conducted in a project areas served by a State or local FHAP agency; and (c) explain why the project area is underserved and/or why the proposed organization or activity is needed.

In addition: This subfactor is not applicable to FHOI.

Rating Factor 3: Soundness of Approach (40 Points)

You must describe your project in detail, demonstrate how your project activities will support HUD goals, propose suggested performance measures/outcomes in support of these goals, and identify current baseline conditions and target levels of the performance measures that you plan to achieve. Also attach a Statement of Work (SOW) and budget. Your proposed activities must support HUD's policy priorities as referenced in the General Section.

(7 Points)

a. *Support of HUD Goals.* Describe how your proposed project will further and support HUD's policy priorities. For FY 2003 FHIP applications, address the following:

1. All EOI-General, EOI-Disability, EOI-Hispanic Fair Housing Awareness, and EOI-Fair Housing and Minority Homeownership Component:

Applicants who relate HUD's policy priorities to:

(i) Their project's purpose,

(ii) Persons to be served,

(iii) Geographic area to be served,

(iv) Proposed activities and who will conduct these activities, *e.g.*, you or a subcontractor(s) or consultant(s), and

(v) Applicants who provide a methodology for carrying out these activities that includes items (i), (ii), (iii) and (iv) above will be assessed as follows:

(a) Four points under this subfactor if you are a grassroots faith-based and other community-based organizations, or propose to partner or sub-contract with grassroots faith-based and other community-based organizations,

(b) One point under this subfactor if your application specifically addresses housing discrimination against new immigrants,

(c) One point under this subfactor if your application specifically addresses housing discrimination in Colonias, and

(d) One point under this subfactor if your application specifically addressing housing discrimination to persons who are homeless because of housing discrimination in violation of the Fair Housing Act.

PEI and FHOI

Applicants should discuss their project purpose and proposed activities, persons to be served, geographic areas and methodology and their relation to HUD's policy priorities (see General Section). Include specific information on how you will address the need(s) identified under Rating Factor 2. The quality of the response you provide to one or more of the policy priorities will determine the score you receive. You may receive one point for each policy priority you address up to a total of seven points.

In addition. If you apply under the:

EOI. Describe how activities or final products can be used by other organizations and agencies. Also, describe the elements of the complaint referral process you will develop as a task under this grant. Explain how this referral process will result in an increased number of referrals to HUD. For the Hispanic Fair Housing Awareness component, grantees may not deny services to a client who is not Hispanic.

FHOI. Over the course of the grant, the sponsored organization must conduct fair housing-related enforcement activities and leverage non-FHIP resources. These are the performance measures that, if not met, may result in termination of the grant. Clearly describe how you will ensure that these enforcement and leveraging requirements are met.

PEI/FHOI. Describe a procedure to ensure that referrals of all complaints are made as required by this NOFA. Your description should include safeguards to ensure that referred complaints are fully jurisdictional under the Act and supported by credible and legitimate evidence that the Act has been violated.

You may conduct limited outreach activities (PEI and FHOI), as described in Section IV(C)(3). This must be reflected clearly in your SOW and Budget.

(18 Points)

b. *Proposed Statement of Work (SOW) and Information Requirements.* The SOW and budget are attachments that will not count toward the 10-page limit on the narrative response to this factor. However, points will be assigned based on the relevance of proposed activities to stated needs, attention to implementation steps, proposed activities consistent with organizational expertise and capacity and accuracy of the SOW and budget.

(1) *Statement of Work*—Submit a proposed SOW that comprehensively outlines in chronological order the administrative and program activities and tasks to be performed during the grant period. Your outline should identify all activities and tasks to be performed and by whom (*e.g.*, you, a subcontractor, or partner), and the products that will be provided to HUD and when. You should also include a schedule of your activities and products (with interim implementation steps), staff allocation over the term of the project; staff acquisition and training; and activities of partners and/or subcontractors (See Appendix C of this FHIP Program Section of the SuperNOFA for an optional SOW).

(2) *Information Requirements.* For PEI and FHOI, your application must include a description of the enforcement proposals to be referred to HUD. Your description must explain the information (see 24 CFR 121.2) you intend to collect and analyze, the type of complaints you anticipate referring to HUD for enforcement purposes, and describe the procedure you will implement for referring such complaints. If you propose a testing program, you must explain how you plan to structure the tests, train investigators, conduct investigations, etc. This description should make clear the safeguards to be used to ensure that complaints referred to HUD are fully jurisdictional under the Act and supported by credible and legitimate evidence that the Act has been violated. Describe the procedures you will put in place to ensure that referrals of all complaints are sent to HUD.

In addition.

For EOI:

For the Hispanic Fair Housing Awareness Component include:

(i) All bilingual key personnel and their capacity to communicate and disseminate information in projected Hispanic neighborhoods.

(ii) A plan that reflects an understanding of the characteristics and needs of the neighborhoods selected and outline a plan of action pertaining to the scope and detail of how the work outlined will be accomplished. Grantees may not deny services to a client who is not Hispanic.

(15 Points)

c. *The Budget Form and the Budget Information*—HUD will also assess the soundness of your approach by evaluating the quality, thoroughness, and reasonableness of the budget and financial controls of your organization, including information on your proposed program cost categories. As part of your response you must prepare a budget that is: (i) Reasonable in achieving the goals identified in your proposed SOW; (ii) relates tasks in the SOW to the proposed budget costs; (iii) cost-effective; (iv) quantifiable based on the Need identified in Factor 2; and (v) documents and justifies all cost categories in accordance with the cost categories indicated in the HUD–424–CB (see General Section Grant Application Detailed Budget). In addition, if you already have an approved indirect cost rate, please provide the necessary contact information (*i.e.*, name, address, and telephone number of the cognizant agency).

(1) *Cost Effectiveness of Program.* Discuss and provide supportive facts concerning the extent to which your proposed program is cost effective in achieving the anticipated results of the proposed activities. Also, indicate how the proposed project is quantifiable based on the needs identified in Rating Factor 2.

(2) *Financial Management Capacity.* Describe and provide documentation to support your organization's financial management system. In addition, provide documentation about your capabilities in handling financial resources and maintenance of adequate accounting and internal control procedures.

In addition:

FHOI provide a statement of transfer of programmatic and management responsibilities from the sponsoring to sponsored organization by the end of grant year 3. Also provide budgetary information on the viability of the sponsoring organization to maintain the sponsored organization for the duration of the grant.

Your Grant Application Detailed Budget HUD–424–CB must show the total cost of the project and indicate other sources of funds that will be used for the project. While the costs are based only on estimates, the budget narrative work plan may include information obtained from various vendors, or you may rely on historical data. Applicants must round all budget items to the nearest dollar.

A written budget narrative must accompany the proposed budget explaining each budget category listed. Failure to provide a written budget narrative will result in 2 points being deducted from your application. It must explain each cost category you list. Generally, estimated costs for high-cost items or subcontractors/consultants should be supported by bids from at least three (3) sources. Where there are travel costs for subcontractors/consultants, you must show that the combined travel costs (per diem rates) are consistent with Federal Travel Regulations (41 CFR 301.11) and travel costs for the applicant's subcontractors and/or consultants do not exceed the rates and fees charged by local subcontractors and consultants. The narrative (which counts toward the 10 page limit) and supporting documentation (which does not count toward the 10 page limit) must address the Grant Application Detailed Budget as referenced in the General Section.

Enforcement Education & Outreach

Also, there is a 5% limit on the amount of education-related activities that can be funded in an enforcement grant. If you exceed this limit, points will be deducted from this sub-factor.

Rating Factor 4: Leveraging Resources (5 Points)

This factor addresses your ability to secure additional resources to support your project. Points will be awarded on the basis of the percentage of non-FHIP resources you have identified and how firm the commitment is for those resources.

Firm Commitment of Leveraging. HUD requires you to secure resources from sources other than what is requested under this FHIP Program Section of the SuperNOFA. Community resources may include funding or in-kind contributions, such as workspace or services or equipment, allocated to the purpose(s) of your proposal. Contributions from affiliates or employees of the applicant do not qualify as in-kind contributions. Resources may be provided by governmental entities (including other HUD programs if such costs are allowed by statute), public or private non-profit organizations, faith-based organizations, for-profit or civic private organizations, or other entities willing to work with you. In order to secure points you must establish leveraging of resources by providing letters of firm commitment from the organizations and/or individuals who will support your

project. Each letter of firm commitment must: (1) Identify the organization and/or individual committing resources to the project, (2) identify the sources and amounts of the leveraged resources (the total FHIP and non-FHIP amounts must match those in your proposed budget submitted under Factor 3), and (3) describe how these resources will be used under your SOW. The letter must be signed by the individual or organization official legally able to make commitments for the organization. If the resources are in-kind or donated goods, the commitment letter must indicate the fair market value of those resources and describe how this fair market value was determined. (Do not include indirect costs within your in-kind resources). In-kind and matching contributions and Program Income must be in accordance with 24 CFR 84.23 and 84.24. If the applicant has no funding source other than the FHIP, it cannot propose in-kind or donated resources. No points will be awarded for general letters of support endorsing the project from organizations, including elected officials on the local, State, or national levels, and/or individuals in your community. For PEI and EOI, if your project will not be supported by non-FHIP resources, then you will not receive any points under this factor. Points will be assigned for PEI and EOI based on the following scale:

1 point will be awarded if your project will be supported by non-FHIP resources but less than 5% of the project's total costs are from non-FHIP resources.

2 points will be awarded if at least 5% but less than 10% of the project's total costs are from non-FHIP resources.

3 points will be awarded if at least 10% but less than 20% of the project's total costs are from non-FHIP resources.

4 points will be awarded if at least 20% but less than 30% of the project's total costs are from non-FHIP resources.

5 points will be awarded if at least 30% of the project's total costs are from non-FHIP resources.

For FHOI, 2 points will be awarded if at least 5%, but less than 10% of the project's total cost are from non-FHIP resources.

3 points will be awarded if at least 10% but less than 20% of the project's total costs are from non-FHIP resources.

4 points will be awarded if at least 20% but less than 30% of the project's total costs are from non-FHIP resources.

5 points will be awarded if at least 30% of the project's total costs are from non-FHIP resources.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

In evaluating this factor, HUD will assess the extent to which you demonstrate how you will measure your success or results to be achieved and that represent the work of your organization as set out in your budget. Applicants must describe their specific methods and measures to assess progress, evaluate program effectiveness, and identify program changes necessary to improve performance, to ensure commitments made will be kept and results to be achieved can be accounted for and independently assessed, to ensure performance measures are met. Applicants who have identified inputs and outcome measurement and include means for assessing these measures, tracking and monitoring performance goals and achievements against these commitments made in the application, will receive higher points than those that do not. To meet this requirement, you should:

(i) First, identify the outcome. You should refer to the Logic Model provided in the forms appended to the General Section.

(ii) Second, identify the indicator. An indicator should be explained using numerical measures that can determine the extent to which the outcome was or is expected to be achieved and/or utilized to assess your performance. You should also track or monitor how your projected outcomes will be successfully achieved. Specify what form of measurement tool(s) will be utilized to quantify the overall results of your project's performance.

In formulating how you attain your end results, estimate the types and amounts of clients you expect to be served with the amount allocated as it relates to your proposed budget. Estimate approximately how many of those served will benefit from your project's activities and tasks and estimate the timeframe for this to be accomplished.

This can be done using real numbers and reasonable estimates. If you are proposing a new program, and numbers have never been assessed, indicate that actual numbers will be reported as you submit your required quarterly reports, should you receive funding.

Accomplishments can be achieved using specific measurement tools to assess the impact of your solutions. Examples include: (1) Intake Assessment Instrument; (2) Pre/Post Tests; (3) Customer/Client Satisfaction Survey; (4) Follow-up Survey; (5) Observational Survey; (6) Functioning scale; or (7) Self-sufficiency scale. You should describe what kind of fair housing activities you propose to accomplish and how successful you project them to be given the need, as identified in Factor 2, for these activities. Finally, you should consider this need, what you plan to accomplish, your proposed methodology and work plan to assess the benefits that will be derived from your project.

You should demonstrate the extent to which your application proposes solutions that result in creating linkages and using specific measurement tools to assess the impact of your project and a process to establish a clear relationship between all parties impacted. For the EOI-Disability Component, you should demonstrate how the activities would assist the Department in implementing the Olmstead Supreme Court decision. As your project ends, you must report meaningful data derived from client feedback on how they benefited from your project's activities.

E. *Factors for Award Used To Evaluate and Rate Applications for the National Education and Outreach Initiative Program.* The factors for rating and ranking applicants and the maximum points for each factor are provided below. The maximum number of points awarded any application is 100. Bonus points are not available for National Program education and outreach applications.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (25 Points)

This factor addresses the extent to which the applicant has the organizational resources necessary to successfully implement the proposed activities in a timely manner, and the applicant's ability to develop and implement large information campaign projects as appropriate, on a national scale.

(5) Points Current FHIP Grantees

(10) Points for New Applicants

a. *General Description of Applicant Organization and Relevant Experience.*

In rating this factor, HUD will consider the extent to which the applicant demonstrates:

(1) The qualifications of the applicant organization; the type of organization (*e.g.*, public, private, non-profit, for profit); and the organization's general areas of activity or line of business.

(2) If the applicant has managed large, complex, interdisciplinary projects, the applicant must include information on them in its response.

(3) Awards and major accomplishments of the applicant

organization must be described. HUD will also consider any documented evidence, such as performance reviews, newspaper articles, or monitoring findings that may reflect positively or negatively upon the ability of the applicant and its proposed staff to perform the work.

(4) The applicant's capability in handling financial resources with adequate financial control procedures and accounting procedures. In addition, HUD will consider findings identified in applicants' most recent audits; accuracy of mathematical calculations, and other available information on financial management capability.

(5) The extent to which you have the organizational resources necessary to implement your proposed activities on time, and within budget and your past experience in working with State or local officials, housing industry representatives and organizations, and disability rights organizations and others in consensus building, achieving changes to existing laws and regulations which cover housing and accessibility codes and related items, operating in environments that are not receptive to complying with accessibility requirements, and interacting with officials, representatives, or advocates that have divergent or opposing viewpoints. Include descriptions of your organization and, if applicable, your affiliate chapters, or that of your partner's affiliates or other entities that will be used to ensure the National coverage required by this project.

(6) Your experience and knowledge of the Fair Housing Act's accessibility requirements, the Fair Housing Accessibility Guidelines, and the ANSI A117.1 technical standards and skill in disseminating information and training to State and local government agencies, housing agencies and/or the public on these requirements and responsibilities.

(10) Points for Current FHIP Grantees

(15) Points for New Applicants

b. *Specific Description of Staff for Proposed Activities.* The applicant must demonstrate that it has or will have sufficient personnel or will be able to quickly access qualified experts or professionals to deliver the proposed activities timely and effectively, including the readiness and ability of the applicant to immediately begin the proposed work program. Also the applicant must demonstrate relevant knowledge and experience of the overall proposed project director and staff, including the day-to-day program manager, consultants and contractors in planning and managing programs for which funding is being requested. To demonstrate that the applicant has sufficient qualified personnel, the applicant must submit the proposed number of staff hours for the sub-contractor, employees and experts to be allocated in the SOW and availability of proposed staff to operate the project, the titles and relevant professional background and experience of each employee and expert proposed to be assigned to the project, and the roles to be performed by each employee and expert. Highly competitive applications must demonstrate that proposed staff has at least 3 years of recent and relevant experience in performing eligible program activities or projects similar in scope or nature and directly relevant to the work activities proposed. Finally, applicants should describe their or their sub-contractor's expertise in languages other than English and in reaching the informational needs of individuals with limited English proficiency.

(10) Points for Current FHIP Grantees

(0) Points for New Applicants

c. *Consideration of Past Performance.* Your past experience in terms of your ability to attain measurable progress in the implementation of your most recent and similar activities where your performance has been assessed. HUD will take into account your past performance in managing funds, including the ability to account for funds appropriately; timely use of funds received either from HUD or other Federal, state or local programs; meeting performance targets for completion of activities and number of persons to be served or targeted for assistance. HUD will use information related to these measures based on information on hand or available from public sources such as newspapers, Inspector General or Government Accounting Office Reports or Findings, hotline complaints that have been proven to have merit, or other such sources of information. In evaluating past performance, the following will apply to Fiscal Years 1999, 2000, and 2001 FHIP grantees:

10 points will be deducted if you obtained any ''fair performance'' assessment;

5 points will be deducted if you obtained any ''good performance'' assessment; and

0 points will be deducted if you obtained any ''excellent performance'' assessment.

Rating Factor 2: Need/Approach to the Problem (20 Points)

This factor addresses the extent to which the applicant documents and defines the national need that its proposed activities and methods are intended to address, and how its proposal offers the most effective approach for dealing with that national need. The quality of the response you provide to one or more of the criteria listed below will determine the score you receive. You may receive up to five points for each criterion you address up to a total of twenty points. Please respond to the following criteria:

a. Identify areas that show where significant amounts of new multifamily housing construction will take place and identify the need to assist State and local governments that need to add or modify language to make local building codes so that they are consistent with the accessibility requirements of the Fair Housing Act and the Fair Housing Accessibility Guidelines, Regulations and the ANSI A117.1 technical standards. In order to document the need you must use reports, statistics, and other data sources that are sound and reliable, including but not limited to, HUD or other Federal, State or local government reports and analyses, relevant economic and/or demographic data, foundation reports and studies from educational institutions/ foundations, news articles, and other information that relate to the identified need.

b. Identify State and local jurisdictions with codes that officials: (i) Whose codes are consistent with the requirements of the Fair Housing Act and those that need review, (ii) whose codes are not consistent with the requirements of the Fair Housing Act and will be targeted for assistance/ services offered by this project who are in need of education and/or assistance on language to be included in building codes to ensure that such codes meet the requirements of the Fair Housing Act, Fair Housing Regulations, and the Fair Housing Accessibility Guidelines, and the ANSI A117.1 technical standards, such that codes can be adopted, and (iii) who have no codes and are in need of the assistance/ services offered by this project so that they may adopt codes that education and/or assistance on language to be included in building codes to ensure that such codes meet the requirements of the Fair Housing Act, Fair Housing Regulations, and the Fair Housing Regulations, Housing Accessibility Guidelines, and the ANSI A117.1 technical standards such that codes can be adopted.

c. Identify how you will use your partnering organization(s)s and affiliates to address the needs and demands identified and how they will be

deployed in support of your work activities;

d. Identify specific format, methodology, languages, and materials that are needed to conduct education and outreach to assist State and local jurisdictions in adopting building codes that include the accessibility standards of the Fair Housing Act, Fair Housing Regulations, the Fair Housing Accessibility Guidelines, and the ANSI A117.1 in their building codes. If the applicant has experienced staff or if the applicant proposes to use a contractor sub-grantee, the extent to which the applicant provides a rationale for how it will utilize its staff or a contractor or subgrantee to incorporate its proposed activities, methods, and media techniques will most effectively deal with the national need you describe above. To the extent possible, applicants should demonstrate effectiveness in terms of scope and cost.

Rating Factor 3: Soundness of Approach (35 Points)

This factor addresses the quality and cost-effectiveness of the applicant's proposed work plan. The SOW must address the strategy, quality and time frames needed to carry out the project and all activities as proposed.

(25 Points)

a. *Statement of Work.*

Submit a proposed SOW that comprehensively outlines in chronological order the administrative and program activities and tasks to be performed during the grant period. Your outline should also include a schedule of proposed activities and products (with interim implementation steps), staff allocation over the term of the project, staff acquisitions and training, and activities of partners and subcontractors.

For this Component—(1) Outline the extent to which your work program provides for national coverage, including States and local governments to be assisted through workshops, one-on-one technical assistance and distance learning opportunities, and your strategy for moving them from education to implementation of the accessibility standards in their building codes.

(2) Describe the extent to which you will provide outreach to states and local governments and technical staff to make them aware of the availability of your assistance and use a variety of techniques and media, including your proposed method of distribution, formats and languages to be used in providing information to diverse audiences.

(3) Clearly describe the specific activities and tasks to be performed, the sequence in which the tasks are to be performed, noting areas of work which must be performed simultaneously, estimated completion dates, and the work and program deliverables to be completed within the grant period, including specific numbers of quantifiable end products and program improvements the applicant aims to deliver by the end of the award agreement period as a result of the work performed; and

(4) Describe the immediate benefits of the project and how the benefits will be measured. Applicants must describe the methods they will use to determine the effectiveness of the impact of their fair housing educational curricula nationally.

(10 Points)

b. Budget Form and Budget Information. A written budget narrative must accompany the proposed budget for any listed item. Failure to submit the narrative will result in the 5 points being deducted under this sub-factor. The narrative (counted toward the 10 page limit) and supporting documentation (not counted toward the 10 page limit) must address the following for maximum points:

(1) Cost estimates of salary levels, staff assignments, number of staff hours, and all other budget items are reasonable, allowable, and appropriate for the proposed activities;

(2) How cost effective the proposed program is in achieving its anticipated results, as well as in achieving significant impact; and

(3) Have you explained and attached back-up documentation for each cost category. Generally, estimated costs for high-cost items or subcontractors/consultants should be supported by bids from at least three (3) sources. Where there are travel costs for subcontractors/consultants, you must show that the local combined travel costs (per diem rates must be consistent with Federal Travel Regulations but not in excess) and rates and fees do not exceed the rates and fees charged by local subcontractors and consultants. A breakdown of each cost category is listed in the General Section.

In addition:

(4) How proposed activities will yield long-term results and innovative strategies that can be readily disseminated to other organizations and State and local governments, and

(5) How the proposed project will make available activities, training and meeting sites, and information services and materials in places and formats that are accessible to all persons including persons with disabilities.

Rating Factor 4: Leveraging Resources (5 Points)

This factor addresses the ability of the applicant to secure other resources, which can be combined with HUD's program resources to achieve program purposes. In evaluating this factor HUD will consider:

The amount of non-FHIP resources you have identified and how firm the commitment is for those resources. HUD encourages you to secure resources from sources other than what is requested from this program. Resources may include funding or in-kind contributions, such as workspace, donated media announcements, or equipment allocated to the purposes of your proposal. Contributions from affiliates or employees of the applicant do not qualify as in-kind contributions. Resources may be provided by governmental entities (including other HUD programs where allowed by statute) public or private non-profit organizations, for profit private organizations, or other entities willing to work with you in accordance with the proposed FHIP activities. If your project will not be supported by non-FHIP resources, you cannot claim in kind and donation of resources and you will not receive any points under this factor. Points will be assigned based on the following scale:

1 point will be awarded if your project will be supported by non-FHIP resources but less than 5% of the project's total costs are from non-FHIP resources.

2 points will be awarded if at least 5% and less than 10% of the project's total costs are from non-FHIP resources.

3 points will be awarded if at least 10% and less than 20% of the project's total costs are from non-FHIP resources.

4 points will be awarded if at least 20% and less than 30% of the project's total costs are from non-FHIP resources.

5 points will be awarded if more than 30% of the project's total costs are from non-FHIP resources. You must establish leveraging of resources by providing letters of firm commitment from the organizations and/or individuals committing resources to the project. Each letter of firm commitment must: (i) Identify the organizations and/or individuals committing resources to the project; (ii) identify the sources and amounts of the leveraged resources (the total FHIP and non-FHIP amounts must match those in your proposed budget submitted under Factor 3), and (iii) describe how these resources will be used as part of your SOW. The letter

must be signed by the individual or organization official legally able to make commitments for the organization. If the resources are in-kind or donated goods, the commitment letter must indicate the fair market value of these resources and describe how the fair market value was determined. No points will be awarded for general letters of support endorsing the project from organizations and/or individuals (including elected officials) in your project area(s).

Rating Factor 5: Achieving Results and Program Evaluations (15 Points)

This factor addresses the extent to which you discuss the accomplishments or results to be achieved and that represent the work of your organization as manifested in your budget. Applicants must describe their specific methods and measures to assess progress, evaluate program effectiveness, and identify program changes necessary to improve performance to ensure that commitments made and results to be achieved can be accounted for and independently assessed to ensure performance measurements are met. Applicants who have identified inputs and outcome measurements and include means for assessing these measures, tracking and monitoring performance goals and achievements against commitments made in the application will receive higher points than those that do not. You must collect data showing the outcomes of your grant. These outcomes may vary from grantee to grantee, but should include indicators, where applicable, such as number of persons trained, number of persons counseled, number of complaints filed, number of housing units obtained or made accessible, and relief obtained. You may include other outcomes if they apply to your grant. Outcome data must be collected and a data collection tool must be identified for your program and may include: functioning scale, or self-sufficiency scale. In evaluating this factor, HUD will consider the extent to which you demonstrate:

a. You have established a clear, concise relationship between the outcome of your project and its impact nationally.

b. The extent to which your application addresses outreach activities to promote awareness of project activities. At a minimum, your application should discuss procedures you will use to promote awareness of the services provided by your proposal.

You should demonstrate the extent to which your application develops solutions that result in creating linkages and using specific measurement tools to assess the impact of your solutions. Such linkages may include: increasing knowledge of fair housing rights and responsibilities, increasing awareness of the Act; increasing homeownership; empowering the homeless, and identifying barriers to housing choice.

c. The extent to which you have developed interrelationships to help build nationwide efforts that coordinates the resources of multiple applicants and programs. HUD encourages multiple entities to join together and pool all available resources in a common, coordinated effort to obtain national geographic coverage. Describe in your proposal how your project activities will be coordinated with other organizations and linked with: (i) Other on-going HUD-funded program activities; (ii) Other on-going national, Federal, State, local or privately funded activities. Also provide a measurement tool to assess coordinated progress, evaluate linked program effectiveness, and identify coordinated program changes necessary to improve performance to ensure that commitments made and results to be achieved can be accounted for and independently assessed to ensure performance measurements are met.

d. The extent to which your application addresses outreach activities to promote awareness of project activities and to achieve stated goals. This includes: (i) a discussion of how your methods or approaches will encourage State and local jurisdictions to adopt building codes that incorporate one of HUD's recognized safe harbors for compliance. Also include an assessment tool to measure the effectiveness of these methods and approaches; (ii) identification of State and local jurisdictions that need updates of their codes to address inconsistencies identified in HUD's final report on the Review of Model Building Codes and how you will provide technical assistance. Also include a methodology and approach of how you will reach these jurisdictions, address these inconsistencies, and measure your performance; and (iii) an explanation of how you will assess your partner's performance. Finally, you should demonstrate the extent to which your application develops solutions that result in collaborative partnerships among builders, State and local government building code entities, and disability advocacy or fair housing groups to encourage the adoption of Model building codes at the State or local level that are consistent with the accessibility requirements of the Act, its regulations, and the Fair Housing Accessibility Guidelines.

(F) *Applicant Notification and Award Procedures.* (1) *Notification.* No information about the review and award process will be available to you during the period of HUD evaluation, which begins on the closing date for applications under this NOFA and lasts approximately 90 days thereafter, except to advise you, in writing or by telephone, if HUD determines that your application is ineligible or has technical deficiencies which may be corrected as described in Section VI of the General Section of the SuperNOFA and Section VII of this NOFA. HUD will communicate only with persons specifically identified in the application. HUD will not provide information about the application to third parties such as subcontractors.

(2) *Negotiations.* If you are selected, HUD will require you to participate in negotiations to determine the specific terms of your cooperative or grant agreement. HUD will follow the negotiation procedures described at Section VI(D) of the General Section of the SuperNOFA. The selection is conditional and does not become final until the negotiations between the applicant and the Department are successfully concluded and the grant or cooperative agreement is signed and executed. HUD will negotiate only with the person identified in the application as the Director of the organization or if specifically identified in the application, the Project Director. HUD will not negotiate with any third party (*i.e.*, a subcontractor, *etc.*).

(3) *Funding Instrument.* HUD expects to award a cost reimbursable or fixed-price cooperative or grant agreement to each applicant selected for award. Upon completion of negotiations, HUD reserves the right to use the funding instrument it determines is most appropriate.

(4) *Adjustments to Funding.* As provided in Section VI(F) of the General Section of the SuperNOFA, HUD may approve an application for an amount lower than the amount requested, fund only portions of your application, withhold funds after approval, reallocate funds among activities and/or require that special conditions be added to your grant agreement, in accordance with 24 CFR 84.14, the requirements of this SuperNOFA, or where:

(a) HUD determines the amount requested for one or more eligible activities is unreasonable or unnecessary;

(b) An ineligible activity is proposed in an otherwise eligible project;

(c) Insufficient amounts remain to fund the full amount requested in the application, and HUD determines that partial funding is a viable option;

(d) The past record of key personnel warrants special conditions; or,

(e) Training funds are not reserved for FHIP training.

(5) *Performance Sanctions.* A grantee or subcontractor failing to comply with the requirements set forth in its grant agreement will be liable for such sanctions as may be authorized by law, including repayment of improperly used funds, termination of further participation in the FHIP, and denial of further participation in programs of HUD or any Federal agency.

(6) *Applicant Debriefing.* After awards are announced, applicants may receive a debriefing on their application as described in Section XI(A)(4) of the General Section of this SuperNOFA. Materials provided during the debriefing will be the applicant's final scores for each rating factor, final evaluator comments for each rating factor, and the final assessment indicating the basis upon which assistance was provided or denied. Applicants requesting a debriefing must send a written request to Annette Corley, Grant Officer, U.S. Department of Housing and Urban Development, FHIP/FHAP Support Division, 451 7th Street SW., Room 5224, Washington, DC 20410. HUD will not release the names of applicants or their scores to third parties. Selections do not become final until final negotiations with HUD are successfully concluded.

VI. Application Submission Requirements

In addition to the forms, certifications and assurances required of applicants to all HUD programs, which can be found in the General Section of the SuperNOFA, you must submit with each FHIP application, the forms, certifications and assurances described below and found at Appendix B.

In general.

When applying under any Initiative or Component you should submit the following:

(A) *Transmittal Letter.* Your transmittal letter must identify: (1) The dollar amount requested, and (2) the specific FHIP Initiative, or in the case of EOI, whether for the Regional/Local Community Based Program or the National Program and the specific Component (General, Disability, Hispanic Servicing, or Model Codes), for which you are applying.

(B) *Narrative Statement.* Respond completely to the instructions under each of the five Factors for Award and include the related items, such as resumes, SOW, and budget. Failure to provide the required information in the appropriate Factor will result in a lower score for that Factor—for example, information in the Project Abstract, although useful for developing a project synopsis, will not be considered when evaluating applications. The narrative responses must not exceed 10 pages per factor (required attachments are not counted); text must be double-spaced and pages numbered consecutively (starting with Factor 1 through the end of Factor 5). Please use 12 point typesize for your narrative responses.

(C) *Code of Conduct.* Awarded applicants must develop, maintain, and submit a written code of conduct as noted in the General Section.

(D) *Corrections to Deficient Applications.* After the application due date, HUD may not, consistent with its regulations in 24 CFR part 4, subpart B, consider any unsolicited information you, the applicant, may want to provide. HUD may contact you to clarify an item in your application or to correct technical deficiencies. HUD may not seek clarification of items or responses that improve the substantive quality of your response to any rating factors. In order not to unreasonably exclude applications from being rated and ranked, HUD may contact applicants to ensure proper completion of the application and will do so on a uniform basis for all applicants. Examples of curable (correctable) technical deficiencies include failure to submit the proper certifications or failure to submit an application that contains an original signature by an authorized official or failure to submit the requested number of copies. In each case, HUD will notify you in writing by describing the clarification or technical deficiency. HUD will notify applicants by facsimile or by USPS, return receipt requested. Clarifications or corrections of technical deficiencies in accordance with the information provided by HUD must be submitted within 5 calendar days of the date of receipt of the HUD notification. (If the due date falls on a Federal holiday, your correction must be received by HUD on the next day that is not a Federal holiday.) If the deficiency is not corrected within this time period, HUD will reject the application as incomplete and it will not be considered for funding. (Sections 202 and 811 Programs provide for appeal of rejection of an application on technical deficiency. Please see the Program Section for these programs for additional information and instructions.)

Listed below are requirements by Factor for the Regional/Local Community Based Programs:

Award Factor 1: Capacity of Applicant and Relevant Organizational Experience—Narrative/Resumes or Position Descriptions.

In addition:

For PEI and FHOI Applicants:

(1) *Testing Experience.* You must document your prior testing experience (see Factor 1: Capacity of the Applicant and Relevant Organizational Experience),

(2) *Letter of Determination from IRS* of your 501(c)(3) tax-exempt status.

For all Applicants:

Statement of Eligibility.

Award Factor 2: Need/Distress/Extent of the Problem—Narrative. Reference or submit data and studies that indicate the presence of housing discrimination, segregation and/or other indices of discrimination in the project area based upon race, color, religion, sex, national origin, familial status or disability, and explain why the project area is underserved and why the proposed organization is needed. Do not attach copies of reports, computer printouts, etc. If you have tables or exhibits include them. Make sure they are referenced in the text. Attachments not mentioned in the text will not be reviewed.

Award Factor 3: Soundness of Approach—Narrative, Statement of Work, HUD Budget Form, Budget Narrative.

Award Factor 4: Leveraging Resources—Narrative. Letter(s) of Firm Commitment.

Award Factor 5: Achieving Results and Program Evaluation—Narrative. Logic Model.

Listed below are the requirements by Factor for the EOI—National Program Components.

Award Factor 1: Capacity of Applicant and Relevant Organizational Experience—Narrative. Resumes or Position Description, Statement of Eligibility.

Award Factor 2: Need/Distress/Extent of the Problem—Narrative. Reference and submit data designed to educate the public about their fair housing rights. Do not attach copies of reports, computer printouts, etc. If you have tables or exhibits include them. Make sure they are referenced in the text. Attachments not mentioned in the text will not be reviewed.

Award Factor 3: Soundness of Approach—Narrative, SOW, HUD Budget Form, Budget Narrative.

Award Factor 4: Leveraging Resources—Narrative. Letter(s) of Firm Commitment.

Award Factor 5: Achieving Results and Program Evaluation—Narrative. Logic Model.

VII. Corrections to Deficient Applications

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

VIII. Environmental Requirements

In accordance with 24 CFR 50.19(b)(3), (4), (9), (12), and (13) of HUD regulations, activities assisted under this program are categorically excluded from the requirements of the National Environmental Policy Act and are not subject to environmental review under related laws and authorities.

IX. Authority

Section 561 of the Housing and Community Development Act of 1987, as amended, (42 U.S.C. 3616) established the Fair Housing Initiatives Program (FHIP)) and the implementing regulations are found at 24 CFR part 125.

Appendix A

Frequently Asked Questions

Q. If data, tables, exhibits, reports, and studies are submitted with the application, will they be counted toward the 10 page limit requirement?

A. The attachments do not count toward the ten-page limit. However, you are encouraged to summarize the points that support your Factor responses. Do not attach data tables, exhibits, and studies and expect the evaluator to read them and discern the points that should be considered. If you summarize information from studies, reports, etc, simply include a bibliography or other reference at the end of Factor.

Q. In previous years, FHIP applicants were not required to submit the Certification of Consistency with the Consolidated Plan. Is the Certification required this year?

A. Yes.

Q. Where can I find a copy of the Application Kit?

A. There is no Application Kit for the FY2003 FHIP SuperNOFA. The NOFA clearly describes the requirements for completing a successful application and all forms and certifications needed to complete the application are included in the General and FHIP Sections of the SuperNOFA.

Q. What is the maximum number of narrative pages that can be submitted for each Rating Factor?

A. The maximum number is 10 pages per Rating Factor. This does not include any attachments that may be required under each factor (for example, the proposed statement of work and budget required under Factor 3, Resumes as required by Factor 1, or any reports or documents you attach to support your Factor information). The narrative pages must be double-spaced and you are required to use 12 type size (font). However, all pages in the application must be consecutively numbered starting with number one (1) through the end of your application. For example, Factor 1 has 10 pages of narrative and 10 pages of attachments. Each attachment page must be numbered. When you get to Factor 2, the first page of the Factor will be numbered 21, and so on. If you do not number each page in your entire application, points will be deducted from your application if this criterion is not met.

Q. The FHIP SuperNOFA refers to QFHOs and FHOs. What is the difference between them?

A. These terms are defined in the FHIP regulations. Both organizations must be private, tax-exempt, charitable organizations that have engaged in enforcement-related activities. The amount of enforcement-related experience is an eligibility requirement for PEI, least one year for and FHOI, at least two years. (See 24 CFR 125.103 for QFHO and 24 CFR 125.401(b)(2) for FHO.)

All applicants are required to complete the Statement of Eligibility. For PEI and FHOI, applicants must self-identify as a QFHO or an FHO AND provide information, including dates of enforcement-related activities. The information you provide should enable HUD to determine if your organization meets at least the one or two year enforcement-related experience requirement. Your application will be declared ineligible if you fail to submit the Statement of Eligibility with your application.

Q. May an applicant subcontract out a percentage of its activities to subcontractors, partner, or consultants, if it is selected for a FHIP award?

A. Yes. However, when the expenditures to a particular subcontractor, partner, or consultant exceed 10% of the grant amount, an itemized budget is required.

Q. Is an organization ''engaged in testing for fair housing violations'' if it hires a qualified organization to carry out its testing program?

A. Yes, so long as the applicant maintains decision making authority, analyzes the test results, and maintains oversight or selection of testing operations.

Q. Does the SuperNOFA identify what makes an application ineligible?

A. Yes. For FHIP, see the eligibility requirements for each Initiative, and the Threshold Criteria in Section V(A). For threshold requirement information under the SuperNOFA, see Section V of the General Section of the SuperNOFA.

Q. Can an applicant propose to do an Analysis of Impediments (AI)?

A. No. The applicant can identify activities to be carved out of the AI but not to do planning to develop AI.

Q. Are there major differences between this year's SuperNOFA and last year's?

A. Yes, those differences are explained in Section III of the FHIP NOFA and Section II of the General Section of the SuperNOFA. Please note the major differences in eligibility requirements. Some requirements that were technical deficiencies in previous years are ineligible under this NOFA.

Q. At what point may a FHOI ''sponsored organization'' apply under any FHIP Initiative?

A. A sponsored organization is eligible after three (3) years to apply for funds under other initiatives or components.

Q. What are maximum awards?

A. Maximum award is the maximum amount that will be awarded under the Initiative for which you are applying. If you request an amount over this maximum amount, your application will be declared ineligible.

Q. Where do you send completed applications?

A. All completed applications must be received by the FHIP/FHAP Support Division Office in Washington, DC. These applications should be mailed or sent by an express service to the address stated in the SuperNOFA under the Section Addresses and Application Submission Procedures. Please note that applications incorrectly addressed may not be forwarded to this Division at all or it may be forwarded late. If that happens, your application will be deemed ineligible.

Q. What is the best method of knowing that the appropriate person has received my application? Should I follow up with a call?

A. Include with your completed application a complete copy of the Acknowledgment of Application Receipt. Be sure to include your correct mailing address and the person to whom the Acknowledgment should be sent. The Acknowledgement will be returned to the address indicated. HUD will not acknowledge the receipt of applications over the telephone (see General Section for return receipt requirements).

Q. What is the website address?

A. Http//www.hud.gov/grants

Q. What is the due date?

A. The due date is outlined in this NOFA under Section I, Application Due Date.

Q. If I have a technical question, can I call HUD?

A. Yes, technical questions should be directed to Lauretta A. Dixon, Myron P. Newry, or Denise L. Brooks of the FHIP/FHAP Support Division at (202) 708–0800 (this is not a toll-free number). Persons with hearing or speech impairments may call 1–800–290–1617 (this is a toll-free number). Technical assistance does not include assisting you in determining your eligibility to apply for funds. Applicants must make their own determination, based upon the requirements identified in the FHIP component under the section labeled Eligible Applicants. Technical Assistance cannot be provided to help you write any part of your application or develop responses to the application requirements. Rather, technical assistance, outside of the training broadcasts, will only clarify general application and program requirements published in the NOFA.

Q. What is meant by geographic diversity?

A. See comments above in Section V.

Q. As an FHOI applicant, are education and outreach expenses required to come out of my 15% administrative costs?

A. No. The education and outreach expenses can be accounted for in the budget of the organization being established or enhanced.

BILLING CODE 4210–32–P

APPENDIX B

FHEO FIELD STRUCTURE – OFFICES OF FAIR HOUSING AND EQUAL OPPORTUNITY

(Hearing and speech challenged persons may access the telephone numbers listed below via TTY by calling the Federal Information Relay Service at 1-800-877-8339)

FHEO OFFICES	DIRECTORS	TELEPHONE NO.	AREA COVERED
BOSTON Hub Thomas P. O'Neill Federal Bldg. 10 Causeway Street, Room 375 Boston, MA 02222-1092	Marcella Brown	(617) 994-8320 TTY (617) 565-5453	MA, CT, ME, VT, NH, RI
NEW YORK CITY Hub 26 Federal Plaza New York, NY 10278-0068	Stanley Seidenfeld	(221) 264-1290 TTY (212) 264-0927	NY, NJ
PHILADELPHIA Hub The Wanamaker Building 100 Penn Square East Philadelphia, PA 19107-3380	Wanda S. Nieves	(215) 656-0661 TTY (215) 656-3450	PA, MD, VA, DC, WV, DE
ATLANTA Hub 5 Points Plaza 40 Marrietta Street, SW Atlanta, GA 30303-3388	Gregory King	(404) 331-5001 TTY (404) 730-2654	GA, AL, MS, FL, PUERTO RICO, KY, TN, SC, NC
CHICAGO Hub Ralph H. Metcalfe Federal Building 77 West Jackson Boulevard Chicago, IL 60604-3507	Barbara Knox	(312) 353-7776 TTY (312) 353-7143	IL, MN, MI, WI, OH, IN
FORT WORTH Hub 1600 Throckmorton Street Fort Worth, TX 76113-2905	Garry Sweeney	(817) 978-5868 TTY (817) 978-5595	TX, AR, OK, LA, NM

KANSAS CITY Hub			KA, MO, NE,
Gateway Tower II	Robbie Herndon	(913) 551-6889	IA
400 State Avenue	TTY	(913) 551-6972	
Kansas City, KS 66101-2406			
DENVER Hub			
First Interstate Tower North	Evelyn Meininger	(303) 672-5437	CO, UT, WY,
633 17TH Street	TTY	(303) 672-5248	SD, ND, MT
Denver, CO 80202-3607			
SAN FRANCISCO Hub			
Phillip Burton Federal Bldg.	Chuck E. Hauptman	(415) 436-8420	CA, HI, NV,
450 Golden Gate Avenue	TTY	(415) 436-6594	AZ, Guam
San Francisco, CA 94102-3448			
SEATTLE Hub			
Seattle Federal Office Bldg.	Judith Keeler	(206) 220-5170	WA, OR, ID
909 First Avenue, Suite 200	TTY	(206) 220-5185	
Seattle, WA 98104-1000			

APPENDIX C – FORMS

Forms that must be filed with all FHIP applications, in addition to the forms listed in the **General Section** are included below.

FY 2003 FHIP SuperNOFA FORMS

Sponsored by the

U.S. Department of Housing and Urban Development
Mel Martinez, Secretary

Office of Fair Housing and Equal Opportunity

form HUD-40076-FHIP (03/12/2003 revised)

Fair Housing Initiatives Program
OMB Approval NO. 2529-0033 (exp.08/31/2003)

The information collection requirements contained in this notice of funding availability will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the **Fair Housing Initiatives Program** is based on the rating factors for this program listed in the SuperNOFA for Housing and Community Development Programs.

Public reporting burden for the collection of information for the Fair Housing Initiatives Program is estimated to average 100 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

The information submitted in response to the notice of funding availability for the Housing Counseling Program and the Fair Housing Initiatives Program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Pub. L. 101-235 Dec. 15, 1989, 42 U.S.C. 3545)

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001,1010,1012; 31 U.S.C. 3729,3802)

form HUD-40076-FHIP (03/12/2003 revised)

SuperNOFA 2003 Checklist for Completeness of Application

The use of this checklist is optional. However, it can be used to assist applicants in ensuring that all required documents are included in their application submission.

- ☐ Copy of HUD-424 (Place a copy of the HUD-424 on top of application package. See **General Section** for procedures on Consolidated Applications.
- ☐ Transmittal Letter
- ☐ Checklist for Completion of Applications
- ☐ Project Abstract Outlining Project Activities
- ☐ Factor No. 1 Narrative
- ☐ Factor No. 1 Attachments: Statement of Eligibility, Tester Experience, Letter of Determination from IRS on 501(c)(3), if applicable.
- ☐ Factor No. 2 Narrative
- ☐ Factor No. 3 Narrative
- ☐ Factor No. 3 Attachments: Statement of Work, Budget Form, Budget Narrative
- ☐ Factor No. 4 Narrative
- ☐ Factor No. 4 Attachments: Letter(s) of Firm Commitment
- ☐ Factor No. 5 Narrative
- ☐ Responses to Additional Requirements for Specific Initiative/Project

Application Forms and Certifications

- ☐ HUD-424 Application for Federal Assistance (General Section)*
- ☐ HUD-424B Applicant Assurances and Certifications (General Section)*
- ☐ HUD 424C Budget Summary for Competitive Grant Programs (General Section)*
- ☐ HUD-424CB Grant Application Detailed Budget (General Section) *
- ☐ HUD-424CBW Grant Application Detailed Budget Worksheet(General Section)*
- ☐ HUD-2880 (Applicant Recipient Disclosure Update Report (General Section)*
- ☐ OMB SF-LLL Disclosure of Lobbying Activities (General Section)*
- ☐ FHIP40076F All Current or Pending Grants/ Contracts/Other Financial Agreements
- ☐ HUD 2990 Certification of Consistency with the RC/EZ/EC Strategic Plan (General Section)*
- ☐ HUD 2991Certification of Consistency with the Consolidated Plan (General Section)*
- ☐ HUD 2993 Acknowledgment of Application Receipt (General Section)*
- ☐ HUD-2994 Client Comments and Suggestions (General Section)*

***Forms that reflect an asterisk are in the General Section of the NOFA. This Checklist reflects all forms that must be included in your application submission.**

form HUD-40076-FHIP (03/12/2003 revised)

STATEMENT OF ELIGIBILITY
PRIVATE ENFORCEMENT INITIATIVE

The Statement of Eligibility form must be completed and signed by the authorizing representative. If the form is not complete, including signatures and answers to all questions, your application will be deemed ineligible.

---

1) **Is your organization a private, tax-exempt, nonprofit, charitable organization?**

☐ **YES** ☐ **NO**

If yes, please attach a copy of the "Letter of Determination" from the Internal Revenue Service confirming your status as a 501(c)(3) tax-exempt organization.

2) **Are you a Qualified Fair Housing Enforcement Organization (QFHO) with at least two year's experience in complaint intake, complaint investigation, testing for fair housing violations, and meritorious claims? Or a Fair Housing Enforcement Organization (FHO) with at least one year's experience in complaint intake, complaint investigation, testing for fair housing violations, and meritorious claims. If you check "no", you are not eligible under this initiative. If you check "yes", you must answer the remaining questions.**

☐ **YES** ☐ **NO**

Please check whether you are a QFHO or a FHO as noted.

☐ **QFHO (entity with at least 2 years of enforcement-related experience)**

☐ **FHO (entity with at least 1 year of enforcement-related experience)**

3) **Is your project broad-based and full service as defined in the NOFA? If you check "no", your organization is not eligible to apply under this initiative. If you check "yes", you must answer the remaining questions.**

☐ **YES** ☐ **NO**

4) Briefly describe your experiences in each of the following fair housing enforcement activities. Your organization must have engaged in each of these activities for at least one year in the two years preceding the filing of this application. It is not necessary that the activities were conducted simultaneously nor for consecutive/continuous years, as long as each activity has been conducted for at least one year within the past two years. (Do not limit this description to FHIP funded enforcement activities.)

When responding to the following, include dates, so that HUD can readily determine whether you have met the "at least one year" requirement.

a) Provide data on the following information: (See attached sample)

1. **Number of complaints received and processed;**
2. **Complaint Status (e.g., investigation, legal, pending complaints);**
3. **Summary of complaint outcomes including judicial; and, administrative findings, total amount of awards, and relief to complainants without monetary compensation.**

b) Describe your testing program, number of tests, types of tests (rental, sales, lending, insurance) and testing results. Include basis (e.g. race, color, religion, sex, disability, familial status, and national origin) and indicate whether testing is complaint based or systemic.

c) Describe intake and investigative procedures apart from testing. Include agency's investigative experience.

5) Has your organization used FHIP funds for the payment of expenses in connection with litigation against the United States?

☐ **YES** ☐ **NO**

_____ _____

Signature of Authorized Representative **Date**

HUD-40076-FHIP (03/12/2003 revised)

STATEMENT OF ELIGIBILITY
EDUCATION AND OUTREACH INITIATIVE
NATIONAL, REGIONAL/LOCAL/COMMUNITY-BASED PROGRAMS

The Statement of Eligibility form must be completed and signed by the authorizing representative. If the form is not complete, including signatures and answers to all questions, your application will be deemed ***ineligible****.*

---

1) Please check your appropriate organizational status:

- ☐ **State or local government;**
- ☐ **Qualified fair housing enforcement organization (QFHO);**
- ☐ **Fair housing enforcement organization (FHO);**
- ☐ **Public or private non-profit organization or institution and other Public or private entity that is formulating or carrying out programs to prevent or eliminate discriminatory housing practices;**
- ☐ **Fair Housing Assistance Program (FHAP) Agency (State and local agency funded by FHAP)**

2) Are you a college or university proposing an educational project?

☐ **YES** ☐ **NO**

3) If you are applying under EOI National Model Codes Component, are you partnering with a disability advocacy group?

☐ **YES** ☐ **NO**

If yes, please include the commitment letter from the partnering organization with this statement of eligibility.

_____ _____

Signature of Authorized Representative **Date**

form HUD-40076-FHIP (03/12/2003 revised)

STATEMENT OF ELIGIBILITY
FAIR HOUSING ORGANIZATIONS INITIATIVE

Eligibility forms must be completed and signed by the authorizing representative. If the form is not complete, including signature and answers to all questions, your application will be deemed ***ineligible****.*

---

1) Is your organization a private, tax-exempt, nonprofit, charitable organization?

☐ **YES** ☐ **NO**

If yes, please attach a copy of the Letter of Determination from the Internal Revenue Service confirming your status as a 501(c)(3) tax-exempt Organization?

2) Are you a Qualified Fair Housing Enforcement Organization (QFHO) with at least two year's experience in complaint intake, complaint investigation, testing for fair housing violations, and meritorious claims? If you check "no", you are not eligible under this initiative. If you check "yes", you must answer the remaining questions.

☐ **YES** ☐ **NO**

3) Briefly describe your experiences in each of the following fair housing enforcement activities. Your organization must have engaged in each of these activities for at least one year in the two years preceding the filing of this application. It is not necessary that the activities were conducted simultaneously nor for consecutive/continuous years, as long as each activity has been conducted for at least one year within the past two years. (Do not limit this description to FHIP funded enforcement activities.)

When responding to the following, include dates, so that HUD can readily determine whether you have met the "at least one year" requirement.

a) Provide data on the following information: (See attached sample)

1. **Number of complaints received and processed;**
2. **Complaint Status (e.g., investigation, legal, pending complaints);**
3. **Summary of complaint outcomes including judicial; and, administrative findings, total amount of awards, and relief to complainants without monetary compensation.**

b) Describe your testing program, number of tests, types of tests (rental, sales, lending, insurance) and testing results. Include basis (e.g. race, color, religion, sex, disability, familial status, and national origin) and indicate whether testing is complaint based or systemic.

c) Describe intake and investigative procedures apart from testing. Include agency's investigative experience.

4) Has your organization used FHIP funds for the payment of expenses in connection with litigation against the United States?

☐ **YES** ☐ **NO**

5) Is your project broad-based and full service as defined in the NOFA?

☐ **YES** ☐ **NO**

Note: ***If you received FHOI awards under the 2001 or 2002 FHIP NOFA, your organization is ineligible to apply for funds under this NOFA.***

_____ _____

Signature of Authorized Representative **Date**

form HUD-40076-FHIP (03/12/2003 revised)

INCLUDE **ALL** TASKS SHOWN ON THIS FORM.

STATEMENT OF WORK FOR

The recipient, _____, agrees to undertake the following activities in accordance with its FY 2003 application for funding under the _____ Initiative-/Component (if applicable) for a ___month project commencing,_____, 2003 in the geographic area of _____.

SAMPLE

ADMINISTRATIVE ACTIVITIES			
ACTIVITIES	TASKS	SUBMITTED BY	SUBMITTED TO
1.			GTR/GTM
2.			GTR/GTM
3.			GTR/GTM
4.			GTR/GTM
5.			GTR/GTM
6. Complete HUD-2880 Disclosure Statements	Submit Disclosure Statement. If no changes occur, submit statement of no change with final report.	When changes occur	GTR/GTM
7. Complete SF-269A Financial Status Report and Written Quarterly Status Reports on All Activities	Submit SF-269A and Copy of Written Report.	Quarterly	GTR/GTM
8. Voucher for Payment	Submit payment request to LOCCS.	Per Payment Schedule	GTR/GTM
9. Complete Listing of Current or Pending Grants/Contracts/Other Financial Agreements	Submit listing for recipient and any contractors.	45 Days and At end of Grant	GTR/GTM
10. Prepare summary of First Year (24 month grants)	Submit summary of first year accomplishments.	395 days	GTR/GTM

SAMPLE

form HUD-40076-FHIP (03/12/2003 revised)

ADMINISTRATIVE ACTIVITIES

ACTIVITIES	TASKS	SUBMITTED BY	SUBMITTED TO
11. Prepare and Submit Draft of Final Report	Submit Draft of Report. Report Summary should include objectives, accomplishments, and results. Complaint and testing activities should summarize data on complaints received and tests conducted by basis, issues, and outcomes. This should include number of credible, legitimate complaints filed with HUD, a State or local Fair Housing Agency, Department of Justice, or private litigator; and types of relief/results.	One month before end of grant term.	GTR/GTM
12. Complete Final Report and Provide Copies of All Final Products Not Previously Submitted	Submit a copy of the Final Report and All Final Products not previously submitted to GTR and GTM.	Within 90 days after end of grant term.	GTR/GTM
13. Submit 2 copies of Final Report and all final program products produced under the Grant (with diskette, where feasible) to HUD.	Submit activities and database entry sheet(s) to HUD. Submit copy of HUD database entry sheet(s) or detailed description of items submitted to GTR and GTM.	Within 90 days after end of grant term.	GTR/GTM/

SAMPLE

form HUD-40076-FHIP (03/12/2003 revised)

KEY PERSONNEL

Title Name

PROGRAM ACTIVITIES			
ACTIVITIES	TASKS	SUBMITTED BY	SUBMITTED TO
1. Contact HUD and/or other information sources to obtain any appropriate materials prior to development of new materials	Provide list of materials requested.	90 days	GTR/GTM. Submit one copy of **all final products** to HUD
2. Review/refine Referral Process to refer potential victims to HUD or a state or local agency.	Submit copy of Referral Process. All audit-based enforcement actions should be referred to HUD.	45 days	GTR/GTM
3. Intake and process complaints, including testing and referral. Refer at least ___ enforcement proposals to HUD. Complete Enforcement Log which details complaints received; dates; the protected basis of these complaints; the issue, test type, and number of tests utilized in the investigation of each allegation; the respondent type and testing results; the time for case processing, including administrative or judicial proceedings; the cost of testing activities and case processing; to whom the case was referred; and resolution/type of relief sought and received. (PEI and FHOI PROJECTS ONLY)	Submit copy of Enforcement Log and a Report on number of enforcement proposals referred to HUD.	Quarterly	GTR/GTM

SAMPLE

form HUD-40076-FHIP (03/12/2003 revised)

PROGRAM ACTIVITIES			
ACTIVITIES	TASKS	SUBMITTED BY	SUBMITTED TO
4. Non-rental Testing methodology and tester training must be received/approved by HUD.	Submit testing methodology and tester training to HUD for review and approval.	60 days	GTR/GTM
			GTR/GTM
			GTR/GTM
			GTR/GTM
			GTR/GTM
			GTR/GTM
			GTR/GTM

SAMPLE

*Testers in testing activities funded with FHIP funds must not have prior felony convictions or convictions of crimes involving fraud or perjury, and they must receive training or be experienced in testing procedures and techniques. Testers and the organizations conducting tests, and the employees and agents of these organizations may not:

(1) Have an economic interest in the outcome of the test, without prejudice to the right of any person or entity to recover damages for any cognizable injury;
(2) Be a relative of any party in a case;
(3) Have had any employment or other affiliation, within one year, with the person or organization to be tested; or
(4) Be a licensed competitor of the person or organization to be tested in the listing, rental, sale, or financing of real estate.

** If you have a Federally negotiated indirect rate, you should use that rate and the appropriate base in this section. In all other instances, you should include your current overhead rate, if any, which has been tailored to your organization's operating budget. The rate and base used here is illustrative only and you must use your organization's rate.

form HUD-40076-FHIP (03/12/2003 revised)

APPENDIX D
FHAP AGENCY NAMES

NEW ENGLAND REGION

CONNECTICUT

State Agency: Connecticut Commission on Human Rights and Opportunities
Hartford, CT 06106

MASSACHUSETTS

State Agency: Massachusetts Commission Against Discrimination
Boston, MA 02108

Localities: Boston Fair Housing Commission
City of Boston Office of Civil Rights
Boston, MA 02201

Cambridge Human Rights Commission
Cambridge, MA 02139

MAINE

State Agency: Maine Human Rights Commission
Augusta, ME 04333-0051

RHODE ISLAND

State Agency: Rhode Island Commission for Human Rights
Providence, RI 02903-3768

VERMONT

State Agency: Vermont Human Rights Commission
Montpelier, VT 05633-6301

NEW YORK/NEW JERSEY REGION

NEW YORK

State Agency: New York State Division of Human Rights
New York, NY 10027

Localities: Rockland County Commission on Human Rights
Pomona, NY 10970

MID-ATLANTIC REGION

DELAWARE

State Agency: Delaware Division of Human Relations,
Wilmington, DE 19801

MARYLAND

State Agency: Maryland Commission on Human Relations
Baltimore, MD 21202

PENNSYLVANIA

State Agency: Pennsylvania Human Relations Commission
Harrisburg, PA 17101-2702

Localities: Pittsburgh Human Relations Commission
Pittsburgh, PA 15219

Reading Commission on Human Relations
Reading, PA 19601

York City Human Relations Commission
York, PA 17403

VIRGINIA

State Agency: Virginia Department of Professional and Occupational Regulation,
Fair Housing Administration, Real Estate Board
Richmond, VA 23230-4917

WEST VIRGINIA

State Agency: West Virginia Human Rights Commission
Charleston, WV 25301

Localities: Charleston Human Rights Commission
Charleston, WV 25301

Huntington Human Relations Commission

Huntington, WV 25701

DISTRICT OF COLUMBIA

District of Columbia Office of Human Rights
Washington, DC 20001

SOUTHEAST/CARIBBEAN REGION

FLORIDA

State Agency: Florida Commission on Human Relations
Tallahassee, FL 32302

Localities: City of Bradenton
Community Development Department
Bradenton, FL 34205

Lee County Office of Equal Opportunity
Fort Myers, FL 33901

Jacksonville Equal Opportunity Commission
Jacksonville, FL 32202

Orlando Human Relations Department
Orlando, FL 32801

Palm Beach County Office of Human Rights
West Palm Beach, FL 33401

Pinellas County Office of Human Rights
Clearwater, FL 33756

St. Petersburg Human Relations Department
St. Petersburg, FL 33701

Tampa Office of Human Rights
Tampa, FL 33602

Hillsborough County Board of County Commissioners
Tampa, FL 33602

KENTUCKY

State Agency: Kentucky Commission on Human Rights

Louisville, KY 40202-0069

Localities: Lexington-Fayette Urban County Human Rights Commission
Lexington, KY 40507

Louisville and Jefferson County Human Relations Commission
Louisville, KY 40202

GEORGIA

State Agency: Georgia Commission on Equal Opportunity
Atlanta, GA 30303-1605

NORTH CAROLINA

State Agency: North Carolina Human Relations Commission
Raleigh, NC 27603

Localities: City of Charlotte/Mecklenburg County Community Relations Committee (Charlotte)
Charlotte, NC 28202

City of Charlotte/Mecklenburg County Community Relations Committee (Mecklenburg County)
Charlotte, NC 28202

City of Asheville
Asheville, NC 28802

Asheville/Buncombe County Community Relations Council
Asheville, NC 28801

Durham Human Relations Commission
Durham, NC 27701

Greensboro Human Relations Department
Greensboro, NC 27402

New Hanover County Human Relations Commission
Wilmington, NC 28401

Orange County Human Relations Commission
Hillsborough, NC 27278

Winston-Salem Human Relations Commission
Winston-Salem, NC 27105

TENNESSEE

State Agency: Tennessee Human Rights Commission
Nashville, TN 37243

Localities: City of Knoxville Department of Community Development
Knoxville, TN 37902

SOUTH CAROLINA

State Agency: South Carolina Human Affairs Commission
Columbia, SC 29240

MIDWEST REGION

ILLINOIS

State Agency: Illinois Department of Human Rights
Chicago, IL 60601

Localities: Springfield Community Relations Commission
Springfield, IL 62701

INDIANA

State Agency: Indiana Civil Rights Commission
Indianapolis, IN 46204-2255

Localities: Elkhart Human Relations Commission
Elkhart, IN 46516

Fort Wayne Metropolitan Human Relations Commission
Fort Wayne, IN 46802

Gary Human Relations Commission
Gary, IN 46402

Hammond Human Relations Commission
Hammond, IN 46320

South Bend Human Relations Commission
South Bend, IN 46617

MICHIGAN

State Agency: Michigan Department of Civil Rights
Lansing, MI 48913

OHIO

State Agency: Ohio Civil Rights Commission
Columbus, OH 43205-1379

Localities: Dayton Human Relations Council
Dayton, OH 45402

Parma Law Department
Parma, OH 44129-5593

Shaker Heights Fair Housing Review Board
Shaker Heights, OH 44120

SOUTHWEST REGION

LOUISIANA

State Agency: Louisiana Public Protection Division
Baton Rouge, LA 70801

OKLAHOMA

State Agency: Oklahoma Human Rights Commission
Oklahoma City, OK 73105

TEXAS

State Agency: Texas Commission on Human Rights
Austin, TX 78723

Localities: Austin Human Rights Commission
Austin, TX 78701

Department of Human Relations
Corpus Christi, TX 78401

City of Dallas Fair Housing Office
Dallas, TX 75201

Fort Worth Human Relations Commission
Fort Worth, TX 76102

Garland Office of Housing and Neighborhood Services
Garland, TX 75040

GREAT PLAINS

IOWA

State Agency: Iowa Civil Rights Commission
Des Moines, IA 50319

Localities: Cedar Rapids Civil Rights Commission
Cedar Rapids, IA 52401-1256

Davenport Civil Rights Commission
Davenport, IA 52801

Des Moines Human Rights Commission
Des Moines, IA 50309

Dubuque Human Rights Department
Dubuque, IA 52001-4932

Sioux City Human Rights Commission
Sioux City, IA 51101

Waterloo Commission on Human Rights
Waterloo, IA 50703

Mason City Human Rights Commission
Mason City, IA 50401

KANSAS

Lawrence Human Relations Commission
Lawrence, KS 66044

Community and Neighborhood Services Department
Olathe, KS 66061

Salina Human Relations Department
Salina, KS 67401

City of Topeka Human Relations Commission
Topeka, KS 66603

MISSOURI

State Agency: Missouri Commission on Human Rights, Department of Labor and
Jefferson City, MO 65109

Localities: Kansas City (MO) Human Relations
Kansas City, MO 64106

NEBRASKA

State Agency: Nebraska Equal Opportunity Commission
Lincoln, NE 68509-4934

Localities: Lincoln Commission on Human Rights
Lincoln, NE 68508

Omaha Human Relations Department
Omaha, NE 68183-0502

ROCKY MOUNTAINS

COLORADO

State Agency: Colorado Civil Rights Division
Denver, CO 80202

NORTH DAKOTA

State Agency: North Dakota Department of Labor
Bismarck, ND 58505-0340

UTAH

State Agency: Utah Anti-Discrimination Division
Salt Lake City, UT 84114

PACIFIC/HAWAII REGION

ARIZONA

State Agency: Civil Rights and Conflict Resolution Section
Arizona Attorney General's Office
Phoenix, AZ 85007-2926

Localities: City of Phoenix Equal Opportunity Department
Phoenix, AZ 85003

CALIFORNIA

State Agency: California Department of Fair Employment and Housing
Sacramento, CA 95812

HAWAII

State Agency: Hawaii Civil Rights Commission
Honolulu, HI 96813

NORTHWEST/ALASKA REGION

WASHINGTON

State Agency: Washington State Human Rights Commission
Olympia, WA 98504-2490

Localities: King County Office of Civil Rights
Seattle, WA 98104-2628

Seattle Human Rights Department
Seattle, WA 98104-1849

Tacoma Human Rights Department
Tacoma, WA 98402

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

HOUSING COUNSELING PROGRAM

Billing Code 4210-32-C

Funding Availability for the Housing Counseling Program

Program Overview

Program Purpose. This program supports the delivery of a wide variety of housing counseling services to homebuyers, homeowners, low- to moderate-income renters, and the homeless. The primary objectives of the program are to expand homeownership opportunities and improve access to affordable housing. Counselors provide guidance and advice to help families and individuals improve their housing conditions and meet the responsibilities of tenancy and homeownership.

Agencies funded through this program may also provide Home Equity Conversion Mortgage (HECM) counseling to elderly homeowners who are looking to convert equity in their homes into income that can be used to pay for home improvements, medical costs, living expenses, or other expenses.

Available Funds. $35.56 million in FY03 Funds.

Application Deadline. June 25, 2003.

Match. No specific ratio is required. However, in order to receive points under Rating Factor 4, applicants are required to demonstrate the commitment of other private and public sources of funding to supplement HUD funding for the applicant's counseling program. HUD does not intend for its housing counseling grants to cover all costs incurred by an applicant.

I. Application Submission, Further Information and Technical Assistance

Application Kits. There is no application kit. Specific application submission requirements are outlined in Section VI.

Application Due Date. Completed applications must be submitted on or before June 25, 2003.

Mailing. See the General Section of the SuperNOFA for mailing instructions and procedures.

Application Submission Procedures. Local Housing Counseling Agencies (LHCAs) applying under Category 1 and State Housing Finance Agencies (SHFAs) applying under Category 3 must submit an original and two copies of a complete application to the contact person listed for the Homeownership Center (HOC) whose jurisdiction includes the geographic area in which the applicant is proposing to provide services (see Appendix B.) The envelope should be clearly marked ''FY 2003 Housing Counseling Grant Application (indicate Category 1 or 3.)''

National and regional housing counseling intermediaries applying under Category 2 must submit an original and two copies of a complete application to ''Director, Program Support Division, Room 9266, Office of Single Family Housing, HUD Headquarters, 451 Seventh Street, SW., Washington, DC 20410.'' The envelope should be clearly marked, ''FY 2003 Housing Counseling Intermediary Application.''

Colonias and Predatory Lending Grant Applications. All applicants applying under Categories 4 and 5 must submit an original and two copies of a complete application to the Santa Ana HOC (see Appendix B.) The Santa Ana HOC will be evaluating all applications submitted under Categories 4 and 5. Applications should be sent to the attention of the Program Support Division Director. For Category 4 applicants, the envelope should be clearly marked ''FY 2003 Housing Counseling—Colonias Application.'' For Category 5, the envelope should be marked ''FY 2003 Housing Counseling—Predatory Lending Application (indicate your organization type, *e.g.:* National Intermediary / Regional Intermediary, SHFA, LHCA.)''

Further Information. Local housing counseling agencies (LHCAs) and state housing finance agencies (SHFAs) should call the HOC serving their area (See Appendix B for the contact information for the HOCs). National and regional intermediaries should contact HUD Headquarters, Program Support Division at (202) 708–0317 (this is not a toll-free number). Persons with hearing or speech impairments may access any of these numbers via TTY by calling the toll-free federal Information Relay Service at 1–800–877–8339.

Satellite Broadcast. HUD will hold an informational broadcast via satellite for potential applicants to learn more about the program and the application. For more information about the date and time of the broadcast, consult the HUD web site at *http://www.hud.gov/grants.*

II. Amount Allocated

Amount Allocated.—Of the $39,740,000 appropriated for housing counseling in FY 2003, $37.561 million is made available for eligible applicants under this SuperNOFA. Specifically, $35.561 million is available through this NOFA, and $2 million is available through a separate NOFA for Section 8 Homeownership Voucher Housing Counseling found elsewhere in this SuperNOFA. Of this $35.561 million, up to $250,000 is available for counseling services that specifically target Colonias, and $2.7 million is available for counseling services addressing predatory lending. An allocation of $1 million of the $39,740,000 appropriated is available for the Home Equity Conversion Mortgage (HECM) Program, as provided in section 255(k) of the National Housing Act (12 U.S.C. 1715z–20). With the balance of FY03 appropriation, and additional carry-over funding, an allocation of up to $4 million has been set aside for housing counseling support such as training and tuition assistance for housing counselors, or other HUD counseling initiatives and activities, or both.

Grant Categories—HUD will award grants to qualified public or private nonprofit organizations to provide housing counseling services through five grant categories: (1) Local Housing Counseling Agencies (LHCAs); (2) National and Regional Intermediaries; (3) State Housing Finance Agencies (SHFAs); (4) Agencies Serving Colonias; and (5) Predatory Lending.

Grant Categories	Who is Eligible	Total Amount Available
Category 1 – LHCAs	HUD-approved LHCAs	$12.45 million
Category 2 – Regional and National Intermediaries	HUD-approved regional and national intermediaries	$18.161 million
Category 3 – SHFAs	SHFAs	$ 2 million
Category 4 – Colonias	HUD-approved LHCAs, HUD-approved regional and national intermediaries, and SHFAs	$250,000
Category 5 – Predatory Lending	HUD-approved LHCAs, HUD-approved regional and national intermediaries, and SHFAs	$2.7 million

HUD-approved LHCAs, HUD-approved national or regional intermediaries, and SHFAs are eligible for funding under Categories 4 and/or 5. Applicants applying under Categories 4 and/or 5 may also apply under one of Categories 1–3, as described below. A separate application must be submitted for each Category under which you apply. See Section VI, ''Application Submission,'' below for details on where to submit applications, as submission requirements vary by category and applicant type.

HUD-approved LHCAs—In addition to Categories 4 and 5, HUD-approved LHCAs may apply for and receive: (1) One grant under Category 1; or (2) one sub-grant from an intermediary or SHFA under Category 2 or 3; but not both. HUD-approved LHCAs that apply under Category 1 are prohibited from also applying for or receiving a sub-grant under Category 2 or 3.

LHCAs that are not HUD-approved, but are affiliates or branches of SHFAs or national or regional intermediaries, may receive only one sub-grant from an intermediary under Category 2 or 3, but not both, and/or a sub-grant from an intermediary under Category 4 and/or 5. They are not, however, eligible to apply directly to HUD under Categories 1, 4 or 5.

HUD-approved national and regional intermediaries—In addition to Categories 4 and 5, HUD-approved national and regional intermediaries may apply for a grant under Category 2.

SHFAs—In addition to Categories 4 and 5, SHFAs may only apply for grants under Category 3.

Category 1—Local Housing Counseling Agencies (LHCAs.) $12.45 million is available from HUD to directly fund HUD-approved LHCAs.

Award: No individual LHCA may be awarded more than $150,000. HUD anticipates that the average award will be approximately $36,000.

Funding allocation: Funding is allocated to each HOC jurisdiction by a formula that incorporates first-time homebuyer and default rates.

Allocations for Category 1 by HOC are as follows:

HOC	Funding allocation
Philadelphia HOC	3,679,412
Atlanta HOC	3,837,703
Denver HOC	2,848,906
Santa Ana	2,083,980
Total	$12.45 million

Category 2—National and Regional Intermediaries. $18.161 million is available from HUD to directly fund HUD-approved national and regional intermediaries.

Awards for HUD-approved national and regional intermediaries may not exceed $2.5 million and $750,000, respectively.

Category 3—State Housing Finance Agencies (SHFA). $2 million is available to fund SHFAs that provide housing counseling services directly or serve as intermediaries to affiliates who offer housing counseling services.

Award: There is no cap on the award amount that a SHFA, or its affiliates, may receive.

Funding allocation: Funding is allocated to each HOC jurisdiction by a formula that incorporates first-time homebuyer and default rates.

Allocations for Category 3 by HOC are as follows:

HOC	Funding allocation
Philadelphia HOC	591,070
Atlanta HOC	616,498
Denver HOC	457,656
Santa Ana	334,776
Total	$2 million

Category 4—Colonias. $250,000 is available for housing counseling services that specifically target Colonias.

Eligible applicants include (1) HUD-approved LHCAs; (2) HUD-approved

national and regional intermediaries; and (3) SHFAs.

Award: There is no cap on the award amount.

Category 5—Predatory Lending. $2.7 million is available for housing counseling services addressing predatory lending. Specifically, grants under this category are designed to: (a) assist victims of predatory lending; and (b) assist clients with identifying and avoiding predatory lending practices, such as loans with unfair and inappropriate terms and conditions, and other unscrupulous practices intended to defraud and/or take advantage of homebuyers / borrowers.

Eligible applicants include (1) HUD-approved LHCAs; (2) HUD-approved national and regional intermediaries; and (3) SHFAs.

Award. Awards for HUD-approved national intermediaries may not exceed $450,000. Awards for HUD-approved regional intermediaries and SHFAs may not exceed $140,000. Awards for HUD-approved LHCAs may not exceed $40,000.

Funding Allocation. $1.5 million is available for national intermediaries. $300,000 is available for regional intermediaries and SHFAs. The amount of funding available for LHCAs is $900,000.

III. Program Description/Eligibility

(A) Eligible Applicants—Eligible SHFAs are entities that satisfy the definition in 24 CFR 266.5 of a ''Housing Finance Agency.'' SHFAs and eligible sub-grantees/affiliates do not need HUD approval in order to receive these funds.

Eligible LHCAs and intermediaries are private nonprofit and public organizations, including grass-roots faith-based and other community-based organizations, that secure HUD-approval as an LHCA, or as a national or regional intermediary, as of the publication date of this SuperNOFA, and retain such approval through the term of any grant awarded. For information on securing HUD-approval visit HUD's website at *http://www.hud.gov/offices/hsg/sfh/hcc/hccprof13.cfm.*

Additionally, to be eligible to receive a grant directly from HUD under this Housing Counseling NOFA, all applicants (except SHFAs) must be (1) duly organized and existing as a nonprofit, (2) in good standing under the laws of the state of its organization, and (3) authorized to do business in the states where it proposes to provide counseling services. For example, applicable state licensing, corporate filing, and registering requirements must be satisfied.

An LHCA, intermediary, SHFA or affiliate may use branch offices to provide counseling funded through this NOFA. A branch office is an organizational and subordinate unit of the LHCA, intermediary, or SHFA, not separately incorporated or organized. LHCAs and affiliates of intermediaries and SHFAs may maintain a main office and branch offices in no more than two states, which must be contiguous.

Intermediaries and SHFAs provide sub-grants to affiliates and/or branches. Eligible sub-grantees are not required to be HUD-approved, although HUD-approved LHCAs may apply to an intermediary or SHFA as a sub-grantee. Intermediaries and SHFAs that award sub-grants to affiliates or branches that are not HUD-approved must assure that said organizations meet or exceed the standards, as specified in paragraph 2–1 of HUD Handbook 7610.1, Rev-4, CHG–1, for HUD-approved LHCAs. These organizations will be monitored by HUD, and intermediaries that do not ensure their affiliates'/branches' compliance with HUD standards could be prohibited from participating in the program.

To be eligible for a sub-grant under categories 2 or 3, affiliates or branches must not have directly applied for or received a grant under Category 1 of this NOFA, or another sub-grant from an Intermediary or SHFA under Category 2 or 3 of this NOFA. Affiliates or branches receiving a sub-grant under Category 2 or 3 are also eligible to receive sub-grants under categories 4 and/or 5, but only with the same intermediary or SHFA through which they receive a sub-grant under Categories 2 or 3. If also HUD-approved as an LHCA, affiliates or branches receiving a sub-grant under Categories 2 or 3 are permitted to apply to HUD directly as an LHCA under Categories 4 and/or 5. Similarly, an LHCA that applies directly to HUD under Category 1 may also receive sub-grants from an intermediary or SHFA under Categories 4 and/or 5, but only with the same intermediary or SHFA.

Additionally, to be eligible for a sub-grant, an affiliate must be (1) duly organized and existing as a nonprofit, (2) in good standing under the laws of the state of its organization, and (3) authorized to do business in the states where it proposes to provide housing counseling services. For example, applicable state licensing, corporate filing, and registering requirements must be satisfied.

(B) Eligible Activities. Agencies selected as grantees or sub-grantees will only be reimbursed for the eligible activities outlined in this Section.

Grantees or sub-grantees directly providing housing counseling services under Categories 1 through 4 may use their HUD housing counseling funds for one or more of the 8 eligible activities listed below.

Grantees or sub-grantees directly providing housing counseling services under Category 5 (Predatory Lending) may use their HUD housing counseling funds for group sessions and/or one-on-one counseling that clearly and directly assists victims of predatory lending or helps to prevent predatory lending.

(1) Pre-Occupancy Counseling. This includes the following types of one-on-one counseling: pre-purchase; pre-rental; search assistance/mobility; fair housing; budgeting for mortgage or rent payments; money management; and housing care and maintenance. This also may include guidance on: alternative sources of mortgage credit; how to apply for housing assistance; how to identify and avoid predatory lending practices; locating housing which provides universal design and visitability; referrals to community or homeless services, and regulatory agencies; and advocating with lenders for non-traditional lending standards.

(2) Homebuyer Education Programs. These programs are housing related education programs in which educational materials are used in training sessions for multiple participants, including HUD's Homebuyer Education and Learning Program (HELP). For a typical homebuyer education program, participants complete eight to twelve course hours. Agencies that provide this service must also offer individual counseling to complement group sessions.

(3) Post-Purchase/Mortgage Default and Rent Delinquency Counseling. This includes counseling on how to: restructure debt, obtain recertification for rent subsidy, establish reinstatement plans, seek loan forbearance, and manage household finances. This counseling can also include helping victims of predatory lending, educating clients on renter's and landlord's rights, explaining the eviction process, providing referrals to other sources, and assisting clients with locating alternative housing or pursuing loss mitigation strategies.

(4) Post-Purchase/Post-Occupancy Counseling. This includes education programs and counseling activities on property maintenance, personal money management, and relations with lenders and landlords.

(5) Home Equity Conversion Mortgage (HECM) Counseling. HECM counseling assists clients who are 62 years or older

with the opportunity to convert the equity in their homes into income to pay living, medical or other expenses.

(6) Home Improvement and Rehabilitation Counseling. This counseling includes educating the client about: Their loan and grant options; the loan and/or grant application processes; what housing codes and housing enforcement procedures apply for the intended activity; accessibility codes and how to design features to provide accessibility for persons with disabilities; non-discriminatory lending and other funding for persons who modify their dwellings to accommodate disabilities; visitability and universal design; how to specify and bid construction work; how to enter into construction contracts; and how to manage construction contracts, including actions to address the non-performance of contractors.

(7) Displacement and Relocation Counseling. This counseling includes helping clients understand their rights when faced with displacement, explaining the responsibility of the entity causing displacement, assisting clients with understanding eviction proceedings, providing assistance with locating alternate housing, and referring clients to homeless services.

(8) Marketing and Outreach Initiatives. This includes providing general information about housing opportunities, conducting informational campaigns, and raising awareness about critical housing topics, such as predatory lending or fair housing issues. (Note: affirmative fair housing outreach should be directed at those populations least likely to seek counseling services. To do so, it may be necessary to broaden the target areas in order to reach a greater variety of racial and ethnic minorities.)

Note: For each of the eight general activities you propose, you must be prepared to meet the needs of all individuals requesting services, including persons with disabilities, regardless of the complexity of the services involved. Additionally, services must be affirmatively marketed to persons with disabilities, including visual and hearing disabilities, as they would be to any other segment of the population not likely to apply for such services.

(C) *Eligible Intermediary/SHFA Activities.* Intermediaries and SHFAs can directly provide the housing counseling services described above in Sub-Section A through branches, or distribute and administer grant funds and provide technical assistance and other services to affiliates, who are eligible to undertake any or all of the eligible housing counseling activities outlined above.

Intermediaries and SHFAs have wide discretion to decide how to allocate their HUD Housing counseling and leveraged funding among their branches or affiliates, with the understanding that a written record must be kept documenting and justifying funding decisions. This record must be made available to affiliates and to HUD. Intermediaries and SHFAs must also execute sub-grant agreements with their affiliates that clearly delineate the mutual responsibilities for program management, including appropriate time frames for reporting results to HUD.

IV. Requirements

Agencies selected as grantees or sub-grantees must also comply with the following requirements:

(A) *Threshold Requirements.* The requirements listed in Section V of the General Section of the SuperNOFA apply to this program. Applications will be declared ineligible for any of the following reasons:

—If you or any of your affiliates or branches do not meet the Civil Rights Threshold Requirements set forth in Section V(B) of the General Section of this SuperNOFA.

—If you are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions from any federal department or agency.

—If you are not currently approved by HUD as an LHCA or as a National or Regional Housing Counseling Intermediary, and if you didn't secure approval by the publication date of this SuperNOFA. SHFAs need only satisfy the definition in 24 CFR 266.5 of a ''Housing Finance Agency.''

(B) *Program Requirements.* Programmatic requirements are outlined in detail in HUD Handbook 7610.1, REV–4, CHG–1, dated October 27, 1997, which can be viewed on HUD's website at *http://www.hud.gov/offices/hsg/sfh/hcc/hccprof7.cfm.*

Additionally, the following also apply:

(1) List of Agencies. Pursuant to section 106(C)(5) of the Housing and Urban Development Act of 1968, HUD maintains a list of all HUD-approved and HUD-funded counseling agencies, including contact information, which interested persons can access. All grantees under Categories 1, 4, and 5 and sub-grantees under Categories 2, 3, 4 and 5 will be placed on this list and must accept subsequent referrals, or when they do not provide the services sought, refer the person to another agency in the area that does provide the services.

(2) Accessibility—All grant recipients and sub-recipients must make counseling offices and services reasonably accessible to persons with a wide range of disabilities and help persons locate suitable housing in locations throughout the applicant's community, target area, or metropolitan area, as defined by the applicant.

(C) *Religious Discrimination.* Grant recipients and sub-recipients are prohibited from discriminating on behalf of or against any segment of the population in the provision of services or in outreach, including those of other religious affiliations.

Additionally, organizations funded under this program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded under this program. If an organization conducts such activities, these activities must be offered separately, in time or location, from the programs or services funded under this part, and participation must be voluntary for the HUD-funded programs or services.

(D) *Code of Conduct.* Entities that are subject to 24 CFR parts 84 and 85 (most nonprofit organizations and state, local and tribal governments or government agencies or instrumentalities who receive federal awards of financial assistance) are required to develop and maintain a written code of conduct (See §§ 84.42 and 85.36(b)(3)). Consistent with regulations governing housing counseling programs, your code of conduct must prohibit real and apparent conflicts of interest that may arise among employees, officers or agents; prohibit the solicitation and acceptance of gifts or gratuities by your officers, employees and agents for their personal benefit in excess of minimal value; and outline administrative and disciplinary actions available to remedy violations of such standards. Self-recusal shall not eliminate a potential or apparent conflict of interest. If awarded assistance under this SuperNOFA, prior to entering into a grant agreement with HUD you will be required to submit a copy of your code of conduct and describe the methods you will use to ensure that all officers, employees and agents of your organization are aware of your code of conduct.

(E) *Performance Measurement.* Grant recipients are required to complete and submit a form HUD–9902, Fiscal Year Activity Report (Appendix A). The information compiled from this report provides HUD with its primary means of measuring your program performance.

(F) *Environmental Requirements.* In accordance with 24 CFR 50.19(b)(9) and (12) of the HUD regulations, activities assisted under this program are categorically excluded from the requirements of the National Environmental Policy Act and are not subject to environmental review under the related laws and authorities.

(G) *Financial Management Systems.* Applicants selected for funding must provide documentation demonstrating that the applicant's financial management systems satisfy the requirements in the applicable regulations at 24 CFR 84.21(b) and 85.20. Consistent with the requirements of the Single Audit Act Amendments of 1996 (31 U.S.C. 7501–07), if the applicant expended $300,000 or more in federal awards in its most recent fiscal year, such documentation must include a certification from, or most recent audit by, the applicant's Independent Public Accountant that the applicant maintains internal controls over federal awards; complies with applicable laws, regulations, and contract or grant provisions; and prepares appropriate financial statements. The applicant will have at least thirty (30) calendar days to respond to this requirement. If an applicant does not respond within the prescribed time or responds with insufficient documentation, then HUD may determine that the applicant has not met this requirement and may withdraw the grant offer.

(H) *Indirect Cost Rate.* You must also submit documentation establishing your organization's indirect cost rate. Such documentation may consist of a certification from, most recent audit, or indirect cost rate agreement by, the cognizant federal agency or an Independent Public Accountant. If your organization does not have an established indirect cost rate, you will be required to develop and submit an indirect cost proposal to HUD or the cognizant federal agency as applicable, for determination of an indirect cost rate that will govern your award. Applicants that do not have a previously established indirect cost rate with a federal agency shall submit an initial indirect cost rate proposal immediately after the applicant is advised that it will be offered a grant and, in no event, later than three months after the effective date of the grant. OMB Circular A–122 established the requirements to determine allowable direct and indirect costs and the preparation of indirect cost proposals, and can be found at *www.whitehouse.omb.gov.*

V. Application Selection Process

(A) *General.* Applications will be evaluated competitively, and ranked against all other applicants that applied in the same funding category. For Category 2, applications by national and regional intermediaries will be scored and ranked in HUD Headquarters. For Category 1, LHCAs, and Category 3, SHFAs, applications will be scored and ranked by the relevant HOC. The Santa Ana HOC will score all applications under Category 4, Colonias, and Category 5, Predatory Lending Grants.

(B) *Factors For Award Used to Rate and Rank Applications.* Information on the application scoring process appears in section VI(B) of the General Section of this SuperNOFA. The Factors for Award, and maximum points for each factor, are outlined below.

These factors will be used to evaluate applications under Categories 1–5, and the maximum number of points for each applicant is 102 points for LHCAs and 100 for all other applicants. LHCAs are eligible for 2 bonus points if they can demonstrate that at least 51% of their proposed services: (1) Will be provided to residents of federally designated Empowerment Zones (EZs), Enterprise Communities (ECs), Urban Enhanced Enterprise Communities (EECs), Strategic Planning Communities, or Renewal Communities (RCs); and (2) are certified to be consistent with the area's strategic plan. Section VI(C)(1) of the General Section of this SuperNOFA, entitled ''RC/EZ/EC,'' contains additional information regarding these bonus points.

HUD may rely on information from performance reports, financial status information, monitoring reports, audit reports and other information available to HUD in making score determinations under any Rating Factor.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (35 Points)

HUD uses responses to this Rating Factor to evaluate the readiness and ability of an applicant to immediately begin the proposed work program, as well as the potential for an applicant to cost-effectively and successfully implement the proposed activities indicated under Rating Factor 3.

(A) (*6 points*) *Knowledge and Experience.* In rating this Section, HUD will consider the degree to which the applicant, and, if applicable, affiliates, has sufficient personnel with the relevant knowledge and experience to implement the proposed activities in a timely and effective fashion.

Specifically, for LHCAs, scoring will be based on the number of years of recent housing counseling experience of counselors. For intermediaries and SHFAs, scoring will be based on: The number of years of recent housing counseling experience of counselors in affiliates and branches; and the number of years, for key intermediary/SHFA personnel, of recent experience running a housing counseling program consisting of a network of multiple counseling agencies. Related experience, such as experience in mortgage lending, will also be considered, but will not be weighted as heavily as direct housing counseling or housing counseling program management experience.

—Submit the names and titles of employees, including subcontractors and consultants, performing the activities proposed in Rating Factor 3. Clerical staff should not be listed. Describe each employee's, subcontractor's, or consultant's relevant professional background and experience. Experience is relevant if it corresponds directly to projects of a similar scale and purpose. Provide the number of years of experience for each position listed, and indicate when each position was held. Individual descriptions should be limited to one page. List recent and relevant training received.

Applicants for Category 5 should specifically highlight the predatory lending-related experience, both one-on-one and group sessions, of staff to demonstrate that your organization has the knowledge and capacity to effectively utilize a predatory lending grant. Also indicate whether or not relevant staff has received loss mitigation training.

(B) *Past Grantee Performance.* Sections B1 and B2 pertain to the applicant's performance with their FY01 HUD award for the grant period October 1, 2001–September 30, 2002, the most recent complete grant year. If you received no HUD grant for that grant period, the seven points available in Section B1, and the fourteen points available in Section B2, will be allocated to Section B3 (Impact of Leveraged Resources,) for a total of 24 points.

(B1) (*7 points*) *Quality and Complexity of Services.* In scoring this Section, HUD will evaluate the level of effort and time required to provide the housing counseling services captured in the form HUD–9902 for the time period October 1, 2001 to September 30, 2002. Scoring will be based on the degree to which the applicant demonstrates that, for each type of counseling service delivered, and compared to other

applicants, sufficient time and resources were devoted to ensure that clients received quality counseling. Additionally, scorers will evaluate the extent to which, as compared to other applicants, an agency encouraged and provided one-on one counseling, which HUD considers the most effective form of housing counseling, instead of over-relying on homebuyer education workshops and other forms of group sessions.

Applicants should carefully document the types and complexity of the services provided with FY01 HUD grant funds, and the outcomes for clients as a result of the counseling. Describe the level of effort and time required to provide the housing counseling services and to meet the needs of your clients. Indicate the average counseling time per client for all types of counseling performed. Also describe follow-up activities, if applicable.

Indicate the number of clients that participated only in Homebuyer Education workshops or other types of classes offered as group sessions. Indicate the number of individuals who participated in group-sessions and also received one-on-one counseling.

(B2) (*14 points*) *Impact/Outcomes—HUD Grant.* In scoring this Section, HUD will evaluate the applicant's, and if applicable, affiliates' and branches', clients served numbers and performance-related outcomes for the grant period October 1, 2001 to September 30, 2002. Clients served numbers will be scored based on the quantity of clients the applicant was able to serve compared to similar applicants providing similar services. Clients served numbers will be analyzed in the context of budget, costs, spending decisions, the types of services provided, level of effort expended, etc. Outcomes will be scored based on how well the applicant met performance goals.

Indicate the number of clients that you proposed to serve with your HUD grant in Factor 3 of your FY01 Housing Counseling NOFA application (submitted May 3, 2001), and compare it with the number attributed to the HUD grant appearing on the 9902 form submitted with this application, covering October 1, 2001–September 30, 2002, which corresponds to the FY01 application and resulting award. Explain any differences between goals and results, including differences in proposed and actual grant amounts.

If you received no FY01 HUD grant covering October 1, 2001–September 30, 2002, characterize your performance at meeting your goals regarding activities for that time period, under other sources of funding, such as other federal, state or local grant awards. Explain any differences between goals and results.

While HUD values cost-effectiveness, we are not simply trying to identify and fund the lowest-cost service providers. We realize that costs vary depending on location and types of services provided, and we appreciate that strategic investments, such as investments in training, technology, or more qualified staff, may potentially be an efficient use of resources, but impact counseling volume in the short-term.

So HUD can evaluate your program results, provide a context for, or qualify, the number of clients you indicated, on the form HUD–9902 submitted with this application, that were served with your HUD-grant. Describe the types of counseling conducted. Indicate how location, counseling and client type, and expenses may have impacted client volume, and, if applicable, how they will impact client volume in the future.

Identify specific uses of HUD grant funds, such as staff salaries, other staff costs, training, and travel expenses. Itemize the total costs for each use. Provide the average hourly labor rate for counselors. Justify your expenses and explain why they were reasonable, strategic, and appropriate for the counseling activities identified above.

Intermediaries and SHFAs that received an FY01 HUD award for the grant period October 1, 2001 to September 30, 2002 must also indicate what percentage of their award was passed through directly to affiliates or branches, and explain how funds not passed through were spent.

Provide the following performance outcomes for counseling activities covered by your FY01 HUD grant, for the grant period October 1, 2001 to September 30, 2002:

- The number of individuals receiving pre-purchase counseling that purchased a home;
- The number of individuals receiving pre-purchase counseling that are working toward becoming mortgage ready;
- The number of individuals receiving pre-purchase counseling that, after evaluating their unique financial situation and the costs of homeownership, elected not to purchase a home;
- The number of individuals receiving default counseling that successfully avoided foreclosure;
- For applicants applying under Category 5, the number of victims of predatory lending counseled that were able to have their mortgage modified, refinanced, or otherwise assisted to avoid foreclosure.

So HUD can evaluate these outcome/results, indicate the outcome goals that you had set for yourself prior to the grant period, October 1, 2001 to September 30, 2002, and characterize your performance at meeting those goals. Compare these outcome goals with your actual performance outcomes. Describe relevant market conditions and other circumstances that you believe affected reported outcome numbers.

[Note: The outcomes listed above correspond to the new form HUD–9902 (appendix A), from which these outcome results will be derived in future NOFAs. In future NOFAs, outcomes will be evaluated based on the degree to which the applicant was able to meet the outcome estimates it provided in Factor 5 of the relevant previous application. In other words, applicants will be held accountable for fulfilling performance-related promises made in NOFA applications.]

If you received no FY01 HUD grant, provide these performance outcomes for counseling activities covering October 1, 2001—September 30, 2002, under other sources of funding, such as other federal, state or local grant awards. Indicate how each compares with the outcome goals that you had set for yourself for the activity period, and characterize your performance at meeting outcome goals.

Applicants applying under Category 5 must also describe your organization's direct experience for the grant period October 1, 2001 to September 30, 2002, in assisting individuals, through outreach, in identifying and avoiding predatory lending, and in recognizing victimization. For example, describe outreach and educational efforts, including group workshops, community meetings, mass media, material distribution (provide copies of relevant letters, brochures, etc.), and indicate the number of one-on-one counseling interactions that have resulted from your outreach efforts. Also describe your outreach strategy, including the various types of individuals targeted (*e.g.* sub-prime borrowers, elderly homeowners with substantial equity in their homes, attorneys, etc.), explain your rationale for targeting specific areas, types of community forums that are effective, methods through which your ideas and materials are disseminated, and all other relevant information.

Also, describe efforts through one-on-one counseling, for the grant period October 1, 2001 to September 30, 2002, to assist individuals in identifying and avoiding predatory lending. Indicate the number of clients that have received

front-end individual counseling related to predatory lending from you, or from your affiliates and/or branches.

Similarly, describe efforts through one-on-one counseling, for the grant period October 1, 2001 to September 30, 2002, to assist victims of predatory lending and indicate the number of clients that received one-on-one predatory lending counseling from you or your affiliates and branches. Also quantify and describe the results of one-on-one counseling pertaining to predatory lending, including the number of victims for whom loans have been successfully restructured, credit fixed and the success of other loss mitigation strategies.

(B3) (*3 points*) *Impact—Leveraged Resources*—In scoring this Section, HUD will evaluate the applicant's non-HUD funded counseling activities and budget during the grant period October 1, 2001 to September 30, 2002. Scoring will be based on the quantity of clients the applicant was able to serve, compared to similar applicants providing similar services. Clients served numbers will be analyzed in the context of budget, costs, spending decisions, the types of services provided, level of effort expended, etc.

Provide all the information requested in Sections B1 and B2 above, except outcomes, relevant to the non-HUD funded activities recorded on the form HUD–9902 submitted with this application.

Applicants applying under Category 5 should highlight leveraged awards your organization received specifically for work related to predatory lending during the grant period October 1, 2001 to September 30, 2002.

(C) (*5 points*) *Performance/Grant Requirements*—In scoring this Section, HUD will evaluate how well the applicant satisfied the requirements, including reporting, of their FY01 HUD Housing Counseling grant, for the grant period October 1, 2001 to September 30, 2002. If you did not receive a FY01 HUD grant, base your response on activities and requirements under other sources of funding, such as other federal, state or local grant awards.

- Characterize your performance with regards to the timeliness and completeness with which you satisfied reporting requirements (such as Form HUD 9902.)
- Also indicate whether or not you fully expended grant awards during the grant period October 1, 2001 to September 30, 2002. If not fully expended, provide an explanation as to the reason why the funds were not fully expended and the steps you have taken to ensure that future funding will be expended in a timely manner.
- Significant findings on biennial reviews conducted by HUD staff will be taken into consideration when scoring this Section. Explain how you have taken steps to address and correct any significant findings, if applicable.

Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for funding your proposed activities described in your response to Rating Factor 3.

(A) (*6 points*) *Needs Data.* In scoring this Section, HUD will evaluate the degree to which the applicant is able to provide current or recent economic and demographic data, and any other evidence, that demonstrates housing counseling need relevant to the target area. Applicants that fail to identify current or recent objective data will receive no points for this factor. Sources for all data provided must be clearly cited. To the extent that the community you serve has documented need in its Consolidated Plan, Analysis of Impediments to Fair Housing Choice (AI), or other planning documents, reference these in your response. Economic and demographic data must include persons with disabilities located in the target area. The U.S. Census Bureau, for example, maintains disability data by state, county and metropolitan statistical area (MSA) at the following website address: *http:www.census.gov/hhes/www/disability.html.*

In scoring this Section, HUD will also evaluate the degree to which the applicant is able to provide current or recent economic and demographic data, and any other evidence, that demonstrates need relative to the activities proposed in Rating Factor 3.

Demonstrate that there is a clear relationship between the community needs outlined above, and your proposed activities. All proposed activities must have corresponding need-related data.

Applicants under category 5 must provide current or recent economic and demographic data, and any other evidence, that demonstrates the prevalence and impact of predatory lending within the target area.

(B) (*4 points*) *Departmental Policy Priorities.* The Departmental policy priorities are listed in section II of the General Section of the SuperNOFA. Of those listed, the following 4 apply to the Housing Counseling Program for the purpose of this NOFA:

(1) Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency.

(2) Providing Full and Equal Access to Grass-Roots Faith-Based and Other Community-Based Organizations in HUD Program Implementation.

(3) Colonias.

(4) Participation of Minority Serving Institutions in HUD Programs.

You will receive one point (up to 4 total) for each of the Departmental policy priorities that your work plan substantively addresses.

Rating Factor 3: Soundness of Approach/Scope of Housing Counseling Services (40 Points)

This factor addresses the quality and effectiveness of your proposed housing counseling activities.

(A) (*2 points*) *Work Plan.* In scoring this Section, HUD will consider the quality and completeness of the response.

Describe the proposed housing counseling services and if applicable, intermediary activities, including training, you propose to undertake, and identify the geographic area your services will cover.

National and Regional Intermediaries and State Housing Finance Agencies must also provide the following additional information:

(a) Identify which affiliates or branches will receive funding through this grant award. Applicants unable to identify which affiliates will receive sub-grants must explain why this is the case and what process will be used to select grantees. Pursuant to the applicable regulations at 24 CFR 84.82(d)(3)(iii) and 85.30(d)(4), grantees must receive HUD's prior written approval for sub-grants.

(b) Describe the activities of those affiliates, explicitly stating the types of services to be offered.

(c) Describe your legal relationship with your affiliates or branches (*i.e.,* membership organization, field or branch office, subsidiary organization, etc.)

(d) Explain the process that will be used to determine affiliate or branch funding levels, distribute funds, and monitor affiliate performance, including compliance with the civil rights requirements outlined in the General Section of the SuperNOFA.

(B) (*6 points*) *Employee Allocation/Staff hours.* In scoring this Section, HUD will evaluate whether allocated staff and staff hours are appropriate and sufficient to perform all proposed tasks.

Indicate the names and titles of employees, including subcontractors and consultants, allocated to each proposed activity, as well as the corresponding staff hours for each task. Demonstrate that each employee's experience is related to the tasks they are to perform.

(C) (*6 points*) *Coordination.* In scoring this Section, HUD will consider the extent to which the applicant can demonstrate they will coordinate proposed activities with other organizations, and with other services and products offered by the applicant's organization, in a manner that benefits their clients.

Describe partnerships and efforts to coordinate proposed activities with other organizations, including, but not limited to, emergency services providers, lending organizations and nonprofit housing providers. Any written agreements or memoranda of understanding in place should be described and copies provided.

National and regional intermediaries should also highlight internal lending operations and loan products available to clients, as well as internal affordable housing programs that can be a resource for clients.

Describe plans to avoid conflicts of interest, such as methods for disclosing to participants that they are free to choose lenders, lending products, and homes, regardless of the recommendations made by counselors, and provide copies of relevant disclosure forms and materials.

Applicants under Category 5 should also describe relevant partnerships and relationships with other organizations, including state and local government regulatory agencies, Legal Aid groups, and other organizations with whom you collaborate on predatory lending cases and issues, or to whom you refer victims.

(D) (*13 points*) *Quality and Complexity of Services.* In scoring this Section, HUD will evaluate the quality of the proposed housing counseling services, and level of effort and time associated with providing the proposed counseling services to the number of clients you estimate you will serve in Section E. Scoring will be based on the degree to which the applicant demonstrates that, for each type of counseling service delivered, and compared to other applicants, sufficient time and resources will be devoted to ensure that clients receive quality counseling. Additionally, scorers will evaluate the extent to which, as compared to other applicants, an agency will encourage and provide one-on-one counseling, which HUD considers the most effective form of housing counseling, instead of over-relying on homebuyer education workshops and other forms of group sessions.

Applicants should carefully document the types and complexity of the services to be provided. Describe the level of effort and time you anticipate is required to provide the proposed counseling services to, and meet the needs of, the number of clients you indicate in Section E that you will serve with the proposed grant. Estimate the average counseling time you, and if applicable your affiliates and branches, anticipate per client for all types of counseling offered. Also describe planned follow-up activities, if applicable.

Indicate how many of the clients that you propose to serve with the HUD grant in Section E will participate only in Homebuyer Education workshops or other group sessions. Also estimate the number of clients that will participate in Homebuyer Education workshops or other group session and also received one-on-one counseling. Explain and justify significant changes in the quantity of group sessions and one-on-one counseling sessions you propose to provide, relative to past performance and grant/budget size described in Rating Factor 1.

(E) (*13 points*) *Efficient Use of Resources—Proposed HUD Grant Activities.* In scoring this Section, HUD will evaluate the number of clients that the applicant, and if applicable, affiliates and branches, estimate will be served under the proposed HUD grant, for the grant period October 1, 2003 to September 30, 2004. Scoring will be based on the quantity of clients the applicant proposes to serve, compared to similar applicants providing similar services. Proposed clients served numbers will also be analyzed in the context of budget, costs, spending decisions, the types of services provided, level of effort expended, etc.

Indicate the number of clients you project will be served by your organization, or, if applicable, affiliates and branch offices, under the proposed HUD grant. Do not provide ranges or percentages, but a specific number of clients.

For applicants applying under Category 5, project the number of clients you propose to serve (no ranges or percentages) through both outreach and other types of group sessions, and individual counseling.

Explain and justify significant changes, relative to past performance and grant/budget size described in Rating Factor 1, in the number of clients you propose to serve. For example, demonstrate that you have the financial and human resources necessary to adequately serve the additional clients, or describe changes in the types of counseling being delivered, costs, etc.

Provide a context for, or qualify the number of clients you project to serve with the proposed HUD grant. Indicate how location, counseling and client types, and expenses may affect client volume, and whether the impact will be short-term or long-term.

Itemize the costs associated with each specific proposed use of counseling funds, such as staff salaries, other staff costs, and training and travel expenses. Provide the average hourly-labor rate for counselors. Justify your proposed expenses and explain why they are reasonable, strategic, and appropriate for the counseling activities identified above.

Intermediaries and SHFAs must indicate what percentage of their proposed HUD grant will be passed through directly to affiliates or branches, and explain how funds not passed through will be spent.

Rating Factor 4: Leveraging Resources (10 Points)

HUD housing counseling funding is not intended to fully fund an organization's housing counseling program, or that of its local affiliates and branch offices. All organizations that use housing counseling grant funds are expected to seek other private and public sources of funding for housing counseling to supplement HUD funding. Any agency that does not have other resources available will receive no points for this factor.

Applicants will be evaluated based on their ability to provide evidence that they have obtained additional resources for their housing counseling activities, including: direct financial assistance; in-kind contributions, such as services, equipment, office space, labor; etc. In responding to this Rating Factor, applicants under Categories 4 and 5 should submit evidence of all housing counseling-related leveraged resources, not just the leveraged funds they intend to devote to Colonias or predatory lending, respectively. Resources may be provided by governmental entities, public or private nonprofit organizations, for-profit private organizations, or other entities committed to providing you assistance.

In order to obtain points under this factor, the applicant must demonstrate leveraging by providing letters from entities and/or individuals committing resources to the project that include:

—The identity of the entity or individual committing resources to the project.
—Dollar value of the resources to be committed.
—Types of resources to be committed.
—An indication that the resources will be available during the grant period pertaining to this NOFA, October 1, 2003–September 30, 2004.
—An indication that the award, or a specific portion of it, is intended for housing counseling.
—The signature of an official of the entity legally able to make commitments on behalf of the entity.
—No conditions that would nullify the commitment. (It is, however, acceptable for the commitment to be conditional on HUD funding.)

Additionally, resources provided by the applicant itself, recorded as 'applicant match' and 'program income' on the form HUD–424, will count as leveraged resources.

Points for this factor will be awarded based on the satisfactory provision of evidence of leveraging and financial sustainability, as described above, and the ratio of requested HUD housing counseling funds to total housing counseling budget. Depending on organization type, the following scales will be used to determine scores for this factor:

Percentage	Points
LHCAs and SHFAs	
1–20	10
21–35	9
36–42	8
43–50	7
51–58	6
59–65	5
66–73	4
74–80	3
81–90	2
91–99	1
National and Regional Intermediaries	
1–10	10
11–15	9
16–20	8
21–25	7
26–30	6
31–35	5
36–40	4
41–45	3
46–50	2
51–99	1

Rating Factor 5: Achieving Results and Program Evaluation (5 Points)

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and assess their performance to realize performance goals, and reflects HUD's goal to embrace high standards of ethics, management and accountability.

The purpose of this factor is for the applicant to identify program outputs and outcomes that will allow you and HUD to measure actual achievements against anticipated achievements. Outputs and outcomes must be objectively quantifiable.

Submission Requirements for Factor 5. Applicants must submit an effective, quantifiable, outcome-oriented evaluation plan for measuring performance and determining that output and outcome goals have been met. You must submit a program evaluation plan that demonstrates how you will measure your own program performance. Your Evaluation Plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes. Specifically, your plan must identify:

—*Outputs.* Outputs are the direct products of your program's activities that lead to the ultimate achievement of outcomes. Examples of outputs are the number of individual counseling sessions, and the number of group sessions to be provided. Identify interim and full grant term outputs, and timeframes for accomplishing these goals. Your plan must show how you will measure actual accomplishments against anticipated achievements.
—*Work Plan Adjustments.* Describe steps in place to make adjustments to your work plan if outputs are not met within established timeframes or if you begin to fall short of established outputs and timeframes. Intermediaries and SHFAs should indicate if and how the performance of affiliates and branch offices affects current and future sub-grant allocations.
—*Outcomes.* Outcomes are benefits accruing to the families as a result of participation in the program. Outcomes are performance indicators you expect to achieve or goals you hope to meet over the term of your proposed grant. In scoring this Section, HUD will consider the appropriateness of the proposed outcomes given the proposed HUD award, and past performance, and evaluate proposed outcomes in comparison to similar applicants. For the period October 1, 2003–September 30, 2004, provide the following anticipated outcomes for clients as a result of the proposed grant:

• The number of individuals receiving pre-purchase counseling that will purchase a home
• The number of individuals receiving pre-purchase counseling that are working toward becoming mortgage ready
• The number of individuals receiving pre-purchase counseling that, after evaluating their unique financial situation and the costs of homeownership, will elect not to purchase a home
• The number of individuals receiving default counseling that will successfully avoid foreclosure

Applicants applying under Category 5 should indicate the number of victims of predatory lending counseled that will have their mortgage modified, refinanced, or otherwise assisted to avoid foreclosure. [These specific outcomes correspond to the new form HUD–9902. The proposed outcomes you provide will be compared with the results captured in the HUD–9902 you submit in the FY05 NOFA to evaluate the impact you were able to achieve with this award, and the degree to which you were able to meet or exceed your proposed outcomes.]

—*Information Collection.* Describe your strategy for following-up with clients and collecting outcome information.

(C) *Funding Methodology for Categories 1–4.* The following funding formula will be used to calculate award amounts for Categories 1–4. Only applicants who receive a score of 75 points or above will be considered eligible for funding. All eligible applicants will then be funded in proportion to the score they receive.

The formula will work as follows for each category: Every applicant that scores 75 points or above will receive a base award of $15,000, plus additional funds for every point above the 75 point cutoff. The total number of applicants receiving the base award will be multiplied by $15,000 and that amount will be subtracted from the total amount available under the category, or in the cases of Categories 1 and 3, available to the HOC. Then, the remaining balance will be divided by the total number of points each applicant scores that are above the 75-point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point base will be multiplied by that dollar value. The result of that multiplication will be added to the $15,000 base for the total award amount. For example, an applicant with a score of 85 would receive $15,000 plus the dollar value for each point times 10 (10 being the

number of points above the 75 point cutoff.)

All grantees will receive the lower of either the award amount determined with the formula, or the amount actually requested by the applicant.

(D) *Funding Methodology for Category 5—Predatory Lending Grants.* Only applicants scoring 75 points or above are eligible for funding under Category 5. However, because of the limited amount of funds available under Category 5, in relation to the potential number of applicants, all applicants scoring 75 points or above are not guaranteed funding.

For national intermediaries, up to the top 4 scoring applicants (scoring 75 points or above) will receive a base award of $300,000, plus additional funds for every point above the 75 point cutoff. The total number of applicants receiving the base award will be multiplied by $300,000 and that amount will be subtracted from the total amount available under the category. The remaining balance ($300,000 if 4 agencies score 75 points or above) available to national intermediaries will be divided by the total number of points each applicant scores that are above the 75 point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point threshold will be multiplied by that dollar value. The result of that multiplication will be added to the $300,000 base for the total award amount. Awards for HUD-approved national intermediaries may not exceed $450,000.

For regional intermediaries and SHFAs, up to the top 3 scoring applicants (scoring 75 points or above) will receive a base award of $50,000, plus additional funds for every point above the 75 point cutoff. The total number of applicants receiving the base award will be multiplied by $50,000 and that amount will be subtracted from the total amount available under the category. The remaining balance ($150,000 if 3 agencies score 75 points or above) available to regional intermediaries and SHFAs will be divided by the total number of points each applicant scores that are above the 75 point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point threshold will be multiplied by that dollar value. The result of that multiplication will be added to the $50,000 base for the total award amount. Awards for HUD-approved regional intermediaries and SHFAs may not exceed $140,000.

All LHCAs will be ranked against each other nationally. Up to the top 30 scoring applicants nationwide scoring 75 points or above will receive a base award of $20,000. The total number of applicants receiving the base award will be multiplied by $20,000 and that amount will be subtracted from the total available under the category. Then, the remaining balance ($300,000 if 30 agencies score 75 points or above) will be divided by the total number of points each of those 30 applicants (potentially) scores that are above the 75-point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point threshold will be multiplied by that dollar value. The result of that multiplication will be added to the $20,000 base for the total award amount. Awards for HUD-approved LHCAs may not exceed $40,000.

All grantees will receive the lower of either the award amount determined with the formula, or the amount actually requested by the applicant.

(E) *Reallocation of Unspent Funds.* If funds designated for a specific grant Category or sub-category remain unspent after the formula has been run and award recommendations determined, HUD may, at its discretion, reallocate those funds to any other funding category or sub-category in this NOFA, or may reallocate those funds to any category under the Section 8 Homeownership / Housing Counseling NOFA also issued with this SuperNOFA. Additionally, HUD may reallocate unspent funds for housing counseling support activities.

(F) *Applicant Debriefing.* Applicants interested in a debriefing should consult the instructions in section XI(A)(4) of the General Section of the SuperNOFA. Requests should be submitted to the person or organization to which you were instructed, in Section VI of this NOFA, to submit your application.

(G) *Grant Period.* Funds awarded shall be available for a period of twelve (12) calendar months. Applicants selected for award must receive prior HUD approval to incur costs prior to the date of the grant agreement. Grantees may incur pre-award costs ninety (90) calendar days prior to the effective date of the grant agreement. All pre-award costs are incurred at the applicant's risk and HUD has no obligation to reimburse such costs if the award is inadequate to cover such costs or the award offer is withdrawn because of the applicant's failure to satisfy the requirements of this NOFA.

(H) *Award Instrument.* HUD expects to use a grant agreement, but it reserves the right to use the award instrument it determines to be most appropriate. All Housing Counseling Program awards shall be made on a cost reimbursement basis in accordance with the requirements in OMB Circular A–87, Cost Principles for state and local governments and Indian tribal governments; or OMB Circular A–122, Cost Principles for Non-Profit Organizations, as applicable to your organization; and the administrative requirements established in OMB Circular A–102, which was implemented by 24 CFR part 85 (Administrative Requirements for Grants and Cooperative Agreements to state, local and federally recognized Indian tribal governments); OMB Circular A–110, which was implemented by 24 CFR part 84 (Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations); and OMB Circular A–133 which was implemented by 24 CFR parts 84 and 85. If you receive an award you are also required to ensure that any sub-recipients also comply with the above requirements. OMB circulars can be found at *http://www.whitehouse.gov/omb/.*

VI. Application Submission Requirements

In addition to reviewing the instructions below, all applicants should consult the General Section of this SuperNOFA and review the procedures that affect application submission.

Application. Because applications will be handled by various staff members, they must be bound or secured in a binder, and tabbed. Use the checklist below to organize your application. Unless indicated below, all applicants must submit the following:

(1) The standard forms, certifications, and assurances listed in section V(H) of the General Section of the SuperNOFA (collectively, referred to as the ''standard forms.'')

(2) HUD-approval/Statutory Authority. Each applicant is required to submit a copy of their most recent approval letter or certificate of approval as a housing counseling agency from HUD, unless the applicant is a SHFA that satisfies the definition of a ''Housing Finance Agency'' in 24 CFR 266.5. SHFAs must submit evidence of their statutory authority to operate as a SHFA, and apply for, and use, any funds awarded.

(3) Form HUD–9902, Housing Counseling Agency Fiscal Year Activity Report, for fiscal year October 1, 2001 through September 30, 2002. In the space provided on the form, indicate the amount of the FY01 HUD grant you received that corresponds with this data. If you did not participate in HUD's

Housing Counseling Program during the period October 1, 2001 through September 30, 2002, this report should be completed to reflect your counseling workload and budget during that period. A copy of this form is included in Appendix A of this NOFA.

(4) National and Regional Intermediaries must provide a list of, and certify to, the states in which they maintain offices, including the national office and all affiliates or branch offices. Provide this information for *all* affiliates and branch offices, not just the ones you propose to fund through this grant.

(5) Narrative statements addressing the Rating Factors in section V(B) above. Responses to the rating factors should provide HUD with detailed quantitative and qualitative information and relevant examples regarding the housing counseling work of your organization.

For applicants applying under Category 4, narrative statements must address how you will meet the needs of clients residing in the Colonias you target. Similarly, applicants applying under Category 5 must describe predatory lending-related needs and corresponding activities. *The Rating Factors below contain requests for additional information from applicants applying under Categories 4 and 5 (italicized).*

Applicants applying for funding under Category 5 should also address predatory lending needs, issues and activities, if applicable, in their responses to Rating Factors 1—5 while applying under categories 1–4 of this NOFA, to ensure that these activities are fairly considered for grants under Categories 1—4, in the event that an applicant does not receive funding under Category 5.

Please be as specific and direct as possible. For LHCAs, responses to each factor must be limited to 10 double-spaced, size 12 font, single-sided pages. Additional submissions by LHCAs will not be read. These guidelines are also recommended for National and Regional Intermediaries and SHFAs; however, if you feel you need to include more information to make your case, you should feel free to do so.

VII. Corrections to Deficient Applications

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

VIII. Authority

HUD's Housing Counseling Program is authorized by Section 106 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701x), and is generally governed by HUD Handbook 7610.1, REV–4, CHG–1, dated October 27, 1997.

Appendix A

Form HUD–9902, Fiscal Year Activity Report

BILLING CODE 4210–32–P

<HD1> **APPENDIX B**

Hearing and speech challenged persons may access the telephone numbers listed below by calling the federal Information Relay Service at 1-800-877-8339.

Homeownership Center	States
PHILADELPHIA HOMEOWNERSHIP CENTER Mr. John Niebieszczanski Patrick V. McNamara Building SF Program Support Branch 4 477 Michigan Ave. Rm. 1600 Detroit, MI 48226 For technical questions Contact: Robert Wright (215) 656-0527 x3406	Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia
ATLANTA HOMEOWNERSHIP CENTER Ms. Gayle Knowlson 40 Marietta Street, 8th Floor Atlanta, GA 30303-2806 Contact: Fellece Sawyer-Coleman (404) 331-5001, x2675	Alabama, Puerto Rico, Florida, Georgia, Illinois, Indiana, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
DENVER HOMEOWNERSHIP CENTER Ms. Irma Devich Wells Fargo Building 633 17th Street Denver, CO 80202-3607 Contact: Irma Devich	Arkansas, Colorado, Iowa, Kansas, Louisiana, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Utah, Wisconsin, Wyoming

(303) 672-5216 x 1980	
SANTA ANA HOMEOWNERSHIP CENTER Mr. Jerrold Mayer 1600 N. Broadway Suite 100 Santa Ana, CA 92706-3927 Contact: Rhonda J. Rivera, Chief 1-888-827-5605 (714) 796-1200 x 3210	Alaska, Arizona, California, Hawaii, Oregon, Idaho, Nevada, Washington

Housing Counseling Agency
Fiscal Year Activity Report

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0261
(exp.04/30/2005)

Read the Instructions and Public Reporting Statement on the back of this form.

1. Counseling agency name and address/telephone/fax/contact person/e-mail

Check here if any of this is new information ☐

2. Reporting Year (yyyy)

from Oct 1, _____

to Sep 30, _____

	All Counseling Activities	HUD Grant Activities
3. Ethnicity of Clients (select only one)		
a. Hispanic		
b. Not Hispanic		
4. Race of Clients		
Single Race		
a. American Indian/Alaskan Native		
b. Asian		
c. Black or African American		
d. Native Hawaiian or Other Pacific Islander		
e. White		
Multi-Race		
f. American Indian or Alaska Native ***and*** White		
g. Asian ***and*** White		
h. Black or African American ***and*** White		
i. American Indian or Alaska Native ***and*** Black or African American		
j. Other multiple race		
5. Income Levels		
a. < 50% of Area Median Income (AMI)		
b. 50 - 80% of AMI		
c. 80 - 100% of AMI		
d. >100% AMI		
6. Numbers of Clients Receiving Educational/Outreach Services (if client also receives counseling, please include in count below)		
a. Completed Homebuyer Education Workshop		
b. Completed Post-Purchase Homeowner Workshop		
c. Sought Help with Fair Housing Issue		
d. Sought Help with or Attended Workshop on Predatory Lending		
7. Numbers of Clients Counseled, by Purpose of Visit and Results		
a. Seeking Pre-Purchase Homebuyer Counseling		
Purchased Housing		
Client will be Mortgage Ready within 90 Days		
Client will be Mortgage Ready after 90 Days; Receiving Long-Term Prepurchase Counseling		
Entered Lease Purchase Program		
Decided Not to Purchase Housing; No Further Effort to Prepare Needed		
Other		
Total		
b. Seeking Help with Resolving or Preventing Mortgage Delinquency		
Brought Mortgage Current		
Mortgage Refinanced		
Mortgage Modified		
Received Second Mortgage		
Initiated Forbearance Agreement/Repayment Plan		
Executed a Deed-in-Lieu		
Sold Property/Preforeclosure Sale, Chose Alternative Housing Solution		
Mortgage Foreclosed		

7. Numbers of Clients Counseled, by Purpose of Visit and Results **(continued)**	**All Counseling Activities**	**HUD Grant Activities**
Currently Receiving Foreclosure Prevention/Budget Counseling		
Partial Claim		
Other		
Total		
c. Seeking Help Converting Home Equity into Cash or Seeking Better Mortgage Loan Terms		
Obtained a Home Equity Conversion Mortgage (HECM)		
Received Home Equity or Home Improvement Loan		
Received Consumer Loan (Unsecured)		
Mortgage Refinanced		
Referred to Other Social Service Agency		
Sold House, Chose Alternative Housing Solution		
Counseled on HECM; Decided Not to Obtain Mortgage		
Currently Receiving Counseling		
Other		
Total		
d. Seeking Help in Locating, Securing, or Maintaining Residence in Rental Housing		
Received Housing Search Assistance		
Obtained Temporary Rental Relief		
Referred to Agency with Rental Assistance Program		
Advised on Recertification for HUD/Other Subsidy Program		
Referred to Other Social Service Agency		
Counseled or Referred to Legal Aid Agency for Eviction or Other Fair Housing Assistance		
Found Alternative Rental Housing		
Decided to Remain in Current Housing Situation		
Entered Debt Management/Repayment Plan		
Currently Receiving Counseling		
Other		
Total		
e. Seeking Shelter or Services for the Homeless		
Occupied Emergency Shelter		
Occupied Transitional Housing		
Occupied Permanent Housing with Rental Assistance		
Occupied Permanent Housing without Rental Assistance		
Referred to other Social Service Agency		
Remained Homeless		
Currently Receiving Counseling		
Other		
Total		

8. HUD Grant Activity - Summary Data

HUD Grant No.	HUD Grant Amount	Number of Clients	Amount Invoiced
	Total		

9. Name of Person Authorized to Sign this Report

Title

Signature	Date

Instructions for Form HUD-9902, Housing Counseling Agency Fiscal Year Activity Report

This **HUD Fiscal Year** Activity Report enables a HUD-approved housing counseling agency to report all of its housing counseling activity for clients with housing needs and problems.

1. Counseling Agency Name & Address - Enter the official name of your agency in the format you submitted to HUD. If the data you enter is new, check the box indicating this change.

2. Enter Report HUD Fiscal Year - This is an annual report covering the HUD Fiscal Year. Indicate the HUD Fiscal Year covered by the report. Even if your agency was approved by HUD for less than the full year report period, include clients counseling during the full report year.

3. Ethnicity of Clients Enter number of clients to whom you provided counseling during this period. If your client came in for homebuyer education or fair housing in addition to other types of counseling, do not count them twice.

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

4. Race of Clients Categories -

American Indian or Alaskan Native - A person having origins with any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition.

Asian - A person having origins with any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American - A person having origins with in of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. Income Levels - Enter the client's income level based on the percentage of the Area Median Income (AMI), adjusted for family size.

6. Number of Clients Receiving Educational or Outreach Services

Homebuyer Education (6a). Enter data for clients who completed a homebuyer education course or workshop. Homebuyer education differs from counseling in that it is usually conducted in a group setting and is not tailored to the unique circumstance of the individual. Counseling goes beyond the general education, is more rigorous, and involves one-on-one and longer-tem relationships. Note that you will also count the client who receives or is receiving counseling under the prepurchase counseling heading.

Post-Purchase Homeowner Workshop (6b). Enter data for clients who completed a post-purchase homeowner education course or workshop. This includes topics such as budgeting and financial management, real estate taxes and insurance, and property maintenance. Please also count the client who supplements education with one-on-one counseling under the appropriate counseling heading.

Fair Housing (6c). Enter data for clients who, in addition to seeking other types counseling as described on this form, had issues affecting a protected class as defined under the Fair Housing Act, 42 USC 3601-3631. The law prohibits discrimination on basis of race, color, religion, sex, handicap, or familial status. Remember to include these clients under the appropriate type of counseling sought.

Predatory Lending (6d). Enter data for clients who attended a predatory lending workshop or outreach program. Please also count the client who supplements education with one-on-one counseling under the appropriate counseling heading.

7. Number of Clients Counseled, by Purpose of Visit and Results.

General

Clients - Please remember that you report clients as the number of individual households you counseled.

Examples:

a. A **husband and wife** or a **brother and sister** or **three friends** who are mortgagors under the same note count as **one client.**

b. **Three renting families** who experience the **same problem** with the **same landlord** and come to your agency together for assistance and receive the same problem resolution count as **one client.**

Columnar Entries - The report contains two data columns.

c. **All Counseling Activities** - Enter data covering **all** housing counseling activities, including those performed under one or more HUD housing counseling grant.**Results of**

d. **HUD Grant Activities** - Enter data covering **only** counseling provided under one or more HUD counseling grants during the report period. Include this data in the "All Counseling Activities" column.

Other - Throughout the form, "other" provides a general category into which you place clients who do not fall under any specific category on the form.

Instructions for Form HUD-9902 continued

Counseling (7a through 7e) - Enter the number of clients to whom you provided counseling during the report period, by the purpose of their visit and results. This count might include clients who entered your workload the previous report period but who carried over into and received counseling during the current report period. Enter the client count in the box that best describes the status of the clients when they first entered your workload.

Counseling (7a through 7e) continued -For each of the five types of counseling sought, enter data for the appropriate results listed. NOTE: You might achieve more than one result for the same client during the report year. In the rare event that there is more than one result, **please report only one**. You should select the result that most closely relates to the counseling received.

Example: A mortgagor in default enters into a **forbearance agreement** and later **sells the property**. You report the first result because the counseling enabled the client to seek and enter into forbearance. Also, in the Pre-Purchase Counseling outcomes, enter the client as mortgage ready after 90 days, if the client has entered a homebuyer savings plan, debt management plan, or some other type of long-term financial plan to prepare for homeownership.

8. HUD Grant Activity - Summary Data - Enter summary data from the "HUD Grant Activities" column for each grant under which you provided counseling during the report period. In the "Total" row, enter totals for the "No. of Clients" and the "Amount Invoiced" columns.

9. An authorized staff person must sign and date the report.

Public reporting burden for this collection of information is estimated to average 1.17 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collecton displays a valid OMB control number.

This information is collected in connection with HUD's Housing Counseling Program, and will be used by HUD to determine that the grant applicant meets the requirements of the Notice of Funding Availability (NOFA) and to assign points for awarding grant funds on a competitive and equitable basis. The information is required to obtain funding under Section 106 of the Housing and Community Development Act of 1974. The information is considered sensitive and is protected by the Privacy Act which requires the records to be maintained with appropriate administrative, technical and physical safeguards to ensure their security and confidentiality.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

SECTION 8 HOMEOWNERSHIP VOUCHER - HOUSING COUNSELING GRANT PROGRAM

Billing Code 4210-32-C

Funding Availability for the Section 8 Homeownership Voucher—Housing Counseling Grant Program

Program Overview

Program Purpose. This grant program supports the delivery of housing counseling services to potential homebuyers and homeowners utilizing Section 8 Homeownership Vouchers (hereafter referred to as Homeownership Vouchers) under HUD's Homeownership Voucher Program. The primary objectives of the program are to: help Homeownership Voucher Program participants make the transition from renting to homeownership; to assist them in evaluating their readiness and in making informed decisions; to help them meet the responsibilities of homeownership; and to encourage increased participation by Public Housing Agencies (PHAs) in HUD's Homeownership Voucher Program.

Available Funds. $2 million in Fiscal Year 2003 Funds.

Application Deadline. June 25, 2003.

Match. No match is required. However, in order to receive points under Rating Factor 4, applicants are required to demonstrate the commitment of other private and public sources of funding to supplement HUD funding for the applicant's proposed counseling program relevant to the Homeownership Voucher Program.

I. Application Submission, Further Information and Technical Assistance

Application Kits. There is no application kit. Specific application submission requirements are outlined in Section VI of this NOFA.

Application Due Date. Completed applications must be submitted on or before June 25, 2003.

Mailing. See the General Section of the SuperNOFA for mailing instructions and procedures.

Application Submission Procedures. All applicants must submit an original and two copies of a complete application to 'Director, Program Support Division, Room 9266, Office of Single Family Housing, HUD Headquarters, 451 Seventh Street, SW., Washington, DC 20410.' The envelope should be clearly marked, ''FY 2003 Homeownership Voucher—Housing Counseling Grant Application (Category 1/2/3/4.)'' Please indicate the grant category for which you are applying.

Further Information. Local housing counseling agencies (LHCAs) and state housing finance agencies (SHFAs) should call the Homeownership Center (HOC) serving their area (See Appendix B for the contact information for the HOCs). National and Regional Intermediaries should contact HUD Headquarters, Program Support Division at (202) 708–0317 (this is not a toll-free number). Persons with hearing or speech impairments may access any of these numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

Satellite Broadcast. HUD will hold an informational broadcast via satellite for potential applicants to learn more about the program and the application. For more information about the date and time of the broadcast, consult the HUD Web site at *http://www.hud.gov/grants.*

II. Amount Allocated

Under this SuperNOFA, $37.561 million of the $39.74 million appropriated for Housing Counseling in FY 2003 is made available for eligible applicants. Specifically, $2 million is available through this NOFA for counseling activities occurring in conjunction with HUD's Homeownership Voucher Program, and $35.561 million is available for general counseling services through a separate NOFA found elsewhere in this SuperNOFA. Through that separate NOFA, up to $250,000 is available for counseling services that specifically target Colonias, and $2.7 million is available for counseling services addressing predatory lending. An allocation of $1 million of the $39.74 million appropriated is available for counseling in conjunction with the Home Equity Conversion Mortgage (HECM) Program, as provided in section 255(k) of the National Housing Act (12 U.S.C. 1715z–20).

With the balance of FY03 appropriation, and additional carry-over funding, an allocation of up to $4 million has been set aside for housing counseling support such as training and tuition assistance for housing counselors, or other HUD counseling initiatives and activities, or both.

Grant Categories. HUD will award grants to qualified public or private nonprofit organizations to provide housing counseling services in conjunction with the Homeownership Voucher Program through four grant categories: (1) Local Housing Counseling Agencies (LHCA); (2) National Intermediaries; (3) Regional Intermediaries; and (4) State Housing Finance Agencies (SHFAs).

Category 1—Local Housing Counseling Agencies (LHCAs). $750,000 is available from HUD to directly fund HUD-approved LHCAs.

Award: No individual LHCA may be awarded more than $60,000.

Category 2—National Intermediaries. $950,000 is available from HUD to directly fund HUD-approved national intermediaries.

Awards for HUD-approved national intermediaries may not exceed $400,000. *Category 3—Regional Intermediaries.* $150,000 is available from HUD to directly fund HUD-approved regional intermediaries.

Awards for HUD-approved regional intermediaries may not exceed $150,000. *Category 4—State Housing Finance Agencies (SHFA).* $150,000 is available to fund SHFAs that provide housing counseling services directly or serve as intermediaries to affiliates who offer housing counseling services.

Award: There is no cap on awards for SHFAs.

III. Program Description/Eligibility

(A) *Eligible Service Recipients.* Housing counseling services funded under this NOFA can only be provided to Homeownership Voucher recipients whom a PHA has indicated are eligible to participate in the Homeownership Voucher Program, having met programmatic requirements and additional PHA eligibility requirements, if applicable, and who will receive the benefit of homeownership voucher assistance should they purchase a home.

(B) *Eligible Activities.* Agencies selected as grantees and, if applicable, their sub-grantees, will only be reimbursed for activities that are eligible according to the criteria outlined in this Section.

According to the Final Rule on the Homeownership Voucher Program (FR–4427–F–02), suggested topics for the PHA-required pre-assistance counseling program include: how to negotiate the purchase price of a home; how to obtain homeownership financing and loan pre-approvals, including a description of types of financing that may be available, and the pros and cons of different types of financing; alternative sources of mortgage credit; how to find a home, including information about homeownership opportunities, schools, and transportation in the PHA jurisdiction; advantages of purchasing a home in an area that does not have a high concentration of low-income families and how to locate homes in such areas; how to design features to provide accessibility for persons with disabilities; funding for modifications that will make housing accessible and available to clients and their family members with disabilities; advocating with lenders for non-traditional lending standards; information on fair housing, including fair housing lending and local fair housing enforcement agencies; information about the Real Estate Settlement Procedures Act (12 U.S.C.

2601 *et seq.*) (RESPA), state and federal truth-in-lending laws, and how to identify and avoid predatory loans with oppressive terms and conditions; home maintenance; budgeting and money management; and credit counseling.

Counseling services can be adapted to reflect local circumstances, fit the pre- and ongoing post-purchase needs of the individual families, and fulfill specific requirements established by the PHA. The PHA has the discretion to require ongoing counseling for all or select participants in the homeownership option.

For example, agencies may provide on-going counseling on issues such as home improvement and rehabilitation. This could include educating the client about: Their loan and grant options; the loan and/or grant application processes; what housing codes and housing enforcement procedures apply for the intended activity; accessibility codes; visitability and universal design; non-discriminatory lending for persons who modify their dwellings to accommodate disabilities; how to identify and hire a construction contractor; how to specify and bid construction work; how to enter into construction contracts; and how to manage construction contracts, including actions to address the non-performance of contractors.

Additional ongoing counseling needs may include default counseling and loss mitigation strategies such as debt restructuring, establishing reinstatement plans, seeking loan forbearance, and managing household finances. Counselors can also help program participants that are victims of predatory lending, provide referrals to emergency and social service providers, and assist clients with locating alternative housing.

All counseling must occur one-on-one. These grant funds may not be used for any type of group sessions or workshops. Applications including group sessions as proposed activities will be evaluated only on proposed one-on-one counseling.

Note: For each activity you propose, you must be prepared to meet the needs of all individuals requesting services, including persons with disabilities, regardless of the complexity of the services involved. Additionally, services must be affirmatively marketed to persons with disabilities, including visual and hearing disabilities, as they would be to any other segment of the population not likely to apply for such services.

Intermediaries and SHFAs can directly provide the housing counseling services described above, or distribute and administer grant funds and provide technical assistance and other services to affiliates, who are eligible to undertake any or all of the eligible housing counseling activities outlined above.

Intermediaries and SHFAs have wide discretion to decide how to allocate their HUD Housing counseling and leveraged funding among their affiliates, with the understanding that a written record must be kept documenting and justifying funding decisions. This record must be made available to affiliates and to HUD. Intermediaries and SHFAs must also execute sub-grant agreements with their affiliates that clearly delineate the mutual responsibilities for program management, including appropriate time frames for reporting results to HUD.

(C) *Eligible Applicants.* Eligible applicants are: (1) HUD-approved local housing counseling agencies (LHCAs); (2) HUD-approved national intermediaries; (3) HUD-approved regional intermediaries; and (4) state housing finance agencies (SHFAs.)

HUD-approved LHCAs—Under this NOFA, HUD-approved LHCAs may apply for and receive a grant under Category 1 or one sub-grant from an Intermediary or SHFA under Categories 2, 3 and 4, but not both. HUD-approved LHCAs that apply directly under Category 1 are prohibited from also applying for or receiving a sub-grant under Categories 2, 3 and 4 of this NOFA. HUD-approved LHCAs that receive a sub-grant through an intermediary or SHFA under the other Housing Counseling NOFA in this SuperNOFA may receive a sub-grant under this NOFA with the same intermediary or SHFA, or they may apply directly as an LHCA.

HUD-approved national and regional intermediaries—HUD-approved National and Regional Intermediaries may apply for a grant under Categories 2 and 3, respectively.

SHFAs—SHFAs may only apply for grants under Category 4. Eligible SHFAs are entities that satisfy the definition in 24 CFR 266.5 of a ''Housing Finance Agency.'' SHFAs and eligible sub-grantees/affiliates do not need HUD-approval in order to receive these funds.

Eligible applicants under Categories 1–3 are private nonprofit and public organizations, including grass roots faith-based and other community-based organizations, that secure HUD-approval as an LHCA, or as a national or regional intermediary, as of the publication date of this SuperNOFA, and retain such approval through the term of any grant awarded. For information on securing HUD-approval visit HUD's Web site at *http://www.hud.gov/offices/hsg/sfh/hcc/hccprof13.cfm.*

Additionally, to be eligible to receive a grant directly from HUD under this Housing Counseling NOFA, all applicants (except SHFAs) must be (1) duly organized and existing as a nonprofit, (2) in good standing under the laws of the state of its organization, and (3) authorized to do business in the states where it proposes to provide counseling services. For example, applicable state licensing, corporate filing, and registering requirements must be satisfied.

An LHCA, national or regional intermediary, or SHFA may use branch offices to provide counseling funded through this NOFA. A branch office is an organizational and subordinate unit of the LHCA, intermediary, or SHFA, not separately incorporated or organized. LHCAs may maintain a main office and branch offices in no more that two states, which must be contiguous.

More typically, National and Regional Intermediaries and SHFAs provide sub-grants to separately incorporated or organized affiliates. Eligible sub-grantees are not required to be HUD-approved, although HUD-approved LHCAs may apply to an intermediary or SHFA as a sub-grantee. Intermediaries and SHFAs that award sub-grants to affiliates that are not HUD-approved must assure that said affiliates meet or exceed the standards, as specified in paragraph 2–1 of HUD Handbook 7610.1, Rev-4, CHG–1, for HUD-approved LHCAs. These organizations will be monitored by HUD, and intermediaries that do not ensure their affiliates'/branches' compliance with HUD standards could be prohibited from participating in the program.

To be eligible for a sub-grant under categories 2, 3 or 4, affiliates must not have directly applied for or received a grant under Category 1 of this NOFA, or another sub-grant from an Intermediary or SHFA under Categories 2, 3 or 4 of this NOFA.

Additionally, to be eligible for a sub-grant, an affiliate must be (1) duly organized and existing as a nonprofit, (2) in good standing under the laws of the state of its organization, and (3) authorized to do business in the states where it proposes to provide counseling services. For example, applicable state licensing, corporate filing, and registering requirements must be met.

Written Commitment to Partner. To be eligible, applicants must also provide a written commitment to partner from one or more PHAs with which it has come to an agreement to provide housing counseling to participants of the PHA's Homeownership Voucher Program. Intermediaries and SHFAs proposing to make sub-grants to affiliates or branch

offices must provide a separate written commitment to partner from a PHA for each affiliate or branch office covered by the proposal. There is no requirement that the PHA commit to partner with the applicant for the provision of all housing counseling services related to its Homeownership Voucher Program, although this would be acceptable.

Written commitments to partner from PHAs do not have to be ratified by the PHA Board, although a formal document, such as a Memorandum of Understanding (MOU) between the PHA and the applicant, is acceptable. The written commitment to partner must, however, be on PHA letter-head, must specifically mention the housing counseling agency/applicant, and must be signed by an authorized PHA official. Moreover, the written commitment to partner must indicate that the PHA is exercising its option to implement the Homeownership Voucher Program and agrees to refer Homeownership Voucher participants to the applicant to fulfill the housing counseling requirement specified in the Homeownership Voucher Program regulations. The written commitment to partner must clearly outline: the broad roles and responsibilities of the PHA and the housing counseling agency applying for funding under this NOFA; the estimated number of Homeownership Voucher Program participants, both pre-purchase and ongoing, to be referred by the PHA to the counseling agency during the grant period October 1, 2003 to September 30, 2004; specific PHA requirements for ongoing counseling; and outcome goals.

While no written commitment to partner is required from PHAs approved by HUD as housing counseling agencies, the PHA must estimate the number of voucher participants to be counseled in connection with the Homeownership Voucher Program, and describe the outcome goals to be achieved.

IV. Requirements

Agencies selected as grantees or sub-grantees must comply with the following requirements:

(A) *Threshold Requirements.* The requirements listed in Section V of the General Section of the SuperNOFA apply to this program. Applications will be declared ineligible for any of the following reasons:

—If you or any of your affiliates or branches do not meet the Civil Rights Threshold Requirements set forth in Section V(B) of the General Section of this SuperNOFA.

—If you are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions from any federal department or agency.

—If you are not currently approved by HUD as an LHCA or as a National or Regional Housing Counseling Intermediary, and if you didn't secure approval by the publication date of this SuperNOFA. SHFAs need only satisfy the definition in 24 CFR 266.5 of a ''Housing Finance Agency.''

(B) *Program Requirements.* Program requirements are outlined in detail in HUD Handbook 7610.1, REV–4, CHG–1, dated October 27, 1997, which can be viewed on HUD's Web site at *http://www.hud.gov/offices/hsg/sfh/hcc/hccprof7.cfm.*

Additionally, the following also apply:

(1) List of Agencies. Pursuant to section 106 (C)(5) of the Housing and Urban Development Act of 1968, HUD maintains a list of all HUD-approved and HUD-funded counseling agencies, including contact information, which interested persons can access. All grantees under Category 1, and sub-grantees under Categories 2, 3, and 4 will be placed on this list and must accept subsequent referrals, or when they do not provide the services sought, refer the person to another agency in the area that does provide the services.

(2) Accessibility—All grant recipients and sub-recipients must make counseling offices and services reasonably accessible to persons with a wide range of disabilities and help persons locate suitable housing in locations throughout the applicant's community, target area, or metropolitan area, as defined by the applicant.

(3) All counseling services provided in conjunction with the Homeownership Voucher Program must be provided free of charge.

(C) *Religious Discrimination.* Grant recipients and sub-recipients are prohibited from discriminating on behalf of or against any segment of the population in the provision of services or in outreach, including those of other religious affiliations.

Additionally, organizations funded under this program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded under this program. If an organization conducts such activities, these activities must be offered separately, in time or location, from the programs or services funded under this part, and participation must be voluntary for the HUD-funded programs or services.

(D) *Code of Conduct.* Entities that are subject to 24 CFR parts 84 and 85 (most nonprofit organizations and state, local and tribal governments or government agencies or instrumentalities who receive federal awards of financial assistance) are required to develop and maintain a written code of conduct (*See* §§ 84.42 and 85.36(b)(3)). Consistent with regulations governing housing counseling programs, your code of conduct must prohibit real and apparent conflicts of interest that may arise among employees, officers or agents; prohibit the solicitation and acceptance of gifts or gratuities by your officers, employees and agents for their personal benefit in excess of minimal value; and outline administrative and disciplinary actions available to remedy violations of such standards. Self-recusal shall not eliminate a potential or apparent conflict of interest. If awarded assistance under this SuperNOFA, prior to entering into a grant agreement with HUD you will be required to submit a copy of your code of conduct and describe the methods you will use to ensure that all officers, employees and agents of your organization are aware of your code of conduct.

(E) *Performance Measurement.* Grant recipients are required to complete and submit a form HUD–9902, Fiscal Year Activity Report (Appendix A). The information compiled from this report provides HUD with its primary means of measuring your program performance.

(F) *Environmental Requirements.* In accordance with 24 CFR 50.19(b)(9) and (12) of the HUD regulations, activities assisted under this program are categorically excluded from the requirements of the National Environmental Policy Act and are not subject to environmental review under the related laws and authorities.

(G) *Financial Management Systems.* Applicants selected for funding must provide documentation demonstrating that the applicant's financial management systems satisfy the requirements in the applicable regulations at 24 CFR 84.21(b) and 85.20. Consistent with the requirements of the Single Audit Act Amendments of 1996 (31 U.S.C. 7501–07), if the applicant expended $300,000 or more in federal awards in its most recent fiscal year, such documentation must include a certification from, or most recent audit by, the applicant's Independent Public Accountant that the applicant maintains internal controls over federal awards; complies with applicable laws, regulations, and contract or grant provisions; and prepares appropriate financial statements. The applicant will have at least thirty (30) calendar days to respond to this requirement. If an applicant does not respond within the

prescribed time or responds with insufficient documentation, then HUD may determine that the applicant has not met this requirement and may withdraw the grant offer.

(H) *Indirect Cost Rate.* You must also submit documentation establishing your organization's indirect cost rate. Such documentation may consist of a certification from, most recent audit, or indirect cost rate agreement by, the cognizant federal agency or an Independent Public Accountant. If your organization does not have an established indirect cost rate, you will be required to develop and submit an indirect cost proposal to HUD or the cognizant federal Agency as applicable, for determination of an indirect cost rate that will govern your award. Applicants that do not have a previously established indirect cost rate with a federal agency shall submit an initial indirect cost rate proposal immediately after the applicant is advised that it will be offered a grant and, in no event, later than three months after the effective date of the grant. OMB Circular A–122 established the requirements to determine allowable direct and indirect costs and the preparation of indirect cost proposals, and can be found at *www.whitehouse.omb.gov*

V. Application Selection Process

(A) *General.* Applications will be evaluated competitively, and ranked against all other applicants that applied in the same funding category. All applicants will be rated and ranked in HUD Headquarters. The funding formula described below will be used to calculate award amounts.

(B) *Factors For Award Used to Rate and Rank Applications.* Section VI(B) of the General Section of the SuperNOFA contains information on the rating panels used to review and score applications. The Factors for Award, and maximum points for each factor, are outlined below.

These factors will be used to evaluate applications and the maximum number of points for each applicant is 102 points for LHCAs and 100 for all other applicants. LHCAs are eligible for 2 bonus points if they can demonstrate that at least 51% of their proposed services: (1) Will be provided to residents of federally designated Empowerment Zones (EZs), Enterprise Communities (ECs), Urban Enhanced Enterprise Communities (EECs), Strategic Planning Communities, or Renewal Communities (RCs); and (2) are certified to be consistent with the area's strategic plan. Section VI.C(1) of the General Section of this SuperNOFA, entitled ''RC/EZ/EC,'' contains additional information regarding these bonus points.

HUD may rely on information from performance reports, financial status information, monitoring reports, audit reports and other information available to HUD in making score determinations under any Rating Factor.

Rating Factor 1: Capacity—Readiness and Effectiveness (35 Points)

HUD uses responses to this Rating Factor to evaluate the readiness and ability of an applicant to immediately begin the proposed work program, as well as the potential for an applicant to cost-effectively and successfully implement the proposed activities indicated in response to Rating Factor 3.

(A) (6 points) *Knowledge and Experience.* In rating this sub-factor, HUD will consider the degree to which the applicant, and, if applicable, affiliates, has sufficient personnel with the relevant knowledge and experience to implement the proposed activities in a timely and effective fashion.

Specifically, for LHCAs, scoring will be based on the number of years of recent housing counseling experience of counselors. For intermediaries and SHFAs, scoring will be based on: the number of years of recent housing counseling experience of counselors in affiliates and branches; and the number of years, for key intermediary / SHFA personnel, of recent experience running a housing counseling program consisting of a network of multiple counseling agencies. Related experience, such as experience in mortgage lending, will also be considered, but will not be weighted as heavily as direct housing counseling or housing counseling program management experience.

Submit the names and titles of employees, including subcontractors and consultants, performing the activities proposed in Rating Factor 3. Clerical staff should not be listed. Describe each employee's, subcontractor's, or consultant's relevant professional background and experience. Experience is relevant if it corresponds directly to projects of a similar scale and purpose. Provide the number of years of experience for each position listed, and indicate when each position was held. Individual descriptions should be limited to one page. List recent and relevant trainings received.

(B) (4 points) *Section 8 Homeownership Experience.* In scoring this section, HUD will evaluate the degree to which, as compared to other applicants, the applicant and partnering PHA(s) have experience working with HUD's Homeownership Voucher Program.

Highlight counselors and key staff with experience related to counseling Homeownership Voucher families in the context of the homeownership option. Describe counseling activities and results performed in conjunction with the Homeownership Voucher Program, if applicable, including the number of families counseled by your agency that participated in Homeownership Voucher Program last year. Identify the sources and amount of funding used to support counseling in conjunction with the Homeownership Voucher Program.

Additionally, if applicable, provide detailed information regarding the Homeownership Voucher Program-related experience of each PHA with whom you, or your affiliates or branch offices, have a written commitment to partner, including the number of families that participated in the PHA's Homeownership Voucher Program in the past year, and the number of current homeowners receiving voucher assistance to date, and other notable outcomes and information demonstrating the effectiveness of the existing program. If different from the applicant, explain what counseling agency or other organization provided the housing counseling related to the Program.

(Sections C and D pertain to the applicant's performance with their FY01 HUD grant, the most recent complete grant year. If you received no FY01 HUD grant, the five points available in Section C, and the twelve points available in Section D will be allocated to Section E (Impact-Leveraged Resources) for a total of 20 points.)

(C) (5 points) *Quality and Complexity of Services.* In scoring this Section, HUD will evaluate the quality of services provided, and level of effort and time required to provide the housing counseling services (in general, not just Homeownership Voucher-related), captured in the form HUD–9902 for the time period October 1, 2001 to September 30, 2002. Scoring will be based on the degree to which the applicant demonstrates that, for each type of counseling service delivered, and compared to other applicants, sufficient time and resources were devoted to ensure that clients received quality counseling. Additionally, scorers will evaluate the extent to which, as compared to other applicants, an agency encouraged and provided one-on-one counseling, which HUD views as the most effective form of housing counseling, instead of over-relying on homebuyer education

workshops and other forms of group sessions.

Applicants should carefully document the types and complexity of the services provided with FY01 HUD grant funds, and the outcomes for clients as a result of the counseling. Describe the level of effort and time required to provide the housing counseling services and to meet the needs of your clients. Indicate the average counseling time per client for all types of counseling performed. Also describe follow-up activities, if applicable.

Indicate the number of clients that participated only in Homebuyer Education workshops or other group sessions. Indicate the number of clients that participated in Homebuyer Education workshops or other group session and also received one-on-one counseling.

(D) (12 points) *Impact/Outcomes—HUD Grant.* In scoring this Section, HUD will evaluate the applicant's, and if applicable, affiliates' and branches', clients served numbers and performance-related outcomes (in general, not just Homeownership Voucher-related) for the grant period October 1, 2001 to September 30, 2002. Clients served numbers will be scored based on the quantity of clients the applicant was able to serve compared to similar applicants providing similar services. Clients served numbers will be analyzed in the context of budget, costs, spending decisions, the types of services provided, level of effort expended, etc. Outcomes will be scored based on how well the applicant met performance goals.

Indicate the number of clients (in general) that you proposed to serve with your HUD grant in Factor 3 of your FY01 Housing Counseling NOFA application (submitted May 3, 2001), and compare it with the number attributed to the HUD grant appearing on the 9902 form submitted with this application, covering October 1, 2001–September 30, 2002, which corresponds to the FY01 application and resulting award. Explain any differences between goals and results, including differences in proposed and actual grant amounts.

If you received no FY01 HUD grant covering October 1, 2001–September 30, 2002, characterize your performance at meeting your goals regarding activities for that time period, under other sources of funding, such as other federal, state or local grant awards. Explain any differences between goals and results.

While HUD values cost-effectiveness, we are not simply trying to identify and fund the lowest-cost service providers. We realize that costs vary depending on location and types of services provided, and can appreciate that strategic investments, such as investments in training, technology, or more qualified staff, may potentially be an efficient use of resources, but affect counseling volume in the short-term.

So HUD can evaluate your program results, provide a context for, or qualify, the number of clients, indicated on the form HUD–9902 submitted with this application, that were served with your HUD-grant. Describe the types of counseling conducted. Indicate how location, counseling and client type, spending decisions, and expenses may have affected client volume, and, if applicable, how they will impact client volume in the future.

Identify all specific uses of HUD grant funds, such as staff salaries, other staff costs, training, and travel expenses. Itemize the total costs for each use. Provide the average hourly labor rate for counselors. Justify your expenses and explain why they were reasonable, strategic, and appropriate for the counseling activities identified above.

Intermediaries and SHFAs that received an FY01 HUD award for the grant period October 1, 2001 to September 30, 2002 must also indicate what percentage of their award was passed through directly to affiliates and branches, and explain how funds not passed through were spent.

Provide the following performance outcomes for counseling activities covered by your FY01 HUD grant, for the grant period October 1, 2001 to September 30, 2002:

- The number of individuals receiving pre-purchase counseling that purchased a home;
- The number of individuals receiving pre-purchase counseling that are working toward becoming mortgage ready;
- The number of individuals receiving pre-purchase counseling that, after evaluating their unique financial situation and the costs of homeownership, elected not to purchase a home;
- The number of individuals receiving default counseling that successfully avoided foreclosure.

So HUD can evaluate these outcomes/results, indicate the outcome goals that you had set for yourself prior to the grant period, October 1, 2001 to September 30, 2002, and characterize your performance at meeting those goals. Compares these outcome goals with your actual performance outcomes. Describe relevant market conditions and other circumstances that you believe affected reported outcome numbers.

Note: The outcomes listed above correspond to the new form HUD–9902 (appendix A), from which these outcome results will be derived in future NOFAs. In future NOFAs, outcomes will be evaluated based on the degree to which the applicant was able to meet the outcome estimates it provided in Factor 5 of the relevant previous application. In other words, applicants will be held accountable for fulfilling performance-related promises made in NOFA applications.

If you received no FY01 HUD grant, provide these performance outcomes for counseling activities covering October 1, 2001–September 30, 2002, under other sources of funding, such as other federal, state or local grant awards. Indicate how each compares with the outcome goals that you had set for yourself for the activity period, and characterize your performance at meeting outcome goals.

(E) (3 points) *Impact—Leveraged Resources.* In scoring this Section, HUD will evaluate the applicant's non-HUD funded counseling activities and budget during the grant period October 1, 2001 to September 30, 2002. Scoring will be based on the quantity of clients the applicant was able to serve, compared to similar applicants providing similar services. Clients served numbers will be analyzed in the context of budget, costs, spending decisions, the types of services provided, level of effort expended, etc.

Provide all the information requested in Sections C and D above, except outcomes, relevant to the non-HUD funded activities recorded on the form HUD–9902 submitted with this application.

(F) (5 points) *Performance/Grant Requirements.* In scoring this Section, HUD will evaluate how well the applicant satisfied the requirements, including reporting, of their FY01 HUD housing counseling grant, for the grant period October 1, 2001 to September 30, 2002. If you did not receive a FY01 HUD grant, base your response on activities and requirements under other sources of funding, such as other federal, state or local grant awards.

- Characterize your performance with regards to the timeliness and completeness with which you satisfied reporting requirements (such as Form HUD 9902.)
- Also indicate whether or not you fully expended HUD and other grant awards during the grant period October 1, 2001 to September 30, 2002. If not fully expended, provide an explanation as to why the funds were not fully expended and the steps you have taken to ensure that future funding will be expended in a timely manner.
- Significant findings on biennial reviews conducted by HUD staff will be

taken into consideration when scoring this Section. Explain how you have taken steps to address and correct any significant findings, if applicable.

Rating Factor 2: Need/Extent of Problem (10 Points)

This factor addresses the extent to which there is a demonstrated need for the proposed activities described in your response to Rating Factor 3, and the degree to which proposed activities correspond to Departmental policy priorities.

(A) (3 points) *Demand for Homeownership Vouchers.* Provide an estimate by the PHA as to the volume of Homeownership Voucher Program participants it anticipates in general for the grant period October 1, 2003 through September 30, 2004. Explain in detail how the estimate was calculated. Estimates and explanations must be provided on PHA letterhead and signed by an authorized PHA official.

(B) (3 points) *Local Market.* Demonstrate that the local market will support affordable homeownership. For example, describe the income and wealth characteristics of Homeownership Voucher Program participants, such as average income as a percent of area median income, and average savings available for down payment, and then demonstrate the availability in the local market of homes affordable to these participants. Intermediaries and SHFAs must provide this information for each affiliate or branch included in their application.

(C) (4 points) *Departmental Policy Priorities.* The Departmental policy priorities are listed in Section II of the General Section of the SuperNOFA. Of those listed, the following 4 apply to the Housing Counseling Program for the purpose of this NOFA:

(1) Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency.

(2) Providing Full and Equal Access to Grass-Roots Faith-Based and Other Community-Based Organizations in HUD Program Implementation.

(3) Colonias.

(4) Participation of Minority Serving Institutions in HUD Programs.

You will receive one point (up to 4 total) for each of the Departmental policy priorities that your work plan substantively addresses.

Rating Factor 3: Scope of Housing Counseling Services / Soundness of Approach (40 Points)

This factor addresses the quality and effectiveness of your proposed housing counseling activities.

(A) (2 points) *Work Plan.* In scoring this Section, HUD will consider whether the applicant provided all of the information requested.

Describe the proposed housing counseling services and if applicable, intermediary activities, including training, you propose to undertake, and identify the geographic area your services will cover.

National and Regional Intermediaries and State Housing Finance Agencies must also provide the following additional information:

(a) Identify which affiliates will receive funding through this grant award. Applicants unable to identify which affiliates will receive sub-grants must explain why this is the case and what process will be used to select grantees. Pursuant to the applicable regulations at 24 CFR 84.82(d)(3)(iii) and 85.30(d)(4), grantees must receive HUD's prior written approval for sub-grants.

(b) Describe the activities of those affiliates, explicitly stating the types of services to be offered.

(c) Describe your relationship with your affiliates (*i.e.* membership organization, field or branch office, subsidiary organization, etc.).

(d) Explain the process that will be used to determine affiliate funding levels, distribute funds, and monitor affiliate performance, including compliance with the civil rights requirements outlined in the General Section of the SuperNOFA.

(B) (5 points) *Employee Allocation/ Staff hours.* In scoring this Section, HUD will evaluate whether allocated staff and staff hours are appropriate and sufficient to perform all proposed tasks.

Indicate the names and titles of employees, including subcontractors and consultants, allocated to each proposed activity, as well as the corresponding staff hours for each task. Demonstrate that each employee's experience is related to the tasks they are to perform.

(C) (9 points) *Coordination.* In scoring this Section, HUD will consider the extent to which the applicant can demonstrate they will coordinate proposed activities with other organizations, and with other services and products offered by the applicant's organization, in a manner that benefits their clients.

Describe partnerships and efforts to coordinate proposed activities with other organizations, particularly lending organizations and nonprofit housing providers. Any written agreements or memoranda of understanding in place should be described and copies provided.

National and regional intermediaries should also highlight internal lending operations and loan products available to clients, as well as internal affordable housing programs that can be a resource for clients.

Describe plans to avoid conflicts of interest, such as methods for disclosing to participants that they are free to choose lenders, lending products, and homes, regardless of the recommendations made by counselors, and provide copies of relevant disclosure forms and materials.

(D) (12 points) *Quality and Complexity of Services.* In scoring this Section, HUD will evaluate the quality of the proposed housing counseling services, and the level of effort and time associated with providing the proposed counseling services to the number of clients you estimate you will serve in Section E. Scoring will be based on the degree to which the applicant demonstrates that, for each type of counseling service delivered, and compared to other applicants, sufficient time and resources will be devoted to ensure that clients receive quality counseling.

Applicants should carefully document the types and complexity of the services to be provided. Describe the level of effort and time you estimate is required to provide the proposed counseling services to, and meet the needs of, the number of clients you indicate in Section E that you will serve with the proposed grant. Estimate the average counseling time you, and if applicable your affiliates and branches, anticipate per client for all types of counseling offered. Also describe planned follow-up activities, if applicable.

(E) (12 points) *Efficient Use of Resources—Proposed HUD Grant Activities.* In scoring this Section, HUD will evaluate the number of clients that the applicant, and if applicable, affiliates and branches, estimate will be served under the proposed HUD grant, for the grant period October 1, 2003 to September 30, 2004. Scoring will be based on the quantity of clients the applicant proposes to serve, compared to similar applicants providing similar services. Proposed clients served numbers will also be analyzed in the context of budget, costs, spending

decisions, the types of services provided, level of effort expended, etc.

Indicate the number of clients you project will be served by your organization, or, if applicable, affiliates and branch offices, under the proposed HUD grant. Do not provide ranges or percentages, but a specific number of clients. Estimates must be consistent with the number of clients, indicated in the required written commitment to partner, that the PHA indicates will be referred to the counseling agency/applicant during the grant period October 1, 2003 to September 30, 2004, or differences should be explained clearly.

Provide a context for, or qualify the number of clients you project to serve with the proposed HUD grant. Indicate how location, counseling and client types, and expenses may affect client volume, and whether the impact will be short-term or long-term.

Itemize the costs associated with each specific proposed use of counseling funds, such as staff salaries, other staff costs, training and travel expenses. Provide the average hourly-labor rate for counselors. Justify your proposed expenses and explain why they are reasonable, strategic, and appropriate for the counseling activities identified above.

National and Regional Intermediaries and SHFAs must indicate what percentage of their proposed HUD grant will be passed through directly to affiliates or branches, and explain how funds not passed through will be spent.

Rating Factor 4: Leveraging Resources (10 Points)

Applicants will be evaluated based on their ability to provide evidence that they have obtained additional resources for their housing counseling activities (in general, not just Homeownership Voucher Program-related counseling), including: Direct financial assistance; in-kind contributions, such as services, equipment, office space; labor; etc. Resources may be provided by governmental entities, public or private nonprofit organizations, for-profit private organizations, or other entities committed to providing you assistance.

In order to obtain points under this factor, the applicant must demonstrate leveraging by providing letters from entities and/or individuals committing resources to the project that include:

—The identity of the entity or individual committing resources to the project.
—Dollar value of the resources to be committed.
—Types of resources to be committed.
—An indication that the resources will be available during the grant period pertaining to this NOFA, October 1, 2003–September 30, 2004.
—An indication that the award, or a specific portion of it, is intended for housing counseling.
—The signature of an official of the entity legally able to make commitments on behalf of the entity.
—No conditions that would nullify the commitment. (It is, however, acceptable for the commitment to be conditional on HUD funding.)

Additionally, resources provided by the applicant itself, recorded as 'applicant match' and 'program income' on the form HUD–424, will count as leveraged resources.

Points for this factor will be awarded based on the satisfactory provision of evidence of leveraging and financial sustainability, as described above, and the ratio of requested HUD housing counseling funds to total housing counseling budget. Depending on organization type, the following scales will be used to determine scores for this factor:

Percentage	Points
LHCAs and SHFAs	
1–20	10
21–35	9
36–42	8
43–50	7
51–58	6
59–65	5
66–73	4
74–80	3
81–90	2
91–99	1
National and Regional Intermediaries	
1–10	10
11–15	9
16–20	8
21–25	7
26–30	6
31–35	5
36–40	4
41–45	3
46–50	2
51–99	1

Rating Factor 5: Achieving Results and Program Evaluation (5 Points)

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and assess their performance to realize performance goals, and reflects HUD's goal to embrace high standards of ethics, management and accountability.

The purpose of this factor is for the applicant to identify program outputs and outcomes that will allow you and HUD to measure actual achievements against anticipated achievements. Outputs and outcomes must be objectively quantifiable.

Submission Requirements for Factor 5. Applicants must submit an effective, quantifiable, outcome-oriented evaluation plan for measuring performance and determining that output and outcome goals have been met. You must submit a program evaluation plan that demonstrates how you will measure your own program performance. Your Evaluation Plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes. Specifically, your plan must identify:

—Outputs. Outputs are the direct products of your program's activities that lead to the ultimate achievement of outcomes. Examples of outputs are the number of individual counseling sessions, and the number of group sessions to be provided. Identify interim and full grant term outputs, and timeframes for accomplishing these goals. Your plan must show how you will measure actual accomplishments against anticipated achievements.
—Work Plan Adjustments. Describe steps in place to make adjustments to your work plan if outputs are not met within established timeframes or if you begin to fall short of established outputs and timeframes. Intermediaries and SHFAs should indicate if and how the performance of affiliates and branch offices affects current and future sub-grant allocations.
—Outcomes. Outcomes are benefits accruing to the families as a result of participation in the program. Outcomes are performance indicators you expect to achieve or goals you hope to meet over the term of your proposed grant. In scoring this Section, HUD will consider the appropriateness of the proposed outcomes given the proposed HUD award and past performance, and evaluate proposed outcomes in comparison to similar applicants. For the period October 1, 2003–September 30, 2004, provide the following anticipated outcomes for clients as a result of the proposed grant:

• The number of individuals receiving pre-purchase counseling that will purchase a home

• The number of individuals receiving pre-purchase counseling that

are working toward becoming mortgage ready

• The number of individuals receiving pre-purchase counseling that, after evaluating their unique financial situation and the costs of homeownership, will elect not to purchase a home

• The number of individuals receiving default counseling that will successfully avoid foreclosure

(These specific outcomes correspond to the new form HUD–9902. The proposed outcomes you provide will be compared with the results captured in the HUD–9902 you submit in the FY05 NOFA, should you apply, to evaluate the impact you were able to achieve with this award, and the degree to which you were able to meet or exceed your proposed outcomes.)

—Information Collection. Describe your strategy for following-up with clients and collecting outcome information.

(C) *Funding Methodology.* Only applicants scoring 75 points or above are eligible for funding under Categories 1, 2, 3, and 4. However, because of the limited amount of funds available in relation to the potential number of applicants, all applicants scoring 75 points or above are not guaranteed funding, as described below.

All LHCAs will be ranked against each other nationally. Up to the top 30 scoring applicants nationwide with scores of 75 points or above will receive a base award of $15,000. The total number of applicants receiving the base award will be multiplied by $15,000 and that amount will be subtracted from the total amount available under the category. Then, the remaining balance ($300,000 if 30 applicants score 75 points or above) will be divided by the total number of points each of those 30 applicants scores that are above the 75 point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point threshold will be multiplied by that dollar value. The result of that multiplication will be added to the $15,000 base for the total award amount.

All National Intermediaries will be ranked against each other. Up to the top 4 scoring applicants with scores of 75 points or above will receive a base award of $150,000. The total number of applicants receiving the base award will be multiplied by $150,000 and that amount will be subtracted from the total amount available under the category. The remaining balance ($350,000 if 4 national intermediaries score 75 points or above) will be divided by the total number of points each of those 4 agencies scores that are above the 75-point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point threshold will be multiplied by that dollar value. The result of that multiplication will be added to the $150,000 base for the total award amount.

All Regional Intermediaries will be ranked against each other. Up to the top 2 scoring applicants with scores of 75 points or above will receive a base award of $60,000. The total number of applicants receiving a base award will be multiplied by $60,000 and that amount will be subtracted from the total amount available under the category. Then, the remaining balance ($30,000 if 2 regional intermediaries score 75 points or above) will be divided by the total number of points each of those 2 agencies scores that are above the 75-point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point threshold will be multiplied by that dollar value. The result of that multiplication will be added to the $60,000 base for the total award amount.

All SHFAs will be ranked against each other nationally. Up to the top 5 scoring applicants with scores of 75 points or above will receive a base award of $20,000. The total number of applicants receiving a base award will be multiplied by $20,000 and that amount will be subtracted from the total amount available under the category. The remaining balance ($50,000 if 5 SHFAs score 75 points or above) will be divided by the total number of points each of those applicants scores that are above the 75 point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point threshold will be multiplied by that dollar value. The result of that multiplication will be added to the $20,000 base for the total award amount.

All grantees will receive the lower of either the award amount determined with the formula, or the amount actually requested by the applicant.

(D) *Reallocation of Unspent Funds.* If funds designated for a specific grant Category remain unspent after the formula has been run and award recommendations determined, HUD may reallocate those funds to any other funding category in this NOFA, at its discretion, or may reallocate those funds to any category under the general Housing Counseling NOFA also issued with this SuperNOFA. Additionally, HUD may reallocate unspent funds for housing counseling support activities.

(E) *Applicant Debriefing.* Applicants interested in a debriefing should consult the instructions in section XI(A)(4) of the General Section of the SuperNOFA. Requests should be submitted to the person or organization to which you were instructed, in section VI of this NOFA, to submit your application.

(F) *Grant Period.* Funds awarded shall be available for a period of twelve (12) calendar months. Applicants selected for award must receive prior HUD approval to incur costs prior to the date of the grant agreement. Grantees may incur pre-award costs ninety (90) calendar days prior to the effective date of the grant agreement. All pre-award costs are incurred at the applicant's risk and HUD has no obligation to reimburse such costs if the award is inadequate to cover such costs or the award offer is withdrawn because of the applicant's failure to satisfy the requirements of this NOFA.

(G) *Award Instrument.* HUD expects to use a grant agreement, but it reserves the right to use the award instrument it determines to be most appropriate. All Housing Counseling Program awards shall be made on a cost reimbursement basis in accordance with the requirements in OMB Circular A–87, Cost Principles for State and Local Governments and Indian Tribal Governments; or OMB Circular A–122, Cost Principles for Non-Profit Organizations, as applicable to your organization; and the administrative requirements established in OMB Circular A–102, which was implemented by 24 CFR part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and federally recognized Indian tribal governments); OMB Circular A–110, which was implemented by 24 CFR part 84 (Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations); and OMB Circular A–133 which was implemented by 24 CFR parts 84 and 85. If you receive an award you are also required to ensure that any sub-recipients also comply with the above requirements. OMB circulars can be found at: *http://www.whitehouse.gov/omb/.*

VI. Application Submission

In addition to reviewing the instructions below, all applicants should consult the General Section of this SuperNOFA and review the procedures that affect application submission.

Application. Because applications will be handled by various staff members, they must be bound or secured in a binder, and tabbed. Use the

checklist below to organize your application. Unless indicated below, all applicants must submit the following:

(1) The standard forms, certifications, and assurances listed in Section V(H) of the General Section of the SuperNOFA (collectively, referred to as the ''standard forms'').

(2) HUD-approval / Statutory Authority. Each applicant is required to submit a copy of their most recent approval letter or certificate of approval as a housing counseling agency from HUD, unless the applicant is a SHFA that satisfies the definition of a 'Housing Finance Agency' in 24 CFR 266.5. *SHFAs* must submit evidence of their statutory authority to operate as a SHFA, and apply for, and use, any funds awarded.

(3) Written Commitment to Partner. Provide a copy of a written commitment to partner from each PHA with which you or your affiliates and branches have entered into an agreement, as described in Section III of this NOFA.

(4) Form HUD–9902, Housing Counseling Agency Fiscal Year Activity Report, for fiscal year October 1, 2001 through September 30, 2002. In the space provided on the form, indicate the amount of the FY01 HUD grant you received that corresponds with this data. If you did not participate in HUD's Housing Counseling Program during the period October 1, 2001 through September 30, 2002, this report should be completed to reflect your counseling workload and budget during that period. A copy of this form is included in Appendix A of this NOFA.

(5) National and Regional Intermediaries must provide a list of, and certify to, the states in which they maintain offices, including the national office and all affiliates or branch offices.

(6) Narrative statements addressing the Rating Factors in section V(B) above. Responses to the rating factors should provide HUD with detailed quantitative and qualitative information and relevant examples regarding the housing counseling work of your organization.

Please be as specific and direct as possible. For LHCAs, responses to each factor must be limited to 10 double-spaced, size 12 font, single-sided pages. Additional submissions by LHCAs will not be read. These guidelines are also recommended for National and Regional Intermediaries and SHFAs, however, if you feel you need to include more information to make your case, you should feel free to do so.

VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications. Applications will be declared ineligible for any of the following reasons:

—If you do not meet the Civil Rights Threshold Requirements set forth in section V(B) of the General Section of this SuperNOFA.

—If you are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions from any federal department or agency.

VIII. Authority

HUD's Housing Counseling Program is authorized by Section 106 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701x), and is generally governed by HUD Handbook 7610.1, REV–4, CHG–1, dated October 27, 1997.

The Homeownership Voucher Program and the Section 8 Homeownership Program refer to the homeownership option in the Housing Choice Voucher Program. The homeownership option is authorized by section 8(y) of the United States Housing Act of 1937, as amended by section 555 of the Quality Housing and Work Responsibility Act of 1998. The implementing regulations are found at 24 CFR 982.625 through 24 CFR 982.642.

Appendix A—Form HUD–9902, Fiscal Year Activity Report

BILLING CODE 4210–32–P

APPENDIX B

Hearing and speech challenged persons may access the telephone numbers listed below by calling the Federal Information Relay Service at 1-800-877-8339.

Homeownership Center	States
PHILADELPHIA HOMEOWNERSHIP CENTER Mr. John Niebieszczanski Patrick V. McNamara Building SF Program Support Branch 4 477 Michigan Ave. Rm. 1600 Detroit, MI 48226 For technical questions Contact: Robert Wright (215) 656-0527 x3406	Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia
ATLANTA HOMEOWNERSHIP CENTER Ms. Gayle Knowlson 40 Marietta Street, 8th Floor Atlanta, GA 30303-2806 Contact: Fellece Sawyer-Coleman (404) 331-5001, x2675	Alabama, Puerto Rico, Florida, Georgia, Illinois, Indiana, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
DENVER HOMEOWNERSHIP CENTER Ms. Irma Devich Wells Fargo Building 633 17th Street Denver, CO 80202-3607 Contact: Irma Devich (303) 672-5216 x 1980	Arkansas, Colorado, Iowa, Kansas, Louisiana, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Utah, Wisconsin, Wyoming
SANTA ANA HOMEOWNERSHIP CENTER	Alaska, Arizona, California, Hawaii, Oregon, Idaho, Nevada, Washington

Mr. Jerrold Mayer 1600 N. Broadway Suite 100 Santa Ana, CA 92706-3927 Contact: Rhonda J. Rivera, Chief 1-888-827-5605 (714) 796-1200 x 3210	

Housing Counseling Agency
Fiscal Year Activity Report

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0261
(exp.04/30/2005)

Read the Instructions and Public Reporting Statement on the back of this form.

1. Counseling agency name and address/telephone/fax/contact person/e-mail

Check here if any of this is new information ☐

2. Reporting Year (yyyy)

from Oct 1, _____

to Sep 30, _____

	All Counseling Activities	HUD Grant Activities
3. Ethnicity of Clients (select only one)		
a. Hispanic		
b. Not Hispanic		
4. Race of Clients		
Single Race		
a. American Indian/Alaskan Native		
b. Asian		
c. Black or African American		
d. Native Hawaiian or Other Pacific Islander		
e. White		
Multi-Race		
f. American Indian or Alaska Native ***and*** White		
g. Asian ***and*** White		
h. Black or African American ***and*** White		
i. American Indian or Alaska Native ***and*** Black or African American		
j. Other multiple race		
5. Income Levels		
a. < 50% of Area Median Income (AMI)		
b. 50 - 80% of AMI		
c. 80 - 100% of AMI		
d. >100% AMI		
6. Numbers of Clients Receiving Educational/Outreach Services (if client also receives counseling, please include in count below)		
a. Completed Homebuyer Education Workshop		
b. Completed Post-Purchase Homeowner Workshop		
c. Sought Help with Fair Housing Issue		
d. Sought Help with or Attended Workshop on Predatory Lending		
7. Numbers of Clients Counseled, by Purpose of Visit and Results		
a. Seeking Pre-Purchase Homebuyer Counseling		
Purchased Housing		
Client will be Mortgage Ready within 90 Days		
Client will be Mortgage Ready after 90 Days; Receiving Long-Term Prepurchase Counseling		
Entered Lease Purchase Program		
Decided Not to Purchase Housing; No Further Effort to Prepare Needed		
Other		
Total		
b. Seeking Help with Resolving or Preventing Mortgage Delinquency		
Brought Mortgage Current		
Mortgage Refinanced		
Mortgage Modified		
Received Second Mortgage		
Initiated Forbearance Agreement/Repayment Plan		
Executed a Deed-in-Lieu		
Sold Property/Preforeclosure Sale, Chose Alternative Housing Solution		
Mortgage Foreclosed		

7. Numbers of Clients Counseled, by Purpose of Visit and Results **(continued)**	**All Counseling Activities**	**HUD Grant Activities**
Currently Receiving Foreclosure Prevention/Budget Counseling		
Partial Claim		
Other		
Total		
c. Seeking Help Converting Home Equity into Cash or Seeking Better Mortgage Loan Terms		
Obtained a Home Equity Conversion Mortgage (HECM)		
Received Home Equity or Home Improvement Loan		
Received Consumer Loan (Unsecured)		
Mortgage Refinanced		
Referred to Other Social Service Agency		
Sold House, Chose Alternative Housing Solution		
Counseled on HECM; Decided Not to Obtain Mortgage		
Currently Receiving Counseling		
Other		
Total		
d. Seeking Help in Locating, Securing, or Maintaining Residence in Rental Housing		
Received Housing Search Assistance		
Obtained Temporary Rental Relief		
Referred to Agency with Rental Assistance Program		
Advised on Recertification for HUD/Other Subsidy Program		
Referred to Other Social Service Agency		
Counseled or Referred to Legal Aid Agency for Eviction or Other Fair Housing Assistance		
Found Alternative Rental Housing		
Decided to Remain in Current Housing Situation		
Entered Debt Management/Repayment Plan		
Currently Receiving Counseling		
Other		
Total		
e. Seeking Shelter or Services for the Homeless		
Occupied Emergency Shelter		
Occupied Transitional Housing		
Occupied Permanent Housing with Rental Assistance		
Occupied Permanent Housing without Rental Assistance		
Referred to other Social Service Agency		
Remained Homeless		
Currently Receiving Counseling		
Other		
Total		

8. HUD Grant Activity - Summary Data

HUD Grant No.	HUD Grant Amount	Number of Clients	Amount Invoiced
	Total		

9. Name of Person Authorized to Sign this Report

Title

Signature	Date

Instructions for Form HUD-9902, Housing Counseling Agency Fiscal Year Activity Report

This **HUD Fiscal Year** Activity Report enables a HUD-approved housing counseling agency to report all of its housing counseling activity for clients with housing needs and problems.

1. **Counseling Agency Name & Address** - Enter the official name of your agency in the format you submitted to HUD. If the data you enter is new, check the box indicating this change.

2. **Enter Report HUD Fiscal Year** - This is an annual report covering the HUD Fiscal Year. Indicate the HUD Fiscal Year covered by the report. Even if your agency was approved by HUD for less than the full year report period, include clients counseling during the full report year.

3. **Ethnicity of Clients** Enter number of clients to whom you provided counseling during this period. If your client came in for homebuyer education or fair housing in addition to other types of counseling, do not count them twice.

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

4. Race of Clients Categories -

American Indian or Alaskan Native - A person having origins with any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition.

Asian - A person having origins with any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American - A person having origins with in of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. **Income Levels** - Enter the client's income level based on the percentage of the Area Median Income (AMI), adjusted for family size.

6. Number of Clients Receiving Educational or Outreach Services

Homebuyer Education (6a). Enter data for clients who completed a homebuyer education course or workshop. Homebuyer education differs from counseling in that it is usually conducted in a group setting and is not tailored to the unique circumstance of the individual. Counseling goes beyond the general education, is more rigorous, and involves one-on-one and longer-tem relationships. Note that you will also count the client who receives or is receiving counseling under the prepurchase counseling heading.

Post-Purchase Homeowner Workshop (6b). Enter data for clients who completed a post-purchase homeowner education course or workshop. This includes topics such as budgeting and financial management, real estate taxes and insurance, and property maintenance. Please also count the client who supplements education with one-on-one counseling under the appropriate counseling heading.

Fair Housing (6c). Enter data for clients who, in addition to seeking other types counseling as described on this form, had issues affecting a protected class as defined under the Fair Housing Act, 42 USC 3601-3631. The law prohibits discrimination on basis of race, color, religion, sex, handicap, or familial status. Remember to include these clients under the appropriate type of counseling sought.

Predatory Lending (6d). Enter data for clients who attended a predatory lending workshop or outreach program. Please also count the client who supplements education with one-on-one counseling under the appropriate counseling heading.

7. Number of Clients Counseled, by Purpose of Visit and Results.

General

Clients - Please remember that you report clients as the number of individual households you counseled.

Examples:

a. A **husband and wife** or a **brother and sister** or **three friends** who are mortgagors under the same note count as **one client**.

b. **Three renting families** who experience the **same problem** with the **same landlord** and come to your agency together for assistance and receive the same problem resolution count as **one client**.

Columnar Entries - The report contains two data columns.

c. **All Counseling Activities** - Enter data covering **all** housing counseling activities, including those performed under one or more HUD housing counseling grant.**Results of**

d. **HUD Grant Activities** - Enter data covering **only** counseling provided under one or more HUD counseling grants during the report period. Include this data in the "All Counseling Activities" column.

Other - Throughout the form, "other" provides a general category into which you place clients who do not fall under any specific category on the form.

Instructions for Form HUD-9902 continued

Counseling (7a through 7e) - Enter the number of clients to whom you provided counseling during the report period, by the purpose of their visit and results. This count might include clients who entered your workload the previous report period but who carried over into and received counseling during the current report period. Enter the client count in the box that best describes the status of the clients when they first entered your workload.

Counseling (7a through 7e) continued -For each of the five types of counseling sought, enter data for the appropriate results listed. NOTE: You might achieve more than one result for the same client during the report year. In the rare event that there is more than one result, **please report only one**. You should select the result that most closely relates to the counseling received.

Example: A mortgagor in default enters into a **forbearance agreement** and later **sells the property**. You report the first result because the counseling enabled the client to seek and enter into forbearance. Also, in the Pre-Purchase Counseling outcomes, enter the client as mortgage ready after 90 days, if the client has entered a homebuyer savings plan, debt management plan, or some other type of long-term financial plan to prepare for homeownership.

8. HUD Grant Activity - Summary Data - Enter summary data from the "HUD Grant Activities" column for each grant under which you provided counseling during the report period. In the "Total" row, enter totals for the "No. of Clients" and the "Amount Invoiced" columns.

9. An authorized staff person must sign and date the report.

Public reporting burden for this collection of information is estimated to average 1.17 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collecton displays a valid OMB control number.

This information is collected in connection with HUD's Housing Counseling Program, and will be used by HUD to determine that the grant applicant meets the requirements of the Notice of Funding Availability (NOFA) and to assign points for awarding grant funds on a competitive and equitable basis. The information is required to obtain funding under Section 106 of the Housing and Community Development Act of 1974. The information is considered sensitive and is protected by the Privacy Act which requires the records to be maintained with appropriate administrative, technical and physical safeguards to ensure their security and confidentiality.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

LEAD-BASED PAINT HAZARD CONTROL GRANT PROGRAM

Billing Code 4210-32-C

Funding Availability for the Lead-Based Paint Hazard Control Grant Program

PROGRAM OVERVIEW

Purpose of the Program. The purpose of the Lead-Based Paint Hazard Control Grant Program is to assist States, Native American Tribes and local governments in undertaking comprehensive programs to identify and control lead-based paint hazards in eligible privately owned housing for rental or owner-occupants in partnership with nonprofit organizations including grassroots faith-based and other community-based organizations.

Available Funds. Approximately $96 million in Fiscal Year 2003 and approximately $7 million in previous year recaptured funds.

Eligible Applicants. States, Native American Tribes or local governments. If you are a State or Tribal applicant, you must have a Lead-Based Paint Contractor Certification and Accreditation Program authorized by the Environmental Protection Agency (EPA).

Application Deadline. You, the applicant, must submit a completed application to HUD on or before the respective program's application due date. The application deadline is June 10, 2003

Match. A statutory minimum of 10% match in local funds.

ADDITIONAL INFORMATION

Application and Submission Procedures

(1) Application Submission. See the General Section of this SuperNOFA for specific procedures concerning the form of application submission (*e.g.*, mailed applications, express mail or overnight delivery). Be advised that there is no Application Kit for this year's Lead-Based Paint Hazard Control Grant Program. All the information required to submit an application is contained in this Notice of Funding Availability (NOFA).

(2) Addresses. You, the applicant, must submit a complete application to: Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control, Attn: Lead Hazard Control Grant Program, 451 Seventh Street, SW, Room P3206, Washington, DC 20410.

For Further Information and Technical Assistance: You may contact Matthew E. Ammon, Director, Lead Hazard Control Grants Division, Office of Healthy Homes and Lead Hazard Control, at the address above; telephone (202) 755–1785, extension 158 (this is not a toll-free number). If you are a hearing-or speech-impaired person, you may reach the above telephone numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

I. Authority, Funding Amounts, and Amount of Funds Allocated

(A) *Authority.* The Lead-Based Paint Hazard Control Program is authorized by Section 1011 of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (Title X of the Housing and Community Development Act of 1992). HUD's authority for making funding available under this NOFA is the Consolidated Appropriations Resolution of 2003, Public Law 108–7, approved February 20, 2003.

(B) *Funding Available and Eligibility.* Approximately $96 million in Fiscal Year 2003 and approximately $7 million in previous year recaptured funds will be available for the Lead-Based Paint Hazard Control Grant Program. The maximum award amount shall be $3 million per grant. Approximately 30 to 40 grants will be awarded. New applicants or those previously funded lead-based paint hazard control grantee applicants whose period of performance ended prior to the application deadline date will be evaluated and scored as a separate group and will not be in direct competition with applications from current grantee applicants that are eligible for a Performance-Based Renewal to their existing grant. A maximum of 35 percent of the funds will be made available to applicants eligible for a Performance-Based Renewal. The project duration shall be 42 months for new grant recipients and 36 months for Performance-Based Renewal grantees. HUD reserves the right to approve no-cost time extensions for a period not to exceed 24 months. For new applicants, a minimum score of 75 is required for award consideration. Current grantees with active grants at the application deadline date must meet specific performance criteria in their current grant to be eligible for a Performance-Based Renewal. Current grantees eligible for a Performance-Based Renewal must meet or exceed the specific work plan performance benchmark goals and objectives outlined below for the period ending March 31, 2003 to be eligible to receive up to $3 million to continue grant program activities for an additional 36 months after their current period of performance ends. Current grantees that do not meet the performance criteria below are not eligible to submit an application under this NOFA. Current grantees with active grants at the application deadline date funded under the Fiscal Year 1998 Lead-Based Paint Hazard Control Grant Program NOFA published in the **Federal Register** (FR) March 31, 1998 and grantees funded under the Fiscal Year 2002 Lead-Based Paint Hazard Control Grant Program NOFA published in the **Federal Register** (FR) March 26, 2002 are not eligible to apply.

PERFORMANCE-BASED RENEWAL ELIGIBILITY CRITERIA

[For period ending March 31, 2003]

FY	Round	Percentage of units completed and cleared	Percentage of federal funds reimbursed through the line of credit control system (LOCCS)
1999	7	80	55
2000	8	65	45
2001	9	50	35

By achieving the above-referenced level of performance, current grantees have demonstrated a clear competitive basis for eligibility in receiving additional funds without the need to submit a full application in response to the NOFA. The Performance-Based Renewal category reflects the intention of the Lead Hazard Control Grant Program to move towards more competitive performance-based awards. Applicants eligible to submit a Performance-Based Renewal will be required to submit a Total Budget (Federal Share and Matching), a work plan strategy with specific, measurable, and realistic benchmark performance objectives and any supporting materials prescribed in the NOFA for the entire Performance-Based Renewal period of performance. In addition, grantees awarded grant funds under this category will be required to meet the terms and conditions of their current grant agreement and any additional applicable requirements under this NOFA and subsequent grant agreement modification. HUD may terminate awards to grantees that fail to meet established milestones or benchmark performance standards established by this NOFA or the Award Agreement.

II. Eligible Applicants and Activities

(A) *Program Description.* The Lead-Based Paint Hazard Control Grant Program assists States, Native American Tribes and local governments in undertaking programs for the identification and control of lead-based paint hazards in eligible privately-owned rental and owner-occupied

housing units. Appendix B (Eligibility of HUD Assisted Housing) lists the HUD-associated housing programs that meet the definition of eligible housing under this program.

(1) Because lead-based paint is a national problem, these funds will be awarded to programs which:

(a) Maximize the combination of children protected from lead poisoning and housing units where lead-hazards are controlled;

(b) Target lead hazard control efforts at housing in which children are at greatest risk of lead poisoning;

(c) Stimulate cost-effective approaches that can be replicated;

(d) Emphasize lower cost methods of hazard control;

(e) Build local capacity to safely and effectively address lead hazards during lead hazard control, renovation, remodeling, and maintenance activities; and

(f) Affirmatively further fair housing and environmental justice.

(2) The objectives of this program include:

(a) Implementation of a national strategy, as defined in Title X of the Housing and

Community Development Act of 1992 (42 U.S.C. 4851 *et seq.*) (Title X), to build the community's capacity necessary to eliminate lead-based paint hazards in housing, as widely and quickly as possible by establishing a workable framework for lead-based paint hazard identification and control;

(b) Mobilization of public and private resources, involving cooperation among all levels of government, the private sector, and grassroots faith-based and other community-based organizations to develop cost-effective methods for identifying and controlling lead-based paint hazards;

(c) Development of comprehensive community approaches which result in integration of all community resources (governmental, grassroots faith-based and other community-based, and private businesses) to address lead hazards in housing;

(d) Integration of lead-safe work practices into housing maintenance, repair, weatherization, rehabilitation, and other programs that will continue after the grant period ends;

(e) Establishment of a public registry (listing) of lead-safe housing or inclusion of the lead-safe status of properties in another publicly accessible address-based property information system and affirmatively marketed to families with young children; and

(f) To the greatest extent feasible, promotion of job training, employment, and other economic opportunities for low-income and minority residents and businesses that are owned by and/or employ low-income and minority residents as defined in 24 CFR 135.5 (see 59 FR 33881, June 30, 1994).

(B) *Eligible Applicants.*

(1) To be eligible to apply for funding under this program, the applicant must be a State, Indian Tribe, or unit of local government. Multiple units of a local government (or multiple local governments) may apply as part of a consortium; however, you must identify a lead applicant that will be responsible for ensuring compliance with all requirements specified in this NOFA. You may submit only one application. In the event that multiple applications are submitted, this will be considered a curable (minor) defect and the application review process delayed until you notify HUD in writing which application should be reviewed. Your other applications will be returned unevaluated (see Section VIII of the General Section of this SuperNOFA).

(2) Threshold Requirements. As an applicant, you must meet all of the threshold requirements of the General Section of this SuperNOFA (Section V (B)) as well as any specific threshold requirements for applicants under the Lead Hazard Control Grant Program. Applications will not be rated or ranked if they do not meet the threshold requirements.

(3) Consolidated Plans. (This requirement does not apply to Native American Tribes.)

(a) If your jurisdiction has a current HUD-approved Consolidated Plan, you must submit, as an appendix, a copy of the lead-based paint element included in the approved Consolidated Plan.

(b) If your jurisdiction does not have a currently approved Consolidated Plan, but it is otherwise eligible for this grant program, you must include your jurisdiction's abbreviated Consolidated Plan, which includes a lead-based paint hazard control strategy developed in accordance with 24 CFR 91.235.

(4) Contracts or other formal arrangements with nonprofit grassroots faith-based and other community-based organizations. If selected for funding, local and State applicants must enter into contractual relationships or other formal arrangements with grassroots faith-based and other community-based organizations. Such relationships must be established prior to actual execution of the grant agreement. This requirement does not apply to Native American Tribes.

(5) EPA Authorization. If you are a State government or Indian (Native American) Tribal government, you must have an EPA-authorized Lead-Based Paint Training and Certification Program in effect on the application deadline date to be eligible to apply for Lead Hazard Control Grant funds. The approval date in the **Federal Register** notice published by the EPA will be used in determining the Training and Certification status of the applicant State or Indian (Native American) Tribal government.

(6) Current grantees with active grants at the application deadline date must meet specific performance criteria in their most recent grant to be eligible for a Performance-Based Renewal Grant. Current grantees that do not meet the performance criteria in Section II (B) for the period ending March 31, 2003 are not eligible for a Performance-Based Renewal grant. Current grantees funded under the Fiscal Year 1998 Lead-Based Paint Hazard Control Grant Program published in the **Federal Register** (FR) March 31, 1998 or funded under the Fiscal Year 2002 Lead-Based Paint Hazard Control Grant Program NOFA published in the **Federal Register** (FR) March 26, 2002 are not eligible to apply.

(7) The eligibility factors discussed in paragraphs (1) through (6) above are threshold requirements. If you do not satisfy the appropriate eligibility requirements stated in these paragraphs, HUD will not review your application.

(C) *Eligible Activities.* HUD is interested in promoting lead hazard control approaches that result in the reduction of this health threat for the maximum number of low-income families with children under six years of age, for the longest period of time, and that demonstrate techniques which are cost-effective, efficient, and replicable elsewhere. Activities must be conducted in compliance with HUD's Lead-Safe Housing Regulation, 24 CFR part 35, and with any applicable requirements of a Training and Certification Program that has been authorized by the EPA under the requirements of 40 CFR 745.320. Copies of HUD's Lead-Safe Housing Regulation, and the companion publication ''Interpretive Guidance: The HUD Regulation on Controlling Lead-Based Paint Hazards in Housing Receiving Federal Assistance and Federally Owned Housing Being Sold,'' are available from the National Lead Information Clearinghouse at 1–800–424–LEAD (this is a toll-free number). If you are a hearing- or speech-impaired person, you may reach the telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339. Copies are also available from the Office of Healthy Homes and Lead Hazard Control website at: www.hud.gov/offices/lead.

(1) Direct Project Elements that you may undertake directly or through sub-recipients, include:

(a) Performing dust testing, inspections, and risk assessments of eligible housing units constructed prior to 1978 to determine the presence of lead-based paint and/or lead hazards from paint, dust, or soil through the use of acceptable testing procedures. All test results must be provided to the owner of the unit, together with a notice describing the owner's legal duty to disclose the results to tenants and buyers.

(b) Conducting required pre-hazard control blood lead testing of children under the age of six years of age residing in units undergoing lead paint inspection/ risk assessment, or hazard control, unless reimbursable from Medicaid or another source.

(c) Conducting lead hazard control activities that may include any combination of the following:

(i) Interim control of lead-based paint hazards in housing (that must include specialized cleaning techniques to address lead dust);

(ii) Abatement. The complete abatement of all lead-based paint hazards or lead-contaminated soil in a unit or structure is acceptable. Abatement of lead-contaminated soil should be limited to areas with bare soil in the immediate vicinity of the structure, *i.e.* dripline or foundation of the unit being treated, and children's play areas. Abatement of all lead based paint is only acceptable in limited circumstances with prior HUD approval.

All lead hazards identified in a housing unit enrolled in the lead hazard control grant program must be controlled or eliminated by any combination of these strategies.

(d) Carrying out relocation of families and individuals during the period in which hazard control is conducted and until the time the affected unit receives clearance for reoccupancy.

(e) Performing blood lead testing and air sampling to protect the health of the hazard control workers, supervisors, and contractors.

(f) Undertaking minimal housing rehabilitation activities that are specifically required to carry out effective hazard control, and without which the hazard control could not be completed and maintained. These grant funds may be used for lead hazard control work done in conjunction with other housing rehabilitation programs. HUD strongly encourages integration of this grant program with housing rehabilitation, maintenance, weatherization, and other energy conservation activities.

(g) Conducting clearance dust-wipe testing and laboratory analysis (laboratory must be recognized by the National Lead Laboratory Accreditation Program (NLLAP) as being capable of performing lead analyses of samples of paint, dust-wipes, and/or soil).

(h) Engineering and architectural activities that are required for, and in direct support of, lead hazard control.

(i) Providing resources to build capacity for lead-safe housing and lead hazard control, including free delivery of HUD-approved lead-safe work practices training courses for housing rehabilitation contractors, rehabilitation workers, homeowners, renters, painters, remodelers, maintenance staff, and others conducting renovation, rehabilitation, maintenance or other work in private housing; free delivery of lead sampling technician training, lead-based paint worker or contractor certification training; and subsidies for licensing or certification fees to low-income persons seeking credentials as lead-based paint workers or contractors or lead sampling technicians.

(j) Providing instruction, training, and material supplies for dust control activities to grassroots faith-based and other community-based organizations, parent organizations, homeowners, and renters in low-income private housing.

(k) Conducting planning, coordination, and training activities to comply with HUD's Lead-Safe Housing Regulation (24 CFR Part 35) that became effective on September 15, 2000. These activities should support the expansion of a workforce properly trained in lead-safe work practices which is available to conduct interim controls on HUD assisted housing covered by these regulations. The regulation and interpretive guidance about the rule are available from the National Lead Information Center at 1–800–424-LEAD (this is a toll-free number). If you are a hearing-or speech-impaired person, you may reach the telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339. Copies are also available from the HUD website at: www.hud.gov

(l) Conducting general or targeted community awareness, education or outreach programs on lead hazard control and lead poisoning prevention designed to increase the ability of the program to deliver lead hazard control services including educating owners of rental properties, tenants, and others on the Residential Lead-Based Paint Hazard Reduction Act, Lead-Safe Housing Regulation, and applicable provisions of the Fair Housing Act, and offering educational materials in languages other than English, when needed, and providing training on lead-safe maintenance and renovation practices and management. Upon request, this also would include making all materials available in alternative formats to persons with disabilities (*e.g.*, Braille, audio, large type).

(m) Procuring liability insurance for lead-hazard control activities.

(n) Supporting data collection, analysis, and evaluation of grant program activities. This includes compiling and delivering such information and data as may be required by HUD. This activity is separate from administrative costs.

(o) Participating in applied research, studies, or developing information systems to enhance the delivery, analysis, or conduct of lead hazard control activities, or to facilitate targeting and consolidating resources to further childhood lead poisoning prevention efforts.

(p) Purchasing or leasing equipment having a per unit cost under $5,000.

(q) Purchasing or leasing no more than two (2) X-ray fluorescence analyzers for use by the Lead-Based Paint Hazard Control Grant Program, if not already available.

(r) Preparing a final report at the conclusion of grant activities.

(2) Support Elements.

(a) Administrative costs. There is a 10% maximum for administrative costs. Specific information on administrative costs is included in Appendix B.

(b) Program planning and management costs of sub-grantees and other sub-recipients.

(D) *Ineligible Activities.* You may not use grant funds for:

(1) Purchase of real property.

(2) Purchase or lease of equipment having a per unit cost in excess of $5,000, except for the purchase of X-ray fluorescence analyzers.

(3) Chelation or other medical treatment costs related to children with elevated blood lead levels. Non-federal funds used to cover these costs may be counted as part of the required matching contribution.

(4) Lead hazard control activities in publicly owned housing, or project-based Section 8 housing (This housing stock is not eligible under Section 1011 of the Lead-Based Paint Hazard Reduction Act, but other funds are available).

III. Requirements

(A) *Threshold Requirements.* In addition to the requirements listed in Section V. of the General Section of this SuperNOFA, the applicant must comply with the following:

(1) *Matching Contribution.* You must provide a matching contribution of at

least 10% of the requested grant sum. This may be in the form of cash, including private sector funding, or in-kind (non-cash) contributions or a combination of these sources. With the exception of Community Development Block Grant (CDBG) funds, Federal Revenue Sharing programs, or other programs which by statute allow their funds to be considered local funds and therefore eligible to be used as matching funds, Federal funds may not be used to satisfy the statutorily required 10% matching requirement. Federal funds may be used, however, for contributions above the statutory requirement. If an applicant does not include the minimum ten percent match in the application, it will be considered a curable (correctable) technical deficiency (see Section VIII, Corrections to Deficient Applications in the General Section of this SuperNOFA for the specific details on how to correct this technical deficiency).

(B) *Program Requirements.* In addition to the threshold requirements, the applicant must also comply with the following:

(1) *Work Activities.* Conformance of proposed plans to Federal and State policies for Lead-Based Paint Hazard Control. All lead hazard control activities must be conducted in compliance with the applicable requirements of HUD's Lead-Safe Housing Regulation, 24 CFR Part 35, and as clarified in HUD's Interpretive Guidance about the rule. Activities must also comply with any additional requirements in effect under a State or Tribal Lead-Based Paint Training and Certification Program that has been authorized by the EPA pursuant to 40 CFR 745.320.

(2) *Direct Lead Hazard Identification and Control Activities.* The budget proposed must show a minimum of 60 percent of the total Federal amount requested identified for direct lead hazard control activities. Direct lead hazard control activities consist of dust testing, lead paint inspections, risk assessments, lead hazard control services, and clearance examinations. Direct hazard control activities do not include relocation, blood lead testing of residents or workers, housing rehabilitation, training, community education, applied research, purchase of supplies or equipment, or administrative costs.

(3) *Lead-Safe Work Practice Training Activities.* For most applicants, at least two percent of the total Federal amount in the budget proposal will be necessary to promote the expansion of a workforce properly trained in lead-safe work practices and which is available to conduct interim controls and/or lead hazard abatement as well as follow lead-safe work practices while performing work on HUD assisted housing units per the provisions of the HUD Lead-Safe Housing Regulation 24 CFR part 35(1330(a)(4)(iii)(v), and to safely repair, rehabilitate, and maintain other privately-owned residential property. Any applicant that proposes to use less than two percent of the total Federal amount for this purpose shall present evidence that there is currently in place a workforce that is sufficient in size and is properly trained to carry out the work under the Lead Hazard Control grant and the HUD Lead-Safe Housing Regulation.

(C) *Administrative Costs.* There is a 10% maximum for administrative costs as specified in Section 1011 (j) of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (Title X of the Housing and Community Development Act of 1992, Public Law 102–550). Additional information about allowable administrative costs is provided in Appendix B of this NOFA.

(D) *Period of Performance.* The period of performance is 42 months for *new or prior grantee applicants.* The period of performance for current grantee applicants eligible for a Performance-Based Renewal is 36 months. HUD reserves the right to approve no cost time extensions for a period not to exceed 24 months.

(E) *Certified and Trained Performers.* Funded activities must be conducted by persons qualified for the activities according to 24 CFR part 35 (possessing certification as abatement contractors, risk assessors, inspectors, abatement workers, or sampling technicians, or others having been trained in a HUD-approved course in lead-safe work practices).

(F) *Coastal Barrier Resources Act.* Pursuant to the Coastal Barrier Resources Act (16 U.S.C. 3501), you may not use these grant funds for properties located in the Coastal Barrier Resources System.

(G) *Flood Disaster Protection Act.* Under the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001–4128), you may not use these grant funds for lead-based paint hazard control of a building or manufactured home that is located in an area identified by the Federal Emergency Management Agency (FEMA) as having special flood hazards unless:

(1) The community in which the area is situated is participating in the National Flood Insurance Program in accordance with the applicable regulations (44 CFR parts 59–79), or less than a year has passed since FEMA notification regarding these hazards; and

(2) Where the community is participating in the National Flood Insurance Program, flood insurance on the property is obtained in accordance with section 102(a) of the Flood Disaster Protection Act (42 U.S.C. 4012a(a)). You are responsible for assuring that flood insurance is obtained and maintained for the appropriate amount and term.

(H) *National Historic Preservation Act.* The National Historic Preservation Act of 1966 (16 U.S.C. 470) and the regulations at 36 CFR part 800 apply to the lead-based paint hazard control activities that are undertaken pursuant to this program. HUD and the Advisory Council for Historic Preservation have developed an optional Model Agreement for use by grantees and State Historic Preservation Officers in carrying out activities under this program. The Model Agreement may be obtained from the HUD Web site at: *www.hud.gov/utilities/intercept.cfm?/offices/lead/grantfrm/pgi/95_06.pdf.*

(I) *Waste Disposal.* You must handle waste disposal according to the requirements of the appropriate local, State and Federal regulatory agencies. You must handle disposal of wastes from hazard control activities that contain lead-based paint, but are not classified as hazardous in accordance with state or local law or the HUD Guidelines for the Evaluation and Control of Lead-Based Hazards in Housing (HUD Guidelines). The Guidelines are available from the HUD Web site at: *www.hud.gov/offices/lead/guidelines/hudguidelines/index.cfm.*

(J) *Worker Protection Procedures.* You must observe the procedures for worker protection established in the HUD Guidelines, as well as the requirements of the Occupational Health and Safety Administration (OSHA) (29 CFR 1926.62, Lead Exposure in Construction), or the State or local occupational safety and health regulations, whichever are most protective. If other applicable requirements contain more stringent requirements than the HUD Guidelines, the more rigorous standards shall be followed.

(K) *Prohibited Practices.* You must not engage in the following prohibited practices:

(1) Open flame burning or torching;

(2) Machine sanding or grinding without a high-efficiency particulate air (HEPA) exhaust control;

(3) Uncontained hydro blasting or high-pressure wash;

(4) Abrasive blasting or sandblasting without HEPA exhaust control;

(5) Heat guns operating above 1,100 degrees Fahrenheit;

(6) Chemical paint strippers containing methylene chloride or other volatile hazardous chemicals in a poorly ventilated space; and

(7) Dry scraping or dry sanding, except scraping in conjunction with heat guns or around electrical outlets or when treating no more than two square feet in any one interior room or space, or totaling no more than 20 square feet on exterior surfaces.

(L) *Written Policies and Procedures.* You must have clearly established, written policies and procedures for eligibility, program marketing, unit selection, expediting work on homes occupied by children with elevated blood lead levels, and all phases of lead hazard control, including risk assessment, inspection, development of specifications, pre-hazard control blood lead testing, financing, relocation and clearance testing. Grantees, subcontractors, sub-grantees, sub-recipients, and their contractors must adhere to these policies and procedures.

(M) *Continued Availability of Lead-Safe Housing to Low-Income Families.* Units in which lead hazards have been controlled under this program shall be occupied by and/or continue to be available to low-income residents as required by Title X (Section 1011). You must maintain a publicly available registry (listing) of units in which lead hazards have been controlled and ensure that these units are affirmatively marketed to agencies and families as suitable housing for families with children under six years of age. The grantee must also notify the owner of the information that is collected so that the owner will comply with disclosure requirements under 24 CFR part 35, subpart A.

(N) *Testing.* In developing your application budget, include costs for lead paint inspection, risk assessment, and clearance testing for each dwelling that will receive lead hazard control, as follows:

(1) General. All testing and sampling shall conform to the current HUD Guidelines and Federal, state or tribal regulations developed as part of the appropriate contractor certification program whichever is more stringent. It is particularly important to provide this full cycle of testing for lead hazard control, including interim controls. Testing must be conducted according to the HUD Guidelines and the EPA lead hazard standards rule at 40 CFR part 745. All test results must be provided to the owner in a timely fashion, together with a notice describing the owner's legal duty to disclose the results to tenants and buyers under 24 CFR part 35, subpart A.

(a) Lead-Based Paint and Lead-Based Paint Hazard Identification. A combined inspection and risk assessment is required. You should ensure that lead paint inspection and risk assessment reports are conducted in accordance with established protocols and sufficient to support hazard control decisions.

(b) Clearance Testing. Clearance testing shall be completed in accordance with Chapter 15 of the HUD Guidelines and the EPA lead hazards standards rule at 40 CFR part 745 for abatement projects and the Lead-Safe Housing Regulation (24 CFR part 35) for lead hazard control activities or other abatement. The clearance standards shall be the more restrictive of those set by the local jurisdiction or by EPA or HUD.

(c) Blood lead testing. Before lead hazard control work begins, each occupant who is under six years of age must be tested for lead poisoning within the six months preceding the housing intervention. Any child with an elevated blood lead level must be referred for appropriate medical follow-up. The standards for such testing are described in the Centers for Disease Control and Prevention (CDC) publications Preventing Lead Poisoning in Young Children (1991), and Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials (1997).

(O) *Cooperation With Related Research and Evaluation.* You shall cooperate fully with any research or evaluation sponsored by HUD, CDC, EPA or other government agency and associated with this grant program, including preservation of project data and records and compiling requested information in formats provided by the researchers, evaluators or HUD. This also may include the compiling of certain relevant local demographic, dwelling unit, and participant data not contemplated in your original proposal. Participant data shall be subject to Privacy Act protection.

(P) *Data collection.* You will be required to collect and maintain the data necessary to document the various lead hazard control methods used and the cost of these methods.

(Q) *Section 3 Employment Opportunities.* Please see Section V (E) of the General Section of this SuperNOFA. The requirements of Section 3 of the Housing and Urban Development Act of 1968 are applicable to the Lead-Based Paint Hazard Control Program.

(R) *Replacing Existing Resources.* Funds received under this grant program shall not be used to replace existing community resources dedicated to any ongoing project.

(S) *Certifications and Assurances.* You must include the certifications and assurances listed in the General Section of this SuperNOFA with your application.

(T) *Davis-Bacon Act.* The Davis-Bacon Act does not apply to this program. However, if you use grant funds in conjunction with other Federal programs in which Davis-Bacon prevailing wage rates apply, then Davis-Bacon provisions would apply to the extent required under the other Federal programs.

(U) *Conducting Business in Accordance with HUD Core Values and Ethical Standards.* If awarded assistance under this NOFA, you will be required, prior to entering into a new or modified grant agreement with HUD, to submit a copy of your code of conduct and describe the methods you will use to ensure that all officers, employees and agents of your organization are aware of your code of conduct (see Section V (B)(3) of the General Section of this SuperNOFA for information about conducting business in accordance with HUD's core values and ethical standards).

(V) *Ensuring the participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses.* HUD is committed to ensuring that small businesses, small disadvantaged businesses and women-owned businesses participate fully in HUD's direct contracting and in contracting opportunities generated by HUD grant funds. Too often, these businesses still experience difficulty accessing information and successfully bidding on Federal contracts. HUD regulations at 24 CFR 85.36(e) require recipients of assistance (grantees and sub grantees) to take all necessary affirmative steps in contracting for purchase of goods or services to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible. Affirmative steps shall include:

(1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;

(2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;

(3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority

businesses, and women's business enterprises;

(4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises;

(5) Using the services and assistance of the Small Business Administration (SBA), and the Minority Business Development Agency of the Department of Commerce; and

(6) Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed in paragraphs (e)(2)(i) through (v) above.

IV. Application Selection Process

(A) *Rating and Ranking.* Please see Section VI (B) of the General Section of this SuperNOFA. Only those applications that meet the threshold review requirements will be rated and ranked. For new applicants, HUD intends to fund the highest ranked applications receiving a minimum score of 75 within the limits of funding.

A current grantee eligible to receive a Performance-Based Renewal Grant will be rated and ranked based on its demonstrated performance in terms of the number of housing units completed and cleared (as a percentage of units in current grant agreement), the cumulative Line of Credit Control System (LOCCS) drawdowns to date, and other work plan benchmarks or milestones achieved. Performance will be evaluated based upon the quarterly progress data submitted to HUD for the period ending March 31, 2003 and other data available to HUD.

In addition, the work plan and budget submitted in response to this NOFA will be evaluated as part of the rating and ranking process.

Current grantees that are eligible to submit a Performance-Based Renewal application and are successful applicants, will have their current grant agreement modified to allow for an additional 36-months grant. Eligible current grantee applicants are not to respond to the Factors for Award in this NOFA, but must submit the required budget forms included in this NOFA and develop a work plan strategy with benchmark standards for conducting lead hazard control program activities. A work plan and budget should be developed for the 36-month period. The submission requirements for the Performance-Based Renewal grant can be found in Appendix C of this Program Section of the NOFA.

HUD intends to fund the highest ranked applicants within the limits of funding.

(1) Remaining Funds. See Section VI (E) (3) of the General Section of this SuperNOFA for HUD's procedures if funds remain after all selections have been made within a category of the Lead Hazard Control Grant Program.

(B) *Factors for Award Used to Evaluate and Rate Applications.* The factors for rating and ranking applicants, and maximum points for each factor, are stated below.

(1) Performance-Based Renewal applications will be evaluated based on the criteria below:

The maximum number of points to be awarded will be 40.

(a) Production (10 points). The number of units completed and cleared. Grantees whose percentage of units completed and cleared in their current agreement meets or exceeds the performance criteria below will be awarded points based on the chart below.

Percentage of units completed and cleared	Round 7 FY 1999	Round 8 FY 2000	Round 9 FY 2001
>50–55	.....	.....	3
>55–60	.....	.....	4
>60–65	.....	.....	5
>65–70	.....	6	6
>70–80	.....	7	7
>80–85	8	8	8
>85–90	9	9	9
>90–100	10	10	10

(b) Cumulative LOCCS Drawdowns (10 Points). The cumulative drawdowns from LOCCS as a percentage of the Federal funds awarded in their current agreement. Grantees whose percentage of cumulative LOCCS drawdowns in their current agreement meet or exceed the performance criteria below will be awarded points based on the chart below.

Percentage of cumulative LOCCS drawdowns to date	Round 7 FY 1999	Round 8 FY 2000	Round 9 FY 2001
>35–40	.....	.....	3
>40–45	.....	.....	4
>45–50	.....	5	5
>50–55	.....	6	6
>55–60	7	7	7
>60–70	8	8	8
>70–75	9	9	9
>75–100	10	10	10

(c) Other Work Plan Achievements. (5 Points). A grantee will be awarded points for meeting or exceeding their community education, outreach, and training objectives that were outlined in their most recent approved work plan and reported to HUD.

(d) Work Plan and Budget. (15 Points) The work plan and budget submitted by a grantee will be evaluated to ensure that there are specific and measurable performance objectives with benchmark milestones developed for the 36-month additional period of performance.

(2) HUD is encouraging applicants to undertake specific activities that will assist the Department in implementing its policy priorities. HUD's Strategic Goals and Policy Priorities are outlined in Section II of the General Section of this SuperNOFA. For Lead Hazard

Control Grant Program applicants, activities that promote economic opportunities for low-income persons support HUD's policy priority for Improving the Quality of Life in Our Nation's Communities. A new applicant will be awarded one point under Rating Factor 3(A)(3): Economic Opportunities for activities undertaken that specifically address this policy priority. Activities that promote the participation of grassroots faith-based and community organizations support HUD's policy priority for: Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations. An applicant will be awarded one point under Rating Factor 3(A)(4): Lead Hazard Control Outreach and Community Private Sector Involvement for activities undertaken that specifically addresses this policy priority.

The maximum number of points to be awarded is 102. This maximum includes two bonus points as described in Section VI(C) of the General Section of this SuperNOFA. For new applicants, a minimum score of 75 is required for fundable applications.

Rating factor	Maximum points
1. Capacity of the Applicant and Relevant Organizational Experience	20
2. Needs/Extent of the Problem	20
3. Soundness of Approach	40
4. Leveraging Resources	10
5. Achieving Results and Program Evaluation	10
Empowerment Zone and Enterprise Community Bonus Points	2
Total	102

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 points)

This factor addresses your organizational capacity necessary to successfully implement the proposed activities in a timely manner. The rating of the ''applicant'' or the ''applicant's staff'' for technical merit or threshold compliance, unless otherwise specified, includes any grassroots faith-based and other community-based organizations, sub-contractors, consultants, sub-recipients, and members of consortia that are firmly committed to your project. In rating this factor, HUD will consider:

(1) The applicant's recent, relevant and successful demonstrated experience (including governmental, parent groups, and grassroots faith-based and other community-based partners) to undertake eligible program activities. The applicant must describe the knowledge and experience of the current or proposed overall project director and day-to-day program manager in planning and managing large and complex interdisciplinary programs, especially involving housing rehabilitation, public health, or environmental programs. The applicant must demonstrate that it has sufficient personnel or will be able to retain qualified experts or professionals, and be prepared to perform lead hazard evaluation, lead hazard control intervention work, and other proposed activities within 120 days of the effective date of the grant award. HUD reserves the right to terminate the grant if sufficient personnel or qualified experts are not retained within these 120 days. In the narrative response for this factor, you should include information on your program staff, their experience, their commitment to the program, salary information, and position titles. Resumes (for up to three key personnel) or position descriptions for those key personnel to be hired, and a clearly identified organizational chart for the lead hazard control grant program effort (and for the overall organization) must be included in an appendix. Indicate the percentage of time that key personnel will devote to your project (see Appendix A of this NOFA for Sample Worksheet 1–Key Personnel). The applicant's day-to-day program manager must be experienced in the management of housing rehabilitation or lead hazard control, childhood lead poisoning prevention, or similar work involving project management, and must be dedicated to the proposed program for a minimum of 75% of the time. Ideally, the program manager should be available at the inception of the program in order to implement this comprehensive program within the 120-day period after the effective date of the grant award. The applicant should provide a description of any previous experience in enrolling units and in completing lead hazard control work, housing rehabilitation or other work in a timely and effective manner. Describe how any other principal components of your agency, other public entities, or other organizations will participate in implementing or otherwise supporting or participating in the grant program. You may demonstrate capacity by thoroughly describing your prior experience in initiating and implementing lead hazard control efforts and/or related environmental, health, or housing projects. You should indicate how this prior experience will be used in carrying out your proposed comprehensive Lead-Based Paint Hazard Control Grant Program.

(2) If the applicant received previous HUD Lead-Based Paint Hazard Control Grant funding, this past experience will be evaluated in terms of cumulative progress and achievements under the previous grant(s). If the applicant has received multiple HUD Lead Hazard Control Grants, performance under the most recent grant award will be primarily evaluated. The applicant must provide a description of its progress and performance implementing the most recent grant award including the total number of housing units enrolled, assessed, and completed and cleared as a result of program efforts. The applicant must also describe outcomes, capacity building efforts and impediments experienced during a previous Lead Hazard Control Grant program. Other work plan activities and tasks associated with implementing HUD's Lead-Safe Housing Regulation, integrating lead-safe work practices into the private market, and promoting effective education, outreach, and other training activities should be described. The applicant should also describe specific instances where the program has contributed positive impacts in the community, and indicate what activities were undertaken to develop, enhance or expand the local infrastructure through collaboration.

HUD's evaluation process will consider an applicant's past performance record as reported to HUD in effectively organizing and managing their grant operations, in meeting performance and work plan benchmarks and goals, and in managing funds, including their ability to account for funds appropriately, the timely use of funds received either from HUD or other Federal, State or local programs, and meeting performance milestones. HUD may also use other information relating to these items from sources at hand, including public sources such as newspapers, Inspector General or Government Accounting Office Reports or Findings, hotline complaints, or other sources of information that have been proven to have merit.

Rating Factor 2: Needs/Extent of the Problem (20 points)

This factor addresses the extent to which there is a need for the proposed program to address a documented problem related to lead-based paint and lead-based paint hazards in your identified target area(s). An applicant will receive a higher score in this rating factor based on their documented need

as evidenced by thorough, credible, and appropriate data and information. The evaluation will be based on the applicant's documentation of the number of children with elevated blood lead levels, and/or number and proportion of pre-1978 housing units with deteriorating paint (*i.e.*, condition of housing stock) and the number of very low- and low-income families in the proposed target area(s).

(1) Document a critical level of need for your proposed activities in the geographical area where activities will be performed. Since an objective of the program is to prevent at-risk children from being poisoned, specific attention must be paid to documenting such need as it applies to the targeted area(s), rather than the entire locality or state.

(2) Document the following for the target area(s):

(a) Numbers and percentages of children less than six years of age (see Appendix A for Sample Worksheet 2—Blood Lead Level (BLL) Information).

(i) The number and percentage of children with elevated blood lead levels for the following categories:

(1) less than 10μg/dL;

(2) greater than or equal to 10μg/dL and less than15μg/dL;

(3) greater than or equal to 15μg/dL and less than20μg/dL; and

(4) greater than or equal to 20μg/dL.

(ii) The total number and percentage of children tested for blood lead levels,

(b1) Housing market data relevant to the specified target area(s) (see Appendix A of this NOFA for Sample Worksheet 3–Housing Age and Condition).

(i) Housing Age for the following sub-categories: Pre–1940, 1940–1949, 1950–1959, 1960–1969, 1970–1977 and 1978 or newer;

(ii) Housing Condition for the following sub-categories: Pre-1940, 1940–1949, 1950–1959, 1960–1969, 1970–1977 and 1978 or newer.

(a) The number and percentage of very-low (income less than 50% of the area median) and low-(income less than 80% of the area median) income families, as determined by HUD (*www.huduser.org*), with adjustments for smaller and larger families (*see* Appendix A of this NOFA for Sample Worksheet 4—Very-Low and Low-Income Population);

(d) Poverty data relevant to the specified target area(s);

(e) Housing market data relevant to lead hazard conditions in housing available from HUD, or other data sources, including the Consolidated Plan/Analysis of Impediments, Public Housing Authority's Five-Year Comprehensive Plan, State or local Welfare Department's Welfare Reform Plan; and

(f) Other socio-economic, environmental, or demographic data relevant to the target area(s) or jurisdiction that demonstrate a need for lead-safe housing may be included. These data may include: the number of units that have been occupied by lead-poisoned children where the identified lead-based paint hazards have not been eliminated or controlled; the number of lead-based paint health and/or housing code violations; the number of pre 60 and pre-1978 housing units anticipated to undergo rehabilitation in the next 12 months; the proportion or number of units with lead dust hazards; information about the principal sources of exposure in your community, their prevalence, and the segments and/or characteristics of the housing most affected by these exposure sources; and/or other information about housing conditions (including the condition of housing units noted during previous lead hazard control work). Relevant data for other socio-economic, environmental, or demographic information may be obtained from census data, special studies, the jurisdiction's Consolidated Plan/Analysis of Impediments, the Public Housing Authority's Five-Year Comprehensive Plan, or the State or local Welfare Department's Welfare Reform Plan or local health, housing, or community development agencies.

(3) You also must provide documentation of the priority that the community's Consolidated Plan and Analysis of Impediments to Fair Housing Choice has placed on addressing the needs you described. (This section does not apply to Native American Tribes. However, a Native American Tribe applicant may use the Indian Housing Plan to document how the Indian Housing Plan addresses the need for lead hazard control grant activities.) If your application addresses needs that are in the Consolidated Plan, Analysis of Impediments to Fair Housing Choice, or the result of court orders or consent decrees, settlements, conciliation agreements, voluntary compliance agreements, Childhood Lead Poisoning Prevention Programs or other relevant local initiatives you will receive a higher score in this rating factor than applicants that do not relate their program to identified needs.

(4) For you to receive maximum points for this rating factor there must be a direct relationship between your proposed lead hazard control activities in the target area(s) and the documented community needs.

Rating Factor 3: Soundness of Approach (40 points)

This factor addresses the quality and cost-effectiveness of your proposed work plan. Applicants should develop a work plan that includes specific, measurable and time-phased objectives for each major program activity. The applicant's work plan should reflect benchmark standards for production, expenditures and other activities that have been developed by the Office of Healthy Homes and Lead Hazard Control. These benchmark standards, as well as policy guidance on developing work plans have been included in Appendix A of this NOFA and are available at the HUD Web site at: *www.hud.gov/offices/lead/lhc/pgi/index.cfm.* This policy guidance provides a sample format and outline for developing the Lead Hazard Control Grant Program Work Plan.

Applicants should describe the proposed activities and provide HUD with measurable outcome results to be achieved with the requested funds. Measurable outcome results should be stated in terms relevant to the purpose of the program funds as a direct result of the work performed within the performance period of the grant (*e.g.*, estimated number of units to be made lead-safe, estimated number of children living in units made lead-safe, estimated number of persons to be trained to perform lead hazard control activities, estimated number of educational programs to be presented and/or the number of persons to be served by such programs, and the basis for these estimates). Each proposed activity must be eligible as described in the NOFA and meet statutory requirements for assistance to low- and very low-income persons.

You should present information on your proposed lead-based paint hazard control program and describe how it will satisfy the need identified in Factor 2; Need and Extent of the Problem and protect young children and families from lead poisoning in the target area(s). To the extent possible, describe a comprehensive strategy to address the need to protect targeted neighborhoods rather than individual units or homes. Your response to this factor must include the elements described below:

(A) Lead Hazard Control Work Plan Strategy (32 points) Describe your work plan goals and specific time-phased strategy to complete work under the grant within the 42-month period of performance for your lead hazard control grant program. You should provide information on:

(1) Implementing a Lead Hazard Control Program (13 of 32 points). Describe how you will implement the strategy for your proposed lead hazard control program. The description must include information on:

(a) How the project will be organized, managed and staffed. You must also identify the specific steps that will be taken to train and ensure the availability of enough lead-based paint contractors and workers to conduct lead hazard control interventions, and to perform other program activities. In addition, a detailed description of the selection process for sub-grantees, subcontractors or sub-recipients, and how assistance and funding will flow from the grantee to those who will actually perform the work under the grant.

(b) The overall number of eligible privately-owned housing units scheduled for lead hazard control intervention work and the strategy for their identification, selection, prioritization, and enrollment in the selected target area(s). Discuss the eligibility criteria for unit selection and how the program will identify units that meet these criteria. Explain how referrals of eligible units will be obtained from childhood lead poisoning prevention programs, other health care or housing agencies or health providers that serve children. Also discuss how referrals from the Section 8/Housing Choice Voucher programs and other agencies that provide housing assistance to low-income households with children including CDBG, HOME Investment Partnerships Program-funded housing programs or other sources. (Include as attachments any referral agreements, commitment letters or other documents from other entities that describe their participation recruiting eligible units in the lead hazard control grant program; see Rating Factor 4 Leveraging Resources for additional information regarding referral agreements). Provide estimates of the total number of owner-occupied and/or rental units that will receive lead hazard control (see Sample Worksheet 5—Housing Occupancy Projections). You should describe how the program will respond to the needs of children with elevated blood lead levels (EBLs) located outside the target area(s).

(c) The degree to which the work plan focuses on eligible privately-owned housing units occupied by low-income families with children under six years of age. Describe your planned approaches to control lead hazards in vacant and/or occupied units before children are poisoned and your plans to ensure that the program will continue to affirmatively market and match these units made lead-safe with low-income families with children under six years of age in the future. Discuss strategies to control lead hazards in units where children have already been identified with an elevated blood lead level (EBL), including your process for referring and tracking children with EBLs for medical case management, and your capacity to rapidly complete lead hazard control work in their units. Provide estimates of the number of low-income children you will assist through this program.

(d) Discuss the lead hazard control financing strategy, including eligibility requirements, terms, conditions, dollar limits, and amounts available for lead hazard control work. Applicants must also describe how grant funds will be recaptured by the program in the event that a recipient of grant funds fails to comply with any terms and conditions of the financing arrangement (*e.g.* affordability, sale of property, etc.) You must discuss the way assistance from the grant funds will be administered to or on behalf of property owners (*e.g.* use of grants, deferred loans and/or forgivable loans and the basis and schedule for forgiveness), and the role of other resources, such as private sector financing). You should identify the entity that will administer the financing process and describe how coordination and payment between the program and contractors performing the work will be accomplished. Describe matching requirements, if any, proposed for assistance to rental property owners.

(e) You should describe how your proposed program will satisfy the stated needs in the Consolidated Plan or Indian Housing Plan, and eliminate impediments identified in the Analysis of Impediments (AI). Also describe how your proposed program will further and support the policy priorities of the Department: including promoting healthy homes and the quality of housing. In addition, describe how your strategy will provide long-term benefits to families with children under six years of age, and whether any of the proposed activities will occur in an Enterprise Zones/Enterprise Community/Renewal Communities (EZ/EC/RC) and how they will benefit the residents of those zones or communities. A list of EZ/EC/RC communities is available at *www.hud.gov.*

(2) Technical Approach/Performance (15 of 32 points). New and prior grantee applicants are to respond to the items below (see Appendix A of this NOFA for Sample Worksheet 6).

(a) Describe your process for the conduct of lead hazard evaluation (risk assessments and/or inspections) in units of eligible privately owned housing to confirm that there are lead-based paint hazards in the housing units where lead hazard control is undertaken.

(b) Describe your testing methods, schedule, and costs for performing blood lead testing, risk assessments, paint inspections and clearance examinations to be used. If you propose to use a more restrictive standard than the HUD/EPA thresholds (*e.g.*, less than 0.5% or 1.0 mg/ square centimeter for lead in paint, or less than 40, 250, 400 μg/square foot for lead in dust on floors, sills and troughs, respectively); or 400 ppm in bare soil in children's play areas and 1200 ppm for bare soil in the rest of the yard), identify the standard(s) that will be used. All testing shall be performed in accordance with applicable regulations.

(c) Describe the lead hazard control methods and strategies you will undertake and the number of units you will treat for each method selected (interim controls or hazard abatement). Complete abatement of all lead painted surfaces in all units is generally not acceptable as a strategy. In cases where only a few surfaces have lead hazards in a specific unit and abatement is cost-effective, the applicant must provide a detailed rationale for selecting complete abatement as a strategy. Provide an estimate of the per unit costs (and a basis for those estimates) for each lead hazard control method proposed and a schedule for initiating and completing lead hazard control work in the selected units. Discuss efforts to incorporate cost-effective lead hazard control methods. Explain your cost estimates, providing detail on how the estimates were developed, with particular references to cost effectiveness.

(d) Schedule. Provide a realistic schedule for completing key activities, by quarter, so that all activities can be completed within the period of performance of the grant. Key production activities include enrollment of units, paint inspections/risk assessments, and completion/clearance of units. When developing the application, the applicant shall take into consideration previous experience and performance in administering similar kinds of lead hazard control or rehabilitation programs.

(e) Timeframes. Describe the estimated elapsed timeframe for treating a typical unit that will receive lead hazard control, including referral/intake, enrollment (qualification of the unit as eligible), combined paint inspection/risk assessments, preparation of specifications or work write-up, selection of the contractor, lead hazard control intervention work activities, quality control and monitoring of work

activities, and clearance. The timeframe should include an estimate of the staff and contractor time required to treat a typical unit that will receive lead hazard control. Describe the schedule for emergency referrals (*e.g.,* unit occupied by a child under six years of age with an elevated blood lead level). List the type of unit (*e.g.,* owner-occupied, rental, or vacant) and the number of units projected in each of the following categories: lead-based paint inspections/risk assessments; interim controls; hazard abatement and clearance inspections.

(f) Workflow and Production Control. Provide guidelines and/or flowcharts showing agency/partner responsibilities for each step in the process (from intake to clearance) and describe/show how coordination and hand-offs will be handled. Discuss how the actual production status of units, from intake to final clearance, will be monitored, and how and when production bottlenecks will be identified, remedied and monitored.

(g) Describe how you will integrate proposed lead hazard control activities with rehabilitation activities, including providing the training needed to create a workforce properly trained in lead-safe work practices for units assisted or rehabilitated under other HUD programs, and any collaboration with local housing or health departments, rehabilitation programs or community development corporations to stage lead hazard control and rehabilitation in the same units.

(h) Describe your contracting process, including development of specifications or adoption of existing specifications for selected lead hazard control methods. Describe the management processes you will use to ensure the cost-effectiveness of your lead hazard control methods. Your application must include a discussion of the contracting process for the conduct of lead hazard control activities in the selected units, and requirements for coordination among lead hazard control, rehabilitation, weatherization, and other contractors.

(i) Describe your plan for occupant protection or the relocation of the occupants of units selected for lead hazard control work. Describe any plan to avoid overnight relocation in small scale projects consistent with 24 CFR 35.1345(a)(2) and HUD's Interpretive Guidance of 24 CFR part 35, including J24, R18, and R19 (see Appendix B of this NOFA). Your work plan should address the use of safe houses and other temporary housing arrangements, storage of household goods, stipends, incentives, etc.

(3) Economic Opportunity (4 points).

(a) Describe the ways you will train individuals and contractors in housing related trades, such as painters, remodelers, renovators, maintenance personnel, rehabilitation specialists, and others in lead-safe work practices.

(b) Describe how you will help to integrate lead-safety into other housing activities, such as meeting the requirements of the HUD Lead-Safe Housing Regulation in housing units rehabilitated or assisted with Federal funds.

(c) Describe the methods to be used to provide economic opportunities for residents and businesses throughout the community within the target area. This discussion should include information on how you will promote training, employment, business development, and contract opportunities as part of your lead hazard control program. Grantees must comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and HUD's implementing rules at 24 CFR part 135. Describe how you will accomplish the requirement by (1) providing training and employment opportunities for low and very low-income persons living within the grantee's jurisdiction, and by (2) providing business opportunities to businesses owned by low and very low-income persons living within the grantee's jurisdiction. Applicants that provide training, employment or business opportunities for low and very low income persons will receive one point in this sub factor.

(4) Lead Hazard Control Outreach and Community Private Sector Involvement (6 points). Applicants are encouraged to solicit participation of grassroots faith-based and other community-based and private sector organizations to accomplish outreach and community involvement activities and to build long-term capacity to sustain accomplishments in the target area. Applicants that partner, fund, or subcontract with grassroots faith-based and other community-based organizations will receive one point in this sub-factor. Your application must describe:

(a) Proposed methods of community education. These may include community awareness, education, training, and outreach programs in support of the work plan and objectives. This description should include general and/or targeted efforts undertaken to assist your program in reducing lead exposure. Programs should be culturally sensitive, targeted, and linguistically appropriate. Upon request, this would include making materials available in alternative formats to persons with disabilities (*e.g.,* Braille, audio, large type), and in other languages common to the community to the extent possible.

(b) Strategy for involving neighborhood or grassroots faith-based and other community based organizations in your proposed activities. Your activities may include training (including training residents to screen houses through visual assessment and sampling), outreach, community education, marketing, inspection (including dust lead testing), and the conduct of lead hazard control activities. HUD will evaluate the proposed level of substantive involvement of such organizations during the review process.

(c) Strategies and methodologies that affirmatively further fair housing and increase access to lead-safe housing for all segments of the population: homeowners, owners of rental properties, and tenants. This outreach should address ways to avoid housing discrimination against families with young children, and ways to ensure that all families will have adequate, lead-safe housing choices in the future. These strategies could include your plans to develop and implement a registry (listing) of lead-safe housing that is available to the public, or to incorporate the inclusion of the lead-safe status of properties in another publicly accessible address-based property information system. The strategy could also include affirmatively marketing your services to those populations least likely to apply and who may not be served by any of the partner organizations working with you.

(5) Data Collection and other Program Support Activities (2 points).

(a) Identify and discuss the specific methods you will use (in addition to HUD reporting requirements) to document activities, progress, program effectiveness, and how changes necessary to improve performance will be implemented. Describe how you will obtain, document and report on information collected.

(b) Provide a detailed description of any proposed participation in research activities, studies, or development of information systems designed to enhance the delivery, analysis, or conduct of lead hazard control activities, or that will facilitate the targeting and pooling of resources to further childhood lead poisoning prevention efforts.

If you are proposing to participate in research activities, describe the objectives, methodology and impact at the local level of the proposed research activities.

Rating Factor 4: Leveraging Resources (10 points)

This factor addresses your ability to obtain other community and private sector resources that can be combined with HUD's program resources to achieve program objectives. In evaluating this factor, HUD will consider the extent to which you have established working partnerships with other entities to get additional resources or commitments to increase the effectiveness of the proposed program activities (see Appendix A of this NOFA for Sample Worksheet 7 (Match Funding) and Worksheet 8 (Grant Partners)). Resources may include cash or in-kind contributions of services, equipment, or supplies allocated to the proposed program. Resources may be provided by governmental entities, public or private organizations, and other entities partnering with you. Leveraging arrangements with rental property owners may have the benefits of increasing the efficiency of public lead hazard identification and control expenditures and creating a financial stake for rental property owners in the quality of lead hazard control work. Contractual or other formal relationships with grassroots faith-based and other community-based organizations are a requirement for State and local government applicants. Documentation of relationships with grassroots faith-based and community-based organizations must be provided in this application either in the form of signed agreements or commitment letters. This requirement does not apply to Native American Tribe applicants. You also may partner with other program funding recipients to coordinate the use of resources in your target area(s).

(1) You should detail any activities to increase the understanding of lead poisoning prevention in your community. This could include partnerships with childhood lead screening programs, collaboration with ongoing health, housing or environmental research efforts which could result in a greater availability of resources, and efforts to build capacity for lead-safe housing.

(2) Matching funds must be shown to be specifically dedicated to and integrated into supporting the lead-based paint hazard control program (see Appendix A of this NOFA for Sample Worksheet 7—Match Funding). You may not include funding from any Federally funded program (except the CDBG program) as part of your required 10% match. Other resources from the private sector or other sources committed to the program that exceed the required 10% match will provide points for this rating factor. Contributions above the first 10% may include funds from other Federally funded programs, and/or State, local, charity, non-profit or for-profit entities. You must support each source of contributions, cash or in-kind, both for the required minimum and additional amounts, by a letter of commitment from the contributing entity, whether a public or private source. The letter must describe the contributed resources that you will use in the program and their designated purpose. The signature of the authorized official on the HUD Form-424 commits matching or other contributed resources of the applicant organization. A separate letter from the applicant organization is not required. Staff in-kind contributions should be given a monetary value based on the local market value of the staff skills. If you do not provide letters from contributors specifying details and the amount of the actual contributions, those contributions will not be counted. Contributions required of rental property owners may be included as part of your match. You should document and estimate the amount of the match from each resource.

Applicants will not receive full points under this rating factor if they do not submit evidence of a firm commitment and the appropriate use of leveraged resources under the grant program. Such evidence must be provided in the form of letters of firm commitment, memoranda of understanding, or other signed agreements to participate from those entities identified as partners in your application. Each letter of commitment, memorandum of understanding, or agreement to participate should include the organization's name, the proposed level of commitment and the responsibilities as they relate to your proposed program. The commitment must be signed by an official of the organization legally able to make commitments on behalf of the organization. Describe the role of grassroots faith-based and other community-based organizations in specific program activities, such as: hazard evaluation and control; monitoring; and awareness, education, and outreach within the community. Describe how you will ensure that commitments to sub-grantees specified in your proposal will be honored and executed, contingent upon an award from HUD.

Rating Factor 5: Achieving Results and Program Evaluation. (10 Points)

This factor emphasizes HUD's commitment to ensuring that applicants achieve the goals outlined in their work plan and other benchmark standards and assess their performance to ensure performance goals are met. Achieving results means you, the applicant, have clearly identified the benefits, or outcomes of your program. Outcomes are ultimate goals. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals.

Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your Evaluation Plan should identify what you are going to measure, how you are going measure it and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

This new rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability. Applicants are required to complete the HUD Logic Form included in Appendix B of the General Section of this SuperNOFA.

(1) An applicant is to identify and describe specific methods, measures, and tools that you will use (in addition to HUD reporting requirements) to measure progress, evaluate program effectiveness, and identify program changes necessary to improve performance. Describe how you will obtain, document and report the information. In evaluating this factor, HUD will consider how you have described outcome measures and benefits of your program including:

(a) The degree to which lead hazard control work will be done in conjunction with other housing-related activities (*i.e.*, rehabilitation, weatherization, correction of code violations, and other similar work), or your plan for the integration and coordination of lead hazard control activities into those activities in the future.

(b) Plans to develop public/private lending partnerships to finance lead hazard control as part of acquisition and rehabilitation financing such as the use of Community Reinvestment Act ''credits'' by lending institutions or other financing strategies.

(c) Results of any specific plans and objectives established to implement and/or maintain a registry (listing) of lead-safe housing that is available to the public, or to incorporate the inclusion of the lead-safe status of properties in another publicly accessible address-based property information system. Results could include how the information would be managed and affirmatively marketed to the public so that families (particularly low-income families with children under six years of age) can make informed decisions regarding their housing options. Prior grantee applicants must address any registry (listing) of lead-safe housing developed during the prior grant period by specifically discussing the availability, amount of information contained, and its maintenance.

(d) The extent to which affirmatively furthering fair housing for all segments of the population is advanced by the proposed activities. (This section does not apply to Native American Tribes.) Detail how your proposed work plan will support the community's efforts to affirmatively further affordable housing and discuss the impact of prior activities that have contributed to enhanced lead-safe housing opportunities.

(e) The resulting impact of plans to adopt or amend statutes, regulations, or policies that will more fully integrate lead hazard control into community policies and priorities.

(f) Results of activities to coordinate and cooperate with other organizations that will lead to a reduction in lead risks to community residents. This could include documenting such activities as: free training to create a workforce properly trained in lead safe work practices; lead-safe repainting and remodeling; promotion of essential maintenance practices; and provision of lead dust testing to low-income, privately-owned homes which may not receive lead hazard control assistance under this grant program.

(g) How your program will be held accountable for meeting program goals, objectives, and the actions undertaken in implementing the grant program. Applicants should provide a description of the mechanism to assess progress and track performance in meeting the goals and objectives outlined in the work plan. Applicants should provide assurances that work plans and performance measures developed for the program will assist intended beneficiaries, and that work will be conducted in a timely and cost-effective manner.

Note on Program Performance: Grantees shall take all reasonable steps to accomplish all lead hazard control activities outlined in an approved work plan within the approved period of performance. HUD will closely monitor grantee performance with particular attention placed on the completion of the number of units in the grant agreement, the expenditure of HUD grant funds as evidenced by drawdowns from the Line of Credit Control System (LOCCS), and other established community education, outreach and training objectives. HUD reserves the right to terminate the grant prior to the expiration of the period of performance if a grantee fails to meet established work plan benchmark milestones in implementing the approved program of activities.

Bonus Points (2 Points).

Applicants may also meet the requirements listed in Section VI (C) of the General Section of this SuperNOFA for a possible award of two bonus points.

V. Application Submission Requirements for New and Prior Grantee Applicants

(Grantee applicants eligible for a Performance-Based Renewal are to follow the submission requirements included in Appendix C of this Lead Hazard Control Grant Program NOFA)

(A) Applicant Information

(1) Application Format. The application narrative response from new and eligible prior grantees to the Rating Factors is limited to a maximum of 25 pages (excluding appendices and worksheets). Your response must be typewritten on one side only on 8½″ x 11″ paper using a 12-point (minimum) font with not less than ¾″ margins on all sides. Appendices should be referenced and discussed in the narrative response. Materials provided in the appendices should directly apply to the rating factor narrative.

(2) Application Checklist. Your application must contain all of the required information noted in this Program Section and the General Section of this SuperNOFA. These items include the standard forms, certifications, and assurances listed in the General Section of this SuperNOFA that are applicable to this funding (collectively referred to as the ''standard forms''). The standard forms can be found in Appendix B of the General Section of this SuperNOFA. In addition, the following items are to be included in an application:

(a) Transmittal Letter. The applicant (or applicants) submitting the application, the dollar amount requested, the number of units to receive lead hazard control work, what the program funds are requested for, the nature of involvement with grassroots faith-based and other community-based organizations, and the name, mailing address, telephone number, and principal contact person of ''the applicant.''

(b) Checklist and Submission Table of Contents (see Appendix A of this NOFA).

(c) Abstract Summary. An abstract summary describing the goals and objectives of your proposed program (two page maximum). The abstract should briefly highlight the major goals and objectives established for the program.

(d) Section V Forms. All forms as required by Section V (H) of the General Section of this SuperNOFA.

(e) Budget. A detailed budget (total budget is the Federal share and matching contribution) with supporting cost justifications for all budget categories of your grant request. You must provide a separate estimate for the overall grant management element (Administrative Costs), which is more fully defined in Appendix B of this NOFA. The budget shall include not more than 10% for administrative costs and not less than 90% for direct project elements. A minimum of 60% of the total Federal amount requested must be dedicated to direct lead hazard control activities. A sufficient amount (two percent for most applicants) of the total Federal amount must be dedicated to activities to create a workforce properly trained in lead-safe work practices. If an applicant chooses not to include costs related to lead-safe work practices training in their work plan and budget, it must demonstrate that there is a workforce currently in place that is sufficient in size and is properly trained to carry out the work under the Lead Hazard Control Grant Program and the HUD Lead-Safe Housing Regulation. In the event of a discrepancy between grant amounts requested in various sections of the application, the amount you indicate on the HUD Form-424 will govern as the correct value.

(f) Matching Contribution. An itemized breakout (using the HUD 424) of your required matching contribution, including:

(i) Values placed on donated in-kind services;

(ii) Letters or other evidence of commitment from donors; and

(iii) The amounts and sources of contributed resources.

(g) Application Forms. Standard Forms SF–LLL and HUD Forms 2880, 2990, 2991, 2993, and 2994.

(h) Grant Partners. Contracts, Memoranda of Understanding or Agreement, letters of commitment or other documentation describing the proposed roles of agencies, local broad-based task forces, participating grassroots faith-based and other community or neighborhood-based groups or organizations, local businesses, and others working with the program.

(i) Consolidated Plan Element. A copy of the lead hazard control element included in your current program year's Consolidated Plan. (This does not apply to Native American Tribes) You should include the discussion of any lead-based paint issues in your jurisdiction's Analysis of Impediments, particularly as it addresses your target areas.

(j) Rating Factor Response. Narrative responses to the five rating factors.

(B) *Proposed Activities.* Unless otherwise noted in this NOFA, all applicants must, at a minimum, describe the proposed activities in the narrative responses to the rating factors. Your narrative statement must be numbered in accordance with each factor for award (Rating Factors 1 through 5). Please see Section V of the General Section of this SuperNOFA for additional requirements and submittal procedures.

(C) *Applicant Debriefing.* See Section XI(A)(d) of the General Section of this SuperNOFA for information about applicant debriefing.

V. Corrections to Deficient Applications

See Section VIII of the General Section of this SuperNOFA for information about corrections to deficient applications.

VI. Environmental Requirements

(A) *Environmental Impact.* See Section IX of the General Section of this SuperNOFA for information about the Finding of No Significant Impact.

(B) *Environmental Requirements.* Recipients of lead-based paint hazard control grants must comply with 24 CFR Part 58—''Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities.'' Recipients are prohibited from committing or expending HUD and non-HUD funds on the project until HUD approves the recipient's Request for the Release of Funds (form HUD 7015.15) or the recipient has determined that the activity is either Categorically Excluded, not subject to the related Federal laws and authorities pursuant to 24 CFR 58.35(b) or Exempt pursuant to 24 CFR 58.34. For Part 58 procedures, see *http://www.hud.gov/offices/cpd/energyenviron/environment/index.cfm.* For assistance, contact Karen Choi, the Office of Healthy Homes and Lead Hazard Control Environmental Officer at (213) 894–8000 x3015 (this is not a toll-free number) or the HUD Environmental Review Officer in the HUD Field Office serving your area. If you are a hearing- or speech-impaired person, you may reach the telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339. Recipients of a grant under this funded program will be given additional guidance in these responsibilities.

VII. HUD Reform Act of 1989

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the General Section of this SuperNOFA at Section XI (A) Public Access, Documentation and Disclosure

Appendix A

Appendix A of this NOFA contains sample worksheets to assist you in your response to specific information requested in this NOFA. The submission of these worksheets are not mandatory, but have been developed to reduce the applicant's burden on providing this information.

Appendix B

The description of Administrative Costs, Eligibility of HUD Assisted Housing, and Work Plan Guidance are included in this section of the NOFA.

Appendix C

The eligibility criteria and submission requirements for current grantees eligible to submit a Performance-Based Renewal are included in this section of the NOFA.

BILLING CODE 4210–32–P

Appendix A.

Checklist and Submission Table of Contents
Lead Hazard Control Grant Program

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. **You must include this checklist and submission table of contents with the proposal.**

☐	**Transmittal Letter**	Cover page
☐	**Checklist and Submission Table of Contents**	_____
☐	**Applicant Abstract (limited to a maximum of 2 pages)**	_____
☐	**Application Forms**	
☐	HUD Form-424	_____
☐	HUD Form-424B	_____
☐	HUD Form-424C	_____
☐	HUD Form-424CBW, Total Budget (Federal Share and Matching)	_____
☐	HUD Form-2880 Disclosure and Update Report	_____
☐	HUD Form-2990 Certification of Consistency with the EZ/EC Strategic Plan	_____
☐	HUD Form-2991 Certification of Consistency with the Consolidated Plan	_____
☐	Form SF-LLL Disclosure of Lobbying Activities Required	
	☐ Form SF-LLL Not Required	_____
	Threshold Requirements	
☐	Copy of Lead-Based Paint Element in Consolidated Plan	_____
☐	10 % Matching Contribution	_____
	Rating Factor Response (limited to a maximum of 25 pages)	
☐	1. Capacity of the Applicant and Relevant Organizational Experience	_____
☐	2. Needs/Extent of the Problem	_____
☐	3. Soundness of Approach	_____
☐	4. Leveraging Resources	_____
☐	5. Achieving Results and Program Evaluation	_____
		_____
	Appendices	
☐	Appendix A, Benchmark Standards, Sample Worksheets, Logic Model Form, and other Rating Factor related materials	_____
☐	HUD Form-2993 Acknowledgment of Application Receipt	_____
☐	HUD Form-2994 Client Comments and Suggestions (completion of this form is optional)	_____

OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 1 - Key Personnel			
Name and Position Title (please include the organization position titles in addition to those shown)	**Percent of Time Proposed for this Grant**	**Percent of Time to be spent on other LHC HUD grants**	**Percent of time to be spent on other activities**
	Note: These three columns should total 100%		
Overall Project Director			
Day-to-Day Program Manager			

OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 2 - Blood Lead Level (BLL) Information*

Blood Lead Level for **TARGET AREA(S)**

Name of TARGET AREA(S): _____

Total Number of Children < 6 Years (72 months) of Age in Target Area:_____% of Total Population:_____

Total Number of Children < 6 Years Tested for Blood Lead Levels:_____ % of Children < 6 years of age Tested:_____

Blood Lead Level	Number of Children Under 6 Years (72 mo) of Age with following BLL Results	% of Total
< 10 µg/dL		
≥ 10 µg/dL and < 15 µg/dL		
≥ 15 µg/dL and < 20 µg/dL		
≥ 20 µg/dL		
Total Tested		**100%**
Source and Date of Estimate (Indicate Period Covered)		

*State or Local Health Departments may be good reference sources for obtaining this information

OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 2 - Blood Lead Level (BLL) Information*

Blood Lead Level for **JURISDICTION**

Name of JURISDICTION: _____

Total Number of Children < 6 Years (72 months) of Age in Target Area:_____% of Total Population:_____

Total Number of Children < 6 Years Tested for Blood Lead Levels:_____ % of Children < 6 years of age Tested:_____

Blood Lead Level	Number of Children Under 6 Years (72 mo) of Age with following BLL Results	% of Total
< 10 µg/dL		
≥ 10 µg/dL and < 15 µg/dL		
≥ 15 µg/dL and < 20 µg/dL		
≥ 20 µg/dL		
Total Tested		**100 %**
Source and Date of Estimate (Indicate Period Covered)		

*State or Local Health Departments may be good reference sources for obtaining this information

OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 3 - Housing Age and Condition

Housing data for **TARGET AREA(S)**

Name of TARGET AREA(S):

Year Built	Number	% of Total	Condition of Housing Stock Interior/Exterior
Pre-1940			/
1940-1949			/
1950-1959			/
1960-1969			/
1970-1977			/
1978 or newer			/
Total			/
Source and Date of Estimate			

OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 3 - Housing Age and Condition

Housing data for **JURISDICTION WIDE**

Name of JURISDICTION:

Year Built	Number	% of Total	Condition of Housing Stock
Pre-1940			
1940-1949			
1950-1959			
1960-1969			
1970-1977			
1978 or newer			
Total			
Source and Date of Estimate			

OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 4 – Very Low- and Low-Income Population

Very Low- and Low Income Population for: **JURISDICTION**
WIDE

Name of JURISDICTION: _____

Jurisdiction (City, County, State)	Number of Families ≤50% of AMI*	%	Number of Families ≥50% - < 80% of AMI*	%	Total Number of Families <80% of AMI*	%
Total						

Source and Date of Estimate:

*AMI – Area Median Income

OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 4 – Very Low- and Low-Income Population

Very Low- and Low Income Population for: **TARGET AREA(S)**

Name of TARGET AREA(S): _____

Target Area (County, Municipality, Census Tract, Neighborhood, or Area)	Number of Families ≤50% of AMI*	%	Number of Families ≥50% - < 80% of AMI*	%	Total Number of Families <80% of AMI*	%
Total						
Source and Date of Estimate:						

*AMI – Area Median Income

OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 5 - Housing Occupancy Projections		
Type of Unit	**Number of Units Proposed**	**% of Total**
Owner-Occupied		
Rental		
Vacant		
Total		**100 %**

OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 6 - Anticipated Lead Hazard Control Activities				
Activity	**Who Will Perform This Activity? Identify** (In-house, contractor, grassroots faith-based or community-based non-profit organization, etc.)	**Number of Units**	**Estimated Time to Complete Work for each unit (hours, days, weeks)**	**Estimated Unit Cost**
Lead-Based Paint Inspections				
Lead-Based Paint Risk Assessments				
Interim Controls (Low Level Interventions, Specialized Cleaning, and Paint Stabilization)				
Hazard Abatement				
Clearance Inspections				

OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 7 - Match Funding

Source of Match	Work to be accomplished in support of the program using the matching funds	Value of In-kind or Cash Matching Contribution
		Total Match Amount ***$***

OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 8 - Grant Partners

Partner Name	Type of Organization or Program	Description of Commitment	Proposed Activities To Be Conducted by Partner	Resource and Match Commitment ($ Value for Services Provided)

Partner Name: Name of organization or entity that will partner with applicant in conducting LHC activities.

Type of Organization or Program: Health, Housing, Environmental, Community Development Department, Grassroots faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institutions, Job Training and Economic Opportunity Organizations, etc.

Description of Commitment: Memorandum of Understanding/Agreement, Contract, Sub-grant, Letter , etc.

Proposed Activities to be Conducted by Partner: The type of activities that will be conducted by the grant partner in support of LHC efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.)
Resource and Match Commitment Contributed by Partner: The value of any contributed resource by the grant partner (includes in-kind or cash in support of the grant program). The contributed resource should also be listed in Table 7 – Match Funding

Grant Number: **Grantee Organization:** **Period of P**

ACTIVITY	Q1 2003 Jan - Mar	Q2 2003 Apr - Jun	Q3 2003 Jul - Sep	Q4 2003 Oct - Dec	Q5 2004 Jan - Mar	Q6 2004 Apr - Jun	Q7 2004 Jul - Sep	Q8 2004 Oct - Dec	*Q9 2005 Jan - Ma
Applicant Capacity (0-120 days) February 1- May 31,2003									
Staff Hired									
Approved Environmental Review and Release of Funds									
Written Policies and Procedures									
Lead Hazard Control Implementation Units in Grant Agreement = #									
Paint Inspections/Risk Assessments: Performance Standard		5%	15%	30%	45%	55%	65%	85%	95%
Work Plan Milestone									
% Planned									
Actual # Completed									
Actual % Completed									
*** Units in Progress*									
Units Completed and Cleared: Performance Standard			2%	5%	15%	30%	45%	55%	* 65%
Work Plan Milestone									
% Planned									
Actual # Completed									
Actual % Completed									
Cumulative LOCCS DRAWDOWNS Grant Award Amount = $									
Performance Standard				5%	10%	15%	20%	30%	* 45%
LOCCS Drawdown Work Plan Milestone									
% Planned									
Actual LOCCS Drawdown									
Actual Cumulative LOCCS Drawdown %									
Community Outreach/Education/Training									
Community Outreach and Education Work Plan Milestone									
Community Outreach and Education Milestone Achieved									
Skills Training Work Plan Milestone									
Skills Training Milestone Achieved									
Performance Measured Against Approved Work Plan Milestones									
Close-Out Feb 1 - Apr 30, 2006									
* Renewal Eligibility Milestone									
** No bench mark standard									

Grant Number: **Grantee Organization:**

ACTIVITY	Q1 2003 Oct - Dec	Q2 2004 Jan - Mar	Q3 2004 Apr - Jun	Q4 2004 Jul - Sep	Q5 2004 Oct - Dec	Q6 2005 Jan - Mar	Q7 200 Apr - Ju
Applicant Capacity (0-180 days)							
Staff Hired							
Approved Environmental Review and Release of Funds							
Written Policies and Procedures							
Lead Hazard Control Implementation Units in Grant Agreement = #							
Paint Inspections/Risk Assessments:							
Performance Standard			5%	15%	25%	35%	45%
Work Plan Milestone							
% Planned							
Actual # Completed							
Actual % Completed							
*** Units in Progress*							
Units Completed and Cleared:							
Performance Standard				2%	5%	15%	30%
Work Plan Milestone							
% Planned							
Actual # Completed							
Actual % Completed							
Cumulative LOCCS DRAWDOWNS Grant Award Amount = $							
Performance Standard					5%	10%	15%
LOCCS Drawdown Work Plan Milestone							
% Planned							
Actual LOCCS Drawdown							
Actual Cumulative LOCCS Drawdown %							
Community Outreach/Education/Training							
Community Outreach and Education Work Plan Milestone							
Community Outreach and Education Milestone Achieved							
Skills Training Work Plan Milestone							
Skills Training Milestone Achieved							
Performance Measured Against Approved Work Plan Milestones							
Close-Out March 30 - June 29, 2007							

BILLING CODE: 4210–32–C

Appendix B

This appendix to this NOFA contains the list of the standard forms, certifications and assurances used by the programs that are part of this NOFA. Listed forms are located in Appendix B of the General Section of the SuperNOFA.

The following forms are to be used for the Programs listed in this NOFA

(1) Form HUD–424

(2) Form HUD–424 B

(3) Form HUD–424 C

(4) Form HUD–424 CBW

(5) Form HUD Logic Model Form

(6) Application Checklist and Submission Table of Contents

(7) Ethnicity and Race Data

HUD has consolidated many of its application forms into a single HUD–424 form. The new HUD–424 consolidates budget-reporting forms for both construction and non-construction projects into a single form and eliminates having to have the following separate certifications: Certification for a Drug-Free Workplace (HUD–50070), the Certification of Payments to Influence Federal Transactions (HUD–50071), and the Certification Regarding Debarment and Suspension (HUD–2992).

New form HUD–424 replaces SF–424 and HUD–424 M

HUD–424 B replaces SF–424 B and D and HUD–50070, 50071 and 2992.

HUD–424 C and CB replaces SF–424 A and C

The HUD–424 CBW is added as a common detailed Budget Worksheet and replaces various budget worksheets used throughout the Department.

(A) *Administrative Costs.* Administrative costs that may be applicable to the programs included in this NOFA are discussed below:

I. Purpose

The intent of this HUD grant program is to allow the Grantee to be reimbursed for the reasonable direct and indirect costs, subject to a top limit, for overall management of the grant. In most instances the grantee, whether a State or a local government, principally serves as a conduit to pass funding to sub-grantees, which are to be responsible for the conducting lead-hazard reduction work. Congress set a top limit of ten percent of the total grant sum for the grantee to perform the function of overall management of the grant program, including passing on funding to sub-grantees. The cost of that function, for the purpose of this grant, is defined as the ''administrative cost'' of the grant, and is limited to ten percent of the total grant amount. The balance of ninety percent or more of the total grant sum is reserved sub-grantees or other direct-performers of lead-hazard identification and reduction work. Lead hazard identification and reduction includes, but is not necessarily limited to outreach, training, enrollment, lead paint inspection/risk assessments, interim controls, hazard abatement, clearance documentation, blood lead testing, and public education.

II. Administrative Costs: What They Are Not

For the purposes of this HUD grant program for States and local governments to provide support for the evaluation and reduction of lead-hazards in low- and moderate-income, private target housing, the term ''administrative costs'' should not be confused with the terms ''general and administrative cost,'' ''indirect costs,'' ''overhead,'' and ''burden rate.'' These are accounting terms usually represented by a government-accepted standard percentage rate. The percentage rate allocates a fair share of an organization's costs that cannot be attributed to a particular project or department (such as the chief executive's salary or the costs of the organization's headquarters building) to all projects and operating departments (such as the Fire Department, the Police Department, the Community Development Department, the Health Department or this program). Such allocated costs are added to those projects' or departments' direct costs to determine their total costs to the organization.

III. Administrative Costs: What They Are

For the purposes of this HUD grant program, ''Administrative Costs'' are the grantee's allowable direct costs for the overall management of the grant program plus the allocable indirect costs. The allowable limit of such costs that can be reimbursed under this program is ten (10) percent of the total grant sum. Should the grantee's actual costs for overall management of the grant program exceed ten percent of the total grant sum, those excess costs shall be paid for by the grantee. However, excess costs paid for by the grantee may be shown as part of the requirement for cost-sharing funds to support the grant.

IV. Administrative Costs: Definition

A. General

Administrative costs are the allowable, reasonable, and allocable direct and indirect costs related to the overall management of the HUD grant for lead-hazard reduction activities. Those costs shall be segregated in a separate cost center within the grantee's accounting system, and they are eligible costs for reimbursement as part of the grant, subject to the ten percent limit. Such administrative costs do not include any of the staff and overhead costs directly arising from specific sub-grantee program activities eligible under Section II (C) of this NOFA, because those costs are eligible for reimbursement under a separate cost center as a direct part of project activities.

The grantee may elect to serve solely as a conduit to sub-grantees, who will in turn perform the direct program activities eligible under NOFA Section II (C), or the grantee may elect to perform all or a part of the direct program activities in other parts of its own organization, which shall have their own segregated, cost centers for those direct program activities. In either case, not more than 10 percent of the total HUD grant sum may be devoted to administrative costs, and not less than 90% of the total grant sum shall be devoted to direct program activities. The grantee shall take care not to mix or attribute administrative costs to the *direct* project cost centers.

B. Specific

Reasonable costs for the grantee's overall grant management, coordination, monitoring, and evaluation are eligible administrative costs. Subject to the ten percent limit, such costs include, but are not limited to, necessary expenditures for the following goods, activities and services:

(1) Salaries, wages, and related costs of the grantee's staff, the staff of affiliated public agencies, or other staff engaged in grantee's overall grant management activities. In charging costs to this category the recipient may either include the entire salary, wages, and related costs allocable to the program for each person whose primary responsibilities (more than 65% of their time) with regard to the grant program involve direct overall grant management assignments, or the pro rata share of the salary, wages, and related costs of each person whose job includes any overall grant management assignments. The grantee may use only one of these two methods during this program. Overall grant management includes the following types of activities:

(a) Preparing grantee program budgets and schedules, and amendments thereto;

(b) Developing systems for the selection and award of funding to sub-grantees and other sub-recipients;

(c) Developing suitable agreements for use with sub-grantees and other sub-recipients to carry out grant activities;

(d) Developing systems for assuring compliance with program requirements;

(e) Monitoring sub-grantee and sub-recipient activities for progress and compliance with program requirements;

(f) Preparing presentations, reports, and other documents related to the program for submission to HUD;

(g) Evaluating program results against stated objectives;

(h) Providing local officials and citizens with information about the overall grant program; however, a more general education program, helping the public understand the nature of lead hazards, lead hazard reduction, blood-lead screening, and the health consequences of lead poisoning is a direct project support activity);

(i) Coordinating the resolution of overall grant audit and monitoring findings; and

(j) Managing or supervising persons whose responsibilities with regard to the program include such assignments as those described in paragraphs (a) through (i).

(2) Travel costs incurred for official business in carrying out the overall grant management;

(3) Administrative services performed under third party contracts or agreements, for services directly allocable to grant management such as: legal services, accounting services, and audit services;

(4) Other costs for goods and services required for and directly related to the overall management of the grant program; and including such goods and services as telephone, postage, rental of equipment, renter's insurance for the program management space, utilities, office supplies, and rental and maintenance (but not purchase) of office space for the program.

(5) The fair and allocable share of grantee's general costs that are not directly attributable to specific projects or operating departments such as salaries, office expenses and other

related costs for local officials (*e.g.*, mayor and city council members, etc.), and expenses for a city's legal or accounting department which are not charged back to particular projects or other operating departments. If a grantee has an established burden rate, it should be used; if not, the grantee shall be assigned a negotiated provisional burden rate, subject to final audit.

(B) Eligibility of HUD-Assisted Housing

Eligibility of HUD-associated ''eligible'' housing units to participate under HUD's lead-based paint hazard control grant program.

BILLING CODE 4210–32–P

Program	Eligible?	Program	Eligible?
Housing Components of Community Planning & Development Programs		Housing in Military Impacted Areas (Section 238)	Yes
Community Development Block Grants (Entitlement)	Yes	Single Family Home Mortgage Coinsurance (Section 244)	Yes
Community Development Block Grants (Non-Entitlement) for States and Small Cities	Yes	Graduated Payment Mortgages (Section 245)	Yes
Community Development Block Grants (Section 108 Loan Guarantee)	Yes	Adjustable Rate Mortgages (ARMs) (Section 251)	Yes
Special Purpose Grants	Yes	Manufactured Homes (Title I)	Yes
The **Home** Program: **HOME** Investment Partnerships	Yes	**Housing - Multifamily Programs**	
HOPE for Homeownership of Single Family Homes	Yes	Rent Supplements (Section 101)	No
Shelter Plus Care - Sponsor-based Rental Assistance	No	Multifamily Rental Housing (Section 207)	Yes
Shelter Plus Care - Tenant-based Rental Assistance	Yes	Cooperative Housing (Section 213)	Yes
Shelter Plus Care - Project-based Rental Assistance	No	Mortgage and Major Home Improvement Loan Insurance for Urban Renewal Areas (Section 220)	Yes
Shelter Plus Care - SRO Rental Assistance	No	Multifamily Rental Housing for Moderate-Income Families - Section 221(d)(3)	No
Single Family Property Disposition Homeless Initiative	No	Multifamily Rental Housing for Moderate-Income Families - Section 221(d)(4)	Yes
Emergency Shelter Grants	Yes	Existing Multifamily Rental Housing (Section 223(f))	Yes
Housing Opportunities for Persons With AIDS (HOPWA)	Yes	Supplemental Loans for Multifamily Projects (Section 241)	Yes
Surplus Properties (Title V)	No	Supportive Housing for Persons with Disabilities (Section 811)	No
Supportive Housing Demonstration Program Transitional Housing Component	Yes	**HOPE 2**: Homeownership of Multifamily Units (Title IV)	No
Supportive Housing Demonstration Program Permanent Housing Component	Yes	Low-Income Housing Preservation and Resident Homeownership (Title VI)	No
Supplemental Assistance for Facilities to Assist the Homeless (SAFAH)	Yes	Emergency Low-Income Housing Preservation (Title II)	No
Supportive Housing Program	Yes	Flexible Subsidy (Section 201)	No
Section 8 SRO Mod Rehab for Homeless Individuals	No	**Public and Indian Housing**	
Innovative Demonstration Program	Yes	Section 8 Project-Based Certificate Program	No
Housing - Single Family Programs		Section 8 Tenant Based Certificate and Voucher Program	Yes
One- to Four-Family Home Mortgage Insurance (Section 203(b) and (i))	Yes	Section 8 Moderate Rehabilitation Program	No
Rehabilitation Mortgage Insurance (Section 203(k))	Yes	Public Housing Development	No
Homeownership Assistance for Low- and Moderate-Income Families (Section 221(d)(2))	No	Public Housing Operating Subsidy	No
Homes for Service Member (Section 222)	Yes	Public Housing Modernization (Comprehensive Grant Program)	No
Housing in Declining Neighborhoods (Section 223(e))	Yes	Public Housing Modernization (Comprehensive Improvement Assistance Program)	No
Condominium Housing (Section 234)	Yes		

BILLING CODE 4210–32–C

(C) Section 1011 of Title X Section 217 of Public Law 104–134 (the Omnibus Consolidated Rescissions and Appropriations Act of 1996, 110 Stat. 1321, approved April 26, 1996) amended Section 1011(a) of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (Title X) to read as follows:

Sec. 1011 Grants for Lead-Based Paint Hazard Reduction in Target Housing

(a) *General Authority.* The Secretary is authorized to provide grants to eligible applicants to evaluate and reduce lead-based paint hazards in housing that is not federally assisted housing, federally owned housing, or public housing, in accordance with the provisions of this section. Grants shall only be made under this section to provide assistance for housing which meets the following criteria—

(1) For grants made to assist rental housing, at least 50 percent of the units must be occupied by or made available to families with incomes at or below 50 percent of the area median income level and the remaining units shall be occupied or made available to families with incomes at or below 80 percent of the area median income level, and in all cases the landlord shall give priority in renting units assisted under this section, for not less than 3 years following the completion of lead abatement activities, to families with a child under the age of six years, except that buildings with five or more units may have 20 percent of the units occupied by families with incomes above 80 percent of area median income level:

(2) For grants made to assist housing owned by owner-occupants, all units assisted with grants under this section shall be the principal residence of families with income at or below 80 percent of the area median income level, and not less than 90 percent of the units assisted with grants under this section shall be occupied by a child under the age of six years or shall be units where a child under the age of six years spends a significant amount of time visiting; and

(3) Notwithstanding paragraphs (1) and (2), Round II grantees who receive assistance under this section may use such assistance for priority housing.

(D) Elements of a State Certification Program

To be eligible to receive a Lead-Based Paint Hazard Control grant, an applicant must be a State, tribal or local (city or county) government. State government and Native American tribal applicants must have an EPA approved State program for certification of lead-based paint contractors, inspectors, and risk assessors in accordance with 40 CFR 745.

Background

In October 1992, Congress passed the Residential Lead-Based Paint Hazard Reduction Act (Title X of the Housing and Community Development Act of 1992). Congress assigned Federal responsibility to the Environmental Protection Agency (EPA) for the definition, implementation, and oversight of State and Tribal Certification Programs for workers, contractors, and inspectors engaged in the detection and reduction of lead-based paint hazards. This legislation required EPA to develop regulations on accreditation of training programs, the certification of contractors and the training of workers engaged in lead-based paint activities. In addition, EPA was directed to issue work practice standards. Under the statute, lead-based paint activities are defined as:

- In the case of target housing: Risk assessment, inspection, and abatement; and
- In the case of any public building constructed before 1978, commercial building, bridge, or other structure or superstructure: identification of lead-based paint and materials containing lead-based paint, deleading, removal of lead from bridges, and demolition.

On August 29, 1996, EPA promulgated a final regulation that established requirements for lead-based paint activities in Target Housing and Child Occupied Facilities.

- 40 CFR part 745 Subpart L addressed the requirements for the certification of individuals and the accreditation of training programs as well as work practice standards.
- 40 CFR part 745 Subpart Q addresses the procedures and requirements for the approval of State programs that would be administered and enforced in lieu of the Federal Program in that State.
- 40 CFR 745.325 and 745.327 establishes the minimum programmatic and enforcement elements that a program must have in order to be authorized. States had until August 30, 1998 to receive authorization from the Agency. After that date, EPA will administer the Federal program in that State.

Any State or Tribe applying for a HUD Lead-Based Paint Hazard Control Grant must have implemented legislation and programs that fulfills the requirements of 40 CFR 745.325 and 327and received EPA authorization for such a program. States and Tribes should be aware that HUD will not award grants for lead-based paint hazard evaluation or reduction to States without an EPA authorized program under section 404 of the Toxic Substances Control Act. An EPA administered, training and certification program established in the place of an approved state program *does not* satisfy the requirement for a State applicant to have a Federally-authorized State program. State or Tribal applicants must have received EPA authorization for their program as of the date the Lead-Based Paint Hazard Control Grant program applications are due at HUD. State and Tribal applicants should coordinate with the appropriate EPA Region to ensure their application for an authorized program is approved by the due date for the grant applications. All local government applicants will be required to use performers certified by their state or the EPA to perform lead hazard control work in their state.

Questions regarding the EPA authorization process should be directed to your EPA Regional Lead Coordinator.

(C) Work Plan Guidance

The work plan shall be submitted to the Government Technical Representative (GTR) and shall consist of the goals and specific time-phased objectives established for each of the major activities and tasks required to implement the program. These major activities and tasks are outlined in the Quarterly Progress Reporting System (Form-HUD–96006) and include: (1) Program Management and Capacity Building including data collection and program evaluation; (2) Community Education, Outreach and Training; and (3) Lead Hazard Activities including testing, interventions conducted, and relocation.

Note: Approval of the work plan by the GTR and HUD approval of the Release of Funds Request (HUD Form 7015.15) are required prior to conducting lead hazard control intervention work in homes.

The work plan narrative shall include:

- ☐ The management plan that describes how the project will be managed, and the timeline for staffing the program, establishing a lead-based paint contractor pool, and obtaining HUD approval for the Release of Funds Request (HUD Form 7015.15);
- ☐ A detailed description of how assistance and funding will flow from the grantee to the actual performers of the hazard reduction work;
- ☐ The selection process for sub-grantees, sub-contractors and/or sub-recipients;
- ☐ The identification, selection, and prioritization process for the particular properties where lead hazard control interventions are to be conducted;
- ☐ * A description of the financing mechanism used to support lead hazard control work in units (name of administering agency, eligibility requirements, type of financing (grant, forgivable or deferred loans, private sector financing, etc), any owner contribution requirement, and the terms, conditions and amounts of assistance available (include affordability terms and forgiveness and recapture of funds provisions);
- ☐ The inspection/risk assessment testing procedures using EPA standards to identify lead hazards and to conduct clearance testing. (Dust wipe samples, soil samples and any paint samples to be analyzed by a laboratory must be analyzed by a laboratory recognized by the EPA National Lead Laboratory Accreditation Program (NLAPP));
- ☐ * The process for developing work specifications and bids on properties selected for lead hazard control;
- ☐ The levels of intervention and clearance procedures to be conducted for units enrolled;
- ☐ The number of rental-occupied, vacant, and owner-occupied units proposed for each intervention level;
- ☐ The relocation plan that will be carried out for residents required to be out of their homes during hazard control activities;
- ☐ The education, outreach, and training activities to be undertaken by the program;
- ☐ The blood lead testing and other health measures to be undertaken to protect children and other occupants of units undergoing lead hazard control work; and
- ☐ The evaluation process used to measure program performance.

* To be added as amendment to Work Plan Policy Guidance Issuance 2001–03

Objectives and Milestones

Specific and measurable performance objectives and milestones to be developed in support of the work plan narrative include:

☐ The overall objectives for lead hazard control activities including the total number of lead hazard evaluations, units projected to be completed and cleared, and the expenditure of Federal grant funds (HUD Agreement HUD–1044). Quarterly performance milestones are to be developed to achieve the overall objectives for these activities;

☐ The overall objectives for community education, outreach, and training activities. Quarterly performance milestones are to be developed to achieve the overall objectives for these activities;

☐ Performance benchmarks for 36-, and 42-month grants have been developed. These benchmarks are included in Appendix A of this NOFA and can also be found on the HUD website at: *http://www.hud.gov/offices/lead/grantfrm/hudgrantee.cfm.*

Development of your work plan should include and reflect these benchmark standards.

Appendix C

(1) General Instructions and Guidelines for Performance-Based Renewal Applicants

Current lead hazard control grantees that meet the eligibility requirements described below are eligible to submit an application for a Performance-Based Renewal to their current grant. If a current lead hazard control grantee does not meet these threshold requirements, they are not eligible to submit a Performance-Based Renewal application.

(2) Preparing Your Application

Transmittal Letter

Prepare a brief letter applying for the Performance-Based Renewal and signed by the Chief Executive or other authorized official. The transmittal letter should indicate the applicant agency, the amount of the grant requested for a Performance-Based Renewal, the amount of cash or in-kind matching contributions and the number of housing units in which lead hazard control will be conducted. Also include the name, telephone number, facsimile number, and e-mail address of the individual to contact for further information pertaining to the application.

Abstract Summary

Prepare a brief (two page maximum) abstract summary describing your jurisdiction, and the proposed lead-based paint hazard control project. Include the following items (be specific and concise):

- The total amount of the Federal request and the amount of the matching contribution for the entire period of performance (including your current grant period and up to 36-months additional period);
- The number of units in which lead hazard control activities will be conducted (include your current grant agreement and those to be treated during the 36-month modification period);
- The organization(s) that will participate in the program, either conducting lead hazard control activities or in other roles;
- Demographic, socio-economic and housing characteristics of neighborhood(s) selected for hazard control activities;
- Your prior activities, experience and achievements in residential lead-based paint hazard control work or related work, including testing and treatment methods, and collaboration with other agencies;
- The scope and magnitude of the proposed lead hazard control project that details the area selected, number of housing units, intended beneficiaries, and the projected impact on the neighborhood/jurisdiction; how the work will be accomplished;
- Any changes proposed in your work plan strategy for the 36-month proposed extension period.

Required Forms

Prepare and submit the following forms (found in this NOFA) as part of your application:

Current lead hazard control grantees applying for Performance-Based Renewal Grant are required to prepare and submit the following forms as part of their application package.

HUD Form—424
HUD Form—424B
HUD Form—424C
HUD Form—424CBW
HUD Form—2993

* These forms are found in the General Section of this SuperNOFA and are available as fillable Adobe Reader (PDF) or Word (DOC) formats from the HUD website at: *www.hudclips.org.*

Performance-Based Renewal applicants are encouraged to use the electronic version of the HUD Form 424CBW.

BILLING CODE 4210–32–P

Assistance Award/Amendment

U.S. Department of Housing and Urban Development
Office of Administration

1. Assistance Instrument ☐ Cooperative Agreement ☐ Grant	2. Type of Action ☐ Award ☐ Amendment
3. Instrument Number / 4. Amendment Number	5. Effective Date of this Action / 6. Control Number
7. Name and Address of Recipient	8. HUD Administering Office
	8a. Name of Administrator / 8b. Telephone Number
10. Recipient Project Manager	9. HUD Government Technical Representative
11. Assistance Arrangement ☐ Cost Reimbursement ☐ Cost Sharing ☐ Fixed Price 12. Payment Method ☐ Treasury Check Reimbursement ☐ Advance Check ☐ Automated Clearinghouse	13. HUD Payment Office
14. Assistance Amount Previous HUD Amount $ HUD Amount this action $ Total HUD Amount $ Recipient Amount $ Total Instrument Amount $	15. HUD Accounting and Appropriation Data 15a. Appropriation Number / 15b. Reservation number Amount Previously Obligated $ Obligation by this action $ Total Obligation $

16. Description

17. ☐ Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office	18. ☐ Recipient is not required to sign this document.
19. Recipient (By Name)	20. HUD (By Name)
Signature & Title / Date (mm/dd/yyyy)	Signature & Title / Date (mm/dd/yyyy)

form HUD-1044 (8/90)
ref. Handbook 2210.17

Request for Release of Funds and Certification

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

OMB No. 2506-0087
(exp. 11/30/2004)

This form is to be used by Responsible Entities and Recipients (as defined in 24 CFR 58.2) when requesting the release of funds, and requesting the authority to use such funds, for HUD programs identified by statutes that provide for the assumption of the environmental review responsibility by units of general local government and States. Public reporting burden for this collection of information is estimated to average 36 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Part 1. Program Description and Request for Release of Funds (to be completed by Responsible Entity)

1. Program Title(s)	2. HUD/State Identification Number	3. Recipient Identification Number (optional)
4. OMB Catalog Number(s)	5. Name and address of responsible entity	
6. For information about this request, contact (name & phone number)		
8. HUD or State Agency and office unit to receive request	7. Name and address of recipient (if different than responsible entity)	

The recipient(s) of assistance under the program(s) listed above requests the release of funds and removal of environmental grant conditions governing the use of the assistance for the following

9. Program Activity(ies)/Project Name(s)	10. Location (Street address, city, county, State)

11. Program Activity/Project Description

Part 2. Environmental Certification (to be completed by responsible entity)

With reference to the above Program Activity(ies)/Project(s), I, the undersigned officer of the responsible entity, certify that:

1. The responsible entity has fully carried out its responsibilities for environmental review, decision-making and action pertaining to the project(s) named above.
2. The responsible entity has assumed responsibility for and complied with and will continue to comply with, the National Environmental Policy Act of 1969, as amended, and the environmental procedures, permit requirements and statutory obligations of the laws cited in 24 CFR 58.5; and also agrees to comply with the authorities in 24 CFR 58.6 and applicable State and local laws.
3. After considering the type and degree of environmental effects identified by the environmental review completed for the proposed project described in Part 1 of this request, I have found that the proposal ☐ did ☐ did not require the preparation and dissemination of an environmental impact statement.
4. The responsible entity has disseminated and/or published in the manner prescribed by 24 CFR 58.43 and 58.55 a notice to the public in accordance with 24 CFR 58.70 and as evidenced by the attached copy (copies) or evidence of posting and mailing procedure.
5. The dates for all statutory and regulatory time periods for review, comment or other action are in compliance with procedures and requirements of 24 CFR Part 58.
6. In accordance with 24 CFR 58.71(b), the responsible entity will advise the recipient (if different from the responsible entity) of any special environmental conditions that must be adhered to in carrying out the project.

As the duly designated certifying official of the responsible entity, I also certify that:

7. I am authorized to and do consent to assume the status of Federal official under the National Environmental Policy Act of 1969 and each provision of law designated in the 24 CFR 58.5 list of NEPA-related authorities insofar as the provisions of these laws apply to the HUD responsibilities for environmental review, decision-making and action that have been assumed by the responsible entity.
8. I am authorized to and do accept, on behalf of the recipient personally, the jurisdiction of the Federal courts for the enforcement of all these responsibilities, in my capacity as certifying officer of the responsible entity.

Signature of Certifying Officer of the Responsible Entity	Title of Certifying Officer
X	Date signed

Address of Certifying Officer

Part 3. To be completed when the Recipient is not the Responsible Entity

The recipient requests the release of funds for the programs and activities identified in Part 1 and agrees to abide by the special conditions, procedures and requirements of the environmental review and to advise the responsible entity of any proposed change in the scope of the project or any change in environmental conditions in accordance with 24 CFR 58.71(b).

Signature of Authorized Officer of the Recipient	Title of Authorized Officer
X	Date signed

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

OMB Control No. 2539-0008
exp. (01/31/2004

U.S. Department of Housing and Urban Development

Lead-Based Paint Hazard Control Grant Program

Progress Reporting

Replaces forms 96001, 96002, 96003, 96004, & 96005

form **HUD-96006** (8/2001)

OMB Control No. 2539-0008 exp. (01/31/2004)

This information is designed to provide timely information to HUD regarding the progress of the grantees in carrying out the Lead-Based Paint Hazard Control Grant Program and to provide the Congress with status reports as required by statute - Title X of the Housing and Community Development Act of 1992 (PL 102-550).

Public reporting burden for this collection of information is estimated to be 12 hours per response.

This agency may not collect this information, and you are not required to complete this form packet, unless it displays a currently valid OMB control number.

This collection does not require the retention of confidential or sensitive material.

Replaces forms 96001, 96002, 96003, 96004, & 96005

form **HUD-96006** (8/2001)

Dear Lead Hazard Control Grantee:

I am pleased to transmit to you an improved grantee reporting system. The Lead-Based Paint Hazard Control Grant Program Progress Reporting Form reflects the new set of reporting requirements that we believe will assist both HUD and grantees monitor and evaluate progress implementing lead hazard control grant program activities. This report is the result of the Office of Lead Hazard Control's continuing effort to develop more effective ways to obtain timely and useful qualitative and quantitative information. Staff from the Office of Lead Hazard Control as well as selected lead hazard control grantees provided input and feedback on the development of this report. Their valuable contributions and insights were appreciated.

This Quarterly Progress Report is designed for web-based reporting, but will be available in several formats for submission to the Office of Lead Hazard Control. These reporting requirements supersede previous requirements.

We believe that this report, coupled with a well-conceived work plan, creates a system to assist all parties in measuring grantee performance and fulfilling program management, monitoring, and oversight responsibilities.

Sincerely,

Ellis G. Goldman, Director
Program Management Division

Replaces forms 96001, 96002, 96003, 96004, & 96005

form **HUD-96006** (8/2001)

OFFICE OF LEAD HAZARD CONTROL
GRANTEE QUARTERLY PROGRESS REPORT

1. Grant Agreement Number:	
2. Grantee Organization:	
3. Project Title:	
4. Organization Address:	
5. Report Period:	Jan 1 – Mar 31 Jul 1 – Sep 30 Year 20____ Apr 1 – Jun 30 Oct 1 – Dec 31
6. Project Period of Performance: (Start - Expiration Date)	
7. Cumulative Federal Grant Funds Drawn (LOCCS) Through End Date of Report Period:	
8. Number of Projected Units per HUD Grant Agreement (HUD 1044):	

Certification

9. Program Manager: (print name)		
10. Signature:		10a. Date:

If any items in this report require explanation or clarification, please address them in the PROGRAM NARRATIVE RESPONSE portion of the quarterly report.

Replaces forms 96001, 96002, 96003, 96004, & 96005

form **HUD-96006** (8/2001)

QUARTERLY PROGRESS REPORT

PART 1
PROGRAM NARRATIVE RESPONSE

Discuss your progress and accomplishments in meeting the tasks and objectives outlined in your HUD-approved work plan. You should respond to each narrative item with a short paragraph. Work plan tasks that must be covered in this report include:

A. Program Management and Capacity Building (including discussions of data collection and program performance activities)
B. Community Education, Outreach and Training
C. Lead Hazard Control Activities (including relocation)

Summarize your activities for this report quarter, and cumulatively if appropriate. In the discussion of these work plan tasks, highlight issues and/or activities that had a significant impact on the program. The narrative discussion is to complement the data submitted on these OMB-approved report forms.

If your narrative response to a particular question (such as A4.) remains unchanged from the previous quarterly report or no new information can be reported (i.e., changes to key personnel), you should reply by repeating your response from the previous report and indicating the date of the original response (i.e. Jan 1 - Mar 31, 1999).

A. Program Management and Capacity Building

Within the context of the current work plan and grant agreement, summarize your progress in the overall grant program.

A1. Describe any obstacles to performance and measures taken to overcome these obstacles.
A2. Describe efforts to enhance the coordination and integration of lead hazard control work with other housing, health, and environmental programs (i.e., childhood lead poisoning prevention programs, health and housing code enforcement, housing rehabilitation, weatherization, etc.). Describe other services to be provided such as blood lead screening and community education and outreach; intra- and interagency partnerships, and public and private partnerships.
A3. Describe the availability of lead-based paint contractors in your area. Describe activities you have taken to increase the number of contractors available to provide lead hazard control work as part of your grant.
A4. Describe any changes in key personnel in the program, and among sub-grantees or other entities directly involved in your grant program and its impact. Provide information on any new program participants, including resumes of key individuals. (Include letters of commitments, MOU's, or other arrangements with community-based organizations and other partners.) Describe any significant changes to the work plan or budget that have occurred. Describe methods used to collect program data and what criteria were used to evaluate the performance of your grant program. Describe the effectiveness of the financing mechanisms used in enrolling property owners, including owners of rental properties, in the program. Describe any efforts undertaken to develop and utilize a lead-safe housing registry. (Include information on the number of units included, the public availability of the system, and examples of how the registry has been used.) Describe any proposed or actual changes in State or local laws, regulations, or policies which may affect your grant program.

B. Community Education, Outreach and Training

B1. Describe education and outreach activities and events completed this quarter. Discuss the expected results of your efforts. Describe your outreach efforts at reaching specific groups you have targeted (door-to-door, presentations, training, broadcast media, mailings) and the intended recipients of this outreach (tenants, landlords, parent groups, child-care providers). These activities should be included in Item B5 below.

B2. Describe outreach techniques and/or particular methods, materials, and formats that have proved to be most effective (attach copies of any media coverage and materials, including press clippings, to this report).

B3. Describe training efforts completed this quarter. Discuss the types of training provided and any certifications received. These efforts should correspond to Item B4 below.

B4. Skills Training and Economic Opportunities

Skills Training Conducted (For Report Quarter)	**Number of Individuals Trained**	**Number of Individuals Employed as a Result of Training**
Low-Income Individuals	B4a.	B4b.
Property Owners / Tenants / Remodelers / Renovators / Maintenance Workers	B4c.	
Lead-Based Paint Contractors	B4d.	
Grant Program & Partnering Entities Staff	B4e.	
Other (specify)	B4f.	

See instructions for completing this section of the report.

B5. Community Education and Outreach Activities

Target Audiences	**Activities Conducted (For Report Quarter)**	**Number of Individuals Reached**
Health & Child Care Providers	B5a.	B5b.
Schools, Parent groups, Places of Worship	B5c.	B5d.
Landlords / Landlord Groups, Tenants / Tenant Groups, Housing Corporations	B5e.	B5f.
Community or Target Area Wide	B5g.	B5h.
Real Estate Professionals	B5i.	B5j.
Other (specify)	B5k.	B5l.

Replaces forms 96001, 96002, 96003, 96004, & 96005 form **HUD-96006** (8/2001)

C. Lead Hazard Control Activities

C1. Describe the extent to which lead hazard control activities were conducted in conjunction with other work (i.e., rehabilitation, code correction, weatherization, etc.).

C2. Describe the lead hazard control methods or combination of methods used. To the extent possible, describe the number of housing units completed and cleared for the methods used (e.g., low-level interventions, interim controls, hazard abatement). Discuss the lead hazard control and rehabilitation costs for units completed this quarter.

C3. Describe any post-hazard control maintenance plans for units where lead hazard control grant work has been completed.

C4. Lead Hazard Evaluations and Units in Progress

Activity	Number Completed This Quarter
Number of Units Receiving Lead Hazard Evaluations	C4a.
Number of Units with Lead Hazards Identified	C4b.
Number of Units in Progress or Under Contract	C4c.

C5. Lead Hazard Control – Unit Production

Number of Units Completed and Cleared	Number Completed and Cleared*	Number of Units With Other Rehab, Code work	Number of Units Where Occupants Were Relocated
Occupied Rental Units	C5a.	C5b.	C5c.
Vacant Units	C5d.	C5e.	
Owner-Occupied Units	C5f.	C5g.	C5h.
Total	C5i.	C5j.	C5k.

* A Listing of Units Completed and Cleared during the Quarter by street address is to be attached to the Quarterly Report (see PART 2 – LISTING OF UNITS COMPLETED AND CLEARED)

C6. Age of Units Completed and Cleared

Age of Housing (based on number of units completed and cleared)	Pre-1940	1940 - 1959	1960 - 1977	Unknown
	C6a.	C6b.	C6c.	C6d.

C7. Occupant Information of Units Completed

Number of Occupants Residing in Units when Lead Hazard Control Work was Initiated	Children under 6 Years of Age	Children under 6 Years of Age Receiving Medicaid	Occupants over 6 years of age (including adults)
	C7a.	C7b.	C7c.

C8. Blood Lead Values of Children

Blood Lead Values of Children Under 6 of Age Residing in Units when Lead Hazard Control Work was Initiated	BLL under 10 µg/dL	BLL between 10-19 µg/dL	BLL ≥20 µg/dL	Not Tested or results not available
	C8a.	C8b.	C8c.	C8d.

In addition to the quarterly report, the HUD Office of Lead Hazard Control is always interested in the accomplishments of our Lead Hazard Control grantees and in sharing these with lead poisoning prevention advocates. If you have a particular "success story" which may reflect innovative approaches in implementing your program, or if you have overcome any obstacles that would be of interest or benefit to others, please submit the story with your quarterly report.

Replaces forms 96001, 96002, 96003, 96004, & 96005

form **HUD-96006** (8/2001)

PART 2
LISTING OF UNITS COMPLETED AND CLEARED

Grant Agreement Number:	
Grantee Organization:	
Report Period:	Jan 1 – Mar 31 Jul 1 – Sep 30 Year 20____ Apr 1 – Jun 30 Oct 1 – Dec 31

Please submit the following information for units that have undergone lead hazard control activities and subsequently cleared:

Unit Street Address	Apt #	City	State	Zip Code	LHC Intervention Costs	Relocation Costs	Rehab or other Work Costs

Replaces forms 96001, 96002, 96003, 96004, & 96005 form **HUD-96006** (8/2001)

PART 3
FINANCIAL REPORTING
HUD Lead Hazard Control Grant Funds

Grant Agreement Number:	
Grantee Organization:	
Report Period:	Jan 1 – Mar 31 Jul 1 – Sep 30 Year 20____ Apr 1 – Jun 30 Oct 1 – Dec 31

BUDGET CATEGORIES*	NEGOTIATED BUDGET	EXPENDED THIS PERIOD*	EXPENDED TO DATE*	AVAILABLE BALANCE
1. Personnel (Direct Labor)				
2. Fringe Benefits				
3. Travel				
4. Equipment				
5. Supplies and Materials				
6. Consultants				
7. Contracts / Sub-Grantees /				
7a.				
7b.				
7c.				
7d.				
7e.				
7f.				
7g.				
7h.				
7i.				
Subtotal Item 7				
8. Other Direct Costs				
9. Indirect Costs				
10. TOTALS*	10a.	10b.	10c.	10d.

* Administrative costs included in totals expended **are not** to exceed 10-percent

Replaces forms 96001, 96002, 96003, 96004, & 96005 form **HUD-96006** (8/2001)

OFFICE OF LEAD HAZARD CONTROL

Instructions for Completing the Quarterly Progress Report

Cover Page

1. ***Grant Agreement Number***. The Number Assigned in Block 3 of the HUD Grant Agreement (HUD 1044).
2. ***Grantee Organization***. The State or local agency which was awarded the Lead Hazard Control Grant.
3. ***Project Title***. The name of the Lead Hazard Control Grant Program.
4. ***Organization Address***. The mailing address where the Lead Hazard Control Grant Program receives correspondence and other program materials.
5. ***Report Period***. Check the appropriate box covering the period for the report.
6. ***Project Period of Performance***. The currently approved period of the HUD Grant Agreement (including any grant agreement modification). The period of performance is listed as a "clause" or in Block 16 of the HUD grant agreement (the expiration date is the date the grant is to conclude).
7. ***Cumulative Federal Grant Funds Drawn (LOCCS) Through End Date of Report Period***. The total Federal grant funds drawn down by the grantee. This amount should correspond to the total listed in Item 10 (c) of Part 3 - Financial Reporting.
8. ***Number of Projected Units per HUD Grant Agreement (HUD 1044).*** The number of units to have lead hazard control interventions as negotiated between HUD and the grantee.
9. ***Program Manager.*** The manager of the Lead Hazard Control Grant Program. The person responsible for the completion and submission of the quarterly report.
10. ***Signature.*** The signature of the Program Manager. 10a. ***Date.*** The date the Program Manager signs and submits the quarterly report to HUD.

PART 1 - Program Narrative Response

Items A1-A4, B1-B3, C1-C3. Program Management and Capacity Building; Community Education, Outreach, and Training; and Lead Hazard Control Activities.

Instructions for the completion of this narrative section of the quarterly report are included with the forms and are self-explanatory. Grantees are expected to discuss progress and obstacles in implementing the Lead Hazard Control Grant Program. A response to each item is expected. Please note that responses to particular questions may remain unchanged from the previous quarter. In the event that the response does not change from the previously submitted quarterly report, follow the instructions outlined in the box immediately preceding the ***Program Management and Capacity Building*** Section of the report (Part 1).

Item B4. Skills Training and Economic Opportunities

Responses to this item should relate to the activities described in the narrative reply to Item B4.

B4 a. The number of low-income individuals receiving training to obtain or enhance specific skills in lead related activities during the reporting period (e.g. inspection and testing; construction trade skills, lead hazard control work, conducting community education and outreach work, etc.).

B4 b. The number of low-income individuals employed as a result of receiving this skills training. This total should only include those low-income individuals trained and employed during this report period. However, low-income individuals who were first employed during this quarter, but who may have been trained in a previous quarter, should be included in the current reporting period.

B4 c. The number of property owners, tenants, remodelers, renovators, and maintenance workers receiving training in lead hazard control intervention methods (cleaning, paint stabilization, interim control techniques) during the current reporting period.

B4 d. The number of lead-based paint contractors trained and certified during the current reporting period (Includes all disciplines - inspection/testing, program design, supervisor, abatement work).

B4 e. The number of grantee or partner organization(s) staff receiving training this current reporting period. Training could be related to any program activity or task (e.g. management, supervision, inspection/testing, lead hazard control activities, community education and outreach, data collection, etc.).

B4 f. Any other training activities conducted which are not included in items B4 a.-e.

Item B5. ***Community Education and Outreach Activities***

B5 a-l. Responses to these items should relate to the narrative reply to Items B1-B2. You should list all activities undertaken to reach each target audience during the quarter. (e.g. meetings, presentations, mailings of educational materials and brochures, health fairs, media efforts, etc.). If no activity occurred during the report period, indicate "None" in the appropriate block(s). The number of individuals reached is the cumulative number of recipients who received community education and outreach (e.g. 25 real estate brokers/agents were informed of disclosure requirements at a meeting, with an additional 225 mailed information. The total number of real estate professionals reached during the period would be 250)

Items C4. ***Lead Hazard Evaluations and Units in Progress***

Responses to these items should pertain to the number of lead hazard control evaluations (hazard screens, paint inspections, and/or risk assessments) conducted during the quarter. These evaluations should only pertain to units either enrolled or considered for enrollment into the program.

C4 a. The number of lead hazard screens, lead-based paint inspections and/or risk assessments conducted during the current reporting period.

C4 b. The number of units in which ***lead-based paint hazards*** were identified.

C4 c. The number of units at the end of the current reporting period either under contract for lead hazard control work to be undertaken or units where actual lead hazard control work has begun, but the unit has not yet cleared.

Item C5. ***Lead Hazard Control - Unit Production***

C5a., C5d., C5f., C5i. The number of units, by occupancy status, in which lead hazard control work was completed and the unit cleared in accordance with HUD Guidelines during the current reporting period.

C5b., C5e., C5g., C5j. Of the number of units completed and cleared, the number of units, by occupancy status, in which other rehabilitation or code work was conducted.

C5c., C5h., C5k. Of the occupied units completed and cleared during the current reporting period, indicate in the appropriate block, the number of units in which the occupants were temporarily relocated while the unit was undergoing lead hazard control interventions.

Item C6. ***Age of Units Completed and Cleared***

C6a.- d. Of the total units completed and cleared during the current reporting period (Item C5i), indicate the number of units, by age of housing, in the appropriate block.

Items C7-C8. ***Occupant Information of Units Completed***

Of the units completed and cleared during the current reporting period (Item C5i), identify the number of occupants residing in these units at the time that lead hazard control work was initiated.

C7a. The total number of children ***less than*** 6 years of age occupying units at the time lead hazard control work was initiated.

C7b. The total number of children ***less than*** 6 years of age receiving Medicaid.

C7c. The total number of occupants 6 years of age or older (including adults) residing in units at the time that lead hazard control work was initiated.

C8. Of the children ***less than*** 6 years of age identified in item C7a., indicate the number whose pre-hazard control blood lead values fall within the categories outlined in blocks C8a.-C8d.

PART 2 - LISTING OF UNITS COMPLETED AND CLEARED

This section of the report is to provide additional information pertaining to the units in which lead hazard control work was completed and the unit achieved clearance during the current reporting period. Indicate the unit address, city, state, and zip code, for each unit listed. The total number of units included in this listing should equal the total number identified in Block C5i of Part 1.

Identify the lead hazard control, temporary relocation, and rehabilitation costs associated with the work conducted in each unit. Costs only related to the lead hazard control intervention measures used for treating units, (exterior, interior, common areas) clean up work, and waste handling and disposal are to be reported in the "**LHC Intervention Costs**" block. Relocation costs attributed to a unit should be reported in the "**Relocation Costs**" block. Rehabilitation, code correction or other work conducted in conjunction with HUD Lead Hazard Control Grant Program funds in a unit using Community Development Block Grant, HOME funds or other resources are to be included in the "**Rehabilitation or other Work Costs**" block.

A description of these costs is to be included in your narrative response to Item C2 Part 1.

PART 3 - FINANCIAL REPORTING

Items 1-10. The financial information to be submitted for the current reporting period is based on the negotiated budget included in the HUD grant agreement (including any modifications). Expenditures are to reflect Voucher Payment Requests made through the LOCCS. Item 7 should list all sub-grantee organizations individually. If the program uses more than one abatement contractor, they all may be included in one sub-category (as abatement or lead hazard control contractors).

U.S. Department of Housing
and Urban Development
Office of Healthy Homes
and Lead Hazard Control

OMB Approval No. 2539-0015
(exp. 01/31/2006)

Healthy Homes and Lead Hazard Programs Worksheets

form **HUD-96007** (04/2003)

The information collection requirements contained in this notice of funding availability will be used to rate applications, determine eligibility, and establish grant amounts.

For the Healthy Homes and Lead Hazard Programs, the public reporting burden for this collection of information is estimated to average 80 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The information submitted in response to these Notices of Funding Availability for Lead Hazard Control Grant Programs is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Pub.L. 101-235, approved December 15, 1989, 42 U.S.C. 3545).

Worksheet 1 - Key Personnel

Name and Position Title (please include the organization position titles in addition to those shown)	Percent of Time Proposed for this Grant	Percent of Time to be spent on other LHC HUD grants	Percent of time to be spent on other activities
	Note: These three columns should total 100%		
Overall Project Director			
Day-to-Day Program Manager			

form **HUD-96007** (04/2003)

Worksheet 2 - Blood Lead Level (BLL) Information*

Blood Lead Level for **TARGET AREA(S)**

Name of TARGET AREA(S): _____

Total Number of Children < 6 Years (72 months) of Age in Target Area:_____% of Total Population:_____

Total Number of Children < 6 Years Tested for Blood Lead Levels:_____ % of Children < 6 years of age Tested:_____

Blood Lead Level	Number of Children Under 6 Years (72 mo) of Age with following BLL Results	% of Total
< 10 µg/dL		
≥ 10 µg/dL and < 15 µg/dL		
≥ 15 µg/dL and < 20 µg/dL		
≥ 20 µg/dL		
Total Tested		**100%**
Source and Date of Estimate (Indicate Period Covered)		

*State or Local Health Departments may be good reference sources for obtaining this information

form **HUD-96007** (04/2003)

Worksheet 2 - Blood Lead Level (BLL) Information*

Blood Lead Level for: **JURISDICTION**

Name of JURISDICTION: _____

Total Number of Children < 6 Years (72 months) of Age in Target Area:_____% of Total Population:_____

Total Number of Children < 6 Years Tested for Blood Lead Levels:_____ % of Children < 6 years of age Tested:_____

Blood Lead Level	Number of Children Under 6 Years (72 mo) of Age with following BLL Results	% of Total
< 10 μg/dL		
≥ 10 μg/dL and < 15 μg/dL		
≥ 15 μg/dL and < 20 μg/dL		
≥ 20 μg/dL		
Total Tested		**100 %**
Source and Date of Estimate (Indicate Period Covered)		

*State or Local Health Departments may be good reference sources for obtaining this information

form **HUD-96007** (04/2003)

Worksheet 3 - Housing Age and Condition

Housing data for: **TARGET AREAS**

Name of TARGET AREA(S): _____

Year Built	Number	% of Total	Condition of Housing Stock Interior/Exterior
Pre-1940			/
1940-1949			/
1950-1959			/
1960-1969			/
1970-1977			/
1978 or newer			/
Total			/
Source and Date of Estimate			

form **HUD-96007** (04/2003)

Worksheet 3 - Housing Age and Condition

Housing data for: **JURISDICTION WIDE**

Name of JURISDICTION: _____

Year Built	Number	% of Total	Condition of Housing Stock
Pre-1940			
1940-1949			
1950-1959			
1960-1969			
1970-1977			
1978 or newer			
Total			
Source and Date of Estimate			

form **HUD-96007** (04/2003)

Worksheet 4 – Very Low- and Low-Income Population

Very Low- and Low Income Population for: **JURISDICTION WIDE**

Name of JURISDICTION: _____

Jurisdiction (City, County, State)	Number of Families ≤50% of AMI*	%	Number of Families ≥50% - < 80% of AMI*	%	Total Number of Families <80% of AMI*	%
Total						

Source and Date of Estimate:

*AMI – Area Median Income

form **HUD-96007** (04/2003)

Worksheet 4 – Very Low- and Low-Income Population

Very Low- and Low Income Population for: **TARGET AREA(S)**

Name of TARGET AREA(S): _____

Target Area (County, Municipality, Census Tract, Neighborhood, or Area)	Number of Families ≤50% of AMI*	%	Number of Families ≥50% - < 80% of AMI*	%	Total Number of Families <80% of AMI*	%
Total						
Source and Date of Estimate:						

*AMI – Area Median Income

form **HUD-96007** (04/2003)

Worksheet 5 - Housing Occupancy Projections		
Type of Unit	**Number of Units Proposed**	**% of Total**
Owner-Occupied		
Rental		
Vacant		
Total		**100 %**

form **HUD-96007** (04/2003)

Worksheet 6 - Anticipated Lead Hazard Control Activities

Activity	Who Will Perform This Activity? Identify (In-house, contractor, grassroots faith-based or community-based non-profit organization, etc.)	Number of Units	Estimated Time to Complete Work for each unit (hours, days, weeks)	Estimated Unit Cost
Lead-Based Paint Inspections				
Lead-Based Paint Risk Assessments				
Interim Controls (Low Level Interventions, Specialized Cleaning, and Paint Stabilization)				
Hazard Abatement				
Clearance Inspections				

form **HUD-96007** (04/2003)

Worksheet 7 - Match Funding		
Source of Match	**Work to be accomplished in support of the program using the matching funds**	**Value of In-kind or Cash Matching Contribution**
		Total Match Amount ***$***

form **HUD-96007** (04/2003)

Worksheet 8 - Grant Partners

Partner Name	Type of Organization or Program	Description of Commitment	Proposed Activities To Be Conducted by Partner	Resource and Match Commitment ($ Value for Services Provided)

Partner Name: Name of organization or entity that will partner with applicant in conducting LHC activities.

Type of Organization or Program: Health, Housing, Environmental, Community Development Department, Grassroots faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institutions, Job Training and Economic Opportunity Organizations, etc.

Description of Commitment: Memorandum of Understanding/Agreement, Contract, Sub-grant, Letter , etc.

Proposed Activities to be Conducted by Partner: The type of activities that will be conducted by the grant partner in support of LHC efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.)

Resource and Match Commitment Contributed by Partner: The value of any contributed resource by the grant partner (includes in-kind or cash in support of the grant program). The contributed resource should also be listed in Table 7 – Match Funding.

WORK PLAN DEVELOPMENT WORKSHEET
WITH MINIMUM BENCHMARK PERFORMANCE STANDARDS
FOR 42-MONTH PERIOD OF PERFORMANCE

Healthy Homes and Lead Hazard Programs — OMB Approval Number 2539-0015 (exp 1/31/2006)

Grant Number: — **Grantee Organization:** — **Period of Performance: September 30, 2003 - March 29, 2007**

ACTIVITY	Q1 2003 Oct -Dec	Q2 2004 Jan - Mar	Q3 2004 Apr - Jun	Q4 2004 Jul - Sep	Q5 2004 Oct - Dec	Q6 2005 Jan - Mar	Q7 2005 Apr - Jun	Q8 2005 Jul - Sep	Q9 2005 Oct - Dec	Q10 2006 Jan - Mar	Q11 2006 Apr-Jun	Q12 2006 Jul - Sep	Q13 2006 Oct - Dec	Q14 2007 Jan - Mar	Q15 2007 Apr - Jun
Applicant Capacity(0-180 days)															
Staff Hired															
Approved Environmental Review and Release of Funds															
Written Policies and Procedures															
Lead Hazard Control Implementation Units in Grant Agreement = #															
Paint Inspections/Risk Assessments:															
Performance Standard			5%	15%	25%	35%	45%	55%	65%	75%	85%	95%	100%		
Work Plan Milestone															
% Planned															
Actual # Completed															
Actual % Completed															
*** Units in Progress*															
Units Completed and Cleared:															
Performance Standard				2%	5%	15%	30%	45%	55%	65%	75%	85%	95%	100%	
Work Plan Milestone															
% Planned															
Actual # Completed															
Actual % Completed															
Cumulative LOCCS DRAWDOWNS Grant Award Amount = $															
Performance Standard					5%	10%	15%	20%	30%	40%	50%	60%	80%	95%	100%
LOCCS Drawdown Work Plan Milestone															
% Planned															
Actual LOCCS Drawdown															
Actual Cumulative LOCCS Drawdown %															
Community Outreach / Education / Training															
Community Outreach and Education Work Plan Milestone															
Community Outreach and Education Milestone Achieved															
Skills Training Work Plan Milestone															
Skills Training Milestone Achieved															
Performance Measured Against Approved Work Plan Milestones														100%	
Close-Out March 30 - June 29, 2007															

form HUD-96009 (04/2003)

WORK PLAN DEVELOPMENT WORKSHEET
WITH MINIMUM BENCHMARK PERFORMANCE STANDARDS
FOR 36-MONTH PERIOD OF PERFORMANCE

Healthy Homes and Lead Hazard Program — OMB Approval Number 2539-0015 (exp 1/31/2006)

Grant Number: **Grantee Organization:** **Period of Performance: Feb 1, 2003 - January 31, 2006**

ACTIVITY	Q1 2003 Jan - Mar	Q2 2003 Apr - Jun	Q3 2003 Jul -Sep	Q4 2003 Oct -Dec	Q5 2004 Jan - Mar	Q6 2004 Apr - Jun	Q7 2004 Jul - Sep	Q8 2004 Oct - Dec	*Q9 2005 Jan - Mar	Q10 2005 Apr - Jun	Q11 2005 Jul - Sep	Q12 2005 Oct - Dec	Q13 2006 Jan - Mar	Q14 2006 Apr-Jun
Applicant Capacity (0-120 days)														
Staff Hired														
Approved Environmental Review and Release of Funds														
Written Policies and Procedures														
Lead Hazard Control Implementation Units in Grant Agreement = #														
Paint Inspections/Risk Assessments:														
Performance Standard		5%	15%	30%	45%	55%	65%	85%	95%	100%				
Work Plan Milestone														
% Planned														
Actual # Completed														
Actual % Completed														
*** Units in Progress*														
Units Completed and Cleared:														
Performance Standard			2%	5%	15%	30%	45%	55%	* 65%	85%	95%	100%		
Work Plan Milestone														
% Planned														
Actual # Completed														
Actual % Completed														
Cumulative LOCCS DRAWDOWNS Grant Award Amount = $														
Performance Standard				5%	10%	15%	20%	30%	* 45%	60%	80%	95%	100%	
LOCCS Drawdown Work Plan Milestone														
% Planned														
Actual LOCCS Drawdown														
Actual Cumulative LOCCS Drawdown %														
Community Outreach / Education/ Training														
Community Outreach and Education Work Plan Milestone														
Community Outreach and Education Milestone Achieved														
Skills Training Work Plan Milestone														
Skills Training Milestone Achieved														
Performance Measured Against Approved Work Plan Milestones													100%	
Close-Out Feb 1 - Apr 30, 2006														
* Renewal Eligibility Milestone														
** No bench mark standard														

form HUD-96008 (04/2003)

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

HEALTHY HOMES AND LEAD TECHNICAL STUDIES

Billing Code 4210-32-C

Funding Availability for Healthy Homes and Lead Technical Studies

Program Overview

Purpose of the Program. To fund technical studies to improve methods for detecting and controlling lead-based paint and other residential health and safety hazards. The purpose of the Healthy Homes Technical Studies program is to improve our knowledge of housing-related health hazards, and to improve or develop new hazard assessment and control methods. The purpose of the Lead Technical Studies program is to improve methods for detecting and controlling residential lead-based paint hazards.

Available Funds. Approximately $2 million for healthy homes technical studies in FY 2003 funds; and approximately $3 million for lead technical studies, of which approximately $1.25 million is FY 2003 funds, and approximately $1.75 million is previous-year recaptured funds.

Eligible Applicants. Academic, not-for-profit and for-profit institutions located in the U.S., State and local governments, and federally recognized Native American tribes are eligible to apply. Historically Black Colleges and Universities (HBCUs) are also eligible to apply under a set-aside for technical studies on increasing the efficacy of lead hazard control (LHC) programs in low-income urban minority communities. For-profit institutions are not allowed to earn a fee.

Application Deadline. June 10, 2003.

Match. None required.

Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this Notice of Funding Availability and the following additional information.

I. Addresses And Application Submission Procedures

(A) Application Submission

See the General Section of this SuperNOFA for specific procedures concerning the form of application submission (*e.g.,* mailed applications, express mail or overnight delivery). There is no Application Kit. All the information required to submit an application is contained in this NOFA.

(B) Address for Submitting Applications

You, the applicant, must submit a complete application to: Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control, ATTN: Lead and Healthy Homes Technical Studies Program, 451 Seventh Street, SW., Room P3206, Washington, DC 20410.

(C) For Further Information and Technical Assistance

You may contact Dr. Peter Ashley, Office of Healthy Homes and Lead Hazard Control, at the address above; telephone (202) 755–1785, extension 115 (this is not a toll-free number) or via email at *Peter_J._Ashley@hud.gov.* If you are a hearing-or speech-impaired person, you may reach the above telephone numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

II. Authority, Funding Amounts, And Eligibility

(A) Authority

These grants are authorized under sections 1011(g)(1), 1011(o), 1051–1053 of the Residential Lead Based Paint Hazard Reduction Act of 1992, which is Title X of the Housing and Community Development Act of 1992; sections 501 and 502 of the Housing and Urban Development Act of 1970; and the Consolidated Appropriations Resolution of 2003, Public Law 108–7, signed February 20, 2003.

(B) Funding Available

(1) *Healthy Homes Technical Studies.* Approximately $2 million from HUD's Fiscal Year (FY) 2003 Healthy Homes Initiative appropriation set-aside will be available to fund technical studies proposals. Grants or cooperative agreements will be awarded on a competitive basis according to the Rating Factors described in Section V(B). For technical studies under the Healthy Homes Initiative, HUD anticipates awarding three to six grants ranging from approximately $200,000 to approximately $1 million. The project duration may be up to 24 months, except for projects involving human subjects that require Institutional Review Board (IRB) approval and periodic monitoring, which cannot exceed 30 months. HUD reserves the right to approve no cost time extensions for a period not to exceed 12 months. The amounts included in this program are subject to change based on funds availability.

(2) *Lead Technical Studies.* Approximately $3 million for lead technical studies, of which approximately $1.25 million is from the FY 2003 lead technical assistance set-aside under the lead hazard reduction appropriation, and approximately $1.75 million is previous-year recaptured funds, will be available to fund lead technical studies proposals in FY 2003. Of this amount, $2.25 million is set-aside for HBCUs. The remaining funds are available to fund technical studies applications from all eligible applicants. Grants or cooperative agreements will be awarded on a competitive basis according to the Rating Factors described in Section V(B) of this program section of this NOFA. For lead technical studies, HUD anticipates awarding between three and 30 grants ranging from approximately $100,000 to approximately $1 million. The project duration may be up to 24 months, except for projects involving human subjects that require Institutional Review Board (IRB) approval and periodic monitoring, which cannot exceed 30 months. HUD reserves the right to approve no cost time extensions for a period not to exceed 12 months. The amounts included in this program are subject to change based on funds availability.

(C) Eligible Applicants

Academic and not-for-profit institutions located in the U.S., State and local governments, and federally recognized Native American tribes are eligible under all existing authorizations. For-profit firms also are eligible; however, they are not allowed to earn a fee (*i.e.,* no profit can be made from the project). HBCUs, that is, educational institutions which satisfy the requirements of 34 CFR 608.2, are eligible to apply under the set-aside for the Lead Technical Studies Program, as described in sections III.A.3 and III.C.2(a), as well as under the general provisions of this NOFA for both the Healthy Homes Technical Studies Program and Lead Technical Studies Program. HBCUs should identify whether each application is being submitted under the set-aside or the general provisions. Federal agencies and federal employees are not eligible to submit applications. The General Section of this SuperNOFA provides additional eligibility requirements.

III. Program Description And Eligible Activities

(A) Program Description

(1) *General Goals and Objectives.* The overall goal of the Healthy Homes and Lead Technical Studies grant program is to gain knowledge to improve the efficacy and cost-effectiveness of methods for evaluation and control of lead and other health and safety hazards in the home.

Through the Healthy Homes Technical Studies Program, HUD is funding studies to improve our knowledge of housing-related health

hazards, and to improve or develop new hazard assessment and control methods, with a focus on the key hazards described in Appendix A of this program section of the NOFA.

Through the Lead Technical Studies Program, HUD is helping ''develop the capacity of eligible applicants * * * to carry out activities under'' lead hazard control grant programs, by advancing the technology and increasing the effectiveness of workers on LHC projects, in fulfillment of the requirements of Section 1011(g)(1) of Title X, and is ''conduct[ing] research to develop improved methods for evaluating (and) reducing lead-based paint hazards in housing,'' and related topics, in fulfillment of the requirements of sections 1051 and 1052 of Title X.

HUD encourages applicants to consider using the ''community based participatory research'' approach, where applicable, in the design and implementation of both healthy homes and lead technical studies (see *e.g., http://www.niehs.nih.gov/translat/cbpr/cbpr.htm*).

A table of examples of current Healthy Homes and Lead Technical Studies projects being funded by HUD can be found in Appendix C.

(2) *Healthy Homes Initiative.* The Healthy Homes Initiative (HHI), which includes the Healthy Homes Technical Studies Program, departs from the more traditional approach of attempting to correct one hazard at a time. In April 1999, HUD submitted to Congress a preliminary plan containing a full description of the HHI. The preliminary plan (Summary and Full Report) and a description of the HHI are available on the HUD Web site at *www.hud.gov/offices/lead/hhi/index.cfm.*

In addition to deficiencies in basic housing facilities that may impact health, changes in the U.S. housing stock and more sophisticated epidemiological methods and biomedical research have led to the identification of new and often more subtle health hazards in the residential environment (*e.g.,* asthma and mold-induced illness). While such hazards will tend to be found disproportionately in housing that is substandard (*e.g.,* structural problems, lack of adequate heat, etc.), such housing-related environmental hazards may also exist in housing that is otherwise of good quality. Appendix A of this program section of the NOFA briefly describes the housing-associated health and injury hazards HUD considers key targets for intervention. Appendix B of this program section of the NOFA lists the references that serve as the basis for the information provided in this program section.

HUD is interested in promoting approaches that are cost-effective and efficient and that result in the reduction of health threats for the maximum number of residents for the long run, and, in particular, low-income children. The overall goals and objectives of the HHI are to:

(a) Mobilize public and private resources, involving cooperation among all levels of government, the private sector, grassroots organizations, particularly including faith-based, and other community-based, non-profit organizations to develop the most promising, cost-effective methods for identifying and controlling housing-based hazards; and

(b) Build local capacity to operate sustainable programs that will continue to prevent and, where they occur, minimize and control housing-based hazards in low- and very low-income residences when HUD funding is exhausted.

With this NOFA, HUD hopes to advance the recognition and control of residential health and safety hazards and more closely examine the link between housing and health.

The overall objectives of Healthy Homes technical studies projects to be funded through this NOFA include, but are not limited to:

(i) Investigation of the epidemiology of housing-related hazards and illness and injury;

(ii) Development and assessment of low-cost test methods and protocols for identification and assessment of housing-related hazards;

(iii) Development and assessment of cost-effective methods for reducing or eliminating housing-related hazards;

(iv) Evaluation of the effectiveness of housing interventions and public education campaigns, and barriers and incentives affecting future use of the most cost-effective strategies; and

(v) Investigation of the health effects on children living in deteriorated housing and the impact on their development and productivity.

HUD has also developed resource papers on a number of topic areas of importance under the Healthy Homes Initiative, including mold, environmental aspects of asthma, carbon monoxide, and unintentional injuries. These papers can be downloaded from the HUD Web site at *www.hud.gov/offices/lead/hhi.*

(3) *Lead Technical Studies.*

(a) General. HUD has been actively engaged in a number of activities relating to lead-based paint as a result of the Lead-Based Paint Poisoning Prevention Act of 1971, as amended, 42 U.S.C. 4801–4856. Sections 1051 and 1052 of the Lead-Based Paint Hazard Reduction Act of 1992 (Title X) (42 U.S.C. 4854 and 4854a) state that the Secretary of HUD, in cooperation with other federal agencies, shall conduct technical studies on specific topics related to the evaluation and subsequent mitigation of residential lead hazards. Section 1053 of Title X authorized HUD to spend funds to conduct these studies, under the Lead Hazard Control Grant Program's funding authorization in Section 1011(o). The HUD-sponsored technical studies program also responds to recommendations by the Task Force on Lead-Based Paint Hazard Reduction and Financing, which was established pursuant to section 1015 of Title X. The Task Force presented its final report to HUD and the Environmental Protection Agency (EPA) in July 1995. The Task Force Report, entitled ''Putting the Pieces Together: Controlling Lead Hazards in the Nation's Housing'' (see Appendix B of this program section of this NOFA), recommended that research be conducted on a number of key topics to address significant gaps in our knowledge of lead exposure and hazard control.

The findings of technical studies will be used in part to update HUD's *Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing (Guidelines),* which were published in June 1995 and partly amended in September 1997. The *Guidelines* include state-of-the-art procedures for all aspects of lead-based paint hazard evaluation and control. The *Guidelines* reflect the Title X framework for LHC, which distinguishes two types of control measures: interim controls and abatement of lead-based paint hazards. Interim controls are designed to address hazards quickly, inexpensively, and temporarily, while abatement is intended to produce a permanent solution. While the *Guidelines* recommend procedures that are effective in identifying and controlling lead hazards while protecting the health of abatement workers and occupants, HUD recognizes that targeted technical studies and field experience will result in future changes to the *Guidelines*. For availability of the *Guidelines*, see Appendix B.

HUD is especially interested in the following lead technical studies topics:

(i) Evaluation of interior and exterior LHC methodologies, especially novel approaches;

(ii) The effectiveness of ongoing maintenance activities in controlling lead-based paint hazards; and

(iii) Other areas of focus that are consistent with the overall goals of HUD's lead technical studies program.

(b) HBCU set-aside. As noted in the Program Overview, above, HBCUs are defined as those listed in 34 CFR 608.2 (see, for example, *www.ed.gov/offices/ope/hep/idues/hbculist.html).* The lead technical studies program includes a set-aside of $2.25 million for HBCUs. This set-aside is established for HBCUs to expand their role and effectiveness in addressing community development needs, specifically for conducting technical studies focused on increasing the efficacy of LHC programs in low-income, minority communities, consistent with the purposes of title I of the Housing and Community Development Act of 1974 in addressing critical social, economic, and environmental problems facing Nation's urban communities (see 42 U.S.C. 5301). Low-income, minority children in these communities are at highest risk of suffering of exposure to lead-based paint hazards and subsequently developing lead poisoning (Morbidity and Mortality Weekly Report, 1997; Jacobs *et al.*, 2002). The Department is aware that HBCUs are often involved in projects that address problems such as lead poisoning, that disproportionately affect low-income, minority populations. The goal of this set aside is to encourage HBCUs to apply their unique perspective on community issues and the community relationships that they have established, to design and implement technical studies to increase the efficacy of LHC programs in their communities and in additional communities, in accordance with section 1011(g)(1) of Title X, which requires HUD to ''develop the capacity of eligible applicants * * * to carry out activities under'' LHC grant programs.

HBCU applications should understand that the ultimate goal of these LHC grant programs is to reduce the incidence of childhood lead poisoning by identifying and eliminating lead hazards in target, privately owned, housing (see FY 2003 NOFA for LHC grants). Important aspects of the HUD LHC grants include:

(i) Working cooperatively with other governmental and community-based organizations;

(ii) Identifying target housing and recruiting owners into the program;

(iii) Identifying lead-based paint hazards and developing work specifications for contractors;

(iv) Awarding contracts and ensuring that work is completed;

(v) Conducting outreach and education to residents and the community; and

(vi) Promotion of job training, employment, and other economic opportunities for low-income and minority residents and businesses.

LHC grantees are encouraged to employ hazard control interventions that are effective in eliminating lead hazards while minimizing (*e.g.*, using interim controls instead of complete abatement) cost so that the largest number of housing units can be treated. HUD conducted an evaluation of the effectiveness of lead hazard interventions conducted by the initial recipients of the Department's lead-hazard control grants and these were found to be effective in reducing dust-lead levels (preliminary results were reported by Galke *et al.* 2001).

(B) Eligible Activities

(1) *Healthy Homes Technical Studies.*

(a) Evaluation of residential health and safety hazard assessment and control methodologies and approaches (including both existing methods and the evaluation of improved or novel approaches). Areas of particular interest to HUD include:

(i) Improving indoor air quality, such as through cost-effective approaches to upgrading residential ventilation or improving control/management of combustion appliances. Applicants should discuss how proposed approaches might affect residential energy costs (*e.g.*, increasing air exchange rates resulting in an increase in heating costs);

(ii) Improving or assessing the efficacy of current methods for residential Integrated Pest Management (IPM). IPM approaches focus on the use of economical means for managing pests, which incorporate information on the life cycles of pests and their interaction with the environment, while minimizing hazards to people, property, and the environment. HUD is particularly interested in IPM methods for reducing cockroach and/or rodent populations in multifamily housing;

(iii) Controlling excess moisture and dust control measures (*e.g.*, preventing track-in of exterior dust and soil, improved methods for interior dust cleaning) have been identified as key areas in the HHI Preliminary Plan;

(iv) Evaluate the effectiveness of education and outreach methods designed to provide at-risk families with the knowledge to adopt self-protective behaviors with respect to housing-related health hazards; and

(v) Additional ideas will be considered with an open mind toward novel techniques and applications.

(b) Analysis of existing data or generation of new data to improve knowledge regarding the prevalence and severity of specific hazards in various classes of housing, with a focus on low-income housing. Specific examples include:

(i) The prevalence of carbon monoxide and other indoor air quality hazards;

(ii) The prevalence and patterns of moisture problems and biological contaminants associated with excess moisture (*e.g.*, fungi, bacteria, dust mites);

(iii) The prevalence of specific childhood injury hazards in housing; and

(iv) Improved understanding of the relationship between a residential exposure and childhood illness or injury.

(c) Low-cost analytical techniques for the rapid, on- and off-site determination of environmental contaminants of concern (*e.g.*, bioaerosols, pesticides, allergens).

(i) Establish and validate any necessary procedures (*e.g.*, such as extraction and/or digestion) that would work well with the field device/procedure;

(ii) Improve old technology (*e.g.*, colorimetric tests, titrimetric procedures) as well as examine and improve newer techniques; and

(iii) Consider the safety, environmental impacts, and cost of the procedure, particularly as used in the field.

(d) In proposing technical studies within the broad topic areas discussed in III.C.1(a) and III.C.1(b), applicants should consider:

(i) The ''fit'' of the proposed hazard assessment and/or control methods within the overall goal of addressing ''priority'' health and safety hazards in a cost-effective manner;

(ii) The efficacy of the proposed methods for hazard control and risk reduction (*e.g.*, how long is effective hazard reduction maintained?);

(iii) Consider where and how these methods would be applied and tested, and/or perform demonstration activities; and

(iv) The degree to which your study will help develop practical, widely applicable methods and protocols or improve our understanding of a residential health hazard.

Although HUD is soliciting proposals for technical studies on these broad topics, HUD will also consider funding applications for technical studies on topics that are relevant under the overall goals and objectives of this program, as described above. In such instances, the applicant should describe how the

proposed project activity addresses these overall goals and objectives.

Applicants should consider the efficiencies that might be gained by working cooperatively with some of the recipients of HUD's Healthy Homes and Lead Hazard Control grants, which are widely distributed throughout the U.S. Information on current grantees is available at *www.hud.gov/offices/lead.*

You may address one or more of the technical studies topic areas within your proposal, or submit separate applications for different topic areas.

(2) *Lead Technical Studies.*

(a) *Set-Aside for Historically Black Colleges and Universities for Technical Studies on Increasing the Efficacy of Lead Hazard Control Programs in Low-Income, Urban Communities.*

Conduct studies focused on evaluating and improving the efficacy of LHC programs as conducted in low-income, urban communities. You are encouraged to focus on one or more important components of a LHC program, as discussed in section III.A.3, above, with the goal being to increase the effectiveness of that component (*e.g.*, selection and recruitment of units, design of interventions, contracting, promotion of job training, outreach and education). You are encouraged to work with the organizations that are currently administering LHC programs as well as with the community in the design and implementation of your study. As noted in section III.A.1(i), above, you are encouraged to use the ''community-based participatory research'' approach, where applicable, in the design and implementation of your studies.

In order that your studies can be relied upon for use in other communities and programs, it is important that your findings be statistically and programmatically verifiable. You are encouraged to use a study design that incorporates objective, quantitative measures of performance, and that assesses hypotheses that can be evaluated statistically based on the data obtained by your studies.

Some examples of design options are:

(i) Evaluate one or more components of an existing HUD LHC grant, propose a revised approach that reflects the findings of the evaluation, and evaluate the application of the revised approach;

(ii) Compare the effectiveness of a component across two or more existing HUD LHC grants, propose a revised approach that reflects the findings of the evaluation, and evaluate the application of the revised approach; or

(iii) Compare the effectiveness of one or more components among two or more jurisdictions, some of which have HUD LHC grants and some which do not, propose how jurisdictions without control grants could better achieve some of the goals of control grants, and evaluate the application of the proposed method in jurisdictions without LHC control grants.

(b) *Evaluation of Interior and Exterior Lead Hazard Control Methodologies, Especially Novel Approaches.* Identify and evaluate new methods and/or techniques for lead-based paint hazard control. Identify materials and/or procedures that may be used for abatement or for interim controls. Show the potential utility of these methods for LHC and risk reduction. Evaluate critical elements and potential weaknesses of the methods or techniques, and address how to minimize the effect of each critical element and/or eliminate or mitigate each weakness. Demonstrate where and how these methods have been applied and tested, and/or perform demonstration activities. Illustrate the results obtained, and the costs involved. Recommend cost-effective changes to the program for inclusion in future HUD LHC grants, and for possible inclusion in future revisions to the *Guidelines.*

(c) *The Effectiveness of Ongoing Maintenance Program Activities in Controlling Lead-Based Paint Hazards.* While a variety of lead abatement and interim control techniques have been evaluated for their effectiveness in controlling lead-based paint hazards at and after their implementation, there are few studies directly assessing the effectiveness of ongoing lead-based paint maintenance programs. Evaluate the effectiveness and feasibility of developing and implementing ongoing lead-based paint maintenance programs, identify program components for which particular implementation difficulties exist, and evaluate proposed measures for overcoming those difficulties. Such quantitative evaluation of program components could address whether and how technically-acceptable and cost-effective work practices are selected and implemented, how effective supervisors are in monitoring work activities to ensure that lead-based paint hazards are controlled and that dust and debris are contained and cleaned up during work, and how well clearance procedures (including necessary re-cleaning) are integrated into the maintenance program, among other factors.

(d) *Other Focus Areas that are Consistent with the Overall Goals of HUD's Lead Technical Studies Program.* Additional ideas will be considered with an open mind toward novel techniques and applications. Although HUD is soliciting proposals for technical studies on some specific topics, HUD will also consider funding applications for technical studies on topics which are relevant under the overall goals and objectives of the LHC technical studies program, as described above. In such instances, the applicant should describe how the proposed activity addresses these overall goals and objectives.

(C) Ineligible Activities

(1) Purchase or lease of equipment having a per unit cost in excess of $5,000, unless prior written approval is obtained from HUD.

(2) Medical treatment costs.

IV. Program Requirements

In addition to the requirements listed in Section V of the General Section of this SuperNOFA, the applicant must comply with requirements of this Section IV.

(A) Administrative Costs

There is a 10% maximum for administrative costs for successful applicants. Additional information about allowable administrative costs is provided in Appendix E of this program section of the NOFA.

(B) Period of Performance

The period of performance cannot exceed 24 months from the time of award, except for projects involving human subjects that require Institutional Review Board (IRB) approval and periodic monitoring, which cannot exceed 30 months. The additional time is allowed for obtaining approval for such studies, under HUD regulation (24 CFR part 60), which incorporates the Department of Health and Human Services' regulation of studies involving human subjects. In addition, HUD reserves the right to approve no cost time extensions for a total period not to exceed 12 months.

(C) Program Performance

Grantees shall take all reasonable steps to accomplish all grant-funded activities within the approved period of performance. HUD reserves the right to terminate the grant prior to the expiration of the period of performance if the grantee fails to make reasonable progress in implementing the approved program of activities.

(D) Certifications and Assurances

In addition to the certifications mentioned in the Section V(H) of the General Section of this NOFA, you must comply with:

(1) All relevant State and Federal regulations regarding exposure to and proper disposal of hazardous materials;

(2) Any blood lead testing, blood lead level test results, and medical referral

and follow-up for children under six years of age will be conducted according to the recommendations of the Centers for Disease Control and Prevention (CDC), *Preventing Lead Poisoning in Young Children* (see Appendix B of this program section of the NOFA);

(3) HUD technical studies grant funds will not replace existing resources dedicated to any ongoing project;

(4) Laboratory analysis covered by the National Lead Laboratory Accreditation Program (NLLAP) will be conducted by a laboratory recognized under the program;

(5) Human research subjects will be protected from research risks in conformance with Federal Policy for the Protection of Human Subjects, codified by HUD at 24 CFR part 60; and

(6) The requirements of OSHA (*e.g.*, 29 CFR part 1910 and/or 1926, as applicable) or the State or local occupational safety and health regulations, whichever are most stringent, will be met;

(7) If an individual researcher or a research team submits the application, the institution administering the grant will meet the civil rights threshold in Section V of the General Section of this NOFA.

(E) Conducting Business in Accordance with HUD Core Values and Ethical Standards

If awarded assistance under this NOFA, prior to entering into a grant agreement with HUD, you will be required to submit a copy of your code of conduct and describe the methods you will use to ensure that all officers, employees, and agents of your organization are aware of your code of conduct. See Section V of the General Section of the SuperNOFA for information about conducting business in accordance with HUD's core values and ethical standards.

(F) Participation in HUD-Sponsored Program Evaluation

As a condition of the receipt of financial assistance under this NOFA, you will be required to cooperate with all HUD staff or contractors performing HUD-funded research and evaluation studies pertaining to the subject of the grant.

(G) HUD Reform Act of 1989

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the General Section of the NOFA at section XI.

V. Application Selection Process

(A) Threshold Requirements

Applications that meet all of the threshold requirements will be eligible to be scored and ranked, based on the total number of points allocated for each of the rating factors described below in Section V (B) of this NOFA. Your application must receive a total score of at least 75 points to remain in consideration for funding.

(B) Rating and Ranking

Awards will be made separately in rank order for Healthy Homes Technical Studies applications and for each category of Lead Technical Studies applications, within the limits of funding availability for each program.

(1) *Award Factors.* Applications will be reviewed by a Source Evaluation Board which will assign each application a numerical score based on the rating factors presented below (see also section V(B) of the NOFA). Each factor is weighted as indicated by the number of points that are attainable for it. The maximum score that can be assigned to an application is 102 points. Applicants should be certain that these factors are adequately addressed in the project description (see Section 2) and accompanying materials. The five rating factors are listed below.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (30 points)

Rating Factor 2: Need/Extent of the Problem (10 points)

Rating Factor 3: Soundness of Approach (45 points)

Rating Factor 4: Leveraging Resources (5 points)

Rating Factor 5: Achieving Results and Program Evaluation (10 points)

RC/EZ/EC Bonus Points (2 points)

TOTAL: 102 points

Applicants are eligible to receive two bonus points for projects located within federally designated Renewable Communities (RC)/Employment Zones (EZ)/Enterprise Communities (EC) (RC/EZ/ECs) and which will serve the residents of these communities (see Section VI of the General Section of this NOFA.

You will receive one point under Rating Factor 3(1) for each of the applicable FY 2003 policy priorities that are adequately addressed in your application, up to a maximum of three points (see Section II of the General Section of this NOFA). Policy priorities that are applicable to the Lead and Healthy Homes Technical Studies NOFA are: (1) Improving our Nation's Communities (focus on distressed communities); (2) Providing Full and Equal Access to Grass-Roots Faith-based and other Community-based Organizations in HUD Program Implementation; and (3) Colonias.

Within each of the two technical studies program areas, you may address more than one of the technical study topic areas within your proposal (*e.g.*, a healthy homes technical studies applicant can address multiple topics consistent with the HHI program objectives) or submit separate applications for different topic areas. You are encouraged to plan projects that can be completed over a short time period (*e.g.*, 12 to 24 months from the date of award (plus up to six months to accommodate approval by an IRB for human subjects research)), so useful information generated from the technical studies can be available for policy or program decisions and disseminated to the public as quickly as possible.

Regarding the amount to be awarded to the selected applicants, please refer to the Negotiation section VI(D) in the General Section of this NOFA.

(2) *Partial Funding.* In the selection process, HUD reserves the right to offer partial funding to any or all applicants. If you are offered a reduced grant amount, you will have a maximum of 14 calendar days to accept such a reduced award. If you fail to respond within the 14-day limit, you shall be considered to have declined the award.

(3) *Remaining Funds.* See section VI of the General Section of this NOFA for HUD's procedures if funds remain after all selections have been made within a category of the Lead Technical Studies Program.

(C) Rating Factors

The factors for rating and ranking applicants, and maximum points for each factor, are provided below. The factors or their assigned points differ somewhat from those used for most program areas included in this NOFA because they have been amended for rating the unique aspects of technical study applications. The maximum number of points to be awarded is 102.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (30 Points)

This factor addresses the extent to which you have the ability and organizational resources necessary to successfully implement your proposed activities in a timely manner. The rating of you, the ''applicant,'' will include any sub-grantees, consultants, sub-recipients, and members of consortia that are firmly committed to the project (generally, ''subordinate

organizations''). In rating this factor, HUD will consider the extent to which your application demonstrates:

(1) *The capability and qualifications of the principal investigator and key personnel* (20 points). Qualifications to carry out the proposed study as evidenced by academic background, relevant publications, and recent (within the past 10 years) relevant research experience. Publications and research experience are considered relevant if they required the acquisition and use of knowledge and skills that can be applied in the planning and execution of the technical study that is proposed under this program section of this NOFA; and

(2) *Past performance of the study team in managing similar projects* (10 points). Demonstrated ability to successfully manage various aspects of a complex technical study in such areas as logistics, study personnel management, data management, quality control, community study involvement (if applicable), and report writing, as well as overall success in project completion (*i.e.*, projects completed on time and within budget). You should also demonstrate that your project would have adequate administrative support, including clerical and specialized support in areas such as accounting and equipment maintenance.

Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for your proposed technical study. In responding to this factor, you should document in detail how your project would make a significant contribution towards achieving some or all of HUD's stated goals and objectives for one or more of the topic areas described in Sections III (A) and (C)(1)–(2). You should demonstrate how your proposed study addresses a need associated with an important housing-related health hazard, with an emphasis on children's health. Specific topics to be addressed for this factor include:

(1) Provide a concise review of the health hazard that is addressed in your study and why you consider it a ''high priority'' hazard. If appropriate, include documented rates of illness or injury associated with the hazard, including local, regional, and national data;

(2) Discuss how your proposed project would significantly advance the current state of knowledge for your focus area, especially with respect to the development of practical solutions; and

(3) Discuss how you anticipate your study findings will be used to improve current methods for assessing or mitigating the hazard that your study addresses. Indicate why the method/protocol that would be improved through your study would be widely adopted (*e.g.*, low cost, easily replicated, lack of other options).

Rating Factor 3: Soundness of Approach (45 Points)

This factor addresses the quality of your proposed technical study plan. Specific components include:

(1) *Soundness of the study design* (25 points). The project description/study design must be thorough and feasible, and reflect your knowledge of the relevant scientific literature. You should clearly describe how your study builds upon the current state of knowledge for your focus area. If possible, your study should be designed to address testable hypotheses, which are clearly stated. Your study design should be statistically based, with adequate power to test your stated hypotheses. The study design should be presented as a logical sequence of steps or phases, with individual tasks described for each phase. You should identify any important ''decision points'' in your study plan and you should discuss plans for data management, analysis and archiving.

Indicate if you will address any of the Department's FY 2003 policy priorities that are applicable to this program (see Section II of the General Section of this NOFA for a description of these policy priorities). You will receive one point for each of the applicable policy priorities that are addressed in your application. Policy priorities that are applicable to the Healthy Homes and Lead Technical Studies programs are: (1) Improving the Quality of Life in Our Nation's Communities (focus on distressed communities); (2) Providing Full and Equal Access to Faith-Based and Other Community-Based Organizations in HUD Program Implementation; and (3) Colonias (improving housing conditions for families living in Colonias).

(2) *Quality assurance mechanisms* (10 points). You must describe the quality assurance mechanisms that will be integrated into your project design to ensure the validity and quality of the results.

(a) Areas to be addressed include acceptance criteria for data quality, procedures for selection of samples/sample sites, sample handling, measurement and analysis, and any standard/nonstandard quality assurance/control procedures to be followed. Documents (*e.g.*, government reports, peer-reviewed academic literature) that provide the basis for your quality assurance mechanisms should be cited.

(b) If your project involves human subjects in a manner which requires Institutional Review Board (IRB) approval and periodic monitoring, address how you will obtain such approval and your monitoring plan (before you can receive funds from HUD for activities that require IRB approval, you must provide an assurance that your study has been reviewed and approved by an IRB and evidence of your organization's ''institutional assurance;'' see Section VI(A)(6)). Describe how you will provide informed consent (*e.g.*, from the subjects, their parents or their guardians, as applicable) to help ensure their understanding of, and consent to, the elements of informed consent, such as the purposes, benefits and risks of the research. Describe how this information will be provided and how the consent will be collected. For example, describe your use of ''plain language'' forms, flyers and verbal scripts, and how you plan to work with families with limited English proficiency or primary languages other than English, and with families including persons with disabilities.

(3) *Project management plan* (8 points). The proposal should include a management plan that provides a schedule for the completion of major activities, tasks and deliverables, with an indication that there will be adequate resources (*e.g.*, personnel, financial) to successfully meet the proposed schedule. You are encouraged to plan a project with a duration of 24 months or less (or 30 months or less for projects requiring IRB approval). You should include preparation of one or more articles for peer-reviewed academic journals and submission of the draft(s) to the journal(s) after HUD acceptance during the period of performance of your grant.

(4) *Budget Proposal* (2 points).

(a) Your budget proposal should thoroughly estimate all applicable direct and indirect costs, and be presented in a clear and coherent format in accordance with the requirements listed in the General Section of this NOFA. HUD is not required to approve or fund all proposed activities. Your budget should be submitted in the format provided in Appendix D (an electronic spreadsheet is available on HUD's Web site, *www.hud.gov/offices/lead*). You must thoroughly document and justify all budget categories and costs (Part B of Standard Form 424A) and all major tasks, for yourself, sub-recipients, partners, major subcontractors, joint

venture participants, or others contributing resources to the project (especially those proposed to receive more than 10% of the federal budget request). Your budget proposal should be activity- and task-related.

(b) Your narrative justification associated with these budgeted costs should be included as an attachment to the Total Budget (Federal Share and Matching), but does not count in the 25-page limit for this submission.

(c) The application will not be rated on the proposed cost; however, cost will be considered in addition to the rated factors to determine the proposal most advantageous to the Federal government. Cost will be the deciding factor when proposals ranked under the listed factors are considered acceptable and are substantially equal.

Rating Factor 4: Leveraging Resources (5 Points)

Your proposal should demonstrate that the effectiveness of HUD's Healthy Homes and Lead Technical Studies grant funds is being increased by securing other public and/or private resources or by structuring the project in a cost-effective manner, such as integrating the project into an existing study. Resources may include funding or in-kind contributions (such as services, facilities or equipment) allocated to the purpose(s) of your project. Staff and in-kind contributions should be given a monetary value.

You should provide evidence of leveraging/partnerships by attaching to your application the following: letters of firm commitment; memoranda of understanding; or agreements to participate from those entities identified as partners in the project efforts. Each letter of commitment, memorandum of understanding, or agreement to participate must include the organization's name, proposed level of commitment (with monetary value) and responsibilities as they relate to specific activities or tasks of your proposed program. The commitment must also be signed by an official of the organization legally able to make commitments on behalf of the organization.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor emphasizes HUD's commitment to ensuring that applicants keep promises made in their applications and assess their performance to ensure performance goals are met. Achieving results means you, the applicant, have clearly identified the benefits or outcomes of your program. Outcomes are ultimate goals. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals.

Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your evaluation plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

This new rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability. In evaluating this factor, HUD will consider how you have described outcome measures and benefits of your program.

In your response to this Rating Factor you are to discuss the performance goals for your project and identify specific outcome measures. You are also to describe how the outcome information will be obtained, documented, and reported. You must complete and return the Logic Model Form included in Appendix B of the General Section of the SuperNOFA showing your proposed project long-term, mid-term, short-term and final results, and how they support HUD's departmental goals and objectives. Information about developing a Logic Model is available at *www.hud.gov.*

Also, in responding to this factor, you should:

(a) Identify benchmarks that you will use to track the progress of your study;

(b) Identify important study milestones (*e.g.,* the end of specific phases in a multiphased study), which should also be clearly indicated in your study timeline;

(c) Identify milestones that are critical for achieving study objectives (*e.g.,* recruitment of study participants, developing a new analytical protocol), potential obstacles in meeting these objectives, and how you would respond to these obstacles;

(d) Identify how your program will be held accountable for meeting program goals, objectives, and the actions undertaken in implementing the grant program.

This new rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability.

VI. Application Submission Requirements

(A) Applicant Data

Your application must contain the items listed in this Section (VI(A)). These items include the standard forms, certifications, and assurances listed in the General Section of this NOFA that are applicable to this funding (collectively referred to as the ''standard forms''). The standard forms can be found in Appendix B to the General Section of the SuperNOFA. The remaining application item required with your application is a non-standard form (*i.e.,* excluding such items as narratives) that can be found as Appendix D to this is NOFA. The items are:

(1) A transmittal letter, signed by the chief executive or other authorized official, that identifies what the technical study program funds are requested for (you should clearly specify that you are applying for funds under either the HHI technical studies program or the LHC technical studies program), the dollar amount requested, and the applicant(s) submitting the application. The name, mailing address, telephone number, and principal contact person of the prime applicant. If you have consortium associates, sub-grantees, partners, major subcontractors, joint venture participants, or others contributing resources to your project, similar information must be provided for each of these entities. If two or more organizations are working together on the project, a primary applicant must be designated.

(2) Application Abstract Summary. An abstract describing the project title, the names and affiliations of all investigators, and a summary of the objectives, expected results, and study design (two-page maximum) must be included in the proposal.

(3) Checklist and Submission Table of Contents (see Appendix D).

(4) All forms as required by Section V(H) of the General Section of this SuperNOFA. A Certification of Consistency with the Consolidated Plan is not required for this application.

(5) A project description/narrative statement addressing the rating factors for award of funding under this program section of the NOFA. The narrative statement must be numbered in accordance with each factor for award (Rating Factors 1 through 5). The project description can either be included in the responses to the rating factors or provided separately. The response to the rating factors should not exceed a total of 25 pages (10- to 12-point font with at least ¾ inch margins on 8½″ by 11″

pages) for each technical study topic area. Any pages in excess of this limit will not be read.

(6) In conformance with the Common Rule (Federal Policy for the Protection of Human Subjects, codified by HUD at 24 CFR Part 60), if your research involves human subjects, your organization must provide an assurance (*e.g.,* a letter signed by an appropriate official) that the research has been reviewed and approved by an IRB before you can receive funds from HUD for activities that require IRB approval. Before receiving such funds, you must also provide the number for your organization's assurance (*i.e.,* an ''institutional assurance'') that has been approved by the Department of Health and Human Service's Office of Human Research Protections (OHRP). For additional information on what constitutes human subject research or how to obtain an institutional assurance see the OHRP Web site at *http://ohrp.osophs.dhhs.gov/.*

(7) Within Appendix 1, the resumes of the principal investigator and other key personnel. Resumes shall not exceed three pages each, and are limited to information that is relevant in assessing the qualifications of key personnel to conduct and/or manage the proposed technical studies. This information will not be counted towards the page limit.

(8) Within Appendix 3, a detailed total budget with supporting cost justification for all budget categories of the federal grant request. Use the budget format discussed in Section V(B) Rating Factor 3(5), above. *In completing the budget forms and justification, you should address the following elements:*

(a) Direct Labor costs should include all full- and part-time staff required for the planning and implementation phases of the project. These costs should be based on FTE (full time equivalent) or hours per year (hours/year) (*i.e.,* one FTE equals 2,080 hours/year);

(b) You should budget for two trips to HUD Headquarters in Washington, DC, planning each trip for two people, assuming a stay of one or two days, depending on your location;

(c) A separate budget proposal should be provided for any subrecipients receiving more than 10% of the total federal budget request;

(d) You should be prepared to provide supporting documentation for salaries and prices of materials and equipment upon request;

(e) Organizations that have a federally-negotiated indirect rate should use that rate and the appropriate base. Other organizations should use their current overhead rate; and

(f) You should submit the negotiated rate agreements for fringe benefits and indirect costs, if applicable, as an attachment to the budget sheets.

(9) Any important attachments, appendices, references, or other relevant information may accompany the project description, but must not exceed 20 pages for the entire application, although mandatory materials (budget detail and justification, organizational chart, resumes, job descriptions, letters of commitment and memoranda of agreement from participating organizations) are not included in this page limit. Any pages in excess of this limit will not be read.

(B) Quality Assurance Plan (QAP)

Successful applicants will be required to submit a Quality Assurance Plan to HUD prior to initiating work under the grant. This is a streamlined version of the format used by some other federal agencies, and is intended to help ensure the accuracy and validity of the data that you will collect under the grant. You should plan for this and include it in your study work plan. (See the HUD Office of Healthy Homes and Lead Hazard Control's Internet site, *www.hud.gov/offices/lead.*)

(C) Applicant Debriefing

See Section the General Section of this NOFA for information about applicant debriefing.

VII. Corrections to Deficient Applications

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

VIII. Environmental Requirements

In accordance with 24 CFR 50.19(b)(1) and (b)(5) of the HUD regulations, activities assisted under this program are categorically excluded from the requirements of the National Environmental Policy Act of 1969 (42 U.S.C. 4321) and are not subject to environmental review under the related laws and authorities.

Appendix A

The following briefly describes the residential health and injury hazards HUD considers key targets for intervention:

Allergens and asthma: Experts estimate that 14 million Americans have asthma, with an associated annual cost of $14 billion. Asthma is now recognized as the leading cause of school and work absences, emergency room visits and hospitalizations. For sensitized children, exposure to antigens from dust mites, certain pets, and cockroaches has been associated with more severe asthma. There is a preponderance of evidence showing a dose-response relationship between exposure and prevalence of asthma and allergies; some evidence also indicates that exposure to antigens early in life may predispose or hasten the onset of allergies and asthma. Dust mites have been identified as the largest trigger for asthma and allergies. Cockroach allergens appear to be excessive in 30–50 percent of inner-city housing and affect 5–15 percent of the population, whereas dust mites appear to be the dominant allergen in other environments.

Interventions known to have beneficial effects include the installation of impervious mattress and pillow covers, which can reduce allergen exposure by 90 percent. Other dust mite control measures include dehumidification, laundering bedding, and removal of carpets and other materials that accumulate dust and are difficult to clean (*e.g.,* dust sinks). Cleaning carpets with tannic acid solution has also been demonstrated to greatly reduce dust mites. Asthma prevention program costs have been estimated at about $500 per unit, which includes about $150 for educational interventions.

Asbestos: Asbestos is a mineral fiber that has been used commonly in a variety of building construction materials and household products for insulation and as a fire-retardant. The Environmental Protection Agency (EPA) and the Consumer Product Safety Commission (CPSC) have banned most asbestos products. Manufacturers have also voluntarily limited uses of asbestos. Today, asbestos is most commonly found in older homes in pipe and furnace insulation materials, asbestos shingles, millboard, textured paints and other coating materials, and floor tiles. Elevated concentrations of airborne asbestos can occur when asbestos-containing materials (ACMs) are disturbed by cutting, sanding or other remodeling activities. Improper attempts to remove these materials can release asbestos fibers into the air in homes, increasing asbestos levels and endangering the people living in those homes. The most dangerous asbestos fibers are too small to be visible. After they are inhaled, they can remain and accumulate in the lungs. Asbestos can cause lung cancer, mesothelioma (a cancer of the chest and abdominal linings), and asbestosis (irreversible lung scarring that can be fatal). Most people with asbestos-related diseases were exposed to elevated concentrations on the job; some developed disease from exposure to clothing and equipment brought home from job sites. As with radon, dose-response extrapolations suggest that lower level exposures, as may occur when asbestos-containing building materials deteriorate or are disturbed, may also cause cancer.

Intact asbestos-containing materials are not a hazard; they should be monitored for damage or deterioration and isolated if possible. Repair of damaged or deteriorating ACMs usually involves either sealing (encapsulation) or covering (enclosure) it. Repair is usually cheaper than removal, but it may make later removal of asbestos more difficult and costly. Repairs should be done only by a professional trained and certified to handle asbestos safely and can cost from a few hundred to a few thousand dollars; removal can be more expensive.

Combustion products of heating and cooking appliances: Burning of oil, natural gas, kerosene, and wood for heating or cooking purposes can release a variety of combustion products of health concern. Depending upon the fuel, these may include carbon monoxide (a chemical asphyxiant), oxides of nitrogen (respiratory irritants), polycyclic aromatic hydrocarbons (*e.g.*, the carcinogen benzo[a]pyrene), and airborne particulate matter (respiratory irritants). Carbon monoxide, an odorless gas, can be fatal. Nitrogen dioxide can damage the respiratory tract, and sulfur dioxide can irritate the eyes, nose and respiratory tract. Smoke and other particulates irritate the eyes, nose and throat, and can cause lung cancer.

Improper venting and poor maintenance of heating systems and cooking appliances can dramatically increase exposure to combustion products. Experts recommend having combustion heating systems inspected by a trained professional every year to identify blocked openings to flues and chimneys, cracked or disconnected flue pipes, dirty filters, rust or cracks in the heat exchanger, soot or creosote build-up, and exhaust or gas odors. Installing a carbon monoxide detector is also recommended; however, such a detector will not detect other combustion by-products.

Insect and Rodent pests: The observed association between exposure to cockroach antigen and asthma severity has already been noted above. In addition, cockroaches may act as vehicles to contaminate environmental surfaces with certain pathogenic organisms. Rodents can transmit a number of communicable diseases to humans, either through bites, arthropod vectors, or exposure to aerosolized excreta. In addition, humans can become sensitized to proteins in rodent urine, dander and saliva. Such sensitization may contribute to asthma severity among children. Insect and rodent infestation is frequently associated with substandard housing that makes it difficult to eliminate. Treatment of rodent and insect infestations often includes the use of toxic pesticides that may present hazards to occupants (see below). Integrated pest management (IPM) for rodents and cockroaches, which reduces the use of pesticides, is estimated to cost approximately $150 per unit. IPM control measures include sealing holes and cracks, removing food sources and use of traps.

Lead: Exposure to lead, especially from deteriorating lead-based paint, remains one of the most important and best-studied of the household environmental hazards to children. Although blood lead levels have fallen nationally, a large reservoir of lead remains in housing. The most recent national survey, conducted from 1991–94, showed that nearly one million U.S. preschoolers still have elevated blood lead levels. Overall, the prevalence rate among all children under six years of age is 4.4 percent. Among low-income children living in older housing where lead-based paint is most prevalent, the rate climbs to 16 percent; and for African-American children living in such housing, it reaches 21 percent.

HUD estimates that 38 million dwellings have some lead-based paint, and that 26 million have significant lead-based paint hazards. Of those, about 5.7 million have young children and of those, about 1.6 million have household incomes under $30,000 per year. LHC costs can range anywhere from $500 to $15,000 per unit. Corrective measures include paint stabilization, enclosure and removal of certain building components coated with lead paint, and cleanup and ''clearance testing,'' which ensures the unit is safe for young children.

Mold and moisture: An analysis of several pulmonary disease studies estimates that 25 percent of airways disease, and 60 percent of interstitial lung disease may be associated with moisture in the home or work environment. Moisture is a precursor to the growth of mold and other biological agents, which is also associated with respiratory symptoms. An investigation of a cluster of pulmonary hemosiderosis (PH) cases in infants showed PH was associated with a history of recent water damage to homes and with levels of the mold Stachybotrys atra (SA) in air and cultured surface samples. Associations between exposure to SA and ''sick building'' symptoms in adults have also been observed. Other related toxigenic fungi have been found in association with SA-associated illness and could play a role. For sensitive individuals, exposure to a wide variety of common molds may also aggravate asthma. Addressing mold problems in housing requires coordination among the medical, public health, microbiological, housing, and building science communities.

The cost of mold/moisture-related intervention work (*e.g.*, IPM, clean and tune furnace, remove debris, vent clothes dryer, cover dirt floor with impermeable vapor barrier) is a few hundred dollars, unless major modification of the ventilation system is needed. For example, in Cleveland, mold interventions, including repairs to ventilation systems and basement flooring, in the most heavily contaminated homes range from $500–$5,000, with some costs also being dedicated to LHC simultaneously through its lead and asthma program.

Pesticide residues: According to the EPA, 75 percent of U.S. households used at least one pesticide product indoors during the past year. Products used most often are insecticides and disinfectants. Another study suggests that 80 percent of most people's exposure to pesticides occurs indoors and that measurable levels of up to a dozen pesticides have been found in the air inside homes. The amount of pesticides found in homes appears to be greater than can be explained by recent pesticide use in those households; other possible sources include contaminated soil or dust that migrates in from outside, stored pesticide containers, and household surfaces that collect and then release the pesticides. Pesticides used in and around the home include products to control insects (insecticides), termites (termiticides), rodents (rodenticides), molds and fungi (fungicides), and microbes (disinfectants). In 1990, the American Association of Poison Control Centers reported that some 79,000 children were involved in common household pesticide poisonings or exposures. In households with children under five years of age, almost half stored at least one pesticide product within the reach of children. Exposure to chlorpyriphos (CP), a commonly used organophosphate insecticide, in the prenatal and early postnatal period may impair neurological development. While CP is a biodegradable pesticide, substantial persistence of CP in house dust has been demonstrated. Exposure to high levels of cyclodiene pesticides, commonly associated with misapplication, has produced various symptoms, including headaches, dizziness, muscle twitching, weakness, tingling sensations, and nausea. In addition, the EPA is concerned that cyclodienes might cause long-term damage to the liver and the central nervous system, as well as an increased risk of cancer.

There are available data on hazard evaluation methods and remediation effectiveness regarding pesticide residues in the home environment.

Radon progeny: The National Academy of Sciences estimates that approximately 15,000 cases of lung cancer per year are related to radon exposure. Epidemiologic studies of miners exposed to high levels of radon in inhaled air have defined the dose response relation for radon-induced lung cancer at high exposure levels. Extrapolation of these data has been used to estimate the excess risk of lung cancer attributable to exposure to radon gas at the lower levels found in homes. These estimates indicate that radon gas is an important cause of lung cancer deaths in the U.S. Excessive exposures are typically related to home ventilation, structural integrity and location.

Radon measurement and remediation methods are well developed, and the Environmental Protection Agency (EPA) recommends that every home be measured for radon. EPA estimates that materials and labor costs for radon reduction in an existing home are $800-$2,500. Including radon resistant techniques in new home construction costs $350-$500, and can save up to $65 annually in energy costs, according to the EPA.

Take-home hazards from work/hobbies and work at home: When the clothing, hair, skin, or shoes of workers become contaminated with hazardous materials in the workplace, such contaminants may inadvertently be carried to the home environment and/or an automobile. Such ''take-home'' exposures have been demonstrated, for example, in homes of lead-exposed workers. In addition, certain hobbies or workplaces located in the home may provide an especially great risk of household contamination.

Control methods include storing and laundering work clothes separately, and showering and changing clothes before leaving work or immediately after arriving home. Once a home becomes contaminated, cleaning floors and contact surfaces and replacing furnishings may be necessary to reduce exposures.

Unintentional injuries/fire: Unintentional injury is now the leading cause of death and disability among children younger than 15 years of age. In 1997, nearly 7 million persons in the U.S. were disabled for at least one full day by unintentional injuries

received at home. During the same year, 28,400 deaths were attributable to unintentional home injuries, of which 1800 occurred among children 0–4 years of age. Among young children, three types of events accounted for more than 75 percent of deaths: fires/ burns; drowning; and mechanical suffocation. Falls and poisoning are the next most common causes of death.

Home visitation protocols have been shown to be effective in reducing exposure to such hazards. The ''add-on'' cost of injury prevention measures, when combined with other housing interventions are estimated at about $100 per unit. This includes the cost of some injury prevention devices (*e.g.*, smoke alarms, electrical socket covers, etc.).

Appendix B—Relevant Publications and Guidelines

To secure any of the documents listed, call the telephone number provided. If you are a hearing-or speech-impaired person, you may reach the telephone numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339. A number of these references are provided on HUD's CD, ''Residential Lead Desktop Reference, 3rd Edition.'' This CD can be obtained at no charge by calling the National Lead Information Clearinghouse's (NLIC's) toll free number, 1–800–424–LEAD. Several of these references can be downloaded from the Internet without charge from the HUD Office of Healthy Homes and Lead Hazard Control's Internet site, *www.hud.gov/offices/lead.*

Regulations

1. *Worker Protection:* The two Occupational and Safety Administration (OSHA) publications listed below can be purchased by calling either OSHA Regulations at 202–693–1888 (OSHA Regulations) (this is not a toll free number) or the Government Printing Office (GPO) at 202–512–1800 (this is not a toll-free number). If you are a hearing-or speech-impaired person, you may reach these telephone numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

(a) General Industry Lead Standard, 29 CFR 1910.1025 (Document Number 869022001124). This document can be downloaded without charge from the OSHA Web site at: *www.osha-slc.gov/OshStd_data/1910_1025.html;*

(b) Lead Exposure in Construction, 29 CFR 1926.62, and appendices A, B, C, and D (Document Number 869022001141). This document can be downloaded without charge from the OSHA Web site at: *www.osha-slc.gov/OshStd_data/1926_0062.html.*

2. *Waste Disposal.* A copy of the EPA regulations at 40 CFR parts 260–268 can be purchased by calling 1–800–424–9346, or, from the Washington, DC, metropolitan area, 1–703–412–9810 (not a toll-free number). If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339. The regulations can also be downloaded without charge from the EPA Web site at *www.epa.gov/docs/epacfr40/chapt-I.info/subch-I/htm.*

3. *Lead.*

(a) Requirements for Lead-Based Paint Activities in Target Housing and Child-Occupied Facilities; Final Rule: 40 CFR part 745 (EPA) (Lead Hazard Standards, Work Practice Standards, EPA and State Certification and Accreditation Programs for those engaged in lead-based paint activities) can be purchased by calling the Toxic Substances Control Act (TSCA) Hotline at 202–554–1404 (this is not a toll-free number). If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339. The rule and guidance can be downloaded from the Internet without charge at *www.epa.gov/lead/.*

(b) Requirements for Notification, Evaluation and Reduction of Lead-Based Paint Hazards in Federally Owned Residential Property and Housing Receiving Federal Assistance; Final Rule: 24 CFR part 35, subparts B through R, published September 15, 1999, at **Federal Register** pages 50201 through 50231(HUD) can be purchased by calling NLIC's toll-free number (800–424–LEAD) or downloaded without charge from the HUD Web site at *www.hud.gov/offices/lead.*

(c) Requirements for Disclosure of Information Concerning Lead-Based Paint in Housing, 24 CFR Part 35, Subpart A (HUD, Lead-Based Paint Disclosure Rule) by calling the NLIC's toll free number (800–424-LEAD). If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339. The rule, guidance, pamphlet and disclosure formats can be downloaded from the HUD Web site at *www.hud.gov/offices/lead.*

(d) U.S. Environmental Protection Agency. Lead; Identification of Dangerous Levels of Lead; Final Rule at 66 FR 1205–1240, January 5, 2001. This rule and guidance can be obtained without charge by calling the NLIC's toll free number (800–424–LEAD) or by calling the TSCA at: 202–554–1404 (not a toll-free number). The rule and guidance can be downloaded from the EPA Web site at *www.epa.gov/lead/leadhaz.htm.*

Guidelines

1. Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing; HUD, June 1995, and amended September 1997. These guidelines can be purchased by calling 800–245–2691 toll-free. If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339. The Guidelines can be downloaded from the HUD Web site without charge at *www.hud.gov/offices/lead.*

2. Preventing Lead Poisoning in Young Children; Centers for Disease Control, October 1991. These guidelines can be obtained without charge by calling the CDC toll free number at 888–232–6789. If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339. The guidelines can also be downloaded from the HUD Web site without charge at *www.hud.gov/offices/lead.*

3. Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials, November 1997; Centers for Disease Control and Prevention (CDC). These guidelines can be obtained without charge by calling the CDC toll free number at 888–232–6789 or they can be downloaded from the HUD Web site at *www.hud.gov/offices/lead.*

Reports and Articles

1. Putting the Pieces Together: Controlling Lead Hazards in the Nation's Housing, (Summary and Full Report); HUD, July 1995. A copy of this summary and report can be purchased by calling 800–245–2691 toll free or downloaded from the HUD Web site without charge at *www.hud.gov/offices/lead.*

2. The Healthy Homes Initiative: A Preliminary Plan (Summary and Full Report); HUD, July 1995. A copy of this summary and report can be downloaded from the HUD Web site without charge at *www.hud.gov/offices/lead.*

3. Institute of Medicine. Indoor Allergens. Assessing and Controlling Adverse Health Effects. National Academy Press. Washington, DC 1993.

4. Mott L., Our Children at Risk. Natural Resources Defense Council. Washington, DC 1997. Can be ordered from the Internet from www.nrdc.org.

5. Rom W.N., Ed. Environmental and Occupational Medicine. Little, Brown and Co., Boston. 1992.

6. President's Task Force on Environmental Health Risks and Safety Risks to Children. Asthma and The Environment: An Action Plan to Protect Children. Washington, DC 1999. Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards. Washington, DC 2000. Can be downloaded from the Internet without charge from *www.epa.gov/children.*

7. Morbidity and Mortality Weekly Report (MMWR). Update: Blood Lead Level—United States, 1991–1994. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. February 21, 1997. Vol. 46, No 7.

8. Jacobs, D.E., R.P. Clickner, J.Y. Zhou, *et al.*, 2002. Prevalence of Lead-Based Paint in U.S. Housing. Env. Health Persp. 110(10): A599–A606.

9. Galke, W., S. Clark, J. Wilson, *et al.*, 2001. Evaluation of the HUD lead hazard control grant program: Early overall findings. Env. Res. 86, 149–156.

BILLING CODE 4210–32–P

APPENDIX C - Healthy Homes and Lead-Related Research

Examples of Healthy Homes Research

No.	Title	Description
1	Urban Mold and Moisture Control	Assess the efficacy of low cost interventions to address mold and moisture problems as measured by subsequent reductions in fungal levels in environmental samples and reduction in asthma morbidity. Also includes development and validation of a visual assessment tool.
2	Improving the Lead Dust Final Clean Protocol to Reduce Cockroach Allergen Exposure	Determine effectiveness of modified cleaning protocols in reducing household contamination by cockroach allergen; evaluate polyclonal immunoassay for measuring cockroach allergens.
3	Healthy Public Housing	Document environmental health and safety hazards affecting public housing residents; evaluate remedial measures and quantify economic benefits of interventions
4	Head Start Healthy Homes Initiative	Evaluate home visitation with low cost interventions to Head Start families as a means of reducing health risks for asthma, lead poisoning and injury.
5	Baseline Study of Fungi in Urban Homes With No Known Moisture Problems	Identify fungal species and concentrations in samples of air and settled dust in homes with no known mold and moisture problems.
6	Use of GIS Predictive Modeling to Identify Homes at High Risk for Environmental Health Hazards	A GIS-based predictive modeling approach, built on an ongoing GIS modeling project for lead hazards, will be used to identify homes that are likely to have multiple environmental health hazards.
7	A Portable Instrument to Detect, Identify and Quantify Mold in Homes	The objective is to develop a relatively low cost, portable instrument to perform on-site evaluation of airborne concentrations of specific fungal species as well as estimates of total fungal concentration.
8	Evaluation of a Low Cost Method for Identification and Assessment of Mold Problems in Housing	The objective is to conduct laboratory and field testing of a new instrument for measuring the release of mold spores from surfaces.
9	Novel Markers of Fungal Exposure in Homes and Their Relationship to Respiratory Symptoms in Children in New York City	This research is evaluating the utility of fungal exposure assessment through immunoassay measurement of fungal extracellular polysaccharides (EPS) in house dust and fungal EPS specific immunoglobulin G (IgG) in the serum of participants to identify relationships between mold exposure and respiratory symptoms.

Examples of NOFA-Funded Lead Research

No.	Title	Description
1	Cleaning Lead Contaminated Dust from Hard Surfaces	The purpose of this research is to determine the effectiveness of various detergents in cleaning lead-contaminated dust from hard surfaces under varying conditions of wear and dust loading.
2	Monitoring HEPA Vacuum Dust Pick-up with an Aerosol Photometer	The objective of this research is develop a dynamic reading instrument that will indicate when a surface is sufficiently "clean".
3	Developing a Method for Collecting and Analyzing Vacuum Dust Samples for Lead Using Field Portable XRF	This research involves the development and assessment of a field method for collecting residential dust samples and analyzing them for lead using a field portable XRF analyzer.
4	The Use of Biosolids to Reduce Soil-lead Hazards	The study involves the application of treated biosolids to lead-contaminated urban yards with subsequent assessment of the effectiveness of the treatment in reducing lead concentration and bioavailability.
5	Assessing the Effectiveness of a State Law Requiring Lead Hazard Control Treatments in pre-1950 Rental Housing	The project is assessing the effectiveness of low cost treatments in reducing residential dust-lead hazards in rental housing.

APPENDIX D
CHECKLIST AND SUBMISSION TABLE OF CONTENTS
HEALTHY HOMES AND LEAD TECHNICAL STUDIES GRANT PROGRAM

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. **You must include this checklist and submission table of contents with your application.**

☐	**Transmittal Letter** (one-page limit)	Cover page
☐	**Applicant Abstract** (limited to 2-pages; does not count towards 25-page limit)	_____
☐	**Checklist and Submission Table of Contents**	_____
	Application Forms (to be included in Appendix 3)	
☐	HUD Form 424	_____
☐	Standard Form 424B (Assurances/Non-Construction Programs)	_____
☐	HUD 424C (Budget Summary for Competitive Grant Programs)	_____
☐	Budget Summary (Federal Share and Matching)	_____
☐	HUD 2880 (Disclosure and Update Report)	_____
☐	HUD 2990 (Certification of Consistency with the EZ/EC Strategic Plan)	_____
☐	HUD 2992 (Certification regarding Debarment and Suspension)	_____
☐	HUD 50070 (Certification for a Drug-Free Workplace)	_____
☐	HUD 50071 (Certifications of Payments to Influence Federal Transactions)	_____
☐	Form SF-LLL (Disclosure of Lobbying Activities) (Required)	
	☐ Form SF-LLL (Not required; see Appendix B of the **General Section** of the SuperNOFA)	_____
☐	HUD Logic Model Form	_____
☐	Race and Ethnicity Form	_____
	Rating Factor Response (25-page limit on entire narrative)	
☐	1. Capacity of the Applicant and Relevant Organizational Experience	_____
☐	2. Need/Extent of the Problem	_____
☐	3. Soundness of Approach	_____
☐	4. Leveraging Resources	_____
☐	5. Achieving Results and Program Evaluation	_____
	Appendices	
☐	Appendix 1 – Required materials in support of the Rating Factors (e.g., resumes of key personnel, organizational chart, letters of commitment) arranged in order by Rating Factor (three-page limit on resumes; these resumes do not count as part of the page limit)).	_____
☐	Appendix 2 – Optional materials in support of the Rating Factors, arranged in order by Rating Factors (e.g., maps, letters of support, etc.) (20-page limit).	_____
☐	Appendix 3 – Materials relating to the forms or budget materials (see Application Forms, above).	_____
☐	HUD 2993 (Acknowledgment of Application Receipt)	_____
☐	HUD 2994 (Client Comments and Suggestions) (Optional)	_____

Appendix E

This appendix to this NOFA lists the standard forms, certifications and assurances used by the programs that are part of this NOFA. Listed forms are located in Appendix B of the General Section of the SuperNOFA.

The following forms are to be used for the Programs listed in this NOFA

(1) Form HUD–424

(2) Form HUD–424 B

(3) Form HUD–424 C

(4) Form HUD–424 CBW

(5) Form HUD Logic Model Form

(6) Application Checklist and Submission Table of Contents

(7) Ethnicity and Race Data

HUD has consolidated many of its application forms into a single HUD–424 form. The new HUD–424 consolidates budget-reporting forms for both construction and non-construction projects into a single form and eliminates having to have the following separate certifications: Certification for a Drug-Free Workplace (HUD–50070), the Certification of Payments to Influence Federal Transactions (HUD–50071), and the Certification Regarding Debarment and Suspension (HUD–2992).

New form HUD–424 replaces SF–424 and HUD–424 M

HUD–424 B replaces SF–424 B and D, and HUD–50070, 50071 and 2992.

HUD–424 C and CB replaces SF–424 A and C

The HUD–424 CBW is added as a common detailed Budget Worksheet and replaces various budget worksheets used throughout the Department.

Administrative costs that may be applicable to the programs included in this NOFA are discussed below:

Administrative Costs

I. Purpose

The intent of this HUD grant program is to allow the Grantee to be reimbursed for the reasonable direct and indirect costs, subject to a top limit, for overall management of the grant. In most instances the grantee, whether a State or a local government, principally serves as a conduit to pass funding to sub-grantees, which are to be responsible for the conducting lead-hazard reduction work. Congress set a top limit of ten percent of the total grant sum for the grantee to perform the function of overall management of the grant program, including passing on funding to sub-grantees. The cost of that function, for the purpose of this grant, is defined as the ''administrative cost'' of the grant, and is limited to ten percent of the total grant amount. The balance of ninety percent or more of the total grant sum is reserved sub-grantees or other direct-performers of lead-hazard identification and reduction work. Lead hazard identification and reduction includes, but is not necessarily limited to outreach, training, enrollment, lead paint inspection/risk assessments, interim controls, hazard abatement, clearance documentation, blood lead testing, and public education.

II. Administrative Costs: What They Are Not

For the purposes of this HUD grant program for States and local governments to provide support for the evaluation and reduction of lead-hazards in low- and moderate-income, private target housing, the term ''administrative costs'' should not be confused with the terms ''general and administrative cost,'' ''indirect costs,'' ''overhead,'' and ''burden rate.'' These are accounting terms usually represented by a government-accepted standard percentage rate. The percentage rate allocates a fair share of an organization's costs that cannot be attributed to a particular project or department (such as the chief executive's salary or the costs of the organization's headquarters building) to all projects and operating departments (such as the Fire Department, the Police Department, the Community Development Department, the Health Department or this program). Such allocated costs are added to those projects' or departments' direct costs to determine their total costs to the organization.

III. Administrative Costs: What They Are

For the purposes of this HUD grant program, ''Administrative Costs'' are the grantee's allowable direct costs for the overall management of the grant program plus the allocable indirect costs. The allowable limit of such costs that can be reimbursed under this program is ten (10) percent of the total grant sum. Should the grantee's actual costs for overall management of the grant program exceed ten percent of the total grant sum, those excess costs shall be paid for by the grantee. However, excess costs paid for by the grantee may be shown as part of the requirement for cost-sharing funds to support the grant.

IV. Administrative Costs: Definition

A. General

Administrative costs are the allowable, reasonable, and allocable direct and indirect costs related to the overall management of the HUD grant for lead-hazard reduction activities. Those costs shall be segregated in a separate cost center within the grantee's accounting system, and they are eligible costs for reimbursement as part of the grant, subject to the ten percent limit. Such administrative costs do not include any of the staff and overhead costs directly arising from specific sub-grantee program activities eligible under Section III(B) of this program section of this SuperNOFA, because those costs are eligible for reimbursement under a separate cost center as a direct part of project activities.

The grantee may elect to serve solely as a conduit to sub-grantees, who will in turn perform the direct program activities eligible under Section III(B) of this program section of this NOFA, or the grantee may elect to perform all or a part of the direct program activities in other parts of its own organization, which shall have their own segregated, cost centers for those direct program activities. In either case, not more than 10 percent of the total HUD grant sum may be devoted to administrative costs, and not less than 90% of the total grant sum shall be devoted to direct program activities. The grantee shall take care not to mix or attribute administrative costs to the direct project cost centers.

B. Specific

Reasonable costs for the grantee's overall grant management, coordination, monitoring, and evaluation are eligible administrative costs. Subject to the ten percent limit, such costs include, but are not limited to, necessary expenditures for the following goods, activities and services:

(1) Salaries, wages, and related costs of the grantee's staff, the staff of affiliated public agencies, or other staff engaged in grantee's overall grant management activities. In charging costs to this category the recipient may either include the entire salary, wages, and related costs allocable to the program for each person whose primary responsibilities (more than 65% of their time) with regard to the grant program involve direct overall grant management assignments, or the pro rata share of the salary, wages, and related costs of each person whose job includes any overall grant management assignments. The grantee may use only one of these two methods during this program. Overall grant management includes the following types of activities:

(a) Preparing grantee program budgets and schedules, and amendments thereto;

(b) Developing systems for the selection and award of funding to sub-grantees and other sub-recipients;

(c) Developing suitable agreements for use with sub-grantees and other sub-recipients to carry out grant activities;

(d) Developing systems for assuring compliance with program requirements;

(e) Monitoring sub-grantee and sub-recipient activities for progress and compliance with program requirements;

(f) Preparing presentations, reports, and other documents related to the program for submission to HUD;

(g) Evaluating program results against stated objectives;

(h) Providing local officials and citizens with information about the overall grant program; however, a more general education program, helping the public understand the nature of lead hazards, lead hazard reduction, blood-lead screening, and the health consequences of lead poisoning is a direct project support activity);

(i) Coordinating the resolution of overall grant audit and monitoring findings; and

(j) Managing or supervising persons whose responsibilities with regard to the program include such assignments as those described in paragraphs (a) through (i).

(2) Travel costs incurred for official business in carrying out the overall grant management;

(3) Administrative services performed under third party contracts or agreements, for services directly allocable to grant management such as: legal services, accounting services, and audit services;

(4) Other costs for goods and services required for and directly related to the overall management of the grant program; and including such goods and services as telephone, postage, rental of equipment, renter's insurance for the program management space, utilities, office supplies, and rental and maintenance (but not purchase) of office space for the program.

(5) The fair and allocable share of grantee's general costs that are not directly attributable

to specific projects or operating departments such as salaries, office expenses and other related costs for local officials (*e.g.*, mayor and city council members, etc.), and expenses for a city's legal or accounting department which are not charged back to particular projects or other operating departments. If a grantee has an established burden rate, it should be used; if not, the grantee shall be assigned a negotiated provisional burden rate, subject to final audit.

BILLING CODE 4210–32–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

HEALTHY HOMES DEMONSTRATION PROGRAM

Billing Code 4210-32-C

Funding Availability for the Healthy Homes Demonstration Program

PROGRAM OVERVIEW

Purpose of the Program. The purpose of the Healthy Homes Demonstration Program is to develop, demonstrate and promote cost-effective, preventive measures to correct multiple safety and health hazards in the home environment that produce serious diseases and injuries in children of low-income families. HUD is interested in reducing health threats to the maximum number of residents, especially children, in a cost efficient manner.

Available Funds. Approximately $5 million in Fiscal Year 2003 funds.

Eligible Applicants. Not-for-profit institutions, and for-profit firms located in the U.S., Native American Tribes, State and local governments, and federally recognized Indian Tribes are eligible to apply. For-profit firms are not allowed to include a fee in the cost proposal (*i.e.*, no profit can be made from the project). Federal agencies and federal employees are not eligible to apply for this program.

Application Due Date: June 10, 2003.

Match. None required.

Additional Information

I. Application Due Date and Technical Assistance

If you are interested in applying for funding under this program, please carefully review the General Section of this SuperNOFA and the following additional information.

Application Due Date. You must submit a completed application to HUD on or before the respective program's application due date. The application due date for all programs contained in this NOFA is July 9, 2003.

Application Submission Procedures. See the General Section of this SuperNOFA for specific procedures concerning the form of application submission (*e.g.*, mailed applications, express mail or overnight delivery). Be advised that there is no Application Kit. All of the information required for submitting an application is contained in this NOFA.

Addresses. You must submit a complete application to, Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control, ATTN: Healthy Homes Demonstration Program, 451 Seventh Street, SW, Room P3206, Washington, DC 20410.

For Further Information and Technical Assistance. You may contact Ellen R. Taylor, Director, Healthy Homes Division, Office of Healthy Homes and Lead Hazard Control, at the address above; telephone (202) 755–1785, extension 116 (this is not a toll-free number). If you are hearing-or speech-impaired, you may reach the above telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

II. Authority, Funding Amounts, And Amount Of Funds Allocated

(A) *Authority.* The authority for this program is Sections 501 and 502 of the Housing and Urban Development Act of 1970 and the Consolidated Appropriations Resolution of 2003, Public Law 108–7, approved February 20, 2003.

(B) *Funding Available and Eligibility.* Approximately $5 million in Fiscal Year 2003 will be available for the Healthy Homes Demonstration Program Grants will be awarded on a competitive basis following evaluation of all proposals according to the rating factors described in the General Section of this SuperNOFA. HUD anticipates that approximately six to eight grants will be awarded, ranging from approximately $250,000 to approximately $1,000,000 each. A minimum score of 75 is required for award consideration.

III. Eligible Applicants and Activities

(A) Program Description

(1) *Background.* The Healthy Homes Demonstration Program is a part of HUD's Healthy Homes Initiative (HHI). The HHI departs from the more traditional approach of attempting to correct one hazard at a time (*e.g.*, asbestos, radon). In April 1999, HUD submitted to Congress a preliminary plan containing a full description of the HHI. This description (Summary and Full Report) is available on the HUD website at *www.hud.gov*.

The HHI builds upon HUD's existing housing-related health and safety issues, including lead hazard control, building structural safety, electrical safety, and fire protection to address multiple childhood diseases and injuries, such as asthma, mold-induced illness, carbon monoxide poisoning, and other conditions, related to housing in a more coordinated fashion. A coordinated effort is feasible because a limited number of building deficiencies contribute to many hazards. Substantial savings are possible using this approach, because separate visits to a home by an inspector, public health nurse, or outreach worker can add significant costs to efforts to eliminate hazards. A description of the HHI program, and a link to its website, are available at *www.hud.gov*.

In addition to deficiencies in basic housing facilities that may impact health, changes in the U.S. housing stock and more sophisticated epidemiological methods and biomedical research have led to the identification of new and often more subtle health hazards in the residential environment. While such hazards will tend to be found disproportionately in housing that is substandard (*e.g.*, structural problems, lack of adequate heat, etc.), such housing-related environmental hazards may also exist in housing that is otherwise of good quality. Appendix A of this NOFA briefly describes the housing-associated health and injury hazards HUD considers key targets for intervention. Appendix D lists references that serve as the basis for the information provided in the Healthy Homes Demonstration Program.

HUD is interested in promoting approaches that are cost-effective and efficient and that result in the reduction of health threats for the maximum number of residents for the long run, and, in particular, for children in low-income families. Section II of the General Section of the SuperNOFA presents Policy Priorities. The overall goals and objectives of the HHI are to:

(a) Mobilize public and private resources, involving cooperation among all levels of government, the private sector, and faith-based and other community-based organizations to develop the most promising, cost-effective methods for identifying and controlling housing-based hazards;

(b) Build local capacity to operate sustainable programs that will prevent and control housing-based hazards in low- and very low-income residences when HUD funding is exhausted; and

(c) Affirmatively further fair housing and environmental justice.

(2) *Healthy Homes Demonstration Activities.* Through the Healthy Homes Demonstration program, HUD will initiate competitive projects to promote implementation of available risk reduction techniques for the control of key hazards described in Appendix A. HUD will award demonstration projects that implement housing assessment, maintenance, renovation and construction techniques to identify and correct housing-related illness and injury risk factors, and disseminate healthy homes information and replicate successful interventions.

HUD will evaluate proposals based on the elements described below. Applicants are required to be specific as to the locations where they are targeting their intervention activities to occur, the residents, individuals, or groups

targeted to receive interventions, and the organizations targeted to continue to operate effective intervention strategies over the life of the award and thereafter.

The objectives of the Healthy Homes Demonstration program include:

(a) Identification of target areas and homes where assessment and interventions will occur;

(b) Identification and evaluation of effective methods of hazard abatement and risk reduction;

(c) Development of appropriately-scaled, flexible, cost-effective and efficient intervention strategies that take into account the range of conditions likely to be encountered in housing and that maximize the number of housing units that receive an intervention;

(d) Development of methodologies for evaluating intervention effectiveness;

(e) Development of local capacity in target areas and training programs for target groups to operate sustainable programs to prevent and control housing-based hazards, especially in low- and very low-income residences;

(f) Development of a cost-effective protocol for identifying homes that are candidates for interventions, identifying hazards in these homes, and screening out homes where structural or other condition factors (*e.g.*, cost) make interventions infeasible or impractical;

(g) Development and delivery of public outreach programs that provide information about effective methods for preventing housing-related childhood diseases and injuries and for promoting the use of these interventions;

(h) Targeting, through education and outreach, specific high-risk communities and other identified audiences such as homeowners, landlords, health care deliverers, pregnant women, children, residential construction contractors, maintenance personnel, housing inspectors, real estate professionals, home buyers, and low-income minority families;

(i) Implementation of media strategies to use print, radio and television to increase public awareness of housing-related hazards that threaten children, including the use of minority media, nonprofit organizations that work with persons with disabilities, and advocates for racial and ethnic minorities, and faith-based organizations;

(j) Dissemination of existing tools and, as needed, new tools to inform parents and caregivers about housing-related hazards and enable them to take prompt corrective action; and

(k) Development of training programs for Healthy Homes activities to emphasize assessment and intervention methods applicable to public and private housing in the target area.

(B) Eligible Applicants

Not-for-profit institutions, including faith-based and community-based organizations, and for-profit firms located in the U.S., state and local governments, and federally recognized Indian Tribes are eligible to apply. For-profit firms are not allowed to include a fee in the cost proposal (*i.e.*, no profit can be made from the project). Federal agencies and federal employees are not eligible to apply for this program.

(C) Eligible Activities

The following direct activities and support activities are eligible under this grant program.

(1) *Direct Project Elements.* These include activities that you may undertake directly, or through sub-recipients, such as:

(a) Performing evaluations of eligible housing to determine the presence of housing-based hazards (*e.g.*, mold growth, allergens, unvented appliances, exposed steam pipes or radiators, deteriorated lead-based paint) through the use of generally accepted testing procedures.

(b) Conducting housing interventions to remediate existing housing-based hazards and address conditions that could result in their recurrence. Any lead hazard evaluation and control work shall be conducted by persons qualified for the activities according to 24 CFR part 35, especially sections 35.1325 for abatement and 35.1330 for interim controls. Qualified persons must possess certification as abatement contractors, risk assessors, inspectors, abatement workers, or sampling technicians, or otherwise having been trained in a HUD-approved course in lead-safe work practices. You may refer to the HUD Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing (*Guidelines*) for additional information. The *Guidelines* and/or applicable regulations may be downloaded from the Office of Healthy Homes and Lead Hazard Control's homepage, linked to HUD's website at www.hud.gov. All pest control activities shall incorporate the principles and methods of integrated pest management (IPM). In technical terms, IPM is the coordinated use of pest and environmental information with available pest control methods to prevent unacceptable levels of pest damage by the most economical means and with the least possible hazard to people, property, and the environment. (One information source is the University of Minnesota's electronic textbook of Integrated Pest Management, available at *http://ipmworld.umn.edu/textbook.htm*.)

(c) Undertaking housing rehabilitation activities that are specifically required to carry out effective control of housing-based hazards, and without which the intervention could not be completed and maintained. Funds under this program may also be used to control lead-based paint hazards; however, such controls may not be a principal focus of the grant. Lead hazard control activities are carried out under HUD's Lead-Based Paint Hazard Control Grant Program.

(d) Carrying out relocation of families and individuals, when necessary, during the period in which intervention is conducted and until the time the affected unit receives clearance for re-occupancy. Residents relocated must be guaranteed the choice of returning to the unit after the intervention.

(e) If medical examinations of young children for conditions caused or exacerbated by exposure to hazards are demonstrated to be critical to the outcome of your project, and there are no alternative sources to cover these costs, conducting such examinations.

(f) Environmental sampling and medical testing recommended by a physician or applicable occupational or public health agency to protect the health of the intervention workers, supervisors, and contractors, unless reimbursable from another source.

(g) Conducting testing and analysis for lead, mold, carbon monoxide and/or other toxins as appropriate, with respect to generally accepted standards or criteria, or where not available, other appropriate levels justified in conjunction with the project. Clearance dust samples related to lead-based paint must be analyzed by a laboratory recognized by the Environmental Protection Agency's (EPA's) National Lead Laboratory Accreditation Program (NLLAP). All tests results related to lead-based paint must be provided to the owner of the unit, together with a notice describing the owner's legal duty to disclose the results to tenants and buyers.

(h) Carrying out architectural, engineering and work specification development and other construction management services to control housing-based hazards and remediate existing hazards.

(i) Providing training on Healthy Homes practices to homeowners, renters, painters, remodelers, and housing maintenance staff working in low-or very low-income housing.

(j) Providing cleaning supplies for hazard intervention and hazard control to faith-based and other community-based organizations for use by

homeowners and tenants in low-income housing, or to such homeowners and tenants directly. (See Section II of the General Section of the SuperNOFA for more information about faith-based and other community-based organizations.)

(k) Conducting general or targeted community education programs on environmental health and safety hazards. This activity would include training on Healthy Homes maintenance and renovation practices, among other topics. It would also include making materials available, upon request, in alternative formats for persons with disabilities (*e.g.*, Braille, audio, large type), and in languages other than English that are common in the community, whenever possible.

(l) Securing liability insurance for hazard evaluation and control activities to be performed. This activity is not an administrative activity.

(m) Supporting data collection, analysis, and evaluation of project activities. As a condition of the receipt of financial assistance under this NOFA all successful applicants will be required to cooperate with all HUD staff and contractors performing HUD funded research and evaluation studies. Maintaining a registry of housing units in which housing-based hazards were not found during evaluation, and those in which such problems have been controlled.

(n) Preparing quarterly progress reports and an overall final grant report detailing activities (*e.g.*, number of units tested, hazards found, types of interventions provided, evaluation of the most cost-efficient methodologies by type of unit), findings, and recommended future actions for cost-effective interventions at the conclusion of grant activities.

(2) Support Elements

(a) Your administrative costs. There is a 10 percent maximum allowance for administrative costs. Specific information about administrative costs is included in Appendix F of this NOFA.

(b) Program planning and management costs of sub-grantees and other sub-recipients.

(D) Ineligible Activities

(1) Purchase of Real Property

(2) Purchase or lease of equipment having a per unit cost in excess of $5,000, unless prior written approval is obtained from HUD.

(3) Medical treatment costs, except as specified in Section III (C)(1)(e) above.

IV. Requirements

In addition to requirements listed in the General Section of the SuperNOFA, you, the applicant, must comply with the requirements listed below:

(A) Threshold Requirements

As an applicant, you must meet all of the threshold requirements Section V (B) of the General Section of the SuperNOFA. Threshold requirements include Ineligible Applicants, Compliance with Fair Housing and Civil Rights Laws, Conducting Business in Accordance with Core Values and Ethical Standards, Delinquent Federal Debts and Pre-Award Accounting System Surveys. Information about threshold requirements is provided in Section (V)(B) of the General Section of the SuperNOFA. These requirements include the requirement to affirmatively further fair housing (AFFH) in accordance with paragraph V(D) of the General Section of the SuperNOFA. Applications that meet all of the threshold requirements will be eligible to be scored and ranked based on the total number of points allocated for each of the rating factors described below. Your application must receive a total score of at least 75 points to be considered for funding. Applications will not be rated or ranked if they do not meet the threshold requirements of the General Section of the SuperNOFA.

(B) Program Requirements

(1) *Work Activities.* All lead hazard control activities must be conducted in compliance with the applicable requirements of HUD's Lead-Safe Housing Rule, 24 CFR part 35, and as clarified in HUD's Interpretive Guidance about this rule. Activities must also comply with any additional requirements in effect under a State or Native American Tribal Lead-Based Paint Training and Certification Program that has been authorized by the EPA pursuant to 40 CFR 745.320.

(2) *Budgeting.*

(a) Matching Requirement. You are not required to provide a matching contribution in the Healthy Homes Demonstration Program.

(b) Administrative Costs. There is a 10 percent maximum allowance for administrative costs as specified in Section 1011(j) of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (Title X of the Housing and Community Development Act of 1992, Public Law 102–550). Additional information about allowable administrative costs is provided in Appendix F of this NOFA.

(3) *Period of Performance.* The period of performance cannot exceed 36 months from the time of the award.

(4) *Program Performance.* Grantees shall take all reasonable steps to accomplish all healthy homes activities within the approved period of performance. HUD will closely monitor the grantee's performance with particular attention to completion of specified activities, deliverables and milestones, and number of units proposed to be assessed or receive interventions within the approved period of performance. HUD reserves the right to terminate the grant prior to the expiration of the period of performance if the grantee fails to meet 25 percent of the milestones, including all deliverables, as scheduled in their work plan.

(5) *Certified and Trained Providers.* Lead hazard control activities must be conducted by persons qualified for the activities according to 24 CFR part 35 (possessing certification as abatement contractors, risk assessors, inspectors, abatement workers, or sampling technicians, or others having been trained in a HUD-approved course in lead-safe work practices).

(6) *Coastal Barrier Resources Act.* Pursuant to the Coastal Barrier Resources Act (16 U.S.C. 3501), funds may not be used for properties located in the Coastal Barrier Resources System.

(7) *Flood Disaster Protection Act.* Under the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001–4128), funds may not be used for construction, reconstruction, repair or improvement of a building or mobile home which is located in an area identified by the Federal Emergency Management Agency (FEMA) as having special flood hazards unless:

(a) The community in which the area is situated is participating in the National Flood Insurance Program in accordance with the applicable regulations (44 CFR parts 59–79), or less than a year has passed since FEMA notification regarding these hazards; and

(b) Where the community is participating in the National Flood Insurance Program, flood insurance on the property is obtained in accordance with section 102(a) of the Flood Disaster Protection Act (42 U.S.C. 4012a(a)). You are responsible for assuring that flood insurance is obtained and maintained for the appropriate amount and term.

(8) *National Historic Preservation Act.* The National Historic Preservation Act of 1966 (16 U.S.C. 470) (NHPA) and the regulations at 36 CFR part 800 apply to the mold intervention and related hazard control activities that are

undertaken pursuant to this program. HUD and the Advisory Council for Historic Preservation have developed an optional Model Agreement for use by grantees and State Historic Preservation Officers in carrying out any lead hazard control activities under this program. A Model Agreement (Prototype Programmatic Agreement) is available at the Office of Healthy Homes and Lead Hazard Control's Web site, linked to *http://www.hud.gov*.

(9) Waste Disposal. Waste disposal will be handled according to the requirements of the Occupational Health and Safety Administration (OSHA) (*e.g.*, 29 CFR part 1910 and/or 1926, as applicable), the EPA (*e.g.*, 40 CFR parts 61, 260–282, 300–374, and/or 700–799, as applicable), the Department of Transportation (*e.g.*, 49 CFR parts 171–177), and/or appropriate State or local regulatory agencies and applicable EPA, HUD, State and local regulatory agency guidance. You must handle disposal of wastes from hazard control activities that contain lead-based paint, but are not classified as hazardous in accordance with State or local law or the HUD Guidelines for the Evaluation and Control of Lead-Based Hazards in Housing (HUD Guidelines). The HUD Guidelines may be downloaded from the HUD Web site at *http://www.hud.gov.*

(10) *Worker Protection Procedures.* You must comply with the procedures for worker protection established in the HUD Guidelines as well as the requirements of the OHSA, *e.g.*, 29 CFR part 1910 and/or 1926, as applicable, or the state or local occupational safety and health regulations, whichever are more stringent.

(11) *Written Policies and Procedures.* You must have written policies and procedures for all phases of intervention, including evaluation, development of specifications, financing, occupant relocation, independent project inspection, and clearance testing (*e.g.*, for mold, lead, carbon monoxide or other hazards, as applicable). You and all your subcontractors, sub-recipients, and their contractors must comply with these policies and procedures.

(12) *Clearance Testing for Lead Hazard Control Activities.* Clearance dust testing must be conducted according to the EPA lead hazards standards rule (40 CFR part 745) for abatement projects and the Lead-Safe Housing rule (24 CFR part 35) for lead hazard control activities other than abatement. These are available at *http://www.epa.gov/lead* and *http://www.hud.gov,* respectively.

(13) *Continued Availability of Safe Housing to Low-Income Families.* Units in which housing-based hazards have been controlled under this program shall be occupied by and/or continue to be available to low-income residents for not less than three years following the completion of intervention activities.

(14) *Environmental Review. See* Section VIII (Environmental Requirements) of this program section.

(15) *Relocation.* Any person (including individuals, partnerships, corporations or associations) who moves from real property or moves personal property from real property directly (1) because of a written notice to acquire real property, in whole or in part, or (2) because of the acquisition of the real property, in whole or in part, for a HUD-assisted activity, is covered by Federal relocation statutes and regulations. Specifically, this type of move is covered by the acquisition policies and procedures and the relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 URA, as amended, and the implementing government-wide regulation at 49 CFR part 24. The relocation requirements of the URA and the government-wide regulations cover any person who moves permanently from real property or moves personal property from real property directly because of acquisition, rehabilitation or demolition for an activity undertaken with HUD assistance. See Section V(G) of the General Section of the SuperNOFA for additional information about relocation.

(16) *Data Collection and Provision.* You must collect, maintain and provide to HUD the data necessary to document the various approaches used to evaluate and control housing-based hazards, including evaluation and control methods, building conditions, medical and familial information (with confidentiality of individually-identifiable information ensured) in order to determine the effectiveness and relative cost of these methods.

(17) *Section 3 Employment Opportunities.* Recipients of assistance in the Healthy Homes Demonstration Program must comply with Section 3 of the Housing and Urban Development Act of 1968, 12 U.S.C. 1701u (Economic Opportunities for Low- and Very Low-Income Persons in Connection with Assisted Projects) and the HUD regulations at 24 CFR part 135, including the reporting requirements of subpart E. Please see section V(E) of the General Section of the SuperNOFA for additional information about section 3 requirements.

(18) *Certifications and Assurances.* You must include the certifications and assurances listed in section V (H) of the General Section of this SuperNOFA with your application. A Certification of Consistency with the Consolidated Plan is not required for the Healthy Homes Demonstration NOFA.

(19) *Davis-Bacon Act.* The Davis-Bacon Act does not apply to this program. However, if program funds are used in conjunction with other Federal programs in which Davis-Bacon prevailing wage rates apply, then Davis-Bacon provisions would apply to the extent required under the other Federal programs.

(20) *Conducting Business in Accordance with HUD Core Values and Ethical Standards.* If awarded assistance under the Healthy Homes Demonstration NOFA, you will be required, prior to entering into a grant agreement with HUD, to submit a copy of your code of conduct and describe the methods you will use to ensure that all officers, employees, and agents of your organization are aware of your code of conduct. See section V(B)(3) of the General Section of the SuperNOFA for information about conducting business in accordance with HUD's core values and ethical standards.

(21) *Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses.* HUD is committed to ensuring that small businesses, small disadvantaged businesses and women-owned businesses participate fully in HUD's direct contracting and in contracting opportunities generated by HUD grant funds. Too often, these businesses still experience difficulty accessing information and successfully bidding on Federal contracts. HUD regulations at 24 CFR 85.36(e) require recipients of assistance (grantees and sub-grantees) to take all necessary affirmative steps in contracting for purchase of goods or services to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible. Affirmative steps shall include:

(a) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;

(b) Assuring that small and minority business and women's business enterprises are solicited whenever they are potential sources;

(c) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority business and women's business enterprises;

(d) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority business and women's business enterprises;

(e) Using the services and assistance of the Small Business Administration and the Minority Business Development Agency of the Department of Commerce; and

(f) Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed in paragraphs (V)(a) through (e) above.

Refer to section V(F) the General Section of the SuperNOFA for additional information.

(22) *Human Subjects Research.* In conformance with the Common Rule (Federal Policy for the Protection of Human Subjects, codified by HUD at 21 CFR part 60), if your research involves human subjects, your organization must provide an assurance (*e.g.*, a letter signed by an appropriate official) that the research has been reviewed and approved by an Institutional Review Board (IRB) before you can receive funds from HUD for activities that require IRB approval. Before proceeding with activities that require IRB approval, you must provide the number for your organization's assurance (*i.e.*, an ''institutional assurance'') that has been approved by the Department of Health and Human Service's Office of Human Research Protections (OHRP). For additional information on what constitutes human subject research or how to obtain an institutional assurance see the OHRP Web site at *http://www.ohrp.osophs.dhhs.gov.*

V. Application Selection Process

(A) *Rating and Ranking.* Please see section VI of the General Section of the SuperNOFA. Only those applications that meet the threshold requirements will be rated and ranked. HUD intends to award the highest ranked applications receiving a minimum score of 75 within the limits of funding.

In evaluating applications for funding, HUD will take into account an applicant's past performance in managing funds, including the ability to account for funds appropriately; timely use of funds received either from HUD or other Federal, State or local programs; meeting performance targets for completion of activities and number of persons to be served or targeted for assistance. HUD may use information relating to these items based on information at hand or available from public sources such as newspapers, Inspector General or Government Accounting Office Reports or Findings, hotline complaints that have been proven to have merit, or other such sources of information. In evaluating past performance, HUD may elect to deduct points from the rating score as specified under the Factors for Award or set threshold levels for performance as specified in the funding announcement.

(B) *Factors for Award Used to Evaluate and Rate Applications.* The factors for rating and ranking applicants, and maximum points for each factor, are stated below. The maximum number of points to be awarded is 102, including the potential for two bonus points for RC/EZ/EC, as described in the section VI (C) (1) of the General Section of the SuperNOFA.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 Points)

This factor addresses your organizational capacity necessary to successfully implement your proposed activities in a timely manner. The rating of you or your staff includes any faith-based and other community-based organizations, sub-contractors, consultants, sub-recipients, and members of consortia that are firmly committed to your project. Applicants that are, or propose to either partner, fund, or sub-contract with grassroots organizations, including faith-based and other community-based non-profits, in conducting their work programs will receive higher rating points as specified in section II of the General Section of the SuperNOFA. In rating this factor, HUD will consider the four items listed below.

(1) Your recent, relevant and successful demonstrated experience in undertaking eligible program activities. You must describe the knowledge and experience of the proposed overall project director and day-to-day project manager in planning and managing large and complex interdisciplinary programs, especially those involving housing, public health, or environmental programs. In your narrative response for this factor, you should include information on your project staff, their experience, percentage commitment to the project, and position titles. Resumes of up to three pages each and position descriptions for up to three key personnel in addition to the project director and project manager, and a clearly delineated organizational chart for the Healthy Homes project you propose, must be included in Appendix 1 of your application. Position descriptions and copies of job announcements (including salary range) should be included for any key positions that are currently vacant or contingent upon an award. Indicate the name of the position of key personnel, the percentage of time that proposed staff will devote to your project and any salary costs to be paid by funds from this program. Include descriptions of the experience and qualifications of subcontractors and consultants. You may find it useful to include a table indicating the name, position and percentage contribution of staff members, specifying organizational affiliation. HUD reserves the right to terminate grant awards made to applicants that fail to timely hire (within 120 days of award) staff to fill key positions identified in the applicant's proposal as vacant.

(2) Your qualifications to carry out the proposed activities as evidenced by experience, academic background, training, and/or relevant publications of project staff. Whether you have sufficient personnel, or will be able to quickly retain qualified experts or professionals to begin your proposed project immediately, and to perform your proposed activities in a timely and effective fashion. Describe how principal components of your organization will participate in, or support, your project. You should thoroughly describe capacity, as demonstrated by experience in initiating and implementing related environmental, health, or housing projects.

(3) The past performance of the organization (applicant or partners) in another Healthy Homes or Lead Hazard Control grant, another grant related to environmental health and safety issues, or other experience in a similar program. Provide details about the nature of the project, the funding agency, and your performance, relative to performance measures or the achievement of desired health outcomes.

(4) If your organization is an existing Healthy Homes grantee, provide a description of the progress and outcomes achieved in that grant. If you received previous Healthy Homes Demonstration funding, this experience will be evaluated in terms of cumulative progress and achievements under the previous grant.

Appendix B provides a sample worksheet to facilitate your response to this Rating Factor.

Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor addresses the extent to which there is a need for your proposed project activities to address documented problems related to healthy homes

issues and housing-related hazards in your target area(s) and target group(s).

(1) Document a critical level of need for your proposed activities in the area where activities will be performed. You should pay specific attention to documenting the need as it applies to your target area(s), rather than the larger geographic area.

(2) Your documentation should summarize available data linking housing-based hazards to disease or injuries to children in your target area(s). Examples of data that might be used to demonstrate need include:

(a) Economic and demographic data relevant to your target area(s), including poverty and unemployment rates;

(b) Rates of childhood illnesses (*e.g.*, asthma, allergies, hypertension, elevated blood lead levels) or injuries (*e.g.*, falls, burns) among children residing in your target areas that could be caused or exacerbated by exposure to conditions in the home environment; and

(c) Unavailability of other Federal, State or local funding or private sector resources that could be, or are being, used to address the problem. Document what funding sources were investigated and why there were inadequate.

(3) For the areas targeted for your project activities, provide data available in your jurisdiction's currently approved Consolidated Plan and the Analysis of Impediments to Fair Housing Choice (AI) or Indian Housing Plan or derived from current census data or from other sources. Provide and reference data that address the following:

(a) The age and condition of housing;

(b) The number and percentage of low- and very low-income families with incomes less than 50 percent and 80 percent of the median income, respectively, as determined by HUD, for the area, with adjustments for smaller and larger families. Statistics that describe low- and very-low income families are available at *http://www.huduser.org/datasets/il/fmr00/sect82.html.* Additional census statistics are available at: *http://www.census.gov/hhes/www/income00.html, http://www.census.gov/hhes/income/income00/statemhi.html,* and *http://www.huduser.org/datasets/il/fmr00/index.html*;

(c) To the extent that statistics and other data contained in your community's Consolidated Plan or AI support the extent of the problem, you should include references to the Consolidated Plan or AI in your response; and

(d) Data documenting targeted groups that are traditionally underserved or have special needs. For a maximum score in this rating factor, data provided should specifically represent the target area. If the data presented in your response does not specifically represent your target area, you should discuss why the target areas are being proposed. If your application addresses needs that are in the Consolidated Plan or AI, you will receive more points than applicants that do not relate their project to a previously identified need.

Sample worksheets are provided at Appendix B to facilitate your response to Rating Factor 2.

Rating Factor 3: Soundness of Approach (40 Points)

This factor addresses the quality and cost-effectiveness of your proposed work plan. You should present information on the proposed approach for addressing housing-based hazards and describe how proposed activities would help HUD achieve its goals for this program area. For you to receive maximum points for this factor, there must be a direct relationship between the proposed activities, documented and demonstrated community needs, and the purpose of the project. Your application will be evaluated according to the comprehensiveness of addressing activities that are applicable to your project. The response to this factor should include details about your technical approach and project activities. HUD is looking for a clear statement of activities, timeline form completing the work and expected deliverables, including any quantitative deliverables.

(1) *Approach for Implementing the Project (25 points).*

(a) Technical Approach. Describe your overall technical approach for strategizing and implementing your proposed project. Your narrative response to this sub-factor will be used to assess how well your proposed project will be executed. The discussion must include a work plan of essential elements, such as who, what, when, where and how the project will be performed and provide information about the execution of the project. In this factor, describe the methods, schedule, and quality assurance activities that will be carried out to identify and control housing-based hazards and to achieve the desired project outcomes.

(b) Project Activities. Your project description must include a discussion of specific planned project activities that address one or more of the following activities.

(i) Describe in detail how you will identify, select, prioritize, and enroll units of eligible housing in which you will undertake housing-based hazard interventions, how you will integrate safe work practices into housing maintenance, repair, and improvements, and then target such units to low-income families with young children. Describe impediments that you anticipate for recruitment, measures you will perform to sustain recruitment, and the staff responsible for both monitoring recruitment status and implementing the measures identified to sustain recruitment. You should use all reasonably available sources of information on controlling housing-based hazards in buildings and protecting workers and occupants during and after the intervention process.

(ii) Describe any assessment tools you would employ to establish baseline data. These tools include questionnaires, visual assessment protocols and environmental sampling and analysis. Include a description of the Informed Consent/Disclosure process you intend to follow and relevant Institutional Review Board (IRB) procedures. In particular, describe how you will provide informed consent (*e.g.,* from the subjects, and their parents and guardians, as applicable) to help ensure their understanding of, and consent to, the elements of informed consent, such as the purposes, benefits and risks of the research activities. Describe how this information will be provided and how the consent will be collected. For example, describe the use of ''plain language'' forms, flyers, and verbal scripts, and your plans to work with families with Limited English Proficiency or primary languages other than English, and with families including persons with disabilities.

(iii) Describe your process for evaluating units of eligible housing in which you will undertake housing-based hazard interventions. Provide the estimated total number of owner-occupied and/or rental units in which you will perform assessments and conduct interventions.

(iv) Describe any specialized testing, if any, or visual inspection that you will conduct during unit inspection with reference to source(s) of the protocol(s). Provide a description of protocols or include protocols in an appendix of your application.

(v) Discuss efforts to incorporate cost-effective methods to address multiple environmental health and safety hazards, and describe the specific interventions you will utilize to control housing-based hazards before children are affected; and/or to control these hazards in units where children have already been treated for illnesses or

injuries associated with housing-based hazards (*e.g.*, burns, lead poisoning, asthma). Provide an estimate of the cost of each intervention and an estimate of costs projected per unit. (You may want to provide these cost estimates in a tabular format.)

(vi) Describe the process for your referral of children for medical case management if this is not ongoing and the organizations that will be involved in this process.

(vii) Describe your process for the development of work specifications for the selected interventions.

(viii) Describe your management processes to be used to ensure the cost-effectiveness of the housing interventions.

(ix) Discuss your process to select and obtain contractors for conducting interventions in selected units and provide details about the competitive bidding process, if applicable.

(x) Describe your plan for the relocation of occupants of units selected for intervention, if relocation is necessary. Describe criteria that will determine the need for relocation and identify staff who will make relocation decisions. Address the use of safe houses and other housing arrangements, storage of household goods, stipends, incentives, etc., and the source of funding for relocation.

(xi) Describe your plan for ensuring right of return and/or first referral for occupants of units selected for intervention who have had to move for intervention to occur.

(xii) Describe how you will affirmatively further fair housing, which would include, but not be limited to: Affirmative marketing of the program to those least likely to apply based on race, religion, disability, and large families, especially when persons in these demographic groups are generally not served by the nonprofit or faith-based applicant or partner organizations; using a variety of materials for outreach to persons with disabilities and with Limited English Proficiency (LEP); assuring long-term residency by families currently living in the community; assuring that priority for treated units go to those who need the features (treatment) of the unit, and issues of environmental justice.

(xiii) Describe the financing strategy, including eligibility requirements, terms, conditions, and amounts available, to be employed in conducting housing-based hazards activities. You must discuss the way funds will be administered (*e.g.,* use of grants, deferred loans, forgivable loans, other resources, private sector financing, etc.) as well as the agency that will administer the process.

(xiv) Describe your proposed methods for community and/or targeted education and training. These should include community awareness, education, training, and outreach programs that support your work plan and are culturally sensitive, targeted, and linguistically appropriate. Provide information about specific educational/outreach activities with quantitative data (number of individuals to be reached, etc.) and a description of the intended audience. Describe proposed activities to deliver culturally appropriate educational materials and methods to the target population and communities. Describe efforts to understand and incorporate culturally sensitive approaches to assessment and interventions.

(xv) Provide detailed information about training staff to provide the knowledge and skills required to address Healthy Homes issues that are essential for successfully implementing your project (*e.g.,* assessments and interventions). Include an outline of training curricula and a description of qualifications of trainers. Describe how Healthy Homes training programs will be expanded to include public housing agencies or tribally Designated Housing Entities and other potential collaborators, such as faith-based and community organizations.

(xvi) Describe your proposed involvement of neighborhood, or faith-based and other community-based organizations in the proposed activities. These activities may include outreach, community education, marketing, inspection, and housing evaluations and interventions.

(xvii) Describe your proposed methods to reach high-risk groups and communities, vulnerable populations and persons traditionally underserved.

(xviii) Indicate if, and describe how, you will address any of HUD's Departmental policy priorities (see the section II of the General Section of the SuperNOFA for a fuller explanation of HUD's policy priorities). Applicants that include work activities that specifically address one or more applicable policy priorities will receive higher rating scores than applicants that do not address these HUD priorities, up to a maximum of 3 points. Policy priorities that are potentially applicable to the Healthy Homes Demonstration NOFA are: Improving the Quality of Life in our Nation's Communities; Providing Full and Equal Access to Faith-Based and Other Community-Based Organizations in HUD Program Implementation; Colonias; and Participation in Energy Star.

(2) *Approach for Managing the Project.* (12 points). Describe your project goals and objectives and the strategy you will use in managing and executing the project. You should provide information on the general approach and overall plan employed.

(a) *Baseline Plan for Project Management* (10 points). Include a management plan that:

(i) Lists the project objectives, major tasks and activities. All specific activities necessary to complete the proposed project must be included in the task listing;

(ii) Incorporates appropriate performance goals and benchmarks;

(iii) Identifies major milestones and provides a schedule for the assignment, tracking and completion of major tasks and activities, and a timeframe for delivery;

(iv) Ensures that quality assurance activities and corrective actions are managed;

(v) Designates resources and identifies responsible entities;

(vi) Describes the strategy and methods for coordination and communication between partners; and

(vii) Describes the management processes to manage costs and ensure that cost-effective housing interventions will be implemented.

(b) *Budget Justification* (2 points). Your proposed budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the project management plan and intended use of program funds. HUD is not required to approve or fund all proposed activities. Your budget should be submitted in the format recommended in Appendix E (Forms) of this NOFA. An electronic spreadsheet and other budgetary forms are available at HUD's Web site, *http://www.hud.gov.* You must thoroughly document and justify all budget categories and costs (HUD Form 424–C) and all major tasks for yourself, sub-recipients, partners, major subcontractors, joint venture participants, or others contributing resources to the project. Describe clearly and in detail your budgeted costs for each required program element (major task) included in your overall plan.

(3) *Economic Opportunity* (3 points). To the greatest extent feasible, your project should promote job training, employment, and other economic opportunities for low-income and minority residents and businesses which are owned by, and/or employ, low-income and minority residents as defined in 24 CFR 135.5. You should:

(a) Describe how you or your partners will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and HUD's implementing rules at 24 CFR part 135. Describe how you will accomplish this requirement by (1) providing training and employment opportunities for low- and very low-income persons living within the grantee's jurisdiction, and by (2) providing business opportunities to businesses owned by low- and very low-income persons living within the targeted jurisdiction;

(b) Describe how your project will give preference to hiring low- and very low-income persons or contracting with businesses owned by or employing low- and very-low income persons. Information about section 3 requirements is available by searching HUD's Web site, *http://www.hud.gov;*

(c) Describe how your proposed project will further and support the policy priorities of the Department (section II of the General Section of the SuperNOFA and Rating Factor 3 (1)(b)(xviii) of this NOFA), including providing opportunities for self-sufficiency, particularly for persons enrolled in welfare-to-work programs, or providing educational and job training opportunities; and

(d) Describe the extent to which your proposed activities will occur in an Empowerment Zone or Enterprise Community (EZ/EC), Urban Enhanced Enterprise Community (EEC), or Strategic Planning Community or Renewal Community (RC) as defined in section VI (C)(1) of the General Section of the SuperNOFA.

Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses your ability to secure other community resources (*e.g.,* financing, supplies or services) that can be combined with HUD's resources to achieve project purposes. These community resources may be contributions from organizations such as the applicant, partners, or other organizations not directly involved in the project.

(1) In evaluating this factor, HUD will consider the extent to which you have developed partnerships to secure additional resources to increase the effectiveness of your proposed project. Describe how other organizations will participate in or support your project. Resources may include funding or in-kind contributions (*e.g.,* labor, fringe benefits, services, supplies, or equipment) budgeted for your proposed project. Resources may be provided by State and local governmental entities, public or private organizations, or other partners.

(2) Each source of contributions (financial or in-kind) must be supported by a letter of commitment from the contributing entity, whether the applicant, a partner organization, or a public or private source. The letter must describe the contributed resource(s) that will be used in your project and the dollar value of each contribution. Staff in-kind contributions should be given a market-based monetary value. If you fail to provide letters of commitment with specific details, including the amount of the actual contributions, you will not get rating points for this factor. Each letter of commitment, memorandum of understanding, or agreement to participate shall include the organization's name and the proposed level of commitment and responsibilities as they relate to the proposed project. The commitment must be signed by an official legally able to make commitments on behalf of the organization. Letters of support (letters that indicate support, but do not specify a monetary commitment to the project) will not be considered in the scoring of Rating Factor 4. Include information to address the following elements.

(a) The extent to which you have coordinated your activities with other known organizations that are not directly participating in your proposed work activities, but with which you share common goals and objectives.

(i) Describe your plan for integrating and coordinating housing-based hazard interventions with other housing-related activities (*e.g.,* rehabilitation, weatherization, correction of code violations, and other similar work).

(ii) Describe your plans to generate and use public subsidies or other resources, such as revolving loan funds, to finance future interventions to prevent and control housing-based hazards, particularly in low- and very low-income housing.

(b) The extent to which your project exhibits the potential to be financially self-sustaining by decreasing dependence on Federal funding and relying more on State, local and private funding to continue healthy homes activities after the grant period is completed.

Rating Factor 5: Achieving Results and Program Evaluation (15 points)

This factor emphasizes HUD's commitment to ensuring that applicants keep promises made in their applications and assess their performance to ensure that performance goals are met. Achieving results means you, the applicant, have clearly identified the benefits or outcomes of your program. Outcomes are ultimate goals. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals.

Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your Evaluation Plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

This new rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability. In evaluating this factor, HUD will consider how you have described outcome measures and benefits of your program.

In your response to this rating factor, you are to discuss the performance goals for your project, and identify specific outcome measures. You are also to describe how the outcome information will be obtained, documented, and reported. You must complete and return the Logic Model Form included in Appendix B of the General Section of the SuperNOFA showing your proposed project long-term, mid-term, short-term and final results, and how they support HUD's departmental goals and objectives. Information about developing a Logic Model is available at *http://www.hud.gov.*

In responding to this factor, you should:

(1) Identify and discuss the specific methods you will use to measure progress towards your goals, track and report results of interventions, and evaluate the effectiveness of interventions;

(2) Identify benchmarks that you will use to track the progress of your project;

(3) Identify important project milestones (*e.g.,* the end of specific phases in a multi-phased project) and deliverables specific to your project timeline;

(4) Identify milestones that are critical to achieving project objectives (*e.g.,* recruitment and sustainability of participants, the Institutional Review Board process, if applicable, or the process of Informed Consent);

(5) Identify how your project will be held accountable for meeting project goals, objectives, and the actions

undertaken in implementing the grant program. You should provide assurances that work plans and performance measures developed for your project will be achieved in a timely and cost-effective manner;

(6) Provide data on those served by race, ethnicity, disability, size of family and ages of children, and single-parent households; and

(7) Provide a Logic Model that describes activities, assessments, interventions and outcomes for your project. Information and templates for the Logic Model are available at *http://www.hud.gov.*

(C) *Applicant Debriefing.* See Section XI (A)(4) of the General Section of the SuperNOFA for information about applicant debriefing.

VI. Application Submission Requirements

(A) *Applicant Information.* You should submit your application in accordance with the format and instructions contained in this NOFA and in the section VII of the General Section of the SuperNOFA. The following is a list of required application contents. Your application must contain the items in the list below and in the General Section of the SuperNOFA. These requirements are presented as a ''Checklist and Submission Table of Contents,'' provided in Appendix E of this NOFA.

(1) Transmittal letter (one-page only) that summarizes your proposed project, provides the dollar amount requested, and identifies you and your partners in the application.

(2) The name, mailing address, and telephone number of the principal contact person. If you are a consortium of associates, sub-recipients, partners, major subcontractors, joint venture participants, or others contributing resources to the project, similar information shall also be provided for each of these entities. You must specify the primary entity.

(3) An abstract describing the goals and objectives of your proposed program (2-page limit, single-spaced, 12-point font, one-inch margins) must be included in the proposal.

(4) Checklist and Submission Table of Contents. (Appendix E)

(5) Required Forms:

HUD Form 424, Standard Form for Application for Federal Assistance;
HUD Form 424 B, Applicant Assurances and Certifications;
HUD Form 424 C, Budget Summary for Competitive Grant Programs;
HUD Form 424 CBW;
HUD Form Logic Model Form;
HUD 2880, Applicant/Recipient Disclosure/Update Report;
HUD 2990, Certification of Consistency with EZ/EC Strategic Plan, if applicable;
Form SF–LLL, Disclosure of Lobbying Activities, where applicable;
HUD 2993, Acknowledgment of Application Receipt; and
HUD 2994, Client Comments and Suggestions (optional).

A Certification of Consistency with the Consolidated Plan is not required for this application.

(6) A narrative statement addressing the rating factors for award. The narrative statement must be numbered in accordance with each factor for award (Rating Factors 1 through 5). The response to the rating factors must not exceed a total of 25 pages (single-spaced, 12 point font, one-inch margins). Any pages in excess of this limit will not be read. Key points to consider in preparing your application are provided in Appendix C of this NOFA.

(7) Any attachments, appendices, references, or other relevant information that directly support the narrative may accompany it, but must not exceed twenty (20) pages (12-point font with one-inch margins) for your entire application. Any pages in excess of this limit will not be read. Specific criteria for the content of the appendices for the Healthy Homes Demonstration Program grant application are listed in the Checklist and Submission Table of Contents (see Appendix E of this NOFA.)

(8) A detailed budget with supporting cost justification for all budget categories of your funding request, in accordance with Rating Factor 3, element (2)(b). This information will not be counted towards the page limits. A detailed budget must also be provided for any subcontractors, subgrantees, or subrecipients receiving more than 10 percent of the Federal budget request.

(9) The resumes and position descriptions of your project director and project manager and up to three additional key personnel (in accordance with Rating Factor 1), not to exceed three pages each (single-spaced, 12-point font with one-inch margins). This information is to be included in Appendix 1 of your application and will not be counted towards the page limit.

VII. Corrections to Deficient Applications

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

VIII. Environmental Requirements

Activities assisted under this program are subject to HUD environmental review to the extent required under 24 CFR part 50. An award under the Healthy Homes Initiative does not constitute approval of specific sites where activities may be carried out. Following award execution, HUD will perform environmental reviews for activities to be carried out on properties proposed by your organization. You must comply with HUD's regulations in 24 CFR 50.3(h) in carrying out responsibilities regarding environmental review. You may not rehabilitate, convert, repair or construct a property, or commit or expend program funds or non-HUD funds for these program activities for any eligible property, until you receive written notification from the appropriate HUD official that HUD has completed its environmental review and the property has been approved. The results of environmental reviews may require that proposed activities be modified or proposed sites rejected. Recipients of a grant under this NOFA will be given guidance in these responsibilities.

IX. HUD Reform Act of 1989

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the section XI (A) of the General Section of the SuperNOFA.

X. Authority

The authority for this program is sections 501 and 502 of the Housing and Urban Development Act of 1970 and the Consolidated Appropriations Resolution of 2003, Public Law 108–7, approved February 20, 2003.

Appendix A: Housing-Related Health and Injury Hazards

The following briefly describes the housing-associated health and injury hazards HUD considers key targets for intervention. More information about housing-associated health and injury hazards is available at the Healthy Homes Initiative Web site, at *http://www.hud.gov.*

Allergens and asthma: Experts estimate that 14 million Americans have asthma, with an associated annual cost of $6.2 billion. Asthma is now recognized as the leading cause of school and work absences, emergency room visits and hospitalizations. For sensitized children, exposure to antigens from dust mites, certain pets, and cockroaches has been associated with more severe asthma. There is a preponderance of evidence showing a dose-response relationship between exposure and prevalence of asthma and allergies; some evidence also indicates that exposure to antigens early in life may predispose or hasten the onset of allergies and asthma. Dust mites have been identified as the largest

trigger for asthma and allergies. Cockroach allergens appear to be excessive in 30–50 percent of inner-city housing and affect 5–15 percent of the population, whereas dust mites appear to be the dominant allergen in other environments.

Interventions known to have beneficial effects include the installation of impervious mattress and pillow covers, which can reduce allergen exposure by 90 percent. Other dust mite control measures include dehumidification, laundering bedding, and removal of carpets and other dust sinks. Cleaning carpets with tannic acid solution has also been demonstrated to greatly reduce dust mites. Asthma prevention program costs have been estimated at about $500 per unit, which includes about $150 for educational interventions. Additional information is available in HUD's research topic paper, ''Healthy Homes Issues: Asthma'' available at the Resources, Technical Resources link of HUD's Healthy Homes Initiative Web site, linked to HUD's Web site, *http://www.hud.gov.*

Asbestos: Asbestos is a mineral fiber that has been used commonly in a variety of building construction materials and household products for insulation and as a fire-retardant. The Environmental Protection Agency (EPA) and the Consumer Product Safety Commission (CPSC) have banned most asbestos products. Manufacturers have also voluntarily limited uses of asbestos. Today, asbestos is most commonly found in older homes, in pipe and furnace insulation materials, asbestos shingles, millboard, textured paints and other coating materials, and floor tiles. Elevated concentrations of airborne asbestos can occur when asbestos-containing materials (ACMs) are disturbed by cutting, sanding or other remodeling activities. Improper attempts to remove these materials can release asbestos fibers into the air in homes, increasing asbestos levels and endangering the people living in those homes. The most dangerous asbestos fibers are too small to be visible. After they are inhaled, they can remain and accumulate in the lungs. Asbestos can cause lung cancer, mesothelioma (a cancer of the chest and abdominal linings), and asbestosis (irreversible lung scarring that can be fatal). Most people with an asbestos-related disease were exposed to elevated concentrations on the job; some developed disease from exposure to clothing and equipment brought home from job sites. As with radon, dose-response extrapolations suggest that lower level exposures, as may occur when asbestos-containing building materials deteriorate or are disturbed, may also cause cancer.

Intact asbestos-containing materials are not a hazard; they should be monitored for damage or deterioration and isolated if possible. Repair of damaged or deteriorating ACMs usually involves either sealing (encapsulation) or covering (enclosure) it. Repair is usually cheaper than removal, but it may make later removal of asbestos more difficult and costly. Repairs should be done only by a professional who is trained and certified to handle asbestos safely. Repairs can cost from a few hundred to a few thousand dollars and removal can be more expensive.

Combustion products of heating and cooking appliances: Burning of oil, natural gas, kerosene, and wood for heating or cooking purposes can release a variety of combustion products of health concern. Depending upon the fuel, these may include carbon monoxide (a chemical asphyxiant), oxides of nitrogen (respiratory irritants), polycyclic aromatic hydrocarbons (*e.g.*, the carcinogen benzo[a]pyrene), and airborne particulate matter (respiratory irritants). Carbon monoxide, an odorless gas, can be fatal. Nitrogen dioxide can damage the respiratory tract, and sulfur dioxide can irritate the eyes, nose and respiratory tract. Smoke and other particulates irritate the eyes, nose and throat, and can cause lung cancer.

Improper venting and poor maintenance of heating systems and cooking appliances can dramatically increase exposure to combustion products. Experts recommend having combustion heating systems inspected by a trained professional every year to identify blocked openings to flues and chimneys, cracked or disconnected flue pipes, dirty filters, rust or cracks in heat exchangers, soot or creosote build-up, and exhaust or gas odors. Installing a carbon monoxide detector is also recommended; however, such a detector will not detect other combustion by-products.

Insect and rodent pests: The observed association between exposure to cockroach antigen and asthma severity has already been noted above. In addition, cockroaches may act as vehicles to contaminate environmental surfaces with certain pathogenic organisms. Rodents can transmit a number of communicable diseases to humans, either through bites, arthropod vectors, or exposure to aerosolized excreta. In addition, humans can become sensitized to proteins in rodent urine, dander and saliva. Such sensitization may contribute to asthma severity among children. Insect and rodent infestation is frequently associated with substandard housing that makes it difficult to eliminate. Treatment of rodent and insect infestations often includes the use of toxic pesticides that may present hazards to occupants (see below). Integrated pest management (IPM) for rodents and cockroaches, which reduces the use of pesticides, is estimated to cost approximately $150 per unit. IPM control measures include sealing holes and cracks, removing food sources and the use of traps. In technical terms, IPM is the coordinated use of pest and environmental information with available pest control methods to prevent unacceptable levels of pest damage by the most economical means and with the least possible hazard to people, property, and the environment. (One information source is the University of Minnesota's electronic textbook of Integrated Pest Management, available at *http://ipmworld.umn.edu/textbook.htm.*)

Lead: Exposure to lead, especially from deteriorating lead-based paint, remains one of the most important and best-studied of the household environmental hazards to children. Although blood lead levels have fallen nationally, a large reservoir of lead remains in housing. The National Health and Nutrition Examination Survey (1991–1994) showed that nearly one million U.S. preschoolers still have elevated blood lead levels. Overall, the prevalence rate among all children under six years of age is 4.4 percent. Among low-income children living in older housing where lead-based paint is most prevalent, the rate climbs to 16 percent; and for African-American children living in such housing, it reaches 21 percent.

The National Survey of Lead and Allergens in Housing (2000) estimates that 38 million dwellings have some lead-based paint, and that 24 million have significant lead-based paint hazards. Of those, about 4.8 million have young children and of those, about 1.2 million have household incomes under $30,000 per year. Costs for Lead Hazard Control can range anywhere from $500 to $15,000 per unit. Corrective measures include paint stabilization, enclosure and removal of certain building components coated with lead paint, and cleanup and ''clearance testing,'' which ensures the unit is safe for young children.

Mold and moisture: An analysis of several pulmonary disease studies estimates that 25 percent of airways disease, and 60 percent of interstitial lung disease may be associated with moisture in the home or work environment. Moisture is a precursor to the growth of mold and other biological agents, which is also associated with respiratory symptoms. An investigation of a cluster of pulmonary hemosiderosis (PH) cases in infants showed PH was associated with a history of recent water damage to homes and with levels of the mold Stachybotrys atra (SA) in air and in cultured surface samples. Associations between exposure to SA and ''sick building'' symptoms in adults have also been observed. Other related toxigenic fungi have been found in association with SA-associated illness and could play a role. For sensitive individuals, exposure to a wide variety of common molds may also aggravate asthma. Addressing mold problems in housing requires coordination among the medical, public health, microbiological, housing, and building science communities. Additional information is available in HUD's research topic paper, ''Healthy Homes Issues: Mold'' available at the Resources, Technical Resources link of HUD's Healthy Homes Initiative website, linked to HUD's Web site, *http://www.hud.gov.*

The cost of mold/moisture-related intervention work (*e.g.*, IPM, clean and tune furnace, remove debris, vent clothes dryer, cover dirt floor with impermeable vapor barrier) is a few hundred dollars, unless major modification of the ventilation system is needed. For example, in Cleveland, mold interventions, including repairs to ventilation systems and basement flooring, in the most heavily contaminated homes range from $500–$5,000, with some costs also being dedicated to lead hazard control simultaneously through its Lead+Asthma program.

Pesticide residues: According to the EPA, 75 percent of U.S. households used at least one pesticide product indoors during the past year. Products used most often are insecticides and disinfectants. Another study suggests that 80 percent of most people's exposure to pesticides occurs indoors and

that measurable levels of up to a dozen pesticides have been found in the air inside homes. The amount of pesticides found in homes appears to be greater than can be explained by recent pesticide use in those households; other possible sources include contaminated soil or dust that migrates in from outside, stored pesticide containers, and household surfaces that collect and then release the pesticides. Pesticides used in and around the home include products to control insects (insecticides), termites (termiticides), rodents (rodenticides), molds and fungi (fungicides), and microbes (disinfectants). In 1990, the American Association of Poison Control Centers reported that some 79,000 children were involved in common household pesticide poisonings or exposures. In households with children under five years of age, almost half stored at least one pesticide product within the reach of children. Exposure to chlorpyriphos (CP), a commonly used organophosphate insecticide, in the prenatal and early postnatal period may impair neurological development. While CP is a biodegradable pesticide, substantial persistence of CP in house dust has been demonstrated. Exposure to high levels of cyclodiene pesticides, commonly associated with misapplication, has produced various symptoms, including headaches, dizziness, muscle twitching, weakness, tingling sensations, and nausea. In addition, the EPA is concerned that cyclodienes might cause long-term damage to the liver and the central nervous system, as well as an increased risk of cancer.

There are available data on hazard evaluation methods and remediation effectiveness regarding pesticide residues in the home environment.

Radon progeny: The National Academy of Sciences estimates that approximately 15,000 cases of lung cancer per year are related to radon exposure. Epidemiologic studies of miners exposed to high levels of radon in inhaled air have defined the dose response relation for radon-induced lung cancer at high exposure levels. Extrapolation of this data has been used to estimate the excess risk of lung cancer attributable to exposure to radon gas at the lower levels found in homes. These estimates indicate that radon gas is an important cause of lung cancer deaths in the U.S. Excessive exposures are typically related to home ventilation, structural integrity and location.

Radon measurement and remediation methods are well developed, and the EPA recommends that every home be measured for radon. The EPA estimates that materials and labor costs for radon reduction in an existing home are $800–$2,500. Including radon resistant techniques in new home construction costs $350–$500, and can save up to $65 annually in energy costs, according to the EPA.

Take-home hazards from work/hobbies and work at home: When the clothing, hair, skin, or shoes of workers become contaminated with hazardous materials in the workplace, such contaminants may inadvertently be carried to the home environment and/or an automobile. Such ''take-home'' exposures have been demonstrated, for example, in homes of lead-exposed workers. In addition, certain hobbies or workplaces located in the home may provide an especially great risk of household contamination.

Control methods include storing and laundering work clothes separately, and showering and changing clothes before leaving work or immediately after arriving at home. Once a home becomes contaminated, cleaning floors and contact surfaces and replacing furnishings may be necessary to reduce exposures.

Unintentional injuries/fire: Unintentional injury is now the leading cause of death and disability among children younger than 15 years of age. In 1997, nearly 7 million persons in the U.S. were disabled for at least one full day by unintentional injuries received at home. During the same year, 28,400 deaths were attributable to unintentional home injuries, of which 1,800 occurred among children four years of age and younger. Among young children, three types of events accounted for more than 75 percent of deaths: fires/ burns; drownings; and mechanical suffocation. Falls and poisoning are the next most common causes of death.

Home visitation protocols have been shown to be effective in reducing exposure to such hazards. The ''add-on'' cost of injury prevention measures, when combined with other housing interventions are estimated at about $100 per unit. This includes the cost of some injury prevention devices (*e.g.*, smoke alarms, electrical socket covers, etc.).

BILLING CODE 4210–32–P

APPENDIX B: SAMPLE WORKSHEETS

OMB Approval Number 2539-0015 (exp 1/31/2006)

Worksheet 1 - Key Personnel			
Name and Position Title (please include the organization position titles in addition to those shown)	**Organizational Affiliation**	**Percent of Time Proposed for this Grant**	**Percent of time to be spent on other activities**
		Note: These two columns should total 100%	
Overall Project Director			
Day-to-Day Program Manager			

OMB Approval Number 2539-0015 (exp 1/31/2006)

Worksheet 2. Other Housing-Related Public Health Projects	
Agency and Project Number	
Year Issued and Original Project Completion Date	
Current Projected Completion Date	
Amount Funded	
Major Performance Goals	
Status of Progress	
Agency and Project Number	
Year Issued and Original Project Completion Date	
Current Projected Completion Date	
Amount Funded	
Major Performance Goals	
Status of Progress	
Agency and Project Number	
Year Issued and Original Project Completion Date	
Current Projected Completion Date	
Amount Funded	
Major Performance Goals	
Status of Progress	

OMB Approval Number 2539-0015 (exp 1/31/2006)

Worksheet 3. Incidences of Asthma, Other Childhood Diseases or Injuries

Childhood Diseases and Injuries in Target Area

Name of TARGET AREA(S): _____

Childhood Disease or Injury	Areas/Dates	Rates and Explanation
Asthma		
Other respiratory diseases (specify)		
Other diseases (specify)		
Other diseases (specify)		
Injuries (specify)		
Other		
Other		

OMB Approval Number 2539-0015 (exp 1/31/2006)

Worksheet 4. Income Statistics

Target Area (City, County, Census Track, State, Zip Code)	Number of Families ≤50% of AMI*	%	Number of Families ≥50% - < 80% of AMI*	%	Total Number of Families <80% of AMI*	%
Total						

Source and Date of Estimate:_____

AMI = Area Median Income

OMB Approval Number 2539-0015 (exp 1/31/2006)

Worksheet 6. Anticipated Healthy Homes Activities				
Activity	**Who Will Perform This Activity? Identify** (In-house, contractor, faith-based or community-based non-profit organization, etc.)	**Number of Units**	**Estimated Unit Cost**	**Estimated Total Cost**
Lead Hazard Evaluation (Risk Assessment)				
Lead Hazard Control				
Clearance Testing				
Assessment (specify)				
Assessment (specify)				
Assessment (specify)				
Intervention (specify)				
Intervention (specify)				
Intervention (specify)				
Post-intervention testing				
Other (specify)				
Other (specify)				

Appendix C: Preparing Your Application

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience

In this rating factor, you should provide details about the following:

1. The skills and experience of the staff and the applicant organization;
2. A description of the participating organization, its roles and experience;
3. The past performance of the organization (applicant or partners) in another Healthy Homes or Lead Hazard Control grant, another grant related to environmental health and safety issues, or other experience in a similar program; include the name of the project, funding organization, amount funded and desired outcomes and results achieved in these projects;
4. The percentage of time each staff person or subcontractor will devote to the project. A staffing table or roster may be helpful to address this element. You may want to use the template provided as Worksheet 1 of Appendix B;
5. Level of involvement of the applicant organization in general oversight of the project and oversight of the partnering organizations;

Rating Factor 2: Need/Extent of the Problem

In this rating factor, you should provide details about the following:

1. The location of the target area(s) and the rationale for selecting these area(s); include backup documentation;
2. The number of children at risk of environmental illnesses or injuries, and the sources of this information;
3. The age and condition of the housing to receive interventions, and the sources of this information;
4. The number of low- and very low-income families and the demographic composition of families served by race, ethnicity, disability, size of family and ages of children, number of single-parent households in the target area(s);
5. Other socio-economic or environmental factors relating to need in the target area(s);
6. The relationship of the Consolidated Plan, Indian Housing Plan or the Analysis of Impediments to Fair Housing Choice (AI) to the request for assistance.

Rating Factor 3: Soundness of Approach

In this rating factor, you should provide details about the following:

1. A project work plan that identifies tasks, deliverables, and quality assurance activities and describes how the applicant will organize and perform Healthy Homes activities;
2. A schedule of deliverables and project milestones;
3. The target population for the project and the selection criteria involved, and the relationship of the activities to ''Need/Extent of the Problem'' as established in Rating Factor 2;
4. The number of families or individuals to be enrolled and/or units to receive assessment and interventions;
5. The rationale for selecting hazards of concern and intervention methods;
6. The mechanism for funding assessments and interventions;
7. The costs/unit for intervention;
8. The medical case management process, if applicable;
9. The process used to develop work specifications;
10. The temporary relocation plan, if appropriate, that includes who will decide on the need for relocation and the source of funding for relocation. Indicate how you will distinguish between temporary and permanent relocation and the benefits to be provided;
11. Awareness, outreach and education activities;
12. A discussion of project evaluation, data collection, and outcome analysis;
13. The proposed budget, with justification of costs by task;
14. Actions to affirmatively further fair housing;
15. Provisions for employment and economic development opportunities for low- and very low-income individuals;
16. Mechanisms for communication between the applicant organization and partners; and
17. The coordination of activities in this project with other similar projects being performed by the applicant or partnering organizations;

Rating Factor 4: Leveraging Resources

In this rating factor, you should provide details about the following:

1. Identify participating faith-based and community-based organizations and other private sector organizations that will contribute time and resources to the project;
2. Include (in Appendix 1 of your application) letters of commitment or memoranda of understanding from organizations. These letters must provide details about resources to be contributed and a dollar amount for the contributed (in-kind or matching) resources. (Letters of support that do not provide a dollar amount of contributed funding should be included in Appendix 2 of your application.);
3. Applicants should provide a discussion of their plans to enhance or expand partnership efforts under this application;
4. Describe how the effectiveness of grant funds will be increased as a result of leveraged efforts; and
5. Describe any existing or potential Community Reinvestment Act funding mechanisms.

Rating Factor 5: Achieving Results and Program Evaluation

In this rating factor, you should provide details about the following:

1. Desired outcomes for your project;
2. Mechanisms for collecting and archiving data to develop the outcome analysis; and
3. Include a Logic Model in this Rating Factor. (Information about developing a Logic Model is available at *http://www.hud.gov.*), and in the General Section of this SuperNOFA.

A tabular summary of the Rating Factors and Bonus Points is provided below.

Rating factor	Points
1. Capacity of the Applicant and Relevant Organizational Experience	20
2. Need/Extent of the Problem	15
3. Soundness of Approach	40
4. Leveraging Resources	10
5. Achieving Results and Program Evaluation	15
Empowerment Zone and Enterprise Community Bonus Points	2
Total	102

Appendix D: References

To secure any of the documents listed, call the telephone number provided. A number of these references are provided on HUD's CD, ''Residential Lead Desktop Reference, 3rd Edition.'' This CD can be obtained at no charge by calling the National Lead Information Clearinghouse, 1–800–424-LEAD.

Regulations

1. *Worker Protection:* The two Occupational Safety and Health Administration (OSHA) publications listed below can be purchased by calling either OSHA Regulations at 202–693–1888 or the Government Printing Office (GPO) at 202–512–1800 (these are not toll-free numbers).

(a) General Industry Lead Standard, 29 CFR 1910.1025 (Document Number 869022001124). This document can be downloaded without charge from the OSHA Web site at *http://www.osha-slc.gov/OshStd_data/1910_1025.html;*

(b) Lead Exposure in Construction, 29 CFR 1926.62, and appendices A, B, C, and D (Document Number 869022001141). This document can be downloaded without charge from the OSHA Web site at *http://www.osha-slc.gov/OshStd_data/1926_0062.html.*

2. *Waste Disposal.* A copy of the EPA regulations at 40 CFR parts 260–268 can be purchased by calling 1–800–424–9346 (this is a toll-free number) or downloaded without charge from the EPA Web site at *http://www.epa.gov/docs/epacfr40/chapt-I.info/subch-I.htm.*

3. *Lead.*

(a) Requirements for Lead-Based Paint Activities in Target Housing and Child-Occupied Facilities; Final Rule: 40 CFR Part 745, (EPA) (Lead Hazard Standards, Work Practice Standards, EDP and State Certification and Accreditation programs for those engaged in lead-based paint activities). Can be purchased by calling the Toxic Substances Control Act Hotline at 202–554–1404 (this is not a toll-free number) or downloaded without charge from the EPA Web site at *http://www.epa.gov/lead.*

Guidelines

1. Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing; HUD, June 1995, and amended September 1997. These guidelines can be purchased by calling 1–800–245–2691 toll free or downloaded without charge from the HUD Web site at *http://www.hud.gov/offices/lead.*

2. Preventing Lead Poisoning in Young Children; Centers for Disease Control, October 1991. These guidelines can be obtained without charge by calling the CDC's toll-free number, 1–888–232–6789 or they can be downloaded from the HUD Web site at *http://www.hud.gov/offices/lead.*

3. Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials, November 1997; Centers for Disease Control and Prevention (CDC). These guidelines can be obtained without charge by calling the CDC's toll-free number, 1–888–232–6789 or they can be downloaded from the HUD Web site at *http://www.hud.gov/offices/lead.*

Reports

1. Putting the Pieces Together: Controlling Lead Hazards in the Nation's Housing, (Summary and Full Report); HUD, July 1995. A copy of this summary and report may be purchased by calling 1–800–245–2691 toll-free or through the HUD Web site at *http://www.hud.gov/offices/lead.*

2. The Healthy Homes Initiative: A Preliminary Plan (Summary and Full Report); HUD, April, 1999. A copy of this summary report may be obtained by calling NLIC's toll-free number, 1–800–424–LEAD, or downloaded from the HUD Web site at *http://www.hud.gov/offices/lead.*

3. Institute of Medicine. *Indoor Allergens. Assessing and Controlling Adverse Health Effects.* National Academy Press. Washington, DC 1993.

4. Mott L., Our Children at Risk. Natural Resources Defense Council. Washington, DC 1997. Can be ordered from the Internet from *http://www.nrdc.org.*

5. Rom W.N., Ed. *Environmental and Occupational Medicine.* Little, Brown and Co., Boston. 1992.

6. President's Task Force on Environmental Health Risks and Safety Risks to Children. Asthma and The Environment: An Action Plan to Protect Children. Washington, DC 1999. *Eliminating Childhood Lead Poisoning:* A Federal Strategy Targeting Lead Paint Hazards. Washington, DC 2000. Can be downloaded from the Internet without charge from *http://www.epa.gov/children.*

APPENDIX E. CHECKLIST AND SUBMISSION TABLE OF CONTENTS

CHECKLIST AND SUBMISSION TABLE OF CONTENTS
HEALTHY HOMES DEMONSTRATION GRANT PROGRAM

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. **You must include this checklist and submission table of contents with the proposal.**

☐	**Transmittal Letter (limited to one page)**	Cover page
☐	**Applicant Abstract** (limited to a 2-pages; does not count towards 25-page limit)	
☐	**Checklist and Submission Table of Contents**	_____
		_____
	Application Forms (to be included in Appendix 3)	_____
☐	Form HUD 424 (Application for Federal Assistance)	
☐	Form HUD 424B (Assurances/Non-Construction Programs)	_____
☐	Form HUD 424-C (Budget Summary for Competitive Grant Programs)	
☐	Form HUD CBW (Budget Worksheet)	_____
☐	Form HUD Logic Model Form	_____
☐	Form Ethnicity and Race Data	_____
	Rating Factor Response (Total narrative response limited to 25 pages.)	
☐	1. Capacity of the Applicant and Relevant Organizational Experience	_____
☐	2. Need/Extent of the Problem	_____
☐	3. Soundness of Approach	_____
☐	4. Leveraging Resources	_____
☐	5. Achieving Results and Program Evaluation	_____
	Appendices	
☐	Appendix 1 – Required material in support of the Rating Factors (e.g., resumes of key personnel, organizational chart, letters of commitment) arranged in order of Rating Factor. Does not count towards the 25-page limit; resumes limited to 3 pages each.	_____
☐	Appendix 2 – Optional material in support of the Rating Factors, arranged in order of Rating Factors, e.g., maps, letters of support. The 20-page limit applies to this Appendix.	_____
☐	Appendix 3 – Material relating to the forms, or budget material. (See Application Forms, above.)	_____
☐	Form HUD 2993 Acknowledgment of Application Receipt	_____
☐	Form HUD 2994 Client Comments and Suggestions (Optional)	_____

Appendix F: Forms and Administrative Costs

This appendix lists the standard forms, certifications and assurances used by the programs that are part of this NOFA. Listed forms are located in Appendix B of the General Section of the SuperNOFA.

The following forms are to be used for the Programs listed in this NOFA:

(1) Form HUD–424
(2) Form HUD–424 B
(3) Form HUD–424 C
(4) Form HUD–424 CBW
(5) Form HUD Logic Model Form
(6) Application Checklist and Submission Table of Contents
(7) Ethnicity and Race Data

HUD has consolidated many of its application forms into a single HUD–424 form. The new HUD–424 consolidates budget-reporting forms for both construction and non-construction projects into a single form and eliminates having to have the following separate certifications: Certification for a Drug-Free Workplace (HUD–50070), the Certification of Payments to Influence Federal Transactions (HUD–50071), and the Certification Regarding Debarment and Suspension (HUD–2992).

New form HUD–424 replaces SF–424 and HUD–424 M

HUD–424 B replaces SF–424 B and D and HUD–50070, 50071 and 2992.

HUD–424 C and CB replaces SF–424 A and C

The HUD–424 CBW is added as a common detailed Budget Worksheet and replaces various budget worksheets used throughout the Department.

Administrative Costs

Administrative costs that may be applicable to the programs included in this NOFA are discussed below:

I. Purpose

The intent of this HUD grant program is to allow the Grantee to be reimbursed for the reasonable direct and indirect costs, subject to a top limit, for overall management of the grant. In most instances the grantee, whether a State or a local government, principally serves as a conduit to pass funding to sub-grantees, which are to be responsible for the conducting lead-hazard reduction work. Congress set a top limit of ten percent of the total grant sum for the grantee to perform the function of overall management of the grant program, including passing on funding to sub-grantees. The cost of that function, for the purpose of this grant, is defined as the ''administrative cost'' of the grant, and is limited to ten percent of the total grant amount. The balance of ninety percent or more of the total grant sum is reserved sub-grantees or other direct-performers of lead-hazard identification and reduction work. Lead hazard identification and reduction includes, but is not necessarily limited to outreach, training, enrollment, lead paint inspection/risk assessments, interim controls, hazard abatement, clearance documentation, blood lead testing, and public education.

II. Administrative Costs: What They Are Not

For the purposes of this HUD grant program for States and local governments to provide support for the evaluation and reduction of lead-hazards in low- and moderate-income, private target housing, the term ''administrative costs'' should not be confused with the terms ''general and administrative cost,'' ''indirect costs,'' ''overhead,'' and ''burden rate.'' These are accounting terms usually represented by a government-accepted standard percentage rate. The percentage rate allocates a fair share of an organization's costs that cannot be attributed to a particular project or department (such as the chief executive's salary or the costs of the organization's headquarters building) to all projects and operating departments (such as the Fire Department, the Police Department, the Community Development Department, the Health Department or this program). Such allocated costs are added to those projects' or departments' direct costs to determine their total costs to the organization.

III. Administrative Costs: What They Are

For the purposes of this HUD grant program, ''Administrative Costs'' are the grantee's allowable direct costs for the overall management of the grant program plus the allocable indirect costs. The allowable limit of such costs that can be reimbursed under this program is ten (10) percent of the total grant sum. Should the grantee's actual costs for overall management of the grant program exceed ten percent of the total grant sum, those excess costs shall be paid for by the grantee. However, excess costs paid for by the grantee may be shown as part of the requirement for cost-sharing funds to support the grant.

IV. Administrative Costs: Definition

A. General

Administrative costs are the allowable, reasonable, and allocable direct and indirect costs related to the overall management of the HUD grant for lead-hazard reduction activities. Those costs shall be segregated in a separate cost center within the grantee's accounting system, and they are eligible costs for reimbursement as part of the grant, subject to the ten percent limit. Such administrative costs do not include any of the staff and overhead costs directly arising from specific sub-grantee program activities eligible under Section III of this NOFA because those costs are eligible for reimbursement under a separate cost center as a direct part of project activities.

The grantee may elect to serve solely as a conduit to sub-grantees, who will in turn perform the direct program activities eligible under Section III (C) (1) of this NOFA, or the grantee may elect to perform all or a part of the direct program activities in other parts of its own organization, which shall have their own segregated, cost centers for those direct program activities. In either case, not more than 10 percent of the total HUD grant sum may be devoted to administrative costs, and not less than 90% of the total grant sum shall be devoted to direct program activities. The grantee shall take care not to mix or attribute administrative costs to the direct project cost centers.

B. Specific

Reasonable costs for the grantee's overall grant management, coordination, monitoring, and evaluation are eligible administrative costs. Subject to the ten percent limit, such costs include, but are not limited to, necessary expenditures for the following goods, activities and services:

(1) Salaries, wages, and related costs of the grantee's staff, the staff of affiliated public agencies, or other staff engaged in grantee's overall grant management activities. In charging costs to this category the recipient may either include the entire salary, wages, and related costs allocable to the program for each person whose primary responsibilities (more than 65% of their time) with regard to the grant program involve direct overall grant management assignments, or the pro rata share of the salary, wages, and related costs of each person whose job includes any overall grant management assignments. The grantee may use only one of these two methods during this program. Overall grant management includes the following types of activities:

(a) Preparing grantee program budgets and schedules, and amendments thereto;

(b) Developing systems for the selection and award of funding to sub-grantees and other sub-recipients;

(c) Developing suitable agreements for use with sub-grantees and other sub-recipients to carry out grant activities;

(d) Developing systems for assuring compliance with program requirements;

(e) Monitoring sub-grantee and sub-recipient activities for progress and compliance with program requirements;

(f) Preparing presentations, reports, and other documents related to the program for submission to HUD;

(g) Evaluating program results against stated objectives;

(h) Providing local officials and citizens with information about the overall grant program; however, a more general education program, helping the public understand the nature of lead hazards, lead hazard reduction, blood-lead screening, and the health consequences of lead poisoning is a direct project support activity);

(i) Coordinating the resolution of overall grant audit and monitoring findings; and

(j) Managing or supervising persons whose responsibilities with regard to the program include such assignments as those described in paragraphs (a) through (i).

(2) Travel costs incurred for official business in carrying out the overall grant management;

(3) Administrative services performed under third party contracts or agreements, for services directly allocable to grant management such as: legal services, accounting services, and audit services;

(4) Other costs for goods and services required for and directly related to the overall management of the grant program; and including such goods and services as telephone, postage, rental of equipment, renter's insurance for the program management space, utilities, office supplies, and rental and maintenance (but not purchase) of office space for the program.

(5) The fair and allocable share of grantee's general costs that are not directly attributable

to specific projects or operating departments such as salaries, office expenses and other related costs for local officials (*e.g.*, mayor and city council members, etc.), and expenses for a city's legal or accounting department which are not charged back to particular projects or other operating departments. If a grantee has an established burden rate, it should be used; if not, the grantee shall be assigned a negotiated provisional burden rate, subject to final audit.

BILLING CODE 4210–32–P

U.S. Department of Housing and Urban Development
Office of Healthy Homes and Lead Hazard Control

OMB Approval No. 2539-0015
(exp. 01/31/2006)

Healthy Homes and Lead Hazard Programs Worksheets

form **HUD-96007** (04/2003)

The information collection requirements contained in this notice of funding availability will be used to rate applications, determine eligibility, and establish grant amounts.

For the Healthy Homes and Lead Hazard Programs, the public reporting burden for this collection of information is estimated to average 80 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The information submitted in response to these Notices of Funding Availability for Lead Hazard Control Grant Programs is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Pub.L. 101-235, approved December 15, 1989, 42 U.S.C. 3545).

Worksheet 1 - Key Personnel

Name and Position Title (please include the organization position titles in addition to those shown)	Percent of Time Proposed for this Grant	Percent of Time to be spent on other LHC HUD grants	Percent of time to be spent on other activities
	Note: These three columns should total 100%		
Overall Project Director			
Day-to-Day Program Manager			

form **HUD-96007** (04/2003)

Worksheet 2 - Blood Lead Level (BLL) Information*

Blood Lead Level for **TARGET AREA(S)**

Name of TARGET AREA(S): _____

Total Number of Children < 6 Years (72 months) of Age in Target Area:_____% of Total Population:_____

Total Number of Children < 6 Years Tested for Blood Lead Levels:_____ % of Children < 6 years of age Tested:_____

Blood Lead Level	Number of Children Under 6 Years (72 mo) of Age with following BLL Results	% of Total
< 10 µg/dL		
≥ 10 µg/dL and < 15 µg/dL		
≥ 15 µg/dL and < 20 µg/dL		
≥ 20 µg/dL		
Total Tested		**100%**
Source and Date of Estimate (Indicate Period Covered)		

*State or Local Health Departments may be good reference sources for obtaining this information

form **HUD-96007** (04/2003)

Worksheet 2 - Blood Lead Level (BLL) Information*

Blood Lead Level for: **JURISDICTION**

Name of JURISDICTION: _____

Total Number of Children < 6 Years (72 months) of Age in Target Area:_____% of Total Population:_____

Total Number of Children < 6 Years Tested for Blood Lead Levels:_____ % of Children < 6 years of age Tested:_____

Blood Lead Level	Number of Children Under 6 Years (72 mo) of Age with following BLL Results	% of Total
< 10 μg/dL		
≥ 10 μg/dL and < 15 μg/dL		
≥ 15 μg/dL and < 20 μg/dL		
≥ 20 μg/dL		
Total Tested		**100 %**
Source and Date of Estimate (Indicate Period Covered)		

*State or Local Health Departments may be good reference sources for obtaining this information

form **HUD-96007** (04/2003)

Worksheet 3 - Housing Age and Condition

Housing data for: **TARGET AREAS**

Name of TARGET AREA(S): _____

Year Built	Number	% of Total	Condition of Housing Stock Interior/Exterior
Pre-1940			/
1940-1949			/
1950-1959			/
1960-1969			/
1970-1977			/
1978 or newer			/
Total			/
Source and Date of Estimate			

form **HUD-96007** (04/2003)

Worksheet 3 - Housing Age and Condition

Housing data for: **JURISDICTION WIDE**

Name of JURISDICTION: _____

Year Built	Number	% of Total	Condition of Housing Stock
Pre-1940			
1940-1949			
1950-1959			
1960-1969			
1970-1977			
1978 or newer			
Total			
Source and Date of Estimate			

form **HUD-96007** (04/2003)

Worksheet 4 – Very Low- and Low-Income Population

Very Low- and Low Income Population for: **JURISDICTION WIDE**

Name of JURISDICTION: _____

Jurisdiction (City, County, State)	Number of Families ≤50% of AMI*	%	Number of Families ≥50% - < 80% of AMI*	%	Total Number of Families <80% of AMI*	%
Total						

Source and Date of Estimate:

*AMI – Area Median Income

form **HUD-96007** (04/2003)

Worksheet 4 – Very Low- and Low-Income Population

Very Low- and Low Income Population for: **TARGET AREA(S)**

Name of TARGET AREA(S): _____

Target Area (County, Municipality, Census Tract, Neighborhood, or Area)	Number of Families ≤50% of AMI*	%	Number of Families ≥50% - < 80% of AMI*	%	Total Number of Families <80% of AMI*	%
Total						
Source and Date of Estimate:						

*AMI – Area Median Income

form **HUD-96007** (04/2003)

Worksheet 5 - Housing Occupancy Projections		
Type of Unit	**Number of Units Proposed**	**% of Total**
Owner-Occupied		
Rental		
Vacant		
Total		**100 %**

form **HUD-96007** (04/2003)

Worksheet 6 - Anticipated Lead Hazard Control Activities

Activity	Who Will Perform This Activity? Identify (In-house, contractor, grassroots faith-based or community-based non-profit organization, etc.)	Number of Units	Estimated Time to Complete Work for each unit (hours, days, weeks)	Estimated Unit Cost
Lead-Based Paint Inspections				
Lead-Based Paint Risk Assessments				
Interim Controls (Low Level Interventions, Specialized Cleaning, and Paint Stabilization)				
Hazard Abatement				
Clearance Inspections				

form **HUD-96007** (04/2003)

Worksheet 7 - Match Funding		
Source of Match	**Work to be accomplished in support of the program using the matching funds**	**Value of In-kind or Cash Matching Contribution**
		Total Match Amount ***$***

form **HUD-96007** (04/2003)

Worksheet 8 - Grant Partners

Partner Name	Type of Organization or Program	Description of Commitment	Proposed Activities To Be Conducted by Partner	Resource and Match Commitment ($ Value for Services Provided)

Partner Name: Name of organization or entity that will partner with applicant in conducting LHC activities.

Type of Organization or Program: Health, Housing, Environmental, Community Development Department, Grassroots faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institutions, Job Training and Economic Opportunity Organizations, etc.

Description of Commitment: Memorandum of Understanding/Agreement, Contract, Sub-grant, Letter , etc.

Proposed Activities to be Conducted by Partner: The type of activities that will be conducted by the grant partner in support of LHC efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.)

Resource and Match Commitment Contributed by Partner: The value of any contributed resource by the grant partner (includes in-kind or cash in support of the grant program). The contributed resource should also be listed in Table 7 – Match Funding.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

LEAD OUTREACH GRANT PROGRAM

Billing Code 4210-32-C

Funding Availability for the Lead Outreach Grant Program

Program Overview

Purpose of the Program. The purpose of this lead outreach grant program is to:

(A) Increase enrollment of low-income housing units for treatment via the HUD lead hazard control grant program or another lead hazard treatment program;

(B) Develop and distribute outreach and educational materials in order to raise public awareness of childhood lead poisoning, its prevention and proper lead hazard identification and control methods among at-risk communities and at-risk populations of children and workers in the housing maintenance or rehabilitation fields; and

(C) Encourage occupants to identify potential lead-based paint hazards and report them to property owners and managers, and public health and/or housing officials as appropriate.

Available Funds. Approximately $2,200,000, including approximately $480,000 in FY 2003 funds, and approximately $1,720,000 in previous-year recaptured funds.

Eligible Applicants. States, Tribes and units of general local government are eligible. Partnerships are encouraged, although the application must be made by a single entity.

Application Deadline. June 10, 2003.

Match. None required

Additional Information

If you are interested in applying for funding under this program, please carefully read the General Section of this SuperNOFA and the following additional information.

I. Application Due Date and Technical Assistance

(A) *Application Due Date.* Completed applications (one original and four copies) must be submitted and received by HUD on or before 12 midnight on June 10, 2003, at the address shown below.

(B) *Application Submission Procedures.* HUD has implemented security procedures that impact application submission. Please review the requirements for mailing and receipt of applications in the General Section of this SuperNOFA to ensure that your application is timely filed. No hand deliveries will be accepted.

(C) *Application Submission.* See the General Section of this Super Notice of Funding Availability (SuperNOFA) for specific procedures concerning the form of application submission and requirements for receipt (*e.g.*, mailed applications, express mail or overnight delivery). Please note that the requirements for submission have been revised this year. Be advised that there is no Application Kit for this year's Lead Outreach Grant Program. This program NOFA clearly describes the requirements for completing a successful application and all forms and certifications needed to complete a successful application are included in the General Section and Lead Outreach Grant Program sections of this SuperNOFA.

(D) *Addresses.* You, the applicant, must submit one original and four copies of your complete application to the Department of Housing and Urban Development, Office of Homes and Lead Hazard Control, ATTN: Lead Outreach Grant Program, 451 Seventh Street, SW., Room P3206, Washington, DC 20410 on or before the application due date.

(E) *For Further Information and Technical Assistance:* You may contact Rachel M. Riley, Training Manager, Office of Healthy Homes and Lead Hazard Control, at the address above; telephone (202) 755–1785, extension 107 (this is not a toll-free number). If you are a hearing- or speech-impaired person, you may reach the above telephone numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

(F) *Satellite Broadcast.* HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and the preparation of the application. For more information about the date and time of the broadcast, you should consult the HUD Web site at *http://www.hud.gov/.*

II. Authority, Funding Amounts and Amount of Funds Allocated

(A) *Authority.* The authority for this program is Section 1011(e)(8) & (g)(1) of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (Title X of the Housing and Community Development Act of 1992), and Division K of the Consolidated Appropriations Resolution of 2003, Pub. L. 108–7, signed February 20, 2003.

(B) *Funding Available and Eligibility.* Approximately $2,200,000, including approximately $480,000 in Fiscal Year 2003 funds from the lead technical assistance set aside under the lead hazard reduction appropriation, and approximately $1,720,000 in previous-year recaptured funds, will be available for the Lead Outreach Program. Grants will be awarded on a competitive basis following evaluation of all proposals according to the Rating Factors described in Section V of this program section. Between five and 11 States, Tribes or units of general local government could receive grant awards ranging between approximately $200,000 and approximately $500,000. A minimum score of 75 is required for award consideration. The amounts included in this program are subject to change based on funds availability.

III. Eligible Applicants and Activities

(A) Background

Lead toxicity in children has been well established, yet childhood lead poisoning is the primary childhood environmental health problem in the United States today. The February 2000, report of the President's Task Force on Environmental Health Risks and Safety Risks to Children, titled ''Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards,'' sets forth what action needs to be taken to prevent such poisoning. In addition to eliminating lead hazards in housing occupied by low-income families with children, the Federal government's public education and outreach activities must measurably increase the public's awareness of lead hazards and how to address them.

In keeping with the mandate of section 1011(g)(1) of Title X for HUD ''develop the capacity of eligible applicants * * * to carry out activities under'' lead hazard control grant programs, the Department has conducted outreach and public education initiatives through the Lead Hazard Control Grant program, the National Lead Information Center, and other education and outreach initiatives.

Lead Hazard Control Grants are awarded competitively to eligible States, tribes, or units of local government to perform lead hazard reduction in low-income privately owned pre-1978 housing. Lead outreach activities contribute to building the capacity of jurisdictions to submit successful applications for lead hazard control grants, because they have the effect of inducing local businesses to enter into the lead hazard control field before jurisdictions apply for the grants and, thus, increase jurisdictions' ability to demonstrate their capacity to meet the grant's requirements. These inducements can be expressed by the market directly, and/or through the efforts of the jurisdictions.

HUD's lead awareness supplement to the Current Population Survey has determined that only a fraction of citizens are well-educated about how lead-based paint hazards threaten young children and are more common in older housing. One consequence of this low level of awareness is that few housing

construction and maintenance business owners are aware of the extent of lead-based paint hazards. One result is that few areas have an adequate supply of businesses that work in the lead hazard control field, or an adequate supply of workers trained to perform interim controls or lead hazard abatement for more than their HUD-assisted pre-1978 housing, as required by the Lead Safe Housing Rule.

Lead outreach activities have the effect of encouraging residents of older low-income housing to prompt their state, tribal or local governments to control lead-based paint hazards. In turn, these governments are induced to consider obtaining funding under the HUD Lead Hazard Control Grant Program, or perform lead hazard reduction in conjunction with other housing, health or environmental activities. In practice, this can be done only if housing owners and occupants are aware of and apply for enrollment in lead hazard treatment programs. Potential applicant agencies are, thereby, induced to promote lead hazard control activities locally, by working with private-sector stakeholders (*e.g.*, grassroots organizations, including faith-based and community-based non-profit organizations, community colleges, etc.). As described above, HUD's outreach efforts contribute to the timely performance of successful lead hazard control work and associated capacity building.

Outcomes of this outreach program include:

(1) Identifying and maximizing opportunities to raise visibility of and publicize the lead issue among the general public, and invigorating the efforts in both the public and private sectors to take action to eradicate childhood lead poisoning, especially by increasing the number of low-income housing units that are enrolled in lead hazard treatment programs.

(2) Increasing lead awareness in communities identified as being at greatest risk of lead poisoning (*e.g.*, those with many low-income and minority families), with special interest in target audiences within those communities, such as parents, pregnant women, health care providers, multi-family and single family housing owners, corporations, educational institutions such as community colleges, schools, non-profit organizations, and historic preservation, renovation, remodeling, weatherization and maintenance firms and personnel, major banks, lenders and insurance companies, housing inspectors, real estate professionals and appraisers, homebuyers and low-income minority families.

(3) Increasing the base of support for this important outreach activity through the creation of partnerships between public and private entities, especially grassroots organizations, including faith-based and community-based non-profit organizations and community colleges.

(4) Implementing strategies to directly contact and speak to the general public, especially high-risk populations, or media strategies for using print, radio and/or television, as applicable, to increase public awareness of childhood lead poisoning and ways to prevent it.

(5) Disseminating existing tools and, as needed, new tools to inform parents and caregivers about lead-related hazards and enabling them to take prompt corrective action, especially enrolling their housing in lead hazard treatment programs.

(B) Eligible Applicants

(1) States, Tribes, and units of general local government are eligible. Partnerships are encouraged, although the application must be made by a single entity. Non-profit organizations, such as groups of parents of lead poisoned children, and grassroots organizations, including faith-based and community-based non-profit organizations, and colleges and universities, can be sub-grantees or sub-contractors.

(2) As an applicant, you must meet all of the threshold requirements of the General Section of this SuperNOFA (Section V(B)) as well as any specific threshold requirements for applicants under the Lead Outreach Grant Program. Applications will not be rated or ranked if they do not meet the threshold requirements of the General Section of this SuperNOFA.

(3) All awardees are expected to commence activity immediately upon completion of budget and work plan negotiations, and execution of the grant agreement.

(C) Eligible Activities

Eligible activities to be funded under this program include, but are not limited to, developing and conducting education and outreach campaigns in high-risk communities to:

—Increase lead awareness.
—Encourage owners and low-income occupants to enroll their housing units in programs conducting lead hazard treatment activities.
—Encourage owners and low-income occupants to identify potential lead-based paint hazards and report them to property owners and managers, and public health and/or housing officials as appropriate.

HUD is interested in promoting approaches that are cost-effective and efficient and that result in the reduction of lead poisoning for the maximum number of children, and, in particular, low-income children. Section II of the General Section of this SuperNOFA presents HUD's FY 2003 Policy Priorities.

Outreach can take various forms, depending on the intended audience(s). Activities may include publicizing and/or conducting events, developing and distributing publications in, for example, stores, schools, churches, community centers, or other neighborhood locations, making presentations, or forging partnerships to cost-effectively disseminate information to populations identified as being at-risk. Regardless of the form of outreach you choose to implement, all eligible activities must identify at-risk populations (or areas), propose an outreach program to meet those populations' information needs, and evaluate the program's effectiveness.

(1) Eligible activities may include:

(a) Establishing partnerships with non-profit organizations and associations, such as grassroots organizations, including faith-based, parent, and community-based non-profit organizations, or corporations, retailers, construction organizations, and unions or for the purpose of coordinating or conducting joint activities;

(b) Preparing publications, graphics, public service announcements, posters and entries for newspapers and magazines with local and/or regional distribution. These activities could include training local residents and businesses on identifying potential lead-based paint hazards, and lead-safe maintenance and renovation practices, etc.;

(c) Making materials available in alternative formats for persons with disabilities (*e.g.*, Braille, audio, large type), and in languages other than English that are common in the community, whenever possible. Applicants are encouraged to utilize minority media in an effort to achieve diversity in outreach and educational efforts. Applications that include development and distribution of media products in languages other than English must include a discussion of the applicant's (or subcontractor's) expertise in those languages and in meeting the informational needs of non-English-speaking, underserved populations.

(d) Preparing quarterly progress reports and an overall final grant report,

detailing activities (*e.g.*, the number of low-income housing units enrolled in lead hazard treatment programs as a result of activities performed under this grant, number and type of materials produced, activities conducted, evaluation of the various outreach and educational methods used, findings, and recommended future actions at the conclusion of grant activities).

(2) Support Elements.

(a) Your administrative costs. There is a 10 percent maximum for administrative costs. Specific information about administrative costs is included in Appendix D of this program section of this NOFA.

(b) Program planning and management costs of sub-grantees and other sub-recipients.

(D) Ineligible Activities

(1) Purchase of real property.

(2) Purchase or lease of equipment having a per-unit cost in excess of $5,000, unless prior written approval is obtained from HUD.

(3) Hazard abatement, hazard reduction, rehabilitation, remodeling, repair, or other construction work.

IV. Requirements and Procedures Applicable to the Lead Outreach Grant Program

In addition to program requirements listed in the General Section of this SuperNOFA, you, the applicant, must comply with the following requirements:

(A) Budgeting

(1) *Matching Contribution.* You are not required to provide a matching contribution in the Lead Outreach Program.

(2) *Administrative Costs.* There is a 10 percent maximum for administrative costs. Additional information about allowable administrative costs is provided in Appendix D of this program section of this NOFA.

(B) *Period of Performance.* The period of performance cannot exceed 24 months from the date of the award, except that HUD reserves the right to approve no cost time extensions for a total period not to exceed 12 months.

(C) *Environmental Review.* In accordance with 24 CFR 50.19(b)(2) and (b)(3) of the HUD regulations, activities assisted under this program are categorically excluded from the requirements of the National Environmental Policy Act of 1969 (42 U.S.C. 4321) and are not subject to environmental review under the related laws and authorities.

(D) *Certifications and Assurances.* You must include the certifications and assurances listed in the General Section of this SuperNOFA with your application. A Certification of Consistency with the Consolidated Plan is not required for this program Section of this SuperNOFA.

(E) *Conducting Business in Accordance with HUD Core Values and Ethical Standards.* If awarded assistance under the Lead Outreach NOFA, you will be required, prior to entering into a grant agreement with HUD, to submit a copy of your code of conduct and describe the methods you will use to ensure that all officers, employees, and agents of your organization are aware of your code of conduct. (See Section V(B)(3) of the General Section of this SuperNOFA for information about conducting business in accordance with HUD's core values and ethical standards.)

(F) *Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses.* The Department of Housing and Urban Development (HUD) is committed to ensuring that small businesses, small disadvantaged businesses and women-owned businesses participate fully in HUD's direct contracting and in contracting opportunities generated by HUD grant funds. Too often, these businesses still experience difficulty accessing information and successfully bidding on Federal contracts. HUD Regulations at 24 CFR 85.36(e) require recipients of assistance (grantees and sub-grantees) to take all necessary affirmative steps in contracting for purchase of goods or services to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible. Affirmative steps shall include:

(1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists.

(2) Assuring that small and minority business, and women's business enterprises are solicited whenever they are potential sources.

(3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority business, and women's business enterprises.

(4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority business, and women's business enterprises.

(5) Using the services and assistance of the Small Business Administration, and the Minority Business Development Agency of the Department of Commerce.

(G) *Participation in HUD-Sponsored Program Evaluation.* As a condition of the receipt of financial assistance under this NOFA, you will be required to cooperate with all HUD staff or contractors performing HUD-funded research and evaluation studies pertaining to the subject of the grant.

(H) *HUD Reform Act of 1989.* See the General Section of this SuperNOFA for information regarding the applicability of the HUD Reform Act.

V. Application Selection Process

(A) *Rating and Ranking.* Please see Section VI(B) of the General Section of this SuperNOFA. Only those applications that meet the threshold requirements will be rated and ranked. HUD intends to award the highest ranked applications receiving a minimum score of 75 within the limits of funding.

(B) *Factors for Award Used to Evaluate and Rate Applications.* The factors for rating and ranking applicants, and maximum points for each factor, are stated below. The maximum number of points to be awarded is 102, including the potential for two bonus points, as described in the General Section of this SuperNOFA.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 Points)

This factor addresses your organizational capacity necessary to successfully implement your proposed activities in a timely manner. The rating of you or your staff includes any grassroots organizations, including faith-based and other community-based non-profit organizations, sub-contractors, consultants, sub-recipients, and members of consortia that are firmly committed to your project. For all of the descriptions of personnel and organizational qualifications and experience in this factor, more points will be given for more recent relevant experience of high quality with this kind of work, as documented below. Applicants who are funding or sub-contracting with grassroots organizations, including faith-based, and other community-based non-profit organizations, in conducting their work programs should include the qualifications and experience of these organizations in responding to this rating factor. In rating this factor HUD will consider:

(a) Your recent, relevant and successful demonstrated experience in undertaking eligible program activities. You must describe the knowledge and experience of the proposed overall project director and day-to-day project

manager in planning and managing large and complex interdisciplinary outreach programs, especially those involving housing, public health, or environmental programs. In your narrative response for this factor, you should include information on your project staff, their experience, percentage commitment to the project, and position titles. You must provide resumes (or position descriptions and copies of job announcements including salary range, for vacant positions) of up to three pages each for the project director, project manager, and up to three key personnel, and a clearly delineated organizational chart for the Lead Outreach project in Appendix 1 of your application. Indicate the name of the position of key personnel, the percentage of time that proposed staff will devote to your project and any salary costs to be paid by funds from this program. Include descriptions of the experience and qualifications of subcontractors and consultants. You may find it useful to include a table indicating the name, position and percentage contribution of staff members, specifying organizational affiliation. HUD reserves the right to terminate grant awards made to applicants that fail to timely hire (within 90 days of award) staff to fill key positions identified in the applicant's proposal as vacant.

(b) Your qualifications to carry out the proposed activities as evidenced by experience, training, and/or relevant publications of project staff, and whether you have sufficient personnel, or will be able to quickly retain qualified experts or professionals to begin your proposed project immediately, and to perform your proposed activities in a timely and effective fashion. Describe how principal components of your organization will participate in, or support, your project. You should thoroughly describe capacity, as demonstrated by experience in initiating and implementing and evaluating related health education, outreach and recruitment projects.

(c) Your past performance in previous projects with an emphasis on health education, outreach and recruitment. Provide details about the nature of the project, the funding agency, and your performance, relative to performance measures or the achievement of desired health outcomes. If a subgrantee or subcontractor is an existing lead outreach grantee, provide a description of the progress and outcomes achieved in that grant.

HUD's evaluation process will consider an applicant's past performance in effectively organizing and managing their grant operations, in meeting performance and work plan benchmarks and goals, and in managing funds, including their ability to account for funds appropriately, timely use of funds received either from HUD or other Federal, State, Tribal or local programs, and meeting performance milestones. HUD may use other information relating to these items from sources at hand, public sources such as newspapers, Inspector General or Government Accounting Office Reports or Findings, hotline complaints, or other sources of information that have been proven to have merit.

Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor addresses the extent to which there is a need for your proposed project activities to address documented problems, target area(s) and target populations. Applications that demonstrate a greater need for lead outreach beyond existing levels as a mechanism for increasing enrollment in lead hazard treatment programs, or more thoroughly document this need will earn higher numbers of points.

(a) Your application should document a critical level of need for your proposed outreach activities in the area(s) where activities will be carried out. You should pay specific attention to documenting the need for outreach to increase enrollment of low-income housing units in lead hazard treatment programs as it applies to your target area(s) and target populations, rather than a larger geographic area or general population. Examples of information that *might* be used to demonstrate need, include:

(1) Economic or sociological information relevant to your target area(s). If this information is applied locally, the neighborhoods or type of neighborhoods to be targeted should be characterized with regard to age of housing and populations that the outreach activities are attempting to reach.

(2) Data documenting targeted populations that are traditionally underserved or have special needs. For a maximum score in this Rating Factor, data provided should specifically represent the target area. If the data presented in your response does not specifically represent your target area, you should discuss why the target areas are being proposed. If your application addresses needs that are in the Consolidated Plan or Analysis of Impediments (AI) to Fair Housing Choice (see paragraph V.C of the General Section of this SuperNOFA), court orders or consent decrees, settlements, conciliation agreements, or voluntary compliance agreements, you will receive more points than applicants that do not relate their project to an identified need.

(3) Information from the local (or State or Tribe, if applicable) health department, if available, on rates of elevated blood lead levels among children residing in your target area(s).

(4) Readily available information on the presence of existing outreach and educational resources in your target area(s).

Rating Factor 3: Soundness of Approach (40 Points)

This factor addresses the quality and cost-effectiveness of your proposed work plan. You should present information on your proposed approach for increasing the public's awareness and knowledge about lead poisoning and lead-based paint hazards, and for encouraging owners and low-income family occupants to identify potential lead-based paint hazards and enroll their housing units in lead hazard treatment programs Applications containing approaches with clear activities and sub-activities that will result in increasing the enrollment in lead hazard treatment programs; that include a range of approaches that address the needs of populations with limited English proficiency, persons with disabilities, persons with low literacy, etc.; that demonstrate a logical progression of implementation steps; that include more appropriate mechanisms for reaching audiences, and that provide better documentation of the methodology of the proposed approach, will receive higher numbers of points. Applicants will receive higher rating points for approaches that include higher percentages of funding or sub-contracting for substantive work by grassroots organizations, including faith-based, and other community-based non-profit organizations.

You should describe how proposed activities would help HUD achieve its goals for this program area. You should demonstrate your knowledge of the outreach methodology relevant to your approach. You should develop a work plan that includes specific, measurable and time-phased objectives for each major program activity, accompanied by a complementary schedule indicating proposed date(s) of completion.

There must be a direct relationship between the proposed activities, community needs, the purpose of the project, and the number of low-income housing units enrolled in lead hazard treatment programs. Your response to

this factor should include the following elements:

(a) *Approach for Developing the Project.* (30 points) Describe your overall approach for your proposed project. The description must include a discussion of specific planned project activities:

(1) Provide the estimated total number of low-income housing units that you expect to be enrolled in lead hazard treatment programs. Describe in detail how you will identify and track participants receiving outreach under your project, especially participants in high-risk groups and communities, vulnerable populations and persons traditionally underserved. (6 points)

(2) Describe your process for developing outreach materials, or using existing materials. (3 points)

(3) Describe your management processes to be used to ensure the cost-effectiveness of expenditures of funds. (2 points)

(4) Describe any measurement tools you would employ to evaluate the effectiveness of your outreach and educational activities for occupants of housing units enrolled in lead hazard treatment programs before and after treatment. (3 points)

(5) Describe the methods of community education you would use including community awareness, education, training, and outreach programs in support of your work plan and objectives that are culturally sensitive, targeted, and linguistically appropriate. (3 points)

(6) Proposed involvement of grassroots organizations, including faith-based and other community-based non-profit organizations in the proposed activities. HUD strongly encourages you to substantively use grassroots organizations, including faith-based, and other community-based non-profit organizations. (10 points)

(7) Indicate if, and describe how, you will address any of HUD's Departmental policy priorities. (See Section II of the General Section of this NOFA for a fuller explanation of HUD's policy priorities.) Policy priorities that are potentially applicable to this NOFA include: (1) Improving the Quality of Public and Assisted Housing and Providing More Choices for its Residents; (2) Increasing the Participation of Faith-based and other Community-based Organizations in HUD Program Implementation; and (3) Colonias. You will receive one point for each of the applicable policy priorities that are adequately addressed in your application, up to a maximum of three points. If your application addresses all three policy priorities, you would get at least three points. (3 points)

(b) *Approach for Implementing the Project.* (10 points) Describe your project goals and objectives and the strategy you will use in executing the project. You should provide information on the general approach and overall plan employed.

(1) *Baseline Plan for Project Management.* (5 points) Include a management plan that:

(i) Lists the outreach project objectives, major tasks and activities. All specific activities necessary to complete the proposed project must be included in the task listing.

(ii) Incorporates appropriate performance goals with projected outputs and outcomes of the outreach program's activities.

(iii) Identifies major milestones and provides a schedule for the assignment, tracking and completion of major tasks and activities, and a timeframe for delivery, including reports and other proposed deliverables of the outreach activity.

(iv) Designates resources and identifies responsible entities for performing work.

(2) Budget Justification. (5 points) Your proposed budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the outreach project management plan and intended use of program funds. HUD is not required to approve or fund all proposed activities. Your budget should be submitted in the format recommended in Appendix B of the General Section of this NOFA. An electronic spreadsheet and other budgetary forms are available on HUD's website at *www.hud.gov.* You must thoroughly document and justify all budget categories and costs (HUD Form 424–C) and all major tasks, for yourself, sub-recipients (especially grassroots organizations, including faith-based, and other community-based non-profit organizations), partners, major subcontractors, joint venture participants, or others contributing resources to the project, especially those proposed to receive greater than 10 percent of the Federal budget request. Describe clearly and in detail your budgeted costs for each required program element (major task) included in your overall plan.

Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses your ability to secure other community and/or private-sector resources (such as financing, supplies or services) that can be combined with HUD's resources to achieve project purposes. These community resources may be contributions from organizations such as the applicant, subrecipients, partners, or other organizations not directly involved in the project.

(a) In evaluating this factor, HUD will consider the extent to which you have developed partnerships to secure additional resources to increase the effectiveness of your proposed project. Describe how other organizations will participate in or support your project. Resources may include funding or in-kind contributions (such as labor, fringe benefits, services, supplies, or equipment) budgeted for your proposed project. Resources may be provided by State, Tribal and local governmental entities, public or private organizations, or other partners.

(b) Each source of contributions (financial or in-kind) must be supported by a letter of commitment from the contributing entity, whether the applicant, a partner organization, or a public or private source. The letter must describe the contributed resources that will be used in your project and the dollar value of that contribution. Staff in-kind contributions should be given a market-based monetary value. If you fail to provide letters of commitment with specific details including the amount of the actual contributions, you will not get points for this factor. Each letter of commitment, memorandum of understanding, or agreement to participate shall include the organization's name and the proposed level of commitment and responsibilities as they relate to the proposed project. The commitment must be signed by an official legally able to make commitments on behalf of the organization. Letters of support (letters that indicate support but do not specify a monetary commitment to the project) will not be considered in the scoring of this Rating Factor. Include information to address the following elements:

(1) The extent to which you have coordinated your activities with other known organizations that are not directly participating in your proposed work activities, but with which you share common goals and objectives.

(2) The extent to which your project exhibits the potential to be financially self-sustaining by decreasing dependence on Federal funding and relying more on State, Tribal, local and private funding to continue educational and outreach activities after the grant period is completed.

Rating Factor 5: Achieving Results and Program Evaluation (15 points)

This factor emphasizes HUD's commitment to ensuring that applicants keep promises made in their application and assessing their performance to ensure performance goals are met. Achieving results means you, the applicant, have clearly identified the benefits, or outcomes of your program. Outcomes are ultimate goals; for this lead outreach grant program, the major outcome is increasing the number of low-income housing units enrolled in lead hazard treatment programs as a result of the grant activity. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals.

Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your Evaluation Plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

This new rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability. In evaluating this factor, HUD will consider how you have described outcome measures and benefits of your program.

In your response to this Rating Factor you are to discuss the performance goals for your project and identify specific outcome measures. You are also to describe how the outcome information will be obtained, documented, and reported. You must complete and return the Logic Model Form included in Appendix A of the General Section of this NOFA showing your proposed project long-term, mid-term, short-term and final results, and how they support HUD's departmental goals and objectives. Information about developing a Logic Model is available at *www.hud.gov.*

In evaluating this factor, HUD will consider how you have:

(1) Described the degree to which you have identified and characterized the information needs of your intended audience or targeted populations.

(2) Refined your outreach message.

(3) Specified how you will deliver your message to the audience.

(4) Described anticipated results of specific plans and objectives and listed projected products or outputs. Outputs are actions, attendance numbers, materials, publications, inquiries or other products of the process.

(5) Demonstrated ability to measure outcomes. The major outcome is the increasing the number of low-income housing units enrolled in lead hazard treatment programs that result from the grant activity.

(6) Developed a proposed organization with the capacity to begin work immediately and incorporating adequate management planning and financial controls.

(7) Demonstrated how you have identified potential obstacles in meeting your objectives, and how you will respond to these obstacles.

(8) Described efforts to coordinate and cooperate with other organizations that will result in a reduction in lead risks to community residents.

(9) Described how your program will be held accountable for meeting program goals, objectives, and the actions undertaken in implementing the grant program. You should provide a description of the mechanism to assess progress and track performance in meeting the goals and objectives outlined in the work plan.

Bonus Points for Federally Designated Zones and Communities. (2 points)

This Section of the NOFA provides for the award of two bonus points for eligible activities/projects that the applicant proposes to be located in federally designated Empowerment Zones (EZs), Enterprise Communities (ECs), Urban Enhanced Enterprise Communities (EECs), Strategic Planning Communities, or Renewal Communities (RCs), serve the residents of these areas, and are certified to be consistent with the area's strategic plan. For ease of reference in this NOFA, all these federally designated areas are collectively referred to as ''RC/EZ/ECs'' and residents of any of these federally designated areas as ''RC/EZ/EC residents.'' This NOFA contains a certification that must be completed for the applicant to be considered for RC/EZ/EC bonus points. A list of RCs, EZs, ECs, EECs, and Strategic Planning Communities is available from HUD's Web site at *http://www.hud.gov.* See also Section VI(C) of the General Section of this SuperNOFA.

(C) *Applicant Debriefing.* See Section XI(A)(4) of the General Section of this SuperNOFA for information about applicant debriefing, and Section I(I) of this Section for contact information.

VI. Application Submission Requirements

(A) Applicant Information

(1) *Application Format.* The application narrative response is limited to a maximum of 25 pages (excluding appendices and worksheets). Your response must be typewritten on one side only on 8½″ × 11″ paper using a 12-point (minimum) font with not less than ¾″ margins on all sides. Appendices should be referenced and discussed in the narrative response. Materials provided in the appendices should directly apply to the rating factor narrative.

(2) *Application Checklist.* Your application must contain all of the required information as noted in this Section of this NOFA and the General Section of this SuperNOFA. These items include the standard forms, certifications, and assurances listed in the General Section of this SuperNOFA that are applicable to this funding (collectively, referred to as the ''standard forms''). The standard forms can be found in Appendix B of the General Section of this SuperNOFA. The application items are as follows:

(a) Transmittal letter (one-page only) that summarizes your proposed project, provides the dollar amount requested, and identifies you and your partners in the application. Provide the name, mailing address, and telephone number of the principal contact person. If you are a consortium of associates, sub-recipients, partners, major subcontractors, joint venture participants, or others contributing resources to the project, similar information shall also be provided for each of these entities and you must specify the primary entity.

(b) Application Abstract Summary. An abstract describing the goals and objectives of your proposed program (two-page maximum) must be included in the proposal.

(c) Checklist and Submission Table of Contents.

(d) All application forms found in the General Section of this SuperNOFA.

(e) A narrative statement addressing the rating factors for award. The narrative statement must be numbered in accordance with each factor for award (Rating Factors 1 through 5). The response to the rating factors must not exceed a total of 25 pages. Any pages in excess of this limit will not be read. (The 25-page limit does not apply to the two-page abstract.) Key points to consider in preparing your application are provided in the General Section of this NOFA.

(f) Any attachments, appendices, references, or other relevant information that directly support the narrative may accompany it, but must not exceed 20 pages for your entire application. Any pages in excess of this limit will not be read. Specific criteria for the content of the appendices for the Lead Outreach Grant Program application are listed in the Checklist and Submission Table of Contents.

(g) Within Appendix 1, the resumes and position descriptions of your project director, project manager and up to three additional key personnel (in accordance with Rating Factor 1). These should not exceed three pages each. This information will not be counted towards the page limit.

(h) Within Appendix 3, a detailed budget with supporting cost justification for all budget categories of your funding request, in accordance with Rating Factor 3. This information will not be counted towards the page limits. A detailed budget must also be provided for any subcontractors, subgrantees, or subrecipients receiving greater than 10 percent of the Federal budget request.

(i) Any information or materials that are not listed above will not be reviewed.

VII. Corrections to Deficient Applications

See Section VIII of the General Section of this SuperNOFA for information about corrections to deficient applications.

Appendix A

Lead: Exposure to lead, especially from deteriorating lead-based paint, remains one of the most important and best studied of the household environmental hazards to children. Although blood lead levels have fallen nationally, a large reservoir of lead remains in housing. The national survey published by the Centers for Disease Control and Prevention, conducted from 1991–94, showed that nearly one million U.S. preschoolers still have elevated blood lead levels. Overall, the prevalence rate among all children under six years of age was 4.4 percent. Among low-income children living in older housing where lead-based paint is most prevalent, the rate climbed to 16 percent; and for African-American children living in such housing, it reached 21 percent.

HUD estimates that 38 million dwellings have some lead-based paint, and that 26 million have significant lead-based paint hazards. Of those, about 5.7 million have young children and of those, about 1.6 million have household incomes under $30,000 per year. Costs for lead hazard control can range anywhere from $500 to $15,000 per unit, depending on the extent of the hazard and the type of hazard control measures. Corrective measures include paint stabilization, enclosure and removal of certain building components coated with lead paint, and cleanup and clearance testing, which ensures the unit is safe for young children.

Educating the public and individuals living in ''at-risk communities'' about lead poisoning, symptoms, treatment and lead hazard prevention and control, and encouraging occupants to identify potential lead-based paint hazards, report them to property owners and managers, and public health and/or housing officials as appropriate, and enroll their housing units in lead hazard treatment programs, are key components in an overall plan to reduce the prevalence rate of lead poisoned children.

Appendix B

References

To secure any of the documents listed below, call the telephone number provided. Several of these references are provided on HUD's CD, ''Residential Lead Desktop Reference, 3rd Edition.'' This CD can be obtained at no charge by calling the National Lead Information Clearinghouse's toll-free number, 1–800–424–LEAD. If you are a hearing- or speech-impaired person, you may reach the telephone numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339. Several of these references can be downloaded from the Internet without charge from the HUD Office of Healthy Homes and Lead Hazard Control's Internet site, *http://www.hud.gov/offices/lead.*

Regulations

1. Requirements for Notification, Evaluation and Reduction of Lead-Based Paint Hazards in Federally Owned Residential Property and Housing Receiving Federal Assistance, 24 CFR Part 35 (HUD, Lead Safe Housing Rule). A free copy of this rule and guidance can be obtained by calling 1–800–424-LEAD (this is a toll-free number). If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.) or through the HUD Web site at *http://www.hud.gov/offices/lead.*

2. Lead; Requirements for Disclosure of Information Concerning Lead-Based Paint in Housing, 24 CFR Part 35, Subpart A (HUD, Lead-Based Paint Disclosure Rule). A free copy of the rule, guidance, pamphlet and disclosure formats can be obtained by calling 1–800–424-LEAD (this is a toll-free number) or through the HUD Web site at *http://www.hud.gov/offices/lead.*

3. Lead; Requirements for Lead-Based Paint Activities in Target Housing and Child-Occupied Facilities; Final Rule: 40 CFR Part 745, (EPA Lead Hazard Standards, Work Practice Standards, EPA and State Certification and Accreditation programs for those engaged in lead-based paint activities). A free copy of the rule and guidance can be obtained by calling the Toxic Substances Control Act Hotline at 1–202–554–1404 (this is not a toll-free number) or through the EPA Web site at *http://www.epa.gov/lead.* If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

4. Lead; Requirements for Hazard Education Before Renovation of Target Housing, 40 CFR Part 745 (EPA, Pre-Renovation Education Rule). A free copy of the rule, guidance and pamphlet can be obtained by calling 1–800–424–LEAD (this is a toll-free number) or through the EPA Web site at *http://www.epa.gov/lead.*

Guidelines

1. Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing; HUD, June 1995, and amended September, 1997. A copy of the guidelines can be purchased by calling 1–800–245–2691 (this is a toll-free number) or downloaded without charge from the HUD Web site at *http://www.hud.gov/offices/lead.* If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

2. Preventing Lead Poisoning in Young Children; Centers for Disease Control, October 1991. A free copy of this document can be obtained by calling 1–888–232–6789 (this is a toll-free number) or through the HUD Web site at *http://www.hud.gov/offices/lead.* If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

3. Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials, November 1997. Centers for Disease Control and Prevention (CDC). A free copy of this document can be obtained by calling 1–888–232–6789 (this is a toll-free number) or through the HUD Web site at *http://www.hud.gov/offices/lead.*

Reports

1. Putting the Pieces Together: Controlling Lead Hazards in the Nation's Housing, (Summary and Full Report); HUD, July 1995. A copy of this summary and report can be purchased by calling 1–800–245–2691 (this is a toll-free number) or downloaded without charge from the HUD Web site at *http://www.hud.gov/offices/lead.*

2. President's Task Force on Environmental Health Risks and Safety Risks to Children. *Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards.* Washington, DC, 2000. These documents can be downloaded without charge from the HUD Web site at *http://www.hud.gov/offices/lead.*

Appendix C

Existing Outreach Materials

To secure any of the documents listed below, call the telephone number provided.

All of these documents are provided on HUD's Web site and the CD, ''Residential Lead Desktop Reference, 3rd Edition.'' This CD can be obtained by calling the National Lead Information Clearinghouse's toll-free number, 1–800–424–LEAD.

1. HUD/EPA Informational Pamphlet: ''Protect Your Family from Lead in Your Home'' (available in English and Spanish versions). A free copy of this document can be obtained by calling 1–800–424–LEAD (this is a toll-free number) or through the HUD Web site at *http://www.hud.gov/offices/lead/outreach/communityoutreach.cfm.*

2. ''Reducing Lead Hazards When Remodeling Your Home'' (available in English and Spanish versions). A free copy of this document can be obtained by calling 1–800–424–LEAD (this is a toll-free number) or through the HUD Web site at *http://www.hud.gov/offices/lead/outreach/communityoutreach.cfm.*

3. ''Lead Paint Safety Field Guide'' (available in English and Spanish versions). A free copy of this guide can be obtained by calling 1–800–424–LEAD (this is a toll-free number) or through the HUD Web site at *http://www.hud.gov/offices/lead/outreach/communityoutreach.cfm.*

4. ''A Parent's Reference Guide'' EPA Document Number 747–B–98–002. A free copy of this guide can be obtained by calling 1–800–424–LEAD (this is a toll-free number) or through the HUD Web site at *http://www.hud.gov/offices/lead/outreach/communityoutreach.cfm.*

Appendix D

This appendix to this NOFA contains lists the standard forms, certifications and assurances used by the programs that are part of this NOFA. Listed forms are located in Appendix B of the General Section of the SuperNOFA.

The following forms are to be used for the Programs listed in this NOFA

Form HUD–424
Form HUD–424 B
Form HUD–424 C
Form HUD–424 CBW
Form HUD Logic Model Form
Application Checklist and Submission Table of Contents
Ethnicity and Race Data
Form SF-LLL (Disclosure of Lobbying Activities)

HUD has consolidated many of its application forms into a single HUD–424 form. The new HUD–424 consolidates budget-reporting forms for both construction and non-construction projects into a single form and eliminates having to have the following separate certifications: Certification for a Drug-Free Workplace (HUD–50070), the Certification of Payments to Influence Federal Transactions (HUD–50071), and the Certification Regarding Debarment and Suspension (HUD–2992).

New form HUD–424 replaces SF–424 and HUD–424 M
HUD–424 B replaces SF–424 B and D and HUD–50070, 50071 and 2992.
HUD–424 C and CB replaces SF–424 A and C

The HUD–424 CBW is added as a common detailed Budget Worksheet and replaces various budget worksheets used throughout the Department.

Administrative costs that may be applicable to the programs included in this NOFA are discussed below:

Administrative Costs

I. Purpose

The intent of this HUD grant program is to allow the Grantee to be reimbursed for the reasonable direct and indirect costs, subject to a top limit, for overall management of the grant. In most instances the grantee, whether a State, Tribal or a local government, principally serves as a conduit to pass funding to sub-grantees, which are to be responsible for the conducting lead-hazard reduction work. Congress set a top limit of ten percent of the total grant sum for the grantee to perform the function of overall management of the grant program, including passing on funding to sub-grantees. The cost of that function, for the purpose of this grant, is defined as the ''administrative cost'' of the grant, and is limited to ten percent of the total grant amount. The balance of ninety percent or more of the total grant sum is reserved sub-grantees or other direct-performers of lead-hazard identification and reduction work. Lead hazard identification and reduction includes, but is not necessarily limited to outreach, training, enrollment, lead paint inspection/risk assessments, interim controls, hazard abatement, clearance documentation, blood lead testing, and public education.

II. Administrative Costs: What They Are Not

For the purposes of this HUD grant program for States, Tribes and local governments to provide support for outreach to increase the enrollment of low-income, private target housing in lead hazard treatment programs, the term ''administrative costs'' should not be confused with the terms ''general and administrative cost,'' ''indirect costs,'' ''overhead,'' and ''burden rate.'' These are accounting terms usually represented by a government-accepted standard percentage rate. The percentage rate allocates a fair share of an organization's costs that cannot be attributed to a particular project or department (such as the chief executive's salary or the costs of the organization's headquarters building) to all projects and operating departments (such as the Fire Department, the Police Department, the Community Development Department, the Health Department or this program). Such allocated costs are added to those projects' or departments' direct costs to determine their total costs to the organization.

III. Administrative Costs: What They Are

For the purposes of this HUD grant program, ''Administrative Costs'' are the grantee's allowable direct costs for the overall management of the grant program plus the allocable indirect costs. The allowable limit of such costs that can be reimbursed under this program is ten (10) percent of the total grant sum. Should the grantee's actual costs for overall management of the grant program exceed ten percent of the total grant sum, those excess costs shall be paid for by the grantee. However, excess costs paid for by the grantee may be shown as part of the requirement for cost-sharing funds to support the grant.

IV. Administrative Costs: Definition

A. General

Administrative costs are the allowable, reasonable, and allocable direct and indirect costs related to the overall management of the HUD grant for lead outreach activities. Those costs shall be segregated in a separate cost center within the grantee's accounting system, and they are eligible costs for reimbursement as part of the grant, subject to the ten percent limit. Such administrative costs do not include any of the staff and overhead costs directly arising from specific sub-grantee program activities eligible under Section III (C) of this NOFA, because those costs are eligible for reimbursement under a separate cost center as a direct part of project activities.

The grantee may elect to serve solely as a conduit to sub-grantees, who will in turn perform the direct program activities eligible under Section III (C) of this NOFA, or the grantee may elect to perform all or a part of the direct program activities in other parts of its own organization, which shall have their own segregated, cost centers for those direct program activities. In either case, not more than 10 percent of the total HUD grant sum may be devoted to administrative costs, and not less than 90% of the total grant sum shall be devoted to direct program activities. The grantee shall take care not to mix or attribute administrative costs to the direct project cost centers.

B. Specific

Reasonable costs for the grantee's overall grant management, coordination, monitoring, and evaluation are eligible administrative costs. Subject to the ten percent limit, such costs include, but are not limited to, necessary expenditures for the following goods, activities and services:

(1) Salaries, wages, and related costs of the grantee's staff, the staff of affiliated public agencies, or other staff engaged in grantee's overall grant management activities. In charging costs to this category the recipient may either include the entire salary, wages, and related costs allocable to the program for each person whose primary responsibilities (more than 65% of their time) with regard to the grant program involve direct overall grant management assignments, or the pro rata share of the salary, wages, and related costs of each person whose job includes any overall grant management assignments. The grantee may use only one of these two methods during this program. Overall grant management includes the following types of activities:

(a) Preparing grantee program budgets and schedules, and amendments thereto;

(b) Developing systems for the selection and award of funding to sub-grantees and other sub-recipients;

(c) Developing suitable agreements for use with sub-grantees and other sub-recipients to carry out grant activities;

(d) Developing systems for assuring compliance with program requirements;

(e) Monitoring sub-grantee and sub-recipient activities for progress and compliance with program requirements;

(f) Preparing presentations, reports, and other documents related to the program for submission to HUD;

(g) Evaluating program results against stated objectives;

(h) Providing local officials and citizens with information about the overall grant program; however, a more general education program, helping the public understand the nature of lead hazards, lead hazard reduction, blood-lead screening, and the health consequences of lead poisoning is a direct project support activity);

(i) Coordinating the resolution of overall grant audit and monitoring findings; and

(j) Managing or supervising persons whose responsibilities with regard to the program include such assignments as those described in paragraphs (a) through (i).

(2) Travel costs incurred for official business in carrying out the overall grant management;

(3) Administrative services performed under third-party contracts or agreements, for services directly allocable to grant management such as: legal services, accounting services, and audit services;

(4) Other costs for goods and services required for and directly related to the overall management of the grant program; and including such goods and services as telephone, postage, rental of equipment, renter's insurance for the program management space, utilities, office supplies, and rental and maintenance (but not purchase) of office space for the program.

(5) The fair and allocable share of grantee's general costs that are not directly attributable to specific projects or operating departments such as salaries, office expenses and other related costs for local officials (*e.g.*, mayor and city council members, *etc.*), and expenses for a city's legal or accounting department which are not charged back to particular projects or other operating departments. If a grantee has an established burden rate, it should be used; if not, the grantee shall be assigned a negotiated provisional burden rate, subject to final audit.

APPENDIX E

Checklist and Submission Table of Contents

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located.

You must include this checklist and submission table of contents with your application.

☐	**Transmittal Letter (limited to one page)**	Cover page
☐	**Applicant Abstract Summary** (limited to two pages; does not count towards the 25-page limit)	
☐	**Checklist and Submission Table of Contents**	

Application Forms (Appendix 3)

☐	HUD Form 424 (Application for Federal Assistance)	
☐	HUD Form 424B (Assurances/Non-Construction Programs)	
☐	HUD Form 424C (Budget Summary for Competitive Grant Programs)	
☐	HUD Form 424-CBW (Budget Worksheet)	
☐	Form SF-LLL (Disclosure of Lobbying Activities) (Required)	
	☐ Form SF-LLL (Not required; see Appendix B of the **General Section** of this NOFA)	
☐	HUD Logic Model Form	
☐	Race and Ethnicity Form	

Rating Factor Response (total narrative response limited to 25 pages)

☐ 1. Capacity of the Applicant and Relevant Organizational Experience

☐ 2. Need/Extent of the Problem

☐ 3. Soundness of Approach

☐ 4. Leveraging Resources

☐ 5. Achieving Results and Program Evaluation

Appendices

☐ Appendix 1 – Required material in support of the Rating Factors (e.g., resumes of key personnel, organizational chart, letters of commitment) arranged in order by Rating Factor (resumes limited to three pages each; these items do not count as part of the 25-page limit)

☐ Appendix 2 – Optional material in support of the Rating Factors, arranged in order of Rating Factors (e.g., maps, letters of support) arranged in order by Rating Factor (Appendix 2 limited to 20 pages)

☐ Appendix 3 – Material relating to the forms or budget material (see Application Forms above)

☐ HUD Form 2990 (Certification of Consistency with RC/EZ/EC Strategic Plan)

☐ HUD Form 2993 (Acknowledgment of Application Receipt)

☐ HUD Form 2994 (Client Comments and Suggestions) (Optional)

Race and Ethnicity Form

Ethnicity and Race Data

Ethnicity And Race Data	*Total*	*Hispanic or Latino*
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native *and* White		
Asian *and* White		
Black or African American *and* White		
American Indian or Alaska Native and Black or African American		
*Balance of individuals reporting more than one race		
Total		
*Any aggregate count of a multiple race combination not included in the reporting template that exceeds 1% of the population should be included in the report and separately identified. The reporting should include both the count and population percentage.		

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

OPERATION LEAD ELIMINATION ACTION PROGRAM

Billing Code 4210-32-C

Funding Availability for the Operation Lead Elimination Action Program

Program Overview

Purpose of the Program. The purpose of the Operation Lead Elimination Action Program (LEAP) is to leverage private sector resources to eliminate lead poisoning as a major public health threat to young children.

Available Funds. Approximately $9.935 million in Fiscal Year (FY) 2003 funds.

Eligible Applicants. To be eligible to apply for funding under this program, the applicant must be a tax-exempt non-profit or for-profit entity or firm. States and units of general local government and their departments are not eligible. Colleges and universities are eligible as a non-profit entity.

Application Due Date. You, the applicant, must submit a completed application to HUD on or before the respective program's application due date. The application deadline is June 10, 2003.

Additional Information

I. Application and Application Submission Procedures.

Match. None required.

(1) *Application Submission.* See the General Section of this SuperNOFA for specific procedures concerning the form of application submission (*e.g.*, mailed applications, express mail or overnight delivery). Be advised that there is no Application Kit for this year's Operation Lead Elimination Action Program (LEAP). All the information required to submit an application is contained in this NOFA.

(2) *Addresses.* You, the applicant, must submit a completed application to: Robert C. Weaver HUD Headquarters Building, Office of Healthy Homes and Lead Hazard Control, ATTN: Operation Lead Elimination Action Program, 451 Seventh Street, SW., Room P3206, Washington, DC 20410.

For Further Information and Technical Assistance. You may contact John Baker, Lead Hazard Control Grants Division, Office of Healthy Homes and Lead Hazard Control, at the address above; telephone (804) 771–2100, extension 3765 (this is not a toll-free number). If you are a hearing- or speech-impaired person, you may reach the above telephone numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

II. Authority, Funding Amounts, and Amount Of Funds Allocated

(A) *Authority.* HUD's authority for making funding available under this NOFA is Division K of the Consolidated Appropriations Resolution of 2003, Pub. L. 108–7, approved February 20, 2003.

(B) *Funding Available.* Approximately $10 million will be available for the FY 2003 Operation Lead Elimination Action Program (LEAP). Grants of 24 months duration will be awarded on a competitive basis following evaluation of all proposals according to the rating factors described in this NOFA. HUD anticipates that approximately 6–10 grants will be awarded.

(C) *Allocation of Funds/Grant Awards.* Through Operation LEAP, grantees will aggressively pursue additional private sector resources with the goal of securing the resources needed to eliminate lead-based paint hazards in housing. Resources generated by awardees must be used and/or distributed to assist national, state, and local entities actively committed to lead hazard control in residential structures and that possess the requisite skills, certifications, and capacity to utilize these resources to conduct lead hazard control/abatement activities in low-income, privately-owned rental or owner-occupied housing containing lead-based paint hazards. The allocation and distribution of generated resources by the grantee requires prior approval of the HUD Office of Healthy Homes and Lead Hazard Control.

III. Eligible Applicants and Activities

(A) *Program Description.* Operation LEAP grant funds will be used to support non-profit and for-profit entities with substantial fundraising and/or leveraging skills to use those skills to mobilize substantial private sector resources for addressing lead hazards in housing. HUD is particularly looking for innovative or creative local, regional or nationwide fund raising and/or leveraging and mobilization strategies that can yield large amounts of contributions in a two-year time frame and also increase awareness of lead hazards and abatement measures in the home. Grants will be awarded to those entities that are able to demonstrate the ability to generate substantial private sector resources that can be used toward lead abatement programs and efforts, based upon the responses provided in the Factors for Award described below. (Private sector resources do not include any funding or in-kind resources from the public sector.)

LEAP funds may also be used to eliminate lead-based paint hazards in low-income privately owned housing, which supplements the National strategy as defined by Title X of the Housing and Community Development Act of 1992 (42 U.S.C. 4851 *et. seq.*).

(B) *Eligible Applicants.* To be eligible to apply for funding under this program, the applicant must be a tax-exempt (501(c)), other non-profit or for-profit entity or firm. States and units of general local government and their departments are not eligible. Colleges and Universities are eligible as non-profit entities.

(C) *Eligible Activities.* Activities that you may conduct for the purposes of developing a national or regional (multi-state) strategy designed to leverage or mobilize resources from the private sector may include, but are not necessarily limited to:

(1) Recruiting and placing appropriate staff skilled in leveraging private sector resources;

(2) Identifying innovative approaches for mobilizing resources and coordinating activities among a number of diverse organizations in both the public and private sectors;

(3) Providing all necessary administrative and indirect support, including rent, equipment, materials, travel expenses and logistics, and subcontractors/consultants necessary to carry out grant activities;

(4) Conducting fund raising, outreach activities and other activities that will result in increased lead hazard control activities in low-income privately owned or owner occupied housing with lead-based paint hazards;

(5) Other activities that may be carried out include:

(a) Performing dust, paint or soil testing, hazard screens, inspections, and risk assessments of eligible housing constructed before 1978 to determine the presence of lead-based paint and/or lead hazards from paint, dust, or soil;

(b) Conducting lead hazard control, which may include: interim control of lead-based paint hazards in housing (which may include specialized cleaning techniques to address lead dust); and abatement of lead-based paint hazards, including soil and dust, by means of removal, enclosure, encapsulation, or replacement methods. Unless there are only a few surfaces coated with lead paint, complete abatement of all lead-based paint or lead-contaminated soil is not usually acceptable as a cost-effective strategy unless justification is provided and subsequently approved by HUD. Abatement of lead-contaminated soil should be limited to areas with bare soil in the immediate vicinity of the structure, *i.e.*, drip line or foundation of the structure being treated, and children's play areas. All hazard control activities must comply with 24 CFR part 35, subpart R, the HUD Guidelines for the Evaluation and Control of Lead-

Based Paint Hazards in Housing and all applicable Federal, State and local regulations; in the case of a conflict between any of the above, the more stringent shall apply;

(c) Carrying out temporary relocation of families and individuals during the period in which lead hazard control is conducted and until the time the affected unit receives clearance for re-occupancy;

(d) Performing blood lead testing and air sampling to protect the health of the hazard control workers, supervisors, and contractors; and

(e) Undertaking minimal housing rehabilitation activities that are specifically required to carry out effective hazard control, and without which the hazard control could not be completed and maintained. Operation LEAP grant funds may be used for lead hazard control work done in conjunction with other housing rehabilitation programs. HUD strongly encourages integration of this grant program with housing rehabilitation, weatherization, and other energy conservation activities.

(f) Conducting clearance dust-wipe testing and associated laboratory analysis.

(D) *Strategies/Approaches.* The applicant is encouraged to employ creativity and initiative in achieving the objectives of the program: leveraging private sector resources to increase local and regional lead hazard control measures through a variety of means. Some examples of possible strategies/approaches include the following:

(1) Enlisting the support and resource commitment of financial institutions, foundations, private industry and others to make residential housing lead-safe and eliminate lead poisoning as a public health threat to children;

(2) Soliciting the support of national building materials providers, building component manufacturers, and housing-related national retail outlets to donate money or materials to lead hazard control programs in housing and health departments, landlords and owner-occupants to eliminate lead-based paint hazards in privately owned low-income dwellings: For example, a window, wallboard, or paint manufacturer/retailer could donate or coordinate the donation and distribution of windows or paint to lead-based paint and/or rehabilitation projects throughout the country. This strategy could also include the distribution of discount coupons for purchases of paint or other materials from national supplies;

(3) Forming partnerships with banks or other mortgage or financial institutions willing to provide no or low-interest home improvement loans to finance lead hazard control activities and abatement measures among low-income recipients who would not otherwise be served. By participating, banks could fulfill a major element of their responsibilities under the Community Reinvestment Act;

(4) Creating a national clearinghouse for facilitating the coordination and distribution of donated building materials, such as windows, trim molding, or paint, etc. to local projects involved in lead hazard control programs;

(5) Identifying and facilitating the availability and use of relocation facilities for families who need to move out of their dwellings while lead hazard control work is being undertaken. For example, hotel chains, colleges, and other lead-safe sites could be contacted to make housing available for the relocation of families during lead hazard control;

(6) Working with landlords, tenant groups and others to form consortia or otherwise engage landlords and owner-occupants to enroll their eligible housing units in local lead hazard control or rehabilitation programs. The applicant should obtain commitments from landlords to provide matching resources for work to be done on their units. For example, the lead hazard control program could offer landlords grant funds for replacement windows if the landlords contribute the cost of additional repairs (such as basic system upgrades, or other rehabilitation work including painting and maintenance) that is associated with lead hazard control;

(7) Creating a nationwide ''lead-safe unit'' identification seal of approval program that would be used by landlords and others to market lead-safe units. Housing units that have lead-based paint hazards safely eliminated or controlled and have passed a lead clearance test, would receive a lead-safe unit seal;

(8) Promoting homebuilder, remodeler, or contractor associations to coordinate efforts to reduce lead hazards by contributing technical assistance, training, presentations and materials and/or labor to lead hazard control efforts;

(9) Encourage landscaping firms, nurseries, and landscape architects to contribute lead-safe soil, mulch, and other forms of vegetation cover and shrubbery designed to mitigate lead contamination of soil around the exterior/perimeter and play areas of affected housing units;

(10) Working with grassroots faith-based and other community-based organizations that are committed to improving the quality of life within the community;

(11) Providing training for significant numbers of trades people to implement lead-safe work practices, such as window replacement and weatherization work; and

(12) Expand dust testing and clearance testing, especially in high-risk communities.

(E) Support Elements

(1) Administrative costs. Up to 10 percent of the HUD grant funds may be used for administration. Such costs would include the costs associated with completing HUD reports, accounting and bookkeeping expenses, costs associated with obtaining audits, and other direct grant management expenses (see Appendix A of this NOFA for the definition of Administrative Costs applicable to this program).

(2) Outreach, Education, and Training Costs. Up to twenty percent of the leveraged funds may be used for training, lead hazard awareness and other public education, outreach and education initiatives.

(F) *Ineligible Activities.* You may not use grant funds for any of the following:

(1) Purchase of real property;

(2) Chelation or other medical treatment costs related to children with elevated blood lead levels;

(3) Lead hazard abatement activities in publicly owned housing, or project-based Section 8 housing; and

(4) Capital expenditures in excess of $5,000 per unit cost.

IV. Program Requirements

In addition to the requirements listed in this NOFA, the applicant must comply with the requirements described below:

(A) *Period of Performance.* The period of performance is 24 months. HUD reserves the right to approve no-cost time extensions for a period not to exceed 24 months.

(B) *Statutory Requirements.* To be eligible for funding under this NOFA, the applicant must meet all federal statutory and regulatory requirements applicable to this program. The specific requirements will be identified in the grant agreement for successful applicants. In addition, you will be required to comply with all state and local statutes, regulations or other applicable requirements.

(C) *Threshold Requirements.* As an applicant, you must meet all of the threshold requirements of the General Section of this SuperNOFA (Section V(B)) as well as any specific threshold requirements for applicants under

Operation LEAP. Applications will not be rated or ranked if they do not meet the threshold requirements of the General Section of this SuperNOFA. Your application must receive at least 75 points to be eligible for funding.

V. Application Selection Process

(A) *Partial Funding.* In the selection process, once available funds have been allocated to meet the requested or negotiated amounts of the top eligible applicants, HUD reserves the right to offer any residual amount as partial funding to the next eligible applicant, provided HUD is satisfied that the residual amount is sufficient to support a viable, though reduced effort, by this applicant. If an applicant is offered a reduced grant amount, the applicant will have a maximum of 14 calendar days to accept such a reduced award and a maximum of 30 calendar days after acceptance to submit a revised strategy and budget. If the applicant fails to respond within the seven-day limit, the applicant shall be considered to have declined the award and the award will be offered to the next highest ranked applicant. HUD intends to fund the highest ranked applications within the limits of funding.

(B) *Budget.* HUD will evaluate an applicant's proposal to determine if it is reasonable, clearly justified, and consistent with the intended use of grant funds. HUD is not required to approve or fund all proposed activities. You must thoroughly document and justify all budget categories and costs. Leveraged funds should be listed in the column labeled ''Applicant Match'' on Form 424C.

(C) *Factors for Award Used to Evaluate and Rate Applications.* The factors for rating and ranking applicants, and maximum points for each factor, are stated below. The maximum number of points to be awarded is 100. The application must receive a total score of at least 75 points to be eligible for funding.

Rating Factor 1: Organizational Capacity (30 points)

This factor addresses the applicant's organizational capacity to successfully implement the proposed activities in a timely manner.

(A) Staff Experience (20 points)

Describe the knowledge and experience of the staff responsible for the following functions: Executive Direction; Finance Marketing; and Program Coordination. The applicant must have sufficient qualified personnel or be able to quickly retain qualified experts or professionals in financial/grant management, marketing, and/or lead-based paint programs that will allow you to immediately begin your proposed work program and to perform your proposed activities within the two-year period of performance.

The applicant's narrative should include information about your organizational and staff capacity in fund raising and/or leveraging, and private sector recruitment successfully conducted recently (*e.g.*, within the past five years). Include a discussion of staff knowledge and expertise in fund raising, organizational skills, lead hazard control and lead-safe housing information.

The discussion on capacity should include the depth, (depth relates to the number of persons with available knowledge and expertise: range relates to the extent of that knowledge and expertise), experience, the commitment of time to the program, salary information, length of time with organization and position titles of the program staff. Resumes or detailed job announcements for the above key positions must be included as an appendix to your application. Indicate the percentage of time key personnel will devote to the proposed project. The Program Coordinator must be dedicated to this effort for a minimum of 75 percent of the time. An applicant may demonstrate capacity by thoroughly describing prior experience in this type of activity and/or how the applicant will develop the necessary capacity to carryout proposed activities.

(B) Grants Management (5 points)

Describe the agency's or organization's ability to manage grants and leveraged program funds and activities.

(C) Partner Expertise (5 points)

Describe project participants/partners knowledge and experience regarding lead poisoning as a public health threat to children, and/or lead-based paint issues and hazard control. Use of staff with more recent, relevant, and demonstrated successful experience will result in a higher rating.

Rating Factor 2: Approach (30 points)

This factor addresses the work plan strategy that the applicant intends to follow in meeting the goals and objectives of the program. This work plan strategy should address the following:

(A) Selection Process for Partner Organization (20 points)

Describe the selection process for those organizations that are to conduct or coordinate work activities for lead hazard control, outreach, evaluation, etc. How do you intend to involve faith-based and other community-based organizations in your proposed activities?

(B) Leveraging Strategy (10 points)

Describe the proposed strategy for leveraging private sector resources including:

(1) Target audiences/constituencies;

(2) Use of contractors/subgrantees/partners and their method of selection;

(3) Methods of outreach/promotion;

(4) Types of leveraging to be employed;

(5) Proposed use and distribution of funds/resources leveraged;

(6) Overall project management and coordination; and

(7) Proposed schedule of activities within the 24-month period of performance.

Although creativity and innovation are strongly encouraged, these activities must be realistic and capable of accomplishment. An applicant's award would be contingent upon budget negotiation and approval of a revised work plan. This work plan would have to describe the deliverables as goals with specific measures of achievement. For example: if an applicant proposed to use as leverage the resources from property owners who are eliminating and/or controlling lead hazards for their properties, the applicant would have to provide the number of units and an average investment amount. This information would be shown in the applicant's work plan and become part of the applicant's performance expectations.

Rating Factor 3: Leveraging Resources (35 points)

This factor addresses the applicant's ability to obtain and use private sector resources or leverage private sector activities that can be combined with HUD and other program resources to achieve program objectives. Private funds/resources do not include any public sector funds, *e.g.*, funds provided by states and units of general local government including Community Development Block Grant (CDBG)/Home Investment Partnership (HOME) funds. Applicants may use such funds as part of this program but will not receive any points for use of public funds under this rating factor. Points will be awarded based on the satisfactory provision of evidence of leveraging and financial sustainability, as described above, and the ratio of requested HUD LEAP funds to the total Federal budget meets the following:

(1) Leveraged Funds (25 Points)

Points for this sub-factor will be awarded based on the satisfactory provision of evidence of leveraging and financial sustainability, as described above, and the ratio of leveraged funds as a percentage of the HUD funds requested.

Percentage of leveraged funds	Points
1–9	5
10–20	10
21–40	15
41–75	20
>75	25

(2) Prior Ability to Leverage Funds (5 Points)

Describe what the organization has done in the recent past (*e.g.*, within the past five years) that gives evidence of its ability and experience to leverage substantial private sector resources. Describe specific activities, the amount of funds or goods leveraged, and what the leveraged funds were used to support. If an applicant has experience in generating funds or goods for purposes similar to addressing lead paint abatement or control measures, the applicant should describe those activities and the results achieved.

(3) Current Commitments (5 points)

Describe the types of public or private sector commitments, if any, currently available to devote to Operation LEAP grant program activities, and the anticipated future amounts to be generated. Based upon the estimated amount of funding anticipated for leveraging over the life of the award, identify the general geographic locations of the units that will be treated by this increased funding or leveraged goods. Also provide an estimate of the number of units that can be expected to be treated. The description of the location of treatment areas should be sufficient to determine that the units serve low-income persons. Generated resources may include cash or in-kind contributions of services, equipment, or supplies. In evaluating this factor, HUD will consider the extent to which the applicant has established working partnerships, memoranda of understanding and/or firm agreements with other identified entities for the commitment of additional resources. Resources may be provided by any private source, including contributions of investor-owners. However, leveraged claims for donations of goods and services should be based on market values and documented where possible. Applicants that do not have such partnerships at the time of application will be required to establish partnerships immediately following notification of grant award. Only contributions that have a stated monetary value with supporting documentation from the contributing organization/entity authorized to make such commitment will be counted. Firmly established commitments will be rated more highly than applications with commitments that have not yet been established. Applicants that have targeted specific high-risk neighborhoods or geographic locations for leveraging/fundraising and abatement/control activities will receive a higher number of rating points.

Rating Factor 4: Achieving Results and Program Evaluation. (5 Points)

This factor emphasizes HUD's commitment to ensuring that applicants achieve the goals outlined in their work plan and other benchmark standards and assess their performance to ensure performance goals are met. Achieving results means you, the applicant, have clearly identified the benefits, or outcomes of your program. Outcomes are ultimate goals. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals.

Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your Evaluation Plan should identify what you are going to measure, how you are going measure it and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

This new rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability. Applicants are required to complete the HUD Logic Form included in Appendix A of this NOFA.

(1) An applicant is to identify and describe specific methods, measures, and tools that you will use (in addition to HUD reporting requirements) to measure progress, evaluate program effectiveness, and identify program changes necessary to improve performance. Describe how you will obtain, document and report the information. In evaluating this factor, HUD will consider how you have described outcome measures and benefits of your program including:

(a) The purpose of the Operation LEAP is to leverage private sector resources to eliminate lead poisoning as a major public health threat to young children. The key terms here are ''leverage of private sector resources.'' HUD is looking for those applicants that demonstrate the most realistic and positive fund raising and/or leveraging skills to mobilize substantial private sector resources for addressing lead hazards in housing.

(b) Demonstration of a national and/or regional (multi-state) strategy for leveraging resources from the private sector is essential. Those resources should be realistic and achievable and made part of the workplan and benchmark activities of this proposal. The proposed budget should demonstrate how these leveraged funds would be used to address lead hazards in housing and make residential housing lead-safe and eliminate lead poisoning as a public health threat to children.

(c) Results of any specific plans and objectives established to implement and/or maintain a registry (listing) of lead-safe housing that is available to the public, or to incorporate the inclusion of the lead-safe status of properties in another publicly accessible address-based property information system. Results could include how the information would be managed and affirmatively marketed to the public so that families (particularly low-income families with children under six years of age) can make informed decisions regarding their housing options. Applicants that demonstrate partnerships with national or regionally recognized material suppliers, *e.g.*, sheet rock/drywall manufacturers or retailers, paint manufacturers or distributors, window manufacturers or distributors, etc., will receive stronger consideration.

(d) The extent to which affirmatively furthering fair housing for all segments of the population is advanced by the proposed activities. Detail how the proposed work plan will support the community's efforts to affirmatively further affordable housing and discuss the impact of prior activities that have contributed to enhanced lead-safe housing opportunities.

(e) How your program will be held accountable for meeting program goals, objectives, and the actions undertaken in implementing the grant program. Applicants should provide a description of the mechanism to assess progress and track performance in meeting the goals and objectives outlined in the work plan. Applicants should provide assurances that work plans and performance measures developed for the

program will assist intended beneficiaries, and that work will be conducted in a timely and cost-effective manner.

Note on Program Performance: Grantees shall take all reasonable steps to accomplish all LEAP activities outlined in an approved work plan within the approved period of performance. HUD will closely monitor grantee performance with particular attention placed on the leveraging of private sector resources specified in the application and grant agreement, the expenditure of HUD grant funds as evidenced by draw downs from the Line of Credit Control System (LOCCS), and other approved grant activities. HUD reserves the right to terminate the grant prior to the expiration of the period of performance if a grantee fails to meet established work plan benchmark milestones in implementing the approved program of activities.

(D) *Applicant Debriefing.* See Section XI (A)(d) of the General Section of this SuperNOFA for information about applicant debriefing. Written requests for debriefings after the selection of successful applicants should be sent to Matthew Ammon, Director, Lead Hazard Control Grants Division, 451 7th Street SW., Washington, DC, 20410.

(E) *Rating Panels.* See Section VI (B) of the General Section of this SuperNOFA for information about rating panels.

(F) *Adjustments to Funding.* See Section VI (F) of the General Section of the SuperNOFA for information about adjustments to funding.

(G) *Participation in HUD-Sponsored Program Evaluation.* As a condition of the receipt of financial assistance under this NOFA, you will be required to cooperate with all HUD staff or contractors performing HUD-funded research and evaluation studies pertaining to the subject of the grant.

VI. Application Submission Requirements

(A) Applicant Information

(1) Application Format. The application narrative response to the Rating Factors are limited to a maximum of 15 pages. Your response must be typewritten on one (1) side only on 8½″ x 11″ paper using a 12-point (minimum) font with not less than ¾″ margins on all sides. Appendices should be referenced and discussed in the narrative response. Materials provided in the appendices should directly apply to the rating factor narrative.

(2) Application Checklist. Your application must contain the items listed in the Checklist and Submission Table of Contents included in Appendix A of this NOFA. These items include the standard forms, certifications, and assurances listed that are applicable to this funding (collectively, referred to as the ''standard forms''). The standard forms can be found in the General Section of the SuperNOFA. The application items required for submission are:

(a) Transmittal Letter. A transmittal letter that identifies the applicant(s) or submitting the application, the dollar amount requested, what the program funds are requested for, and the nature of involvement with community-based organizations. Also include the name, mailing address, telephone number, and principal contact person of the applicant. If you have consortium associates, sub-grantees, partners, major subcontractors, joint venture participants, or others contributing resources to your project, you must provide similar information for each of these partners;

(b) Abstract Summary. Provide an abstract summary describing the goals and objectives of the proposed program (two-page maximum);

(c) Standard Forms. All forms as required by the General Section of the SuperNOFA

(d) Budget. A total budget summary (total budget is the federal share and leveraged contribution) with supporting cost justifications for all budget categories of your grant request. A maximum of ten percent of the federal share can be for administrative costs (see Appendix A—Administrative Costs of this NOFA for a description of administrative costs applicable to this grant program);

An itemized breakout (using the HUD Form-424) of your required matching contribution, including:

i. Values placed on donated in-kind services;

ii. Letters or other evidence of commitment from donors; and

iii. The amounts and sources of contributed resources; and

(e) Partners. Contracts, Memoranda of Understanding or Agreement, letters of commitment or other documentation must describe the proposed roles of agencies, local broad-based task forces, participating faith-based and other community-or neighborhood-based groups or organizations, local businesses, and others working with the program. For-profit entities and/or firms must clearly demonstrate and document how the lead-based paint hazard identification and control measures will be coordinated with local organizations, state(s) or units of general local government to carry out lead hazard control.

(B) *Proposed Activities.* All applications must, at a minimum, describe the proposed activities in the narrative responses to the rating factors. Your narrative statement must be numbered in accordance with each factor for award (Rating Factors 1 through 4).

VII. Findings and Certifications

See Section IX of the General Section of this SuperNOFA for specific requirements.

VIII. Corrections to Deficient Applications

See Section VIII of the General Section of this SuperNOFA for information about corrections to deficient applications.

IX. Environmental Requirements

Environmental Requirements. Certain activities assisted under this program may be subject to HUD environmental review to the extent required under 24 CFR part 50. An award under the Lead Elimination Action Program (LEAP) does not constitute approval of specific sites where activities that are subject to environmental review may be carried out. Following grant award execution, HUD will be responsible for ensuring that any necessary environmental reviews are completed. You may not rehabilitate, convert or repair property, or commit or expend grant funds or HUD-leveraged funds for any eligible property, until you receive written notification from the appropriate HUD official that HUD has completed its environmental review and the property has been approved. The results of the environmental reviews may require that proposed activities be modified or proposed sites rejected.

X. HUD Reform Act of 1989

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the General Section of the SuperNOFA at Section XI.

Appendix A.

This appendix to this NOFA contains lists the standard forms, certifications and assurances used by the programs that are part of this NOFA. Listed forms are located in Appendix B of the General Section of the SuperNOFA.

The following forms are to be used for the Programs listed in this NOFA

(1) Form HUD–424
(2) Form HUD–424 B
(3) Form HUD–424 C
(4) Form HUD–424 CBW
(5) Form HUD Logic Model Form
(6) Application Checklist and Submission Table of Contents

(7) Ethnicity and Race Data

HUD has consolidated many of its application forms into a single HUD–424 form. The new HUD–424 consolidates budget-reporting forms for both construction and non-construction projects into a single form and eliminates having to have the following separate certifications: Certification for a Drug-Free Workplace (HUD–50070), the Certification of Payments to Influence Federal Transactions (HUD–50071), and the Certification Regarding Debarment and Suspension (HUD–2992).

New form HUD–424 replaces SF–424 and HUD–424 M

HUD–424 B replaces SF–424 B and D and HUD–50070, 50071 and 2992.

HUD–424 C and CB replaces SF–424 A and C

The HUD–424 CBW is added as a common detailed Budget Worksheet and replaces various budget worksheets used throughout the Department.

Administrative Costs

Administrative costs that may be applicable to the programs included in this NOFA are discussed below:

I. Purpose

The intent of this HUD grant program is to allow the Grantee to be reimbursed for the reasonable direct and indirect costs, subject to a top limit, for overall management of the grant. In most instances the grantee, whether a State or a local government, principally serves as a conduit to pass funding to sub-grantees, which are to be responsible for the conducting lead-hazard reduction work. Congress set a top limit of ten percent of the total grant sum for the grantee to perform the function of overall management of the grant program, including passing on funding to sub-grantees. The cost of that function, for the purpose of this grant, is defined as the ''administrative cost'' of the grant, and is limited to ten percent of the total grant amount. The balance of ninety percent or more of the total grant sum is reserved sub-grantees or other direct-performers of lead-hazard identification and reduction work. Lead hazard identification and reduction includes, but is not necessarily limited to outreach, training, enrollment, lead paint inspection/risk assessments, interim controls, hazard abatement, clearance documentation, blood lead testing, and public education.

II. Administrative Costs: What They Are Not

For the purposes of this HUD grant program for States and local governments to provide support for the evaluation and reduction of lead-hazards in low- and moderate-income, private target housing, the term ''administrative costs'' should not be confused with the terms ''general and administrative cost,'' ''indirect costs,'' ''overhead,'' and ''burden rate.'' These are accounting terms usually represented by a government-accepted standard percentage rate. The percentage rate allocates a fair share of an organization's costs that cannot be attributed to a particular project or department (such as the chief executive's salary or the costs of the organization's headquarters building) to all projects and operating departments (such as the Fire Department, the Police Department, the Community Development Department, the Health Department or this program). Such allocated costs are added to those projects' or departments' direct costs to determine their total costs to the organization.

III. Administrative Costs: What They Are

For the purposes of this HUD grant program, ''Administrative Costs'' are the grantee's allowable direct costs for the overall management of the grant program plus the allocable indirect costs. The allowable limit of such costs that can be reimbursed under this program is ten (10) percent of the total grant sum. Should the grantee's actual costs for overall management of the grant program exceed ten percent of the total grant sum, those excess costs shall be paid for by the grantee. However, excess costs paid for by the grantee may be shown as part of the requirement for cost-sharing funds to support the grant.

IV. Administrative Costs: Definition

A. General

Administrative costs are the allowable, reasonable, and allocable direct and indirect costs related to the overall management of the HUD grant for lead-hazard reduction activities. Those costs shall be segregated in a separate cost center within the grantee's accounting system, and they are eligible costs for reimbursement as part of the grant, subject to the ten percent limit. Such administrative costs do not include any of the staff and overhead costs directly arising from specific sub-grantee program activities eligible under Section II (C) of this NOFA, because those costs are eligible for reimbursement under a separate cost center as a direct part of project activities.

The grantee may elect to serve solely as a conduit to sub-grantees, who will in turn perform the direct program activities eligible under NOFA Section II (C), or the grantee may elect to perform all or a part of the direct program activities in other parts of its own organization, which shall have their own segregated, cost centers for those direct program activities. In either case, not more than 10 percent of the total HUD grant sum may be devoted to administrative costs, and not less than 90% of the total grant sum shall be devoted to direct program activities. The grantee shall take care not to mix or attribute administrative costs to the direct project cost centers.

B. Specific

Reasonable costs for the grantee's overall grant management, coordination, monitoring, and evaluation are eligible administrative costs. Subject to the ten percent limit, such costs include, but are not limited to, necessary expenditures for the following goods, activities and services:

(1) Salaries, wages, and related costs of the grantee's staff, the staff of affiliated public agencies, or other staff engaged in grantee's overall grant management activities. In charging costs to this category the recipient may either include the entire salary, wages, and related costs allocable to the program for each person whose primary responsibilities (more than 65% of their time) with regard to the grant program involve direct overall grant management assignments, or the pro rata share of the salary, wages, and related costs of each person whose job includes any overall grant management assignments. The grantee may use only one of these two methods during this program. Overall grant management includes the following types of activities:

(a) Preparing grantee program budgets and schedules, and amendments thereto;

(b) Developing systems for the selection and award of funding to sub-grantees and other sub-recipients;

(c) Developing suitable agreements for use with sub-grantees and other sub-recipients to carry out grant activities;

(d) Developing systems for assuring compliance with program requirements;

(e) Monitoring sub-grantee and sub-recipient activities for progress and compliance with program requirements;

(f) Preparing presentations, reports, and other documents related to the program for submission to HUD;

(g) Evaluating program results against stated objectives;

(h) Providing local officials and citizens with information about the overall grant program; however, a more general education program, helping the

public understand the nature of lead hazards, lead hazard reduction, blood-lead screening, and the health consequences of lead poisoning is a direct project support activity);

(i) Coordinating the resolution of overall grant audit and monitoring findings; and

(j) Managing or supervising persons whose responsibilities with regard to the program include such assignments as those described in paragraphs (a) through (i).

(2) Travel costs incurred for official business in carrying out the overall grant management;

(3) Administrative services performed under third party contracts or agreements, for services directly allocable to grant management such as: legal services, accounting services, and audit services;

(4) Other costs for goods and services required for and directly related to the overall management of the grant program; and including such goods and services as telephone, postage, rental of equipment, renter's insurance for the program management space, utilities, office supplies, and rental and maintenance (but not purchase) of office space for the program.

(5) The fair and allocable share of grantee's general costs that are not directly attributable to specific projects or operating departments such as salaries, office expenses and other related costs for local officials (*e.g.*, mayor and city council members, etc.), and expenses for a city's legal or accounting department which are not charged back to particular projects or other operating departments. If a grantee has an established burden rate, it should be used; if not, the grantee shall be assigned a negotiated provisional burden rate, subject to final audit.

BILLING CODE 4210–32–P

Checklist and Submission Table of Contents
Lead Elimination Action Program

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. **You must include this checklist and submission table of contents with the application.**

		Cover page
☐	**Transmittal Letter**	
☐	**Abstract Summary** (limited to a maximum of 2 pages)	_____
☐	**Checklist and Submission Table of Contents**	_____
☐	**Application Forms**	
☐	HUD Form-424	_____
☐	HUD Form 424B	_____
☐	HUD Form 424C	_____
☐	HUD Form-424CBW	_____
☐	Form SF-LLL Disclosure of Lobbying Activities Required ☐ Form SF-LLL Not Required	_____
☐	HUD 2880 Applicant/Recipient Disclosure/Update Report	_____
	Rating Factor Response (narrative is limited to a maximum of 15 pages.)	
☐	1. Organizational Capacity of the Applicant and Relevant Experience	_____
☐	2. Approach	_____
☐	3. Leveraging Resources	_____
☐	4. Achieving Results and Program Evaluation	_____
	Appendices	
☐	Appendix 1 - Material in support of Rating Factor 1	_____
☐	Appendix 2 - Material in support of Rating Factor 2	_____
☐	Appendix 3 - Material in support of Rating Factor 3	_____
☐	Appendix 4 - Other materials related to the application (as required)	_____
☐	HUD 2993 Acknowledgment of Application Receipt	_____
☐	HUD 2994 Client Comments and Suggestions (completion of this form is optional)	_____

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

BROWNFIELDS ECONOMIC DEVELOPMENT INITIATIVE (BEDI)

Billing Code 4210-32-C

Funding Availability for the Brownfields Economic Development Initiative (BEDI)

Program Overview

Purpose of the Program. BEDI funds are used to enhance the security of a loan guaranteed by HUD under Section 108 of the Housing and Community Development Act of 1974, as amended, for the same brownfields economic development project, or to improve the viability of a brownfields economic development project financed with the Section 108-guaranteed loan, in order to stimulate economic development by local governments and private sector parties at brownfields sites.

HUD provides BEDI funds (as defined in Section III (A)(1) below) to be used in conjunction with Section 108 loan guarantee funds, to finance projects and activities at brownfields sites that will provide near-term and measurable economic benefits, such as job creation and increases in the local tax base, through the return of brownfields sites to productive economic uses. HUD encourages brownfields economic development projects that propose the redevelopment of a brownfields site through new investments by identified private sector parties and that will result in new business or job creation, increases in the local tax base or other near-term, measurable economic benefits. In FY 2003, HUD seeks to increase economic development opportunity throughout the nation and promote the creation and retention of jobs. All BEDI grants must be used in conjunction with a new Section 108 guaranteed loan commitment.

Available Funds. Approximately $29.5 million, including $24.8 million in appropriations from the Consolidated Appropriations Resolution, 2003, Public Law 108–7, approved February 20, 2003 (FY 2003 Consolidated Appropriations) under the ''Brownfields Redevelopment'' heading; approximately $2,629,155 of unobligated funds from the Fiscal Year 2002 HUD Appropriations Act under the ''Brownfields Redevelopment'' heading; and $2,065,000 of unobligated funds from the Fiscal Year 2001 HUD Appropriations Act under the ''Brownfields Redevelopment'' heading. The amount of total available funds is further described in Section II below. The maximum amount of any BEDI grant award this year will be $2 million per project.

Eligible Applicants. Only units of general local government eligible for assistance under the Entitlement, States' Program, or the Small Cities segments of the Community Development Block Grant (CDBG) program may apply for a BEDI grant and a Section 108 Guaranteed Loan. CDBG-eligible urban counties may also apply for funding, but units of general local government that participate in the Urban County Program may not submit an application independent of the Urban County. (*See* Section III (B) below for additional information regarding eligible applicants.)

Application Deadline. July 16, 2003.

Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following additional information.

I. Application Due Date and Submission, Further Information, and Technical Assistance

Application Due Date. Please submit your completed applications (one original and three copies) on or before July 16, 2003, to the addresses shown below.

Application Submission Procedures. See the General Section of the SuperNOFA for specific procedures governing the submission and receipt of applications.

Addresses for Submitting Applications to HUD Headquarters. Submit your completed application (an original and two copies) by mail or permitted delivery service to: Processing and Control Unit, Room 7251, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410, Attention: BEDI.

When submitting the application, please specify BEDI on any label or mailing container, and include the applicant's name, mailing address (including zip code), street address (if different from mailing address) and zip code, and voice and facsimile telephone numbers (including area code), along with the contact person's name and voice and facsimile telephone numbers (including area code).

Applications to HUD Field Offices. At the same time the application and copies are submitted to HUD Headquarters, an additional copy should be submitted to the Community Planning and Development Division of the appropriate HUD Field Office for the applicant's jurisdiction. HUD strongly suggests that applications submitted to HUD Field Offices be mailed via the United States Postal Service, as access by other delivery services cannot be guaranteed.

For Applications. There is no application kit this year. All information and forms necessary to complete and submit a valid application are contained in the General Section and this program section of the SuperNOFA, and the appendices to the General Section and this program section. Copies of the NOFA and forms are also available on the Internet through the HUD Web site at *http://www.hud.gov.*

For Further Information and Technical Assistance. Contact Lisa Peoples, Economic Development Specialist, Office of Economic Development, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 7140, Washington, DC 20410, telephone (202) 708–0614 ext. 4456 (this is not a toll-free number). Persons with speech or hearing impairments may access this number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339. Before the application due date, HUD staff will be available to provide general guidance and technical assistance about this BEDI NOFA. However, HUD staff is not permitted to assist in preparing a BEDI application. Following selection of applicants, but before awards are made, HUD staff are available to assist in clarifying or confirming information that is a prerequisite to the offer of an award by HUD. In addition, the Section 108 Loan Guarantee program is not a competitive program and therefore is not subject to those provisions of the HUD Reform Act pertaining to competitions that do not permit HUD staff to assist in the preparation of applications. HUD staff is available to provide advice and assistance to develop your Section 108 loan application.

Applicant Debriefing. Section XI (A)(4) of the General Section of the SuperNOFA provides information on applicant requests for a debriefing. Applicants requesting to be debriefed must send a written request to the contact person for the BEDI program, Ms. Lisa Peoples, at the address listed in the preceding paragraph.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of BEDI application(s). For more information about the date and time of the broadcast, you should consult the HUD Web site at *http://www.hud.gov.*

II. Amount Allocated

HUD has available a maximum of $29,531,655 for grant awards under this program section as of its publication date. This amount consists of $24,837,500 in appropriations under the ''Brownfields Redevelopment'' heading in the FY 2003 Consolidated

Appropriations. Funds also include $2,629,155 of unobligated appropriated funds from the Fiscal Year 2002 HUD Appropriations Act under the ''Brownfields Redevelopment'' heading, as well as $2,065,000 of unobligated appropriated funds from the Fiscal Year 2001 HUD Appropriations Act under the ''Brownfields Redevelopment'' heading. All such funds are authorized by Section 108(q) of the Act (as defined below). The maximum amount of a BEDI award under this competition is $2 million per project. If any additional funds become available for the BEDI program during Fiscal Year 2003, including through the deobligation and recapture of previous BEDI awards, HUD may either fund additional applicants in accordance with this program section of the SuperNOFA, or may add these funds to funds available for future competitions pursuant to Section 108(q) of the Act.

III. Program Description; Eligible Applicants; Eligible Activities

(A) *Program Description.* BEDI is designed to help local governments redevelop brownfields, defined in this program section as abandoned, idled, or underutilized real property, including industrial and commercial facilities, where expansion or redevelopment is complicated by the presence or potential presence of environmental contamination. BEDI provides funding to local governments to be used in conjunction with Section 108 loan guarantees, to finance redevelopment of brownfields sites. A BEDI grant award will be conditioned upon, and must be used in conjunction with, a new (*i.e.*, not previously approved) Section 108-guaranteed loan commitment. Both Section 108 loan guarantee proceeds and BEDI grant funds are initially made available by HUD to units of general local government eligible for assistance under HUD's Entitlement, States' Program or Small Cities segments of the Community Development Block Grant program. Such public entities may re-loan the Section 108 loan proceeds and provide BEDI funds to a business or other entity eligible to carry out a specific approved brownfields economic development project, or the public entity may carry out the eligible project itself, as provided in the approved application. In either case, BEDI grant funds and the 108 proceeds must be used to support the same eligible BEDI project.

(1) *Definitions.* Unless otherwise defined herein, terms defined in 24 CFR part 570 and used in this program section of this SuperNOFA shall have the respective meanings given thereto in that part.

Act means Title I, Housing and Community Development Act of 1974, as amended (42 U.S.C. 5301 *et seq.*).

Application means a single set of documents submitted by an eligible applicant for BEDI grant funds, in accordance with the provisions of this program section of the SuperNOFA to finance a brownfields economic development project. A BEDI application must be accompanied by a Section 108 loan guarantee request, which may consist of either a brief summary of the proposed use of 108 funds, or a full application, which may either be submitted at the same time as the BEDI application or be provided within 60 days of BEDI grant award, as more fully explained in Section IV(D) of this program section. Note that the Section 108 application must be submitted to the appropriate HUD field office concurrently with its submission to Headquarters.

Brownfields means abandoned, idled, or under-used real property (including industrial and commercial facilities) where expansion or redevelopment is complicated by the presence or potential presence of contamination.

Brownfields Economic Development Initiative (BEDI) funds means the appropriated funds made available for the competition under this program section from any available appropriation.

Brownfields Economic Development Initiative (BEDI) project or brownfields economic development project means an activity or activities (including mixed use projects with housing components) that are eligible under Section 108(q) of the Act and under 24 CFR 570.703, and that will increase economic opportunity for persons of low- and moderate-income, stimulate or retain businesses or jobs, or otherwise lead to near-term, measurable economic benefits in connection with brownfields.

CDBG funds means those funds collectively so defined at 24 CFR 570.3, including grant funds received pursuant to Section 108(q) and this program section of this SuperNOFA.

Economic Development Initiative (EDI) grant means the provision of economic development grant assistance under Section 108(q) of the Act, as authorized by Section 232 of the Multifamily Housing Property Disposition Reform Act of 1994 (Pub. L. 103–233, approved April 11, 1994).

EPA means the U.S. Environmental Protection Agency.

Firm Commitment means either a written agreement or letter of understanding by which an applicant and/or a third party:

(1) Agrees to perform an activity or provide resources as specified in the application, and demonstrates their relationship to the proposed BEDI/Section 108 project;

(2) Specifies the dollar value of the commitment, and demonstrates that it has the financial and organizational capacity to deliver the resources necessary to successfully complete the activity; if the activity is to be self-financed, the third party must evidence its financial capacity through a corporate or personal financial statement or other appropriate means; and

(3) Irrevocably commits the resources to the activity either through cash or in-kind services or contributions; if any portion is to be financed through a grant or loan from another public or private organization, that institution's grant or loan commitment must be firmly committed as well.

Any such agreement or letter of understanding shall be understood as being contingent upon receipt of the BEDI grant. In order for a commitment to be included in the applicant's score under Rating Factor 4 (Leveraging Resources), each commitment—-including the donation or purchase of real property or the provision of in-kind services—-must be assigned a monetary value by the party making the commitment, accompanied by an indication of the basis for that assigned value.

Each agreement or letter of commitment must include the name of the organization making the commitment, the proposed total level of commitment (including how the value was determined) and the responsibilities of the organization as they relate to the proposed BEDI project. The commitment must be signed by an official of the organization legally authorized to make commitments on behalf of the organization, with a statement confirming that authority, and remain in effect for a period stated in the commitment.

Applicants Committing CDBG Funds: In order for an applicant's commitment of CDBG funds to be accepted by HUD as additional financing for a BEDI project, a resolution from the local governing body (*e.g.*, city/borough council) authorizing the amount and permitted uses of the funds must be provided.

Showcase Community means an applicant chosen by the federal government's Brownfields National Partnership for inclusion in the federal government's Brownfields Showcase

Communities program. A list of the federally designated Brownfield Showcase Communities is provided in Appendix B of this program section of the SuperNOFA and is also available from the SuperNOFA Information Center or through the HUD web site, *http://www.hud.gov.*

Strategic Plan means a strategy or course of action developed and agreed to by the nominating local government(s) and state(s) and submitted in partial fulfillment of the application requirements for an Empowerment Zone, Enterprise Community, or a Renewal Community, designated pursuant to 24 CFR part 597, part 598, or part 599.

(2) *Background.* HUD has multiple programs that are intended to stimulate economic and community development and promote economic revitalization of distressed areas, and which can be effectively employed to address and remedy brownfields conditions. Primary among HUD's resources are the Community Development Block Grant (CDBG) program and the Section 108 loan guarantee program.

(a) The CDBG program provides grant funds by formula to local governments (either directly or through states) to carry out community and economic development activities ($4.340 billion appropriated in FY 2003). The Section 108 loan guarantee program provides CDBG-recipient communities with a source of financing for economic development, public facilities, and other eligible large-scale physical development projects. HUD is authorized pursuant to Section 108 to guarantee notes issued by CDBG entitlement communities and non-entitlement units of general local government eligible to receive funds under the CDBG States' program, as well as non-entitlement units of general local government in the State of Hawaii. The Section 108 program is subject to the regulations applicable to the CDBG program at 24 CFR part 570 as described in 24 CFR part 570, subpart M. BEDI grants must support Section 108 loan guarantees as generally described in this program section of this SuperNOFA.

(b) For FY 2003, the loan guarantee authority for the Section 108 program is estimated at $573,000,000 including $298,000,000 in loan guarantee authority that will continue be to available under the Fiscal Year 2002 appropriation and $275,000,000 in loan guarantee authority for Fiscal Year 2003. The full faith and credit of the United States is pledged to the payment of all guarantees made under Section 108. Under this program, communities (and states, as applicable) pledge their continuing CDBG allocations as security for loans guaranteed by HUD. The Section 108 program, however, does *not* require CDBG funds to be escrowed for loan repayment (unless such an arrangement is specifically negotiated as loan security and included in the applicable ''Contract for Loan Guarantee Assistance.'') This means that a community can ordinarily continue to spend its existing allocation for other CDBG purposes, unless needed for loan repayment.

(3) *EDI Program.* The EDI authorization, Section 108(q) of the Act, was enacted in 1994 and is intended to complement and enhance the Section 108 Loan Guarantee program.

(4) *BEDI Program.* A purpose of BEDI (and EDI) grant funds is to reduce grantees' potential loss of future CDBG allocations:

(a) By strengthening the economic feasibility of a project financed with Section 108 funds (and thereby increasing the probability that the project will generate enough cash to repay the guaranteed loan);

(b) By directly enhancing the security of the Section 108-guaranteed loan; or

(c) Through a combination of these or other risk mitigation techniques.

HUD intends all the funds available pursuant to this program section of the SuperNOFA to be used for purposes of the redevelopment of brownfields sites. Accordingly, BEDI funds shall be used as the stimulus for local governments and private sector parties to commence redevelopment or continue phased redevelopment efforts on brownfields sites where contamination is present or potentially present and a redevelopment plan exists. HUD desires to see BEDI and Section 108 funds used to finance projects and activities that involve investment in the brownfields site by an identified private sector party and that will provide near-term results and measurable economic benefits, such as job creation and increases in the local tax base, through the return of brownfields sites to productive economic use.

(5) *Integration of Other Government Brownfields Programs.* HUD expects and encourages local governments which are designated through (a) the federal government's Brownfields Showcase Community program, (b) other federal brownfields programs (*e.g.*, EPA's Assessment, Tax Incentive, Revolving Loan Fund or Cleanup Grant programs), (c) a state-supported brownfields program, or (d) a state or local related economic development program, to integrate efforts arising from those programs in developing projects for assistance under HUD's BEDI and Section 108 programs. Applicants should elaborate upon these ties in their response to the rating factors, where appropriate (*e.g.*, ''Capacity of the Applicant,'' ''Soundness of Approach,'' or ''Leveraging Resources''—Rating Factors 1, 3, and 4 respectively.)

(6) *Additional Security for Section 108 Loan Guarantee.* Public entities should consider the need to provide additional security for the Section 108 loan guarantee pursuant to 24 CFR 570.705(b)(3). Although a public entity is required by the Act to pledge its current and future CDBG allocations as security for the Section 108 loan guarantee, the public entity will usually be required to furnish additional collateral. In most cases, the additional collateral consists (in whole or in part) of the asset financed with the Section 108 loan funds (*e.g.*, a loan made to a business as part of an economic development project and the related mortgage from the business). Applications proposing uses for BEDI funding that directly enhance the value of the assets securing the Section 108 loan will help ensure that the project-based asset(s) will satisfy the additional collateral requirements.

(7) *Uses of BEDI Funds.* Generally, proposals must be consistent with other CDBG requirements, including meeting National Objectives and activity eligibility requirements under § 570.703 of the Section 108 Loan Guarantee regulations, as described in Section III (C) of this program section. The following examples are offered only to illustrate some of the ways in which BEDI funds may be used to support 108-guaranteed loans:

(a) *Land Writedowns.* Local governments may use a combination of Section 108 and BEDI funds to acquire a brownfields site for purposes of reconveying the site to a private developer at a discount from its purchase price. This approach would provide the developer with an asset of enhanced value that could be used as collateral for other sources of funding and those other sources of financing could then be used to finance environmental remediation or other development costs. In such a circumstance, the level of BEDI assistance could approximate the difference between the original cost of the site and its remediation in comparison to the market value of the remediated property.

(b) *Site Remediation Costs.* Local governments may use BEDI funds in any of several ways to address site remediation costs. If the local government proposes to use Section 108 funds to acquire real property, BEDI

funds could be used to address assessment and site remediation costs as part of eligible demolition, clearance, or site preparation activities. If the local government uses Section 108 funds to make a loan to a developer, BEDI funds could be granted or loaned to the developer for the purpose of addressing remediation costs as part of an economic development activity.

(c) *Funding Reserves.* The cash flow generated by an economic development project may be expected to be relatively ''thin'' in the early stages of the project, *i.e.*, potentially insufficient to meet operating expenses and debt service obligations. The BEDI grant could be used by the grantee to either establish a debt service reserve to cover interest on the Section 108 loan, or as a grant to a business for working capital. In either case, the BEDI funds enhance the economic feasibility of the project.

(d) *Direct Enhancement of the Security of the Section 108 Loan.* The BEDI grant can be used to pay for the cost of providing credit enhancements for the Section 108 loan. For example, if eligible as part of the cost of an appropriate eligible activity, the BEDI grant can be used to pay for the cost of a standby letter of credit, issued in favor of HUD. This letter of credit will be available to fund amounts due on the Section 108 loan if other sources fail to materialize, and thus will serve to protect the public entity's future CDBG funds.

(e) *Provision of Financing to For-Profit Businesses at a Below Market Interest Rate.*

While the rates on loans guaranteed under Section 108 are only slightly above the rates on comparable U.S. Treasury obligations, they may nonetheless be higher than can be afforded by businesses, non-profit groups or public entities in severely economically distressed neighborhoods. The BEDI grant can be used to make Section 108 financing affordable by serving to ''buy down'' the interest rate up front, or make full or partial interest payments on the Section 108 loan. This might increase the financial viability of the businesses or other entities in the early start-up period, which might not otherwise be possible with Section 108 alone. This strategy would be particularly useful where a community was undertaking a large commercial or retail project in a brownfields area in order to act as a catalyst for other development in the area.

(f) *Combination of Techniques.* A combination of the above could be employed to implement a BEDI project successfully.

(B) *Eligible Applicants.* Any public entity eligible to apply for Section 108 loan guarantee assistance in accordance with 24 CFR 570.702 may apply for BEDI grant assistance under Section 108(q). Eligible applicants are CDBG entitlement units of general local government and non-entitlement units of general local government eligible to receive loan guarantees under 24 CFR part 570, subpart M. Urban Counties, as defined at 24 CFR 570.3 and 570.307, are eligible applicants for BEDI funds; units of general local government that participate in an Urban County program are not independently eligible applicants. For non-entitlement applicants other than those subject to 24 CFR 570, subpart F (which applies only to the State of Hawaii), applicants will be required to provide evidence in the application from an authorized official of the state agency responsible for administering the State CDBG program stating that it will support the related Section 108 loan with a pledge of its CDBG allocations pursuant to the requirements of 24 CFR 570.705(b)(2). Such evidence shall take the form of the HUD Certification titled ''SECTION 108 LOAN GUARANTEES: State Certifications Related to Nonentitlement Public Entities'' included in this program section to the SuperNOFA, or which may be obtained by downloading from the Internet at *http://www.hud.gov.* Note that effective January 25, 1995, non-entitlement public entities in the State of Hawaii are authorized to apply to HUD for Section 108 loans (*see* 59 FR 47510, December 27, 1994). Thus non-entitlement public entities in all 50 states and Puerto Rico are eligible to participate in the Section 108 and BEDI programs, with assistance of the state's or commonwealth's pledge of CDBG allocations.

(C) *Eligible Activities and National Objectives.* (1) BEDI grant funds and Section 108 loan guarantee funds may be used for activities listed at 24 CFR 570.703, provided such activities are carried out as part of a BEDI project as described in this program section of the SuperNOFA and meet the CDBG requirements at 24 CFR 570.200. Applicants are required to submit applications that seek funding for BEDI projects that will contribute to the redevelopment and revitalization of brownfields. Applications that fail to meet the threshold requirements found in Section V (B) of the General Section of the SuperNOFA and the program requirements of this section will not be rated, ranked, or otherwise considered by HUD.

(2) Each activity assisted with Section 108 loan guarantee or BEDI funds must meet a national objective of the CDBG program as described in 24 CFR 570.208. Applicants must clearly identify in their narrative statement (as described in Section V (B) of this program section below) the CDBG national objective to be achieved by the proposed project and provide the appropriate CDBG national objective regulatory citation found at 24 CFR 570.208. Applicants must also address, when applicable, how the proposed activities will comply with the public benefit standards of the CDBG program as reflected in the regulation at 24 CFR 570.209.

(3) A grantee's aggregate use of its CDBG funds, including any Section 108 loan guarantee proceeds and Section 108(q) (BEDI) funds provided pursuant to this program section of the SuperNOFA, must comply with the CDBG primary objective requirements as described in Section 101(c) of the Act and 24 CFR 570.200(a) (3) for entitlement grantees, or 570.484 in the case of a recipient under a state's program.

(4) Applicants are reminded of the Department's Policy Priorities for FY 2003 found in Section II of the General Section of the SuperNOFA, several of which apply to this program section, as described below, under Rating Factor 3 in Section V of this program section.

IV. Program Requirements

(A) *General Requirements.* Applicants for BEDI grant funds must comply with the statutory, regulatory, threshold and public policy requirements listed in Section V of the General Section of the SuperNOFA.

(B) *CDBG Program Regulations.* In addition to 24 CFR 570.701 (Definitions), § 570.702 (Eligible applicants), and § 570.703 (Eligible activities), as explained in Section III (C) of this program section of the SuperNOFA, the CDBG regulatory requirements cited in 24 CFR 570.707, including subparts J (Grant Administration), K (Other Program Requirements), and O (Performance Reviews) govern the use of BEDI funds, as applicable.

(C) *Compliance with Applicable Environmental and Other Laws.* Applicants are advised that an award of BEDI funding does not in any way relieve the applicant or third party users of BEDI funds from compliance with all applicable federal, state and local laws, particularly those addressing the environment. Applicants are further advised that HUD may require evidence that any project involving remediation has been or will be carried out in

accordance with applicable law, including voluntary clean up programs.

(D) *Related Section 108 Loan Guarantee Request.* (1) Each BEDI application must be accompanied by a request for new Section 108 loan guarantee assistance. The request may take any of the four forms defined in paragraphs (a), (b), (c), or (d) below in this Section IV (D). Notwithstanding the form of your request for new Section 108 loan guarantee assistance, the applicant must include citations to the specific regulatory subsection supporting activity eligibility and National Objectives compliance for the Section 108 funds described in the application. (See Section III (C) of this program section of the SuperNOFA.) Both the BEDI and Section 108 funds must be used in conjunction with the same BEDI project. The request for new Section 108 guarantee assistance may be presented through:

(a) A full application for new Section 108 loan guarantee(s), including the documents listed at 24 CFR 570.704(b).

(b) A brief description (not to exceed three pages) of the project to be applied for in a subsequent new Section 108 loan guarantee application(s). Such a 108 application(s) shall be submitted within 60 days of written notice of BEDI selection, with HUD reserving the right to extend such period on a case-by-case basis where HUD determines there is evidence of good cause. BEDI awards will be conditioned on approval of actual Section 108 loan commitments and loan guarantee proceeds in a specific ratio of BEDI funds to Section 108 funds as approved by HUD in the BEDI award. The application description must be sufficient to support the basic eligibility of the proposed project and activities for Section 108 assistance. (See Section III (C) of this program section of the SuperNOFA.)

(c) A copy of a pending, unapproved Section 108 loan guarantee application, and any proposed amendments to the Section 108 application which are related to the BEDI application. The applicant's submission of such a BEDI/Section 108 application shall be deemed by HUD to constitute a request to suspend separate processing of the Section 108 application. The Section 108 application will not be approved until on or after the date of the related BEDI award.

(d) A request for Section 108 loan guarantee assistance (analogous to Section IV (D)(1)(a) or (b) of this BEDI section of the SuperNOFA) that proposes to increase the amount of a previously approved application. However, any amount of Section 108 loan guarantee authority approved before HUD's announcement of a BEDI grant for the same project is not eligible to be used in conjunction with a BEDI grant under this program section.

(2) Further, a Section 108 loan guarantee amount that is required to be used in conjunction with a previously approved BEDI or EDI grant award, whether or not the Section 108 loan guarantee has been approved as of the date of this SuperNOFA, is not eligible for a BEDI award under this SuperNOFA. For example, if a public entity has a previously approved Section 108 loan guarantee commitment of $12 million, even if none of the funds have been utilized, or if the public entity had previously been awarded a BEDI grant of $1 million and had agreed to submit a Section 108 loan application for $10 million in support of that BEDI grant, the public entity's application under this program section of this SuperNOFA must propose to increase the amount of its total Section 108 loan guarantee commitments beyond those amounts to which it has previously agreed. (*i.e.*, the $12 million or $10 million Section 108 loan guarantee commitments in this example).

(E) *Prohibitions on Use of BEDI and Section 108 Funds.* Certain restrictions shall apply to the use of BEDI and Section 108 funds:

(1) BEDI grant funds must not be used as a resource to immediately repay the principal of a loan guaranteed under Section 108. Repayment of principal is only permissible with BEDI grant funds as a matter of security if other sources projected for repayment of principal prove to be unavailable.

(2) Section 108 loan obligations may not be subordinated, directly or indirectly, to federally tax exempt obligations. Pursuant to Office of Management and Budget (OMB) Circular A–129 (Rev.) Appendix A, Sections II.2.c. and d., (Policies for Federal Credit Programs and Non-Tax Receivables), Section 108 guaranteed loan funds may not directly or indirectly support federally tax-exempt obligations.

(3) BEDI grant funds shall not be used in any manner by grantees to provide public or private sector entities with funding to remediate conditions caused by their own actions, where the public entity (or other known prospective beneficiary of the proposed BEDI grant) has been determined responsible for causation and remediation by order of a court or a federal, state, or local regulatory agency, or is responsible for the remediation as part of a settlement approved by such a court or agency. Applicants will be required in the BEDI Narrative Statement described in Section (V)(B) of this program section of the SuperNOFA to indicate that the proposed BEDI project will not be used to provide assistance as prohibited herein.

(4) Applicants may not propose projects on sites which are: (i) Listed or proposed to be listed on EPA's National Priority List (NPL); (ii) subject to unilateral administrative orders, court orders, administrative consent orders or judicial consent decrees issued or entered into by parties under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended (CERCLA); or (iii) subject to the jurisdiction, custody or control of the United States government. Applicants will be required in the BEDI Narrative Statement described in Section (V)(B) of this program section of the SuperNOFA to indicate that the proposed BEDI project will not be undertaken at an ineligible site as provided herein.

(5) BEDI grant assistance cannot be used to leverage a Section 108 loan guarantee approved prior to the date of HUD's announcement of a BEDI grant pursuant to this SuperNOFA. However, the BEDI grant may be awarded before HUD approval of the Section 108 commitment if HUD determines that such award will further the purposes of the Act.

(6) A BEDI award will not be made if the Section 108 request contained in the application (See Section IV(D) of this program section) calls for the use of the Section 108-guaranteed obligation solely as security for other financing on the project.

(F) *Time-frames.* As a condition of any award under this program section, if the related Section 108 application has not been submitted and approved within ten (10) months of written HUD notification of selection for potential funding under this NOFA, HUD may deobligate the BEDI funds. BEDI grant awards will contain conditions requiring grantees to adhere to time-frames mutually agreed on by the applicant/grantee and HUD for implementing proposed projects and drawing Section 108 and BEDI funds. If BEDI grant funds and Section 108 loan proceeds are not disbursed to the applicant within the timeframes specified in the BEDI grant agreement, HUD reserves the right to cancel the award and recapture the BEDI funds.

(G) *Limitations on Grant Amounts.* (1) HUD expects to approve BEDI grant amounts for approvable applications with a range of ratios of BEDI grant funds awarded to new Section 108 loan guarantee commitments but the

minimum ratio will be $1.00 of Section 108 loan guarantee commitments for every $1.00 of BEDI grant funds. However, if an applicant proposes a leverage ratio of exactly 1:1, that application, while still meeting the threshold requirement, will not receive any points under the Rating Factor 4, paragraph (1): ''Leverage of Section 108 Funds.''

To receive points under this Factor, applications will have to exceed the 1:1 minimum ratio, and the higher the ratio the more points will be awarded, to the extent consistent with the points available for Rating Factor 4, paragraph (1). Because the proposed ratio of BEDI funds to Section 108 funds represents an applicant's financial commitment, HUD will condition the BEDI grant award on the grantee's achievement of that specific ratio. Its failure to meet that condition by obtaining timely HUD approval of a commitment for, and issuance of, the required Section 108 guaranteed obligations ratio may result in the cancellation and recapture of all or a proportionate share of the BEDI grant award.

(2) HUD will cap BEDI awards at a maximum of $2 million per project. An application in excess of $2 million will be reduced to the extent HUD determines that such a reduction is appropriate.

(3) After selection, but prior to grant award, if HUD determines that an application can be funded at a lesser BEDI grant amount than requested and still be feasible and consistent with the proposed plan and the purposes of the Act, it reserves the right to reduce the amount of the BEDI award and/or increase the required Section 108 loan guarantee commitment.

(4) In the event a BEDI grant is awarded and has been reduced below the original request (*e.g.*, the application contained some activities that were ineligible, exceeded the $2 million cap, or there were insufficient funds to fund the last competitive application at the full amount requested), the applicant will be required to modify the project plans and application to conform to the terms of HUD approval before HUD will execute a grant agreement.

(5) HUD also may proportionately reduce or deobligate the BEDI award if a grantee does not submit an approvable Section 108 loan guarantee application, issue Section 108-guaranteed obligations and receive loan guarantee proceeds on a timely basis (including any extension authorized by HUD) in the amount required by the BEDI/108 leveraging ratio, which will be approved by HUD as a special condition of the BEDI grant award (see Section IV (F) above of this program section of the SuperNOFA).

(6) Any modifications or amendments to an application approved pursuant to this SuperNOFA, whether requested by the applicant or by HUD, must be within the scope of the approved original BEDI application in all respects material to rating the application, unless HUD determines that the revised application remains within the competitive range and is otherwise approvable under this SuperNOFA competition.

(7) In the case of a requested increase in guarantee assistance for a project with a previously approved Section 108 loan guarantee commitment (as further discussed in Section IV (D)(1)(d), above), the BEDI assistance approved will be based on the increased amount of Section 108 loan guarantee assistance.

(H) *Timing of Grant Awards and Disbursements.* (1) To the extent a full and complete Section 108 application is submitted with the BEDI grant application, HUD will evaluate the Section 108 application immediately following the competition for BEDI grant funds. Note that the 108 application must be submitted to the appropriate HUD field office concurrently with submission to Headquarters.

(2) Notwithstanding any earlier obligation or award of BEDI funds to a grantee, or execution of a grant agreement, HUD will not permit the grantee to draw down BEDI funds before the issuance of the obligations evidencing the related Section 108 guaranteed loan.

(3) Pursuant to the FY 2003 HUD Appropriations Act (under the ''Brownfields Redevelopment'' heading) and 31 U.S.C. 1552(a), FY 2003 BEDI funds must be obligated (*i.e.*, awarded) by HUD by September 30, 2004, and must be disbursed by HUD to the grantee by September 30, 2009. FY 2002 BEDI funds must be obligated by September 30, 2003 and must be disbursed by HUD to the grantee by September 30, 2008. FY 2001 BEDI funds are not subject to statutory obligation or disbursement deadlines. In all cases, however, HUD reserves the right to require earlier disbursement under a BEDI grant agreement.

(I) *Obligation to affirmatively further fair housing.* All BEDI grantees are obliged to affirmatively further fair housing, even when the proposed activities do not appear to be directly related to housing. Therefore, applicants that propose to use BEDI funds must include in their applications an explanation of how they propose to further fair housing opportunities for persons on the basis of race, color, national origin, sex, religion, familial status, or disability. Applicants should respond to this requirement under Rating Factor 2, subfactor (2)(c). Affirmative activities include, but are not limited to: initial and periodic assessments of the extent to which affordable and accessible housing opportunities are provided or denied to persons by race, color, national origin, sex, religion, familial status, or disability; outreach to persons in underserved population groups or advocacy organizations representing such persons; affirmative fair marketing of job or housing opportunities; housing choice; addressing environmental justice concerns; or ensuring that employment, housing and other benefits of the BEDI grant are made available to those individuals and families living at or near the brownfields site prior to its redevelopment.

V. The Application Selection Process

(A) Rating and Ranking

(1) Each rating factor and the maximum number of points are provided below. The maximum number of points to be awarded is 104. To be eligible for funding, a BEDI application must obtain a total score of at least 75 points. All applications meeting BEDI program and threshold requirements will be rated under the selection criteria below. Applications must include citations to the specific regulatory subsections supporting eligibility of activities and compliance with National Objectives. (See Section III (C) of this program section of this SuperNOFA). The applicant must also provide narrative statements in response to each of the rating factors below.

(2) All applications meeting BEDI program and threshold requirements will be rated under the selection criteria below. Applications must include citations to the specific regulatory subsections supporting eligibility of activities and compliance with National Objectives. (*See* Section III (C) of this program section of the SuperNOFA). The applicant must also provide narrative statements in response to each of the rating factors below.

Applications will be selected for funding as follows:

(3) All BEDI grant applications that meet threshold requirements will be ranked separately in order of points assigned with the applications receiving more points ranked above those receiving fewer points.

(4) In the event two or more applications are given the same score,

but there are insufficient funds to fund all of the tied applications, the application(s) with the highest score(s) on Rating Factor 3 (Soundness of Approach) shall be selected. If there is still a tie, the following Factors will be considered sequentially, with the application having the high score on that Factor taking precedence until the tie is broken: Rating Factor 1 (Capacity and Experience), Rating Factor 2 (Distress/Extent of the Problem), Rating Factor 4 (Leveraging Resources), and Rating Factor 5 (Achieving Results and Program Evaluation).

(5) Fundable BEDI grant applications must meet the threshold requirements stipulated in Section V of the General Section of this SuperNOFA and be complete as required by the submission requirements of this program section of the SuperNOFA or they will not be ranked. Brownfields economic development projects will be funded in rank order until the total aggregate amount of the applications funded is equal to the maximum amount available in the competition (subject to the limitations described in Section IV(G) above).

(B) BEDI Narrative Statement

(1) Applications must contain narrative statements printed in 12 point type, with sequentially numbered pages for the entire application, including forms and exhibits. The BEDI narrative statement must not exceed three (3) 8.5″ by 11″ pages, doubled-spaced. The BEDI narrative statement should:

(a) Describe the activities that will be carried out with the BEDI grant funds, and explain the nature and extent of the brownfields problem(s) affecting the site and/or structure(s) already on the site;

(b) Describe how the proposed uses of BEDI funds will qualify as eligible activities under 24 CFR 570.703 and meet the National Objectives under 24 CFR 570.208 of the CDBG program. In describing how the proposed uses will meet the National Objectives of the CDBG program and the activity eligibility requirements of the Section 108 program, applications must also include citations to the specific regulatory subsections supporting eligibility of activities and compliance with National Objectives. (See Section III(C) of this program section of this SuperNOFA) and;

(c) Indicate that: (i) the proposed assistance will not be used to provide funding to parties to remediate conditions caused by their own actions for which they have been determined to be legally responsible, as specified in Section IV(E)(3) of this program section; and (ii) that the proposed brownfields site is not ineligible as provided in Section IV(E)(4) of this program section.

(2) The applicant must also provide in narrative form responses to each of the rating factors below.

(C) *Factors for Award Used to Evaluate and Rate Applications.* HUD will evaluate all applications for funding assistance based on the following factors, the responses to which demonstrate the quality of the proposed project or activities, and the applicant's capacity and commitment to use the BEDI funds in accordance with the purposes of the Act.

(D) *Responses to Rating Factors 1–5.* Responses to Rating Factors 1–5 below shall not exceed fifteen (15) double-spaced pages combined.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 Points Maximum)

This factor addresses the extent to which the applicant has the organizational resources necessary to successfully implement the proposed activities in a timely manner. The rating of the ''applicant'' or the ''applicant's organization and staff'' will include any subcontractors, consultants, and sub-recipients that are firmly committed (see definition in Section III(A)(1) above) to participate in the activities described in the application. In responding to subfactors (1) and (2) of this Factor, applications that merely summarize the amount of funds received, spent or managed will receive fewer points than those providing specific measurable information on program activities undertaken, outcomes of these activities and their accomplishments. In rating this factor, HUD will consider the following:

(1) *Applicant Capacity* (Up to 10 points). The applicant should demonstrate that it has the organization, the staff and the financial resources in place to implement the specific steps required to successfully carry out its proposed BEDI/Section 108 project. The applicant should offer evidence of this capacity through a description that includes:

(a) Performance in the administration of its CDBG, HOME or other HUD programs, including a description of successfully completed projects and other outcomes or accomplishments under these programs;

(b) Performance, if any, in carrying out economic development projects similar to that proposed, including brownfields economic development or redevelopment projects, if any, and if applicable, the ability to conduct prudent underwriting;

(c) Ability to carry out projects and programs in a timely manner. An applicant must address its performance in spending previously awarded HUD and other funds, if any, in a timely manner, including, for CDBG entitlement recipients, the extent to which the CDBG entitlement recipient has met the HUD standard that the total amount of its undisbursed, entitlement grant funds may not be more than 1.5 times the entitlement grant amount for the current program year (see 24 CFR 570.902(a)(1)(i));

(d) If applicable because the applicant has such designation, the capacity to achieve state and local commitments, including maximizing the federal tax benefits made available as a result of a federal Renewal Community/Empowerment Zone/Enterprise Community designation (including Enhanced Enterprise Community (EEC) designation). Applicants that have been designated as a Renewal Community (RC), Empowerment Zone (EZ) or Enterprise Community (EC/EEC) must respond to this subfactor even if the proposed brownfields economic development project is not to be located within the boundaries of the designated RC/EZ/EC; and

(e) An applicant that has previously received a BEDI or an EDI grant award or, within the past five years, a Section 108-guaranteed loan commitment, must describe the status of the implementation of those project(s) assisted with any BEDI or EDI funds or with any Section 108-guaranteed loan funds so approved within the last five years. An applicant must address any delays that have been encountered and the actions it is taking to overcome any such delays in carrying out the project(s) in a timely manner. For any such previously funded BEDI or EDI grant projects, or for those Section 108 guaranteed-loan projects committed within the past five years, HUD will award more rating points for applications providing evidence of achievement of specific measurable outcomes in carrying out approved activities funded with such guaranteed loan and/or grant funds.

If any of the rating criteria listed under (a) through (e) above do not apply to an application, the rating for this subfactor (1) shall be based solely upon the other applicable criteria.

(2) *Partner Capacity* (Up to 10 points). In response to this subfactor (2), the applicant should describe the experience and performance of subrecipients, private developers and other businesses, nonprofit organizations (including grassroots faith-based and other community-based

organizations), and other entities, if any, that have a role in implementing the proposed BEDI/108 program. Applicants are encouraged to identify specific economic development or other projects undertaken by each entity, which reflect the capacity of each entity to fulfill its responsibilities under the proposed brownfields economic development project, including the location, scale, and timeframe for completion of other relevant projects. If there are no third parties participating with the applicant in the proposed project, points under this subfactor (2) will be allocated under subfactor (1) and added to the maximum points possible under subfactor (1).

Experience will be judged in terms of recent (*i.e.*, within the past 5 years) and successful performance of activities relevant to those proposed in the BEDI application. The more recent and extensive the experience is, the greater the number of points that will be awarded for this Factor.

In addition to the application, HUD also may rely on information at hand or available from public sources such as newspapers, from performance and/or monitoring reports, Inspector General or Government Accounting Office reports or findings, hotline complaints that have been proven to have merit, audit reports and other reliable public information in rating this Factor.

Rating Factor 2: Distress/Extent of the Problem (20 Points Maximum)

This Factor addresses the extent to which there is need for funding the proposed activities based on levels of distress in both the jurisdiction of the public entity that is the applicant *and* the geographic or target area that will benefit from the project. In responding to this Factor, applications will be evaluated on the extent to which the level of distress for the target area is documented and compared with national data and data for the jurisdiction.

(1) In applying this Factor, HUD will consider current levels of distress defined in standard geographic terms in the target area, as defined by the applicant. This may be Census Tract(s) or Block Groups immediately surrounding the project site up to a radius of one-half mile; or it may be the target area proposed to be served by the project. HUD will also consider the current levels of distress in the applicant public entity's jurisdiction. The applicant should describe the nature of the distress that the project is designed to address and the rationale for its definition of the area to be benefited. Examples of project beneficiaries may include: (a) those receiving or using products or services produced by the project, and (b) those employed by the project.

To the extent that the applicant's Consolidated Plan, its Analysis of Impediments to Fair Housing choice (AI), and/or its Anti-Poverty Strategy found therein identify the level of distress in the jurisdiction and the neighborhood in which the project is to be carried out, references to such documents should be included in preparing the response to this Factor. Applications that fail to reference these sources will receive fewer points under this Factor.

Notwithstanding the above, an applicant proposing a project to be located outside the area for which benefit is claimed could still receive points under this Factor if a clear rationale is provided linking the proposed project location and the benefits to be derived by persons living in the target area.

(2) Applicants should provide data that address the following specific indicators of distress:

(a) Poverty Rate (Up to 5 points). Data should be provided in both absolute and percentage form (*i.e.*, whole numbers and percents) for both the target area and the applicant's jurisdiction as a whole; an application that compares the local poverty rate in the following manner to the national average at the time of submission will receive points under this section as follows:

(i) Less than the national average, but with a poverty rate in the target area that is greater than the applicant's jurisdiction: 2 points;

(ii) Equal to or greater than, but less than twice, the national average: 3 points;

(iii) Equal to or greater than twice the national average: 5 points.

(b) Unemployment Rate (Up to 5 points). An application that compares the local unemployment rate for the applicant's jurisdiction and the target area in the following manner to the national average at the time of submission will receive points under this Section as follows:

(i) Less that the national average, but with an unemployment rate in the target area that is greater than the applicant's jurisdiction: 2 points;

(ii) Equal to or greater than, but less than twice, the national average: 3 points;

(iii) Equal to or greater than twice the national average: 5 points.

(c) Consolidated Plan and Analysis of Impediments to Fair Housing Choice (Up to 5 points). Describe any unmet needs as identified in the jurisdiction's Consolidated Plan and, pursuant to Section IV(I) of this program section of the SuperNOFA, any impediments to fair housing identified in the jurisdiction's Analysis of Impediments to Fair Housing Choice that will be directly addressed by the proposed project.

(d) Other Indicators of Social and/or Economic Decline (Up to 5 points). Applicants should provide other indicators of social or economic decline that best capture the applicant's local situation. Examples that could be provided under this section include information demonstrating the target area and the jurisdiction's stagnant or falling tax base, including recent (within the last three years) commercial or industrial closings, downturns or layoffs; housing conditions, such as the number and percentage of substandard and/or overcrowded units; rent burden (defined as average housing cost divided by average income) for both the target area and jurisdiction; local crime statistics. The response to this subfactor (d) should paint a portrait of the extent of need and distress in the target area and jurisdiction.

HUD requires use of sound and reliable data (*e.g.*, U.S. Census data, state statistical reports, university studies/reports that are verifiable) to support distress levels cited in each application. A source for all information along with the publication or origination date must also be provided. Updated Census data are available as follows for the listed indicators:

Unemployment rate—estimated monthly for counties, with a two-month lag;

Poverty rate—estimated every two years, with a three-year lag, with 2000 being the most recent available.

In rating applications under this Factor, HUD reserves the right to consider sources of available objective data other than, or in addition to, those provided by applicants, in order to compare such data to those provided by applicants.

Rating Factor 3: Soundness of Approach (35 Points Maximum)

This factor addresses the quality and cost-effectiveness of the proposed plan for the brownfields economic development project. Brownfields economic development projects that do not involve new investments by an identified private sector party and that do not result in near-term, measurable economic benefits, such as projects that involve only the preparation of a site for potential redevelopment by an unidentified party, or the capitalization of a loan pool for loans to unidentified borrowers, will receive fewer points

under this Factor. The relationship between the proposed eligible activities, community needs and purposes of the program funding must be clearly described, as set forth below, in order to receive points for this Factor. In rating this Factor, HUD will consider the following:

(1) Consistency/Appropriateness of Proposed Activities with Identified Needs (Up to 8 points). The applicant should address the extent to which the proposed plan for use of BEDI grant/Section 108-guaranteed loan funds will address the needs described in Rating Factor 2 above, regarding the distress and extent of the problem in the target area or area to be benefited and the long-term benefit for current residents of the target area. The applicant should provide a clear and quantified explanation of this relationship. As part of the response to this Factor, an applicant should also fully describe:

(a) How the project will achieve one of the National Objectives under the Community Development Block Grant program (see 24 CFR 570.208) and the eligible activities that will be carried out under 24 CFR 570.703, including citations to the specific regulatory subsections supporting eligibility of activities and compliance with National Objectives; and

(b) How the project will address the following policy priorities:

(i) For all BEDI projects, the extent to which the proposed project will improve the quality of life in the nation's communities, by bringing private capital to distressed communities; and

(ii) For BEDI projects that include the construction or rehabilitation of housing:

(*A*) The extent to which the project will increase affordable housing and homeownership opportunities for low- and moderate income persons, the disabled, the elderly, minorities and families where English may be the second language, whether through the provision of housing or employment which will enable residents to access affordable housing and have a choice of such housing in environmentally healthy and revitalized neighborhoods; and

(*B*) The extent to which the project will encourage accessible design features for persons with disabilities.

(2) Feasibility and Demonstrable Benefits (Up to 15 points). In responding to this subfactor (2), the applicant should demonstrate the extent to which the redevelopment plan for the brownfields site is logical, feasible and likely to achieve its stated purpose. Applicants are reminded that HUD's intention is to fund brownfields economic development projects and activities that will quickly produce measurable economic benefits and advance the purposes of the BEDI program. The applicant's response should demonstrate the extent to which the project is ''ready to go,'' meaning that the project is likely to be completed within three to five years from the date of the BEDI award and will produce near-term, measurable economic benefits. Points for this subfactor will be awarded in two parts, for the following:

(a) Implementation Steps (Up to 8 points). The applicant's response should discuss the extent to which the redevelopment plan demonstrates a clear understanding of each of the steps required to implement the brownfields economic development project, including the actions that all parties responsible for implementing the project must complete. The applicant's response to this subfactor should address:

(i) Environmental Investigation. This subfactor (i) will consider the extent to which the redevelopment plan takes into account environmental issues typical of many brownfields remediation efforts. Proposed projects on sites where the nature and degree of environmental contamination is not well-quantified, where no environmental investigation has commenced, or that are the subject of on-going litigation or environmental enforcement actions will receive fewer points under this subfactor (i). Similarly, fewer points will be awarded to proposed projects at sites with exceptionally expensive contamination problems that may be beyond the scope of the BEDI and Section 108 programs' financial resources or other resources firmly committed to the project as described in the application, and sites subject to pending and current litigation that may not be available for remediation and development or redevelopment in a time-frame that will produce near-term and measurable economic benefits through the use of BEDI and Section 108 funds.

(ii) Site Control. This subfactor (ii) will consider the extent to which control of the proposed project site has been secured or is being sought.

(iii) Regulatory and Other Approvals. This subfactor (iii) will consider the extent to which any required zoning classifications, environmental regulatory approvals, waivers, general and special use permits, assessment district designations, public easements or rights-of-way have been secured or are being sought.

(iv) User Agreements. This subfactor (iv) will consider the extent to which any development agreements, leases, memoranda of understanding or other agreements integral to the success of the project have been secured or are being sought.

(b) Timing and Delivery of Project Benefits (Up to 7 points). The applicant's response should set forth the strategy and schedule for the delivery of the project's measurable economic benefits.

(i) Project Benefits. The response to this subfactor (i) should include a full description of the problem (*e.g.,* the extent of environmental contamination, the need for jobs, the shortage of affordable housing, etc.) and the measurable economic benefits that will accrue from the project (*e.g.* the number of permanent jobs, the amount of commercial or industrial space to be created, the number of housing units to be provided, etc.). The response to this subfactor (i) must also include the time frame in which the measurable economic benefits are to be delivered. For multi-phase projects, the response to this Factor must clearly delineate the different phases of the project and indicate whether or not they are to be funded by BEDI/Section 108 funds. Brownfields economic development projects that provide near-term, measurable economic benefits directly through the creation or retention of jobs will receive a greater number of points under this subfactor (i). BEDI projects that utilize innovative construction techniques, technologies or other strategies in order to achieve increased energy efficiency will also receive a greater number of points under this subfactor (i).

(ii) Project Schedule. The applicant should provide a specific time schedule (with both beginning and end dates) for carrying out the project and identify interim measurable benchmarks (acquisition, site improvements, construction, etc.) to be accomplished. The applicant should also include a proposed schedule for drawing down all funds necessary to complete the project, including BEDI and Section 108 funds.

A timeline form is provided in Appendix A to this program section of the NOFA for the purpose of illustrating the project schedule, but HUD will consider the timeline form only as an illustration of the narrative response to this subfactor (ii).

(3) Section 108 Application (Up to 2 points). BEDI applications accompanied by a full and complete Section 108 application will receive up to two (2) points for this subfactor (3). BEDI applications accompanied by a copy of

a currently pending but unapproved Section 108 loan guarantee application for the same project described in the BEDI application will also receive up to two (2) points under this subfactor (3).

(4) Financial Feasibility/Need (Up to 10 points). The applicant should demonstrate the extent to which the project is financially feasible based on its proposed use of BEDI and Section 108 funds. In responding to this subfactor (4), applicants are encouraged to accompany their narrative response, as appropriate, with a development and operating pro forma or similar analysis of the proposed project financing. Such pro forma or other financial analysis will not be counted in the fifteen page limitation on the narrative response to the Rating Factors as provided in Section V (D) of this program section. In the narrative response, applicants must clearly address the question of why the BEDI funds are critical to the success of this project by providing the following items, as applicable:

(a) Project Costs and Financial Requirements. A funding sources and uses statement should be provided that specifies the source of funds for each identified use or activity, along with the derivation of project costs;

(b) Use of BEDI and Section 108 Funds. The applicant should discuss the critical gaps that exist in the financing of the proposed project, why those gaps exist and how the BEDI and Section 108 funds will be used to fill those gaps; and

(c) Funding Criteria. The applicant should describe the criteria used for determining funding need and feasibility.

Rating Factor 4: Leveraging Resources (15 Points Maximum)

In evaluating this factor, HUD will consider the extent to which the response demonstrates the likelihood that the project will leverage both Section 108 loan and other public or private funds as part of the total project resources. This factor has two subfactors, each with its own maximum point total:

(1) *Leverage of Section 108 funds* (Up to 8 points).

The minimum ratio of Section 108 funds to BEDI funds in any project may not be less than 1:1. Points will be awarded based upon the extent to which the proposed project leverages an amount of Section 108 funds greater than a 1:1 ratio. If the application has a ratio of 1:1, it will not receive any points under this subfactor. The higher the ratio of additional new Section 108 funds to BEDI funds proposed in an application, the more points it will receive under this subfactor, within the points available hereunder. (See Section IV (G)(1) and (5) of this program section of the SuperNOFA regarding the conditioning of BEDI awards on achievement of a specific BEDI/Section 108 leveraging ratio.)

(2) *Leverage of Other Financial Resources* (Up to 7 points).

HUD will evaluate the extent to which other funds (public or private) are leveraged by BEDI grant funds, and the extent to which such other funds are firmly committed to the project. This could include the use of CDBG funds, other federal or state grants or loans, local general funds, project equity or commercial financing provided by private sources or funds from non-profits or other sources. Funds will be considered committed to the project if they meet the definition of ''Firm Commitment'' found in Section III(A)(1) above, and may be subject to completion of any environmental review required under 24 CFR part 58 for the project. In order for an applicant's commitment of CDBG funds to be accepted by HUD as additional financing for a project, a resolution from the local governing body (*e.g.,* city/borough council) authorizing the amount and permitted use(s) of the funds must be provided. Additionally, with respect to all commitments, in order for a commitment to receive points under this Factor—such as a commitment to donate or purchase real property or to provide in-kind services—the party making the commitment must assign a monetary value to the commitment and provide the basis for that value.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points Maximum)

This factor emphasizes HUD's commitment to ensuring that applicants maintain commitments made in their application and assess their performance to ensure that performance goals are met. The applicant's response to this Factor should identify: (1) Project outcomes for the proposed BEDI project; (2) interim benchmarks of the project; and (3) performance indicators that will allow the applicant to measure its performance in achieving the identified interim benchmarks and the project outcomes. Achieving results means that the applicant has clearly identified the outcomes of the brownfields economic development project, *i.e.,* the measurable economic benefits to be achieved. The applicant must also identify the interim benchmarks that will lead to the achievement of the project outcomes. The performance indicators selected by the applicant to measure performance should be objectively quantifiable and measure actual achievements against anticipated achievements. The response to this Factor should identify what will be measured, how it will be measured, and the procedures that are in place to make adjustments if performance targets for the interim benchmarks or the project outcomes are not met within established timeframes. BEDI grant agreements will provide for a periodic report by the grantee on the progress of the grantee in achieving the interim benchmarks and project outcomes of the BEDI project, until such time as the project outcomes are achieved.

In response to this Factor, applicants are encouraged to address any of the following applicable outcomes or ultimate goals identified by HUD for BEDI projects: The number of jobs to be created or retained; the amount of increased wages resulting from the creation or retention of jobs; the number of housing units to be constructed or rehabilitated; the total square feet of commercial and industrial space to be created; the total number of low- and moderate-income persons to benefit from the project; the total number of businesses assisted by the project; the number of acres of brownfields returned to productive economic use; and any increased land value as a result of the BEDI project. Applicants may also propose alternative or additional outcomes or goals related to other benefits expected for the neighborhood or for persons assisted, as part of the evaluation plan. A logic model is provided in the General Section of the SuperNOFA for the purpose of illustrating the evaluation plan, but HUD will consider the logic model only as an illustration of the narrative response to this Factor.

Bonus Points

An application may receive up to four (4) bonus points, until the maximum of four points are achieved. Two bonus points may be awarded for each of the following:

(a) Projects that are located either in federally-designated Empowerment Zones, Enterprise or Renewal Communities, or Strategic Planning Communities (See Section VI (C)(2) of the General Section of the SuperNOFA) for advice on locating a list of designated communities);

(b) Projects that are located in Brownfields Showcase Communities designated by EPA. A list of the federally designated Brownfield Showcase Communities is listed in Appendix B of this program section of the SuperNOFA and is also available from the SuperNOFA Information

Center or through the HUD Web site, *http://www.hud.gov.*

VI. Application Submission Requirements

(A) *BEDI Funding.* An application for a BEDI grant under this program section of the SuperNOFA must have the following items listed in this Section VI to be complete. The standard forms, certifications and assurances that are required for the BEDI application (and listed in paragraph (I) below) can be found in Appendix B to the General Section. The remaining application items that are forms (*i.e.,* excluding such items as narratives or letters, etc.), referred to as the ''non-standard forms'', can be found in Appendix A to this program section of the SuperNOFA.

(B) *Transmittal Letter* signed by the authorized representative of the eligible applicant indicating that it is submitting the application for funding under the Brownfields Economic Development Initiative Program and is requesting funding consideration for a BEDI project.

(C) *Checklist and Submission Table of Contents* indicating the page numbers where the submission items can be found in the application (form HUD–40076–A EDI/BEDI).

(D) *BEDI Narrative Statement* (not to exceed 3 pages) describing BEDI-funded eligible activities within the proposed project and indicating that funding will not be used for a prohibited purpose and that the proposed site for the project is not ineligible under the BEDI program. (See Section V (B) of this program section.)

(E) *EDI/BEDI/Section 108 Funding Eligibility Statement.* A completed EDI/BEDI Section 108 Funding Eligibility Statement (form HUD–40076–E EDI/BEDI).

(F) *Request for Loan Guarantee Assistance.* A request for loan guarantee assistance under Section 108, as further described in Section IV (D) of this program section of the SuperNOFA. Full application guidelines for the Section 108 program are found at 24 CFR 570.704.

(G) *Narrative Responses to Factors for Award (not to exceed 15 pages overall):*

(1) Rating Factor 1: Capacity and Relevant Organizational Experience. Provide a narrative indicating the capacity of the applicant's organization and staff and any third parties to perform the work for which it is requesting funding.

(2) Rating Factor 2: Need Statement Identifying the level of Distress/Extent of the Problem. Provide a narrative statement including any documentation supporting the statement of need, accompanied by a completed form HUD–40076–B EDI/BEDI.

(3) Rating Factor 3: Soundness of Approach. Include the activities, budget and time frame for conducting activities and providing project benefits in the narrative response, accompanied by form HUD 40076–C EDI/BEDI.

(4) Rating Factor 4: Leveraging Resources. The response must include a completed copy of form HUD–40076–D EDI/BEDI, ''Rating Factor 4: Leveraging Resources—Sources and Uses Statement,'' accompanied by any letters of firm commitment as defined in Section III (A)(1) of this program section.

(5) Rating Factor 5: Achieving Results and Program Evaluation: Provide a narrative response to this factor, accompanied by the logic model provided in the General Section of the SuperNOFA.

(H) *Request for Funds.* A single application must contain a request for funds for a single BEDI/108 project. An applicant may submit an additional application for each additional unrelated BEDI/108 project, but in no event will HUD rate and rank more than one BEDI project per application.

(I) *Additional Application Forms and Certifications.* In addition to any forms that have been submitted in response to Section VI (A) through (H) above (which may be found at Appendix A), the following forms and certifications must also be submitted in accordance with Section V (H) of the General Section of this SuperNOFA:

(1) Application for Federal Assistance (HUD–424);

(2) Federal Assistance Funding Matrix (HUD 424–M);

(3) Standard Form for Assurances—Non-Construction Programs (HUD 424–B) and/or Standard Form for Assurances—Construction Programs (SF 424–D): not required for BEDI applications since the ''Leveraging Resources—Sources and Uses Statement'' serves the same purpose as a budget form, but must be submitted with the Section 108 application. Since these forms contain assurances of compliance with civil rights and other regulatory requirements, BEDI applicants may elect to provide the signed assurances either with the BEDI or the Section 108 application, if the latter is submitted with the BEDI application.

(4) Applicant/Recipient Disclosure/Update Report, HUD–2880;

(5) Certification of Consistency With EZ/EC Strategic Plan, HUD–2990.

These forms are found in the Appendix B to the General Section of this SuperNOFA.

The non-standard forms for the BEDI applications are in Appendix A to this program section.

If an applicant wishes to receive an acknowledgment of HUD's receipt of its application, it should submit a completed Acknowledgment of Receipt of Application form.

VII. Corrections to Deficient Applications

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

VIII. Environmental Requirements

(A) *Environmental Reviews.* After the completion of this competition and after HUD's award of BEDI grant funds, pursuant to 24 CFR 570.604, each project or activity assisted under this program is subject to the provisions of 24 CFR part 58, including limitations on the BEDI grantee and Section 108 public entity's commitment of HUD and non-HUD funds prior to the completion of environmental review, notification and release of funds. No such assistance will be released by HUD until a request for release of funds is submitted and the requirements of 24 CFR part 58 have been met. All public entities, including non-entitlement public entities, shall submit the request for release of funds and related certification, required pursuant to 24 CFR part 58, to the appropriate HUD field office for each project to be assisted.

(B) *Environmental Justice.* (1) Executive Order 12898 (Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations) directs federal agencies to develop strategies to address environmental justice. Environmental justice seeks to rectify the disproportionately high burden of environmental pollution that is often borne by low-income, minority, and other disadvantaged communities, and to ensure community involvement in policies and programs addressing this issue.

(2) Brownfields are often located in distressed neighborhoods, contribute to neighborhood blight, and lower the quality of social, economic, and environmental health of communities. The BEDI program is intended to promote the clean up and redevelopment of brownfields sites and HUD expects that projects presented for BEDI funding will integrate environmental justice concerns and provide measurable economic benefits for affected communities and their current residents for the long term.

IX. Authority

Section 108(q), Title I, Housing and Community Development Act of 1974, as amended, (42 U.S.C. 5301); 24 CFR part 570.

Appendices. Appendix A, the non-standard forms for the BEDI application, and Appendix B, a listing of federally designated Brownfields Showcase Communities, follow.

Appendix A

OMB Approval No. 2506-0153 (exp.8/31/2004)

CHECKLIST AND SUBMISSION TABLE OF CONTENTS

The following checklist helps you to ensure that all of the required items have been submitted in order to receive consideration for funding. The applicant should assemble the application package in the order shown below, check off each item included in its submission package and note the corresponding page number where the response is located.

Check Off		Page Number
☐	Application for Federal Assistance (HUD-424)	cover page 1
☐	Transmittal Letter	cover page 2
☐	Checklist and Submission Table of Contents	p. 1
☐	Applicant Narrative Statement (3 pages)	p. ____
☐	EDI/BEDI/108/CDBG Funding Eligibility Statement form (2 pages)	p. ____
☐	**Request for Loan Guarantee Assistance** (check off one of the four options)	p. ____
	☐ Formal application	
	☐ Brief description; formal application to be submitted in 60 days	
	☐ Copy of previously submitted, but not yet approved, Section 108 application.	
	☐ Request for Section 108 loan guarantee amendment to increase previously approved amount	
	Response to Rating Factors	
☐	#1 Capacity of the Applicant and Relevant Organizational Experience	p. ____
☐	#2 Distress/Extent of the Problem	p. ____
	☐ Distress/Extent of the Problem form (optional)	p. ____
☐	#3 Soundness of Approach	p. ____
	☐ Project Timeline form	p. ____
☐	#4 Leveraging Resources/Financial Need	p. ____
	☐ Sources and Uses Statement form	p. ____
☐	#5 Results and Program Evaluation	p. ____
	Application Forms and Certifications	
☐	Section 108 Certifications	p. ____
☐	Applicant Assurances and Certifications (HUD-424B)	p. ____
☐	Certification and Disclosure Form Regarding Lobbying (SF-LLL)	p. ____
☐	Applicant/Recipient Disclosure Update Report (HUD-2880)	p. ____
☐	Certification Regarding Debarment & Suspension (HUD-2992)	p. ____
☐	Certification of Consistency with EZ/EC Strategic Plan (HUD-2990)	p. ____
☐	Certification of Consistency with the Consolidated Plan (HUD-2991)	
	Appendices	
☐	Written Agreements or Signed Letters of Understanding - Rating Factor 1	p. ____
☐	Third Party Funding Commitment Letters - Rating Factor 4, subfactor 3	p. ____
☐	Acknowledgment Application Receipt	last page

form HUD-40076-A EDI/BEDI (exp.8/2004)
Previous editions obsolete

OMB Approval No.2506-0153(exp.8/31/2004)

RATING FACTOR 2: DISTRESS/EXTENT OF PROBLEM
(optional form)

Applicant: _____

Project Name/Title: _____

Instructions: The applicant is required to provide information related to the poverty rate for the Target Neighborhood (the area in which EDI/BEDI assistance will be used) and the larger jurisdiction. In addition, the applicant may include optional indicators such as the unemployment rate, median income of persons living in the area, or other indicators of the applicant's choosing. A data source and date are required for each indicator. Use of data from the applicant's Consolidated Plan and/or its Analysis of Impediments to Fair Housing Choice (AI) is encouraged.

	Required Indicator	Target Neighborhood	Jurisdiction	Data Source & Date
1	Poverty Rate			

	Optional Indicators	Target Neighborhood	Jurisdiction	Data Source & Date
2	Unemployment			
3	Median Income			
4				
5				
6				
7				
8				

Definitions: Describe how the areas are defined (i.e., city boundaries, census tracts, zip codes, etc.)

Neighborhood: _____

_____

Jurisdiction: _____

_____

form HUD-40076-B EDI/BEDI(exp.8/2004)
Previous editions obsolete

OMB Approval No. 2506-0153 (exp.8/31/2004)

RATING FACTOR 3: SOUNDNESS OF APPROACH
PROJECT TIMELINE

Applicant: _____

Project Name/Title: _____

Instructions: Identify and list each major task/activity associated with the project. Darken appropriate boxes for quarter(s) when task/activity will occur. Fill in the amount of EDI/BEDI/108 funds associated with each task/activity in column labeled EDI/BEDI/108 Funds for Task." Fill in the amount of other sources of funding associated with each task in the column labeled "Other Funds." If the project extends beyond the timeframe indicated on the form, please attach justification/description of project term. Use as many as you need to show beginning -- end timeframes for all phases.

		Year 1				Year 2				Year 3				EDI/BEDI/ 108 Funds for Task	Other Funds for Task
	Tasks/Activities	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q		
	EXAMPLE: Construction													$1,500,000	$2,500,000
1															
2															
3															
4															
5															
7															
8															
9															
10															
11															
12															
	TOTAL														

form HUD-40074-C EDI/BEDI (exp.8/2004)
Previous editions obsolete

OMB Approval No. 2506-0153 (exp.8/31/2004)

RATING FACTOR 4: LEVERAGING RESOURCES/FINANCIAL NEED SOURCES & USES STATEMENT

Applicant: _____

Project Name/Title: _____

Sources	Amount	Uses	Amount
Federal		Acquisition of Real Property	
EDI or BEDI (circle one)		Construction/Rehab	
Section 108		(excl. infrastructure & remediation)	
CDBG		Infrastructure	
		Remediation	
		M&E	
		Working Capital	
State/Local		Creation of Loan Fund for	
		ED Activities	
		Project Delivery Costs	
		Contingency	
		Loan Loss Reserve	
		Land Writedown	
		Interest Rate Writedown	
Private (include debt financing)		Credit Enhancements	
Equity			
TOTAL:		TOTAL:	

Instructions: Fill in the dollar amounts corresponding to each project source in the **Amount** column on the left half of the table. Sources of funding not listed should be added under the relevant category (Federal, State/Local, Private). For each of the project uses (on the right half of the table), fill in the dollar amount to be spent in the Amount column. Add additional uses in the blank lines at the bottom of the Uses column.

form HUD-40076-D EDI/BEDI(exp.8/2004)
Previous editions obsolete

OMB Approval No. 2506-0153 (exp.8/31/2004)

EDI/BEDI/SECTION 108/CDBG FUNDING ELIGIBILITY STATEMENT
Page 1 of 2

Applicant: _____

Project Name/Title: _____

Instructions: The applicant should first enter the total project cost (line 16). Then, working backwards, the applicant should enter the total costs paid with CDBG (line 14) and non CDBG-related funds (line 15). These two amounts should equal the total listed in line 16. Next, the applicant should enter dollar amounts on lines 1-13 in order to demonstrate among which eligible activities the EDI/BEDI, Section 108 or CDBG funds are to be allocated.

Eligible Activities 1/	EDI or BEDI	Section 108	CDBG 2/	Total
1 **Acquisition of Real Property** 24 CFR 570.703(a)				
2 **Rehabilitation of Publicly Owned Real Property** 24 CFR 570.703(b)				
3 **Payment of Interest** 24 CFR 570.703(c)				
4 **Relocation Payments** 24 CFR 570.703(d)				
5 **Clearance, Demolition, Removal** 24 CFR 570.703(e)				
6 **Site Preparation** 24 CFR 570.703(f)				
7 **Payment of Issuance Fees** 24 CFR 570.703(g)				
8 **Housing Rehabilitation** 24 CFR 570.703(h)				
* 9 **Economic Development Activities** 24 CFR 570.703(i) (and 570.203/.204)				
10 **Construction of Housing** 24 CFR 570.703(j)				
11 **Debt Service Reserve** 24 CFR 570.703(k)				
12 **Public Facilities** 24 CFR 570.703(l)				
13 **Public Facilities - Colonias** 24 CFR 570.703(m)				
14 **Subtotal**				
15 **Costs Paid with Non CDBG-Related Funds**				
16 **Total Project Costs** 3/				

1/ The eligible Section 108 activities are defined in detail at 24 CFR 570.703.
2/ CDBG grants and program income other than EDI, BEDI or Section 108.
3/ This figure should match the total provided on the Sources & Uses statement.

form HUD-40076-E EDI/BEDI(exp.8/2004)
Previous editions obsolete

OMB Approval No. 2506-0153 (exp.8/31/2004)

EDI/BEDI/SECTION 108/CDBG FUNDING ELIGIBILITY STATEMENT
Page 2 of 2

Applicant: _____

Project Name/Title: _____

National Objective 1/			
Single Project (check one only)		**Loan Fund** (check all that apply)	
☐ Low-Mod Area Benefit	24 CFR 570.208(a)(1)	☐ Low-Mod Area Benefit	24 CFR 570.208(a)(1)
☐ Low-Mod Limited Clientele	24 CFR 570.208(a)(2)	☐ Low-Mod Limited Clientele	24 CFR 570.208(a)(2)
☐ Low-Mod Area Housing	24 CFR 570.208(a)(3)	☐ Low-Mod Area Housing	24 CFR 570.208(a)(3)
☐ Low-Mod Job Creation/Retention	24 CFR 570.208(a)(4)	☐ Low-Mod Job Creation/Retention	24 CFR 570.208(a)(4)
☐ Slum/Blight Area Basis	24 CFR 570.208(b)(1)	☐ Slum/Blight Area Basis	24 CFR 570.208(b)(1)
☐ Slum/Blight Spot Basis	24 CFR 570.208(b)(2)	☐ Slum/Blight Spot Basis	24 CFR 570.208(b)(2)
☐ Slum/Blight Urban Renewal	24 CFR 570.208(b)(3)	☐ Slum/Blight Urban Renewal	24 CFR 570.208(b)(3)
☐ Urgent Need/Imminent Threat	24 CFR 570.208(c)	☐ Urgent Need/Imminent Threat	24 CFR 570.208(c)

Public Benefit

PLEASE NOTE: This section is applicable only to projects which plan to spend funds on eligible economic development activities as defined by 24 CFR 570.703(i).

A. If this project will meet the public benefit standard based upon the number of jobs to be created [see 570.209(b)(3)(i)(A)], enter the total number of jobs:

☐

B. If this project will meet the public benefit standard based upon the number of low- and moderate-income persons served in the project area [see 570.209(b)(3)(i)(B)], enter the number of low- and moderate-income persons living in the project area:

☐

1/ The CDBG national objectives are defined in detail at 24 CFR 570.208.

form HUD-40076-E EDI/BEDI(exp.8/2004)
Previous editions obsolete

SECTION 108 LOAN GUARANTEE
State Certifications Related to Nonentitlement Public Entities

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

Pursuant to 24 CFR §570.704(b)(9), the SECTION 108 LOAN GUARANTEE

State Certifications Related to Nonentitlement Public Entities

State of _____, with regard to the Section 108 Loan guarantee application submitted by the _____ (Nonentitlement Public Entity), certifies that:

(i) It agrees to make the pledge of grants required under 24 CFR §570.705(b)(2).

(ii) It possesses the legal authority to make such pledge.

(iii) At least 70 percent of the aggregate use of the CDBG grant funds received by the State, guaranteed loan funds, and program income during the one, two, or three consecutive years specified by the State for its CDBG program will be for activities that benefit low and moderate income persons.

(iv) It agrees to assume the responsibilities described in 24 CFR §570.710.

_____
Signature

_____
Name

_____
Title

_____
Date (mm/dd/yyyy)

form **HUD-40122** (05/2002)

Appendix B

Federally Designated Brownfields Showcase Communities

The following lists Federally Designated Brownfield Showcase Communities:

(1) Baltimore, Maryland
(2) Cape Charles/Northhampton County, Virginia
(3) Chicago, Illinois
(4) Dallas, Texas
(5) Denver, Colorado
(6) Des Moines, Iowa
(7) East Palo Alto, California
(8) Eastward Ho (Consortium), Florida
(8) Gila River Indian Community, Arizona
(9) Glen Cove, New York
(10) Houston, Texas
(11) Jackson, Mississippi
(12) Kansas City, Kansas/Missouri
(13) Los Angeles, California
(14) Lowell, Massachusetts
(15) Metlakatla Indian Community, Alaska
(16) Milwaukee, Wisconsin
(17) Mystic Valley Development Commission, Massachusetts (Cities of Everett, Malden and Medford)
(18) New Bedford, Massachusetts
(19) Niagara Region, New York (Cities of Buffalo, Niagara Falls, Counties of Niagara and Erie)
(20) Portland, Oregon
(21) State of Rhode Island
(22) St. Louis, Missouri/East St. Louis, Illinois
(23) St. Paul, Minnesota
(24) Salt Lake City, Utah
(25) Seattle/King County, Washington
(26) Stamford, Connecticut
(27) Trenton, New Jersey

BILLING CODE 4210–32–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

SELF-HELP HOMEOWNERSHIP OPPORTUNITY PROGRAM (SHOP)

Billing Code 4210-32-C

Funding Availability for Self-Help Homeownership Opportunity Program (Shop)

Program Overview

Purpose of the Program. To facilitate and encourage innovative homeownership opportunities through self-help housing where the homebuyer contributes a significant amount of sweat-equity toward the construction of the new dwelling.

Available Funds. $25,085,875 in Fiscal Year 2003 funds.

Eligible Applicants. You must be a national or regional nonprofit organization or consortium.

Application Deadline. July 3, 2003.

Match. None.

Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following additional information:

I. Application Due Date, Standard Forms, Further Information, and Technical Assistance

Application Due Date. Applications for SHOP grants are due on or before July 3, 2003.

Application Submission Procedures. Applicants must follow the specific Mailing and Receipt Procedures and Proof of Timely Submission located in the General Section of this SuperNOFA.

Address for Submitting Applications. Submit one original and two copies of the application to Department of Housing and Urban Development, Office of Community Planning and Development, Processing and Control Unit, 451 Seventh Street, SW, Room 7251, Washington, DC 20410, ATTN: Self-Help Homeownership Opportunity Program (SHOP).

For Application Forms. Only national and regional nonprofit organizations and consortia are eligible to apply for SHOP funding under this NOFA. This notice contains all the information necessary for submission of your application. Consequently, there is no separate application kit. Copies of the standard forms are located in the General Section of this SuperNOFA or you may request copies by calling HUD's SuperNOFA Information Center at: 1–800–HUD–8929. If you have a hearing or speech impairment, please call the Center's TTY number at 1–800–HUD–2209. When requesting standard forms, you should refer to SHOP and provide your name and address (including zip code) and telephone number (including area code). See Section VI for application submission requirements. You may also access the application requirements on the Internet through HUD's Web site at *http://www.hud.gov/grants.*

Further Information and Technical Assistance. You may contact Ms. Lou Thompson, Office of Affordable Housing Programs, Department of Housing and Urban Development, Room 7164, 451 Seventh Street, SW., Washington, DC 20410; telephone (202) 708–2684, ext. 4594 (this is not a toll-free number). This number can be accessed via TTY by calling the Federal Information Relay Service Operator at 1–800–877–8339.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you should consult the HUD Web site at *http://www.hud.gov/grants.*

II. Amount Allocated

The amount available for this program is $25,085,875.00 in Fiscal Year 2003 Funds. Any unobligated funds from previous competitions or additional funds that may become available, as a result of deobligation or recaptures from previous awards or budget transfers, may be used in addition to the Fiscal Year 2003 appropriation to fund applications submitted in response to this NOFA.

III. Program Description; Eligible Applicants; Eligible Activities

(A) *Program Description.* SHOP funding is intended to facilitate and encourage innovative homeownership opportunities on a national geographically-diverse basis through self-help housing where the homebuyer contributes a significant amount of sweat-equity toward the construction or rehabilitation of the dwelling.

Decent, safe, and sanitary non-luxury dwellings developed under SHOP must be made available to eligible homebuyers at prices below the prevailing market prices. Eligible homebuyers are low-income individuals and families (*i.e.*, those whose annual incomes do not exceed 80 percent of the median income for the area, as established by HUD) who are unable to purchase a dwelling. Housing assisted under this Notice must involve community participation in the form of labor contributed by homebuyers and, if the program permits them, volunteers in the construction of dwellings and by other activities that involve the community in the project.

(B) *Eligible Applicants.* You must be a national or regional nonprofit public or private organization or consortium that has the capacity and experience to provide or facilitate self-help housing homeownership opportunities. Your organization or consortium must undertake eligible SHOP activities directly and/or provide assistance to your local affiliates. Your organization or consortium must undertake eligible SHOP activities directly and/or provide assistance to your local affiliates.

''Regional'' is defined for the purpose of this program to be an area such as the Southwest or Northeast that must include at least two states. The states in the region need not be contiguous and the operational boundaries of the organization need not precisely conform to state boundaries.

''Consortium'' for the purposes of SHOP is defined as two or more nonprofit organizations that individually have the capacity and experience to provide or facilitate self-help housing and come together to submit a single application for SHOP funding on a national or regional basis. If you are a consortium, an agreement must be executed by all consortium members forming the consortium for the purpose of applying for and using FY 2003 SHOP funds before the application is submitted to HUD. The consortium agreement must be submitted as part of your application. All consortium members must be identified in your application. Your application must be submitted as one integrated document that demonstrates the consortium's comprehensive approach to self-help housing. However, the application must describe the program design of each consortium member if they are different from one another. One organization must be chosen as the lead entity. The lead entity must submit the application and, if selected for funding, will execute the grant agreement with HUD and assume responsibility for carrying out grant activities in compliance with all program requirements. If funded, the lead entity must enter into a separate agreement with each consortium member that incorporates the requirements of the Grant Agreement between HUD and the consortium and outlines the individual consortium member's responsibilities for compliance with SHOP.

''Affiliate'' is defined for the purpose of this program to be:

(i) A local self-help housing organization which is a subordinate organization (*i.e.*, chapter, local, post, or unit) of a central organization and which is covered by the group exemption letter issued to the central organization under section 501(c)(3) of the Internal Revenue Code;

(ii) A local self-help housing organization with which the applicant has an existing relationship, *e.g.*, the applicant has provided technical assistance or funding to the local self-help housing organization; or

(iii) A local self-help housing organization with which the applicant does not have an existing relationship, but to which the applicant will provide necessary technical assistance and mentoring as part of funding under the application.

Your application may not propose to fund any affiliate or consortium member that is also included in another SHOP application. You must ensure that any affiliate or consortium member under your FY 2003 application is not also seeking funding from another SHOP applicant for FY 2003 funds. If they apply under more than one national or regional organization or consortium, they may be disqualified for any funding.

(C) *Eligible Activities.* The only eligible activities are:

(1) Land acquisition (including financing and closing costs), which may include reimbursing an organization, consortium, or affiliate, upon approval of any required environmental review, for non-grant amounts of the organization, consortium, or affiliate advanced to acquire land before completion of the review;

(2) Infrastructure improvements (installing, extending, constructing, rehabilitating, or otherwise improving utilities and other infrastructure, including removal of environmental hazards); and

(3) Administration, planning and management development shall not exceed 20 percent of any SHOP grant. Administrative costs are the costs of general management, oversight and coordination of the SHOP grant; staff and overhead costs of the SHOP grant; costs of providing information to the public about the SHOP grant; cost of affirmatively furthering fair housing; and indirect costs (such as rent and utilities) of the grantee or affiliate in carrying out the SHOP activities. Indirect costs may only be charged to the SHOP grant under a cost allocation plan prepared in accordance with OMB Circular A–122. Funds may be used for both single-family and multifamily dwellings.

(D) *Ineligible Costs:* Costs associated with the rehabilitation, improvement, or construction of dwellings are not eligible uses of program funds.

IV. Program Requirements

In addition to the statutory, regulatory, threshold and public policy requirements listed in Section V of the General Section of this SuperNOFA, each applicant must meet and comply with the following SHOP statutory, threshold, and other program requirements:

(A) Threshold Requirements

(1) You, the applicant, must be eligible to apply under SHOP (see Section III(B) of this program section of the SuperNOFA).

(2) The amount of funding you request must support no less than 30 self-help units and may not exceed an average investment of $10,000 per unit in SHOP funding.

(3) The population you plan to serve must be eligible under SHOP. Eligible homebuyers are low-income individuals and families (*i.e.*, those whose incomes do not exceed 80 percent of the median income for the area, as established by HUD).

(4) You must demonstrate that you have successfully completed at least 30 self-help homeownership units within a national or regional area in which the homebuyers contributed a significant amount of sweat-equity, and, if your program permitted it, volunteer labor was used toward the construction of the dwellings within the 24-month period immediately preceding the publication of this SuperNOFA.

(5) Your program must require homebuyers to contribute a minimum of 200 hours of sweat equity on the construction of their own homes. This excludes the contribution of volunteer labor, except for assistance for homebuyers with disabilities.

Submission Threshold Requirements

(1) Evidence of your public or private non-profit status, such as a copy of a current Internal Revenue Service ruling that your organization is exempt from taxation under section 501(c)(3) or 501(c)(4) of the Internal Revenue Code of 1986. Where an IRS ruling is unavailable, you may submit a certified copy of your approved charter, articles of incorporation or bylaws demonstrating that you are established as a nonprofit organization under state law. If you are a consortium, each participant in your consortium must be a nonprofit organization. Each consortium member must submit evidence of its nonprofit status to the lead entity for inclusion in the consortium's application package.

Threshold requirements (2) through (5) require no separate submissions. In order for the application to be rated and ranked, these requirements must be addressed under the submission requirements for the rating factors listed in Section V(D) of this program section of this SHOP NOFA below.

(B) *Statutory and Program Requirements.* This program does not have regulations. You must comply with all statutory requirements applicable to the SHOP program as cited in Section X, Authority, of this SHOP program section and program requirements cited in this program section of the SuperNOFA. Pursuant to these requirements, you must:

(1) Develop, through significant amounts of sweat-equity by each homebuyer and any additional volunteer labor, at least 30 dwelling units at an average cost of no more than $10,000 per unit in SHOP funds for land acquisition and infrastructure improvements;

(2) Use your grant to leverage other sources of funding, including private or other public funds, to complete construction of the housing units;

(3) Develop quality dwellings that comply with local building and safety codes and standards, that will be made available to homebuyers at prices below the prevailing market price;

(4) Schedule activities to expend all grant funds awarded and substantially fulfill your obligations under your grant agreement, including timely development of the appropriate number of dwelling units. Grant funds must be expended within 24 months of the date that grant funds are first made available for drawdown under a line of credit established by HUD for the Grantee, except that grant funds provided to affiliates that develop five or more units must be expended within 36 months; and

(5) Not require a homebuyer to make an up-front financial contribution to a unit other than cash contributed for down payment or closing costs at the time of acquisition.

V. Application Selection Process

(A) *Rating.* HUD will review all applications in accordance with the Application Selection Process in Section VI of the General Section of this SuperNOFA and in this SHOP program section of the SuperNOFA. HUD will review all applications based on the threshold factors listed in Section IV of this program section. Applications that meet all threshold requirements will be rated according to the selection factors in this program section of the SuperNOFA. Applications that do not meet all threshold factors will be rejected and not rated.

(B) *Ranking and Selection Procedures.* Applications that receive a total rating of 75 points or more (without the addition of Empowerment Zones/

Enterprise Communities/Urban Enhanced Enterprise Communities/ Strategic Planning Communities, or Renewal Communities [RC/EZ/ECs] bonus points) will be eligible for selection, and HUD will place them in rank order. After adding any bonus points for RC/EZ/ECs, HUD will consider rank order, funds availability, and past performance in the selection and funding of applications. HUD reserves the right to:

(1) Fund less than the amount requested by any applicant based on the application's rank, the applicant's past performance, and the amount of funds requested relative to the total amount of available funds; and

(2) Fund less than the full amount requested by any applicant to ensure a fair distribution of the funds and the development of housing on a national, geographically-diverse basis as required by the statute; and/or

(3) Not award funds to an applicant with significant performance problems.

HUD will not fund any portion of an application that is ineligible for funding under program statutory requirements, or which does not meet the requirements of the General Section of this SuperNOFA or the requirements in this SHOP section of the SuperNOFA. The minimum grant award shall be the amount necessary to complete at least 30 units at an average investment of not more than $10,000 per unit or a lesser amount if lower costs are reflected in the application. If any funds remain after all selections have been made, these funds may be available for other competitions.

(C) *Applicant Debriefing.* In accordance with the requirements of Section XI(A)(4) of the General Section of this SuperNOFA, applicants requesting to be debriefed must send a written request to Ms. Lou Thompson, Office of Affordable Housing Programs, Department of Housing and Urban Development, Room 7164, 451 Seventh Street, SW, Washington, DC 20410.

(D) *Factors for Award Used to Evaluate Applications.* HUD will rate all SHOP applications that successfully complete technical processing using the Rating Factors and the Application Submission Requirements described below. The maximum number of points for this program is 102. This includes two RC/EZ/EC bonus points, as described in Section III(C)(1) of the General Section of the SuperNOFA. In evaluating applications for funding, HUD will take into account an applicant's past performance in managing funds, including accounting for funds appropriately, the timely use of funds received from HUD, meeting performance targets for completion of activities, and the number of persons served.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (20 Points)

This factor examines the extent to which you, as a single applicant or as a consortium (including individual consortium members), have the experience and organizational resources necessary to carry out the proposed activities in a timely manner.

In evaluating this factor, HUD will consider your recent and relevant experience in carrying out the activities you propose, and your administrative and fiscal management capability to administer the grant, including the ability to account for funds appropriately. All applicants, including individual consortium members, must have capacity and experience in administering or facilitating self-help housing. If you are sponsoring affiliate organizations that do not have a history of developing self-help housing, HUD will assess your organization's experience in providing technical assistance and the ability to mentor new affiliates. HUD will assess your organization's past performance based upon performance reports submitted for completion of eligible activities and the number of households/families provided housing, financial status information focusing on expediency of draws and use of funds, monitoring reports, audit reports and other information available to HUD in making its determination under this factor. If you are not a current recipient of HUD funds, you should submit any existing internal or external performance reports or other information that will assist HUD in making this determination.

Submission Requirements for Rating Factor 1

(1) (7 points) You must describe your past experience in carrying out self-help housing activities (specify the time frame when these activities occurred) that are the same as, or similar to, the activities you propose for funding, and demonstrate reasonable success in carrying out and completing those activities. You must include the average number of sweat equity hours provided per family, and volunteer labor, if your program permitted it. You may demonstrate reasonable success by showing that your previous activities were carried out as proposed consistent with the time frame you proposed for completion of all work. You must show that established benchmarks for acquiring properties and completing housing construction were met and performance reports were submitted, as required. You must also describe any obstacles and/or delays that were encountered, and the actions taken to overcome them to successfully complete your program.

(2) (7 points) You must provide a description of your organization's or consortium's management structure. You must also describe the key staff and their roles and responsibilities for day-to-day management of your proposed SHOP program and activities within the organization or consortium if funds are awarded. If you elect to work with affiliates that do not have capacity and experience, you must state how you will provide technical assistance and mentor these organizations to develop capacity either directly or indirectly.

(3) (4 points) You must demonstrate your organization's ability to handle financial resources with adequate financial control and accounting procedures. You must describe your financial control procedures for SHOP and how they meet 24 CFR 84.21, ''Standards for Financial Management Systems.'' You are requested to submit a copy of your most recent audit if one is required to be performed for your organization. Only an audit of the lead entity would need to be provided with an application for a consortium.

(4) (2 points) You must demonstrate your experience and ability in constructing and altering homes by describing the kinds of features that you have used to design homes in accordance with universal design or otherwise make homes accessible to the elderly or persons with disabilities. You must provide data on the number of units and the timeframe in which units were constructed and/or altered.

Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor examines the extent to which you identify the housing need, or problems in the areas that your proposed activities will target, and the urgency of meeting that need.

The purpose of this factor is to make sure that funding is provided where a need for funding exists. Under this factor, you must identify the need or needs in the community that your proposed SHOP activities are designed to address or, if you plan to select specific affiliates only after you receive SHOP funding, you must demonstrate how you plan to identify need prior to your selection of affiliates.

Submission Requirements for Rating Factor 2

Extent of Need

(1) (7 points) Identify the extent of need for SHOP funds in all communities or areas in which your proposed activities will be carried out or describe the specific criteria you will use to select communities or projects based on need after you have received an award under SHOP. National and regional organizations and consortia that select affiliates after grant award must submit a listing of affiliates surveyed on which they are projecting their need for SHOP funding.

Quality of Documentation

(2) The kind of information you submit to demonstrate the need or needs in the target areas may include, but is not limited to, the following:

(a) (6 points) Quality of data demonstrating:

(i) Housing market data such as information included in the local Five-Year Consolidated Plan or other data sources, such as local tax assessor databases or relevant realtor information.

(ii) Data dealing with such factors as housing density, housing affordability, housing age or deterioration, homeownership rate (especially minority) and lack of adequate infrastructure or utilities.

(b) (2 points) Quality of data demonstrating:

(i) Need for accessible homes in the area.

(ii) Evidence of housing discrimination.

(iii) Evidence from the local Analysis of Impediments to Fair Housing Choice that shows the need for this program.

Applicants will receive higher scores both for the level of need documented and for the quality of documentation.

Rating Factor 3: Soundness of Approach (40 points)

This factor examines the quality of your plan of proposed activities. In evaluating this factor HUD will consider:

(1) Your specific use of SHOP funds, the number of units and the type(s) of housing to be constructed, the use of sweat equity/volunteer labor; your established timeline for performance; your schedule for expending funds and completing construction; the proposed budget and cost effectiveness of your program; and your plans to reach all potentially-eligible homebuyers, including those with disabilities or least likely to apply.

(2) How your planned activities further the Department's FY 2003 policy priorities noted in Section II of the General Section. You will receive one rating point for each priority your program will address and associated with performance measures. For FY 2003, HUD's policy priorities that apply to the SHOP program are:

(a) Providing increased homeownership and rental opportunities for low- and moderate-income persons, persons with disabilities, the elderly, minorities, and families with limited English proficiency.

(b) Improving our Nation's communities.

(c) Encouraging accessible design features: visitability in new construction and substantial rehabilitation and universal design.

(d) Providing full and equal access to grass-roots faith-based and other community-based organizations in HUD program implementation.

(e) Improving housing conditions for families living in the Colonias and migrant farm workers.

(f) Participation of minority serving institutions in HUD programs.

(g) Participation in Energy Star.

Submission Requirements for Factor 3

(1) (3 points) Identify all activities that you propose to fund with SHOP. You should identify the specific use of SHOP funds and the proposed number of units to be assisted with SHOP funding, the housing type(s) (single family or multifamily, or both) and the form of ownership (fee simple, condominium, cooperative, etc.) you propose to use.

(2) (4 points) Submit a construction and completion schedule that expends SHOP funds and substantially fulfills your obligations, including the completion of the appropriate number of dwelling units, within 24 months, or in the case of affiliates that develop five or more units, within 36 months, and demonstrates that remaining housing construction will be completed within a reasonable period of time. Your schedule must show the number or percentage of dwelling units that will be completed and conveyed to homebuyers at the end of the 24- and 36-month periods and the timeframe for completing any unfinished units.

(3) (4 points) Submit a timetable listing milestones against which HUD is to measure your performance progress in final selection of local affiliates if they are not specifically identified in the application, expending funds, and completing acquisition, infrastructure and housing construction activities within the schedule in Item 2 above. These milestones should be at reasonable intervals (*e.g.,* monthly, quarterly).

(4) (2 points) Describe how your proposed activities address the need or needs you identified under Rating Factor 2 above.

(5) (5 points) Provide a detailed budget with a break out for each proposed task and each budget category (acquisition, infrastructure improvements, and administration) funded by SHOP in the HUD–424C and 424CB. If SHOP funds will be used for administration of your grant, you must include the cost of monitoring consortium members and affiliates at least once during the grant period. Your budget must also include leveraged funding to cover all costs of completing construction of the proposed number of units.

(6) (2 points) Demonstrate that projected costs for the proposed activities do not deviate substantially from the norm in the locale in which your activities will take place, will not exceed an average cost of $10,000 per unit in SHOP funds, and that your proposed activities are cost effective.

(7) (7 points) Describe how each of the Department's policy priorities are furthered by your proposed activities. You will receive one point for each policy priority addressed. To receive a point for a policy priority, you must describe how your proposed work activities address the specific policy and list proposed performance measurements related to it.

(8) (2 points) Describe how you will reach potential homebuyers through the use of services and materials that are accessible or visitable to all persons, including persons with disabilities (*e.g.,* languages, formats, locations, distribution, and use of minority media to attract those least likely to apply).

(9) (4 points) Describe your criteria, including the income range of targeted homebuyers, and procedures for selecting homebuyers. If the selection criteria used by individual consortium members or affiliates are different from your criteria, you must describe the differences.

(10) (2 points) Describe how your program will provide reasonable accommodations for persons with disabilities by providing ''sweat equity'' assignments that can be performed by the client regardless of disability. Describe the types of tasks that persons with disabilities will be required to perform.

(11) (5 points) Describe your proposed plan for overseeing the performance of consortium members and affiliates, including a plan for monitoring each consortium member and affiliate for

program compliance at least once during the term of the grant. Your plan should address when and how you will shift funds among consortium members and affiliates to ensure effective use of SHOP funds within your schedule identified in Item 3 above.

Rating Factor 4: Leveraging Resources (15 Points)

This factor addresses your ability to secure other resources that can be combined with HUD's program resources to achieve the purposes of SHOP. HUD will consider only those leveraging contributions for which current firm commitments have been provided. Leveraged resources can be counted only if you have secured a firm financial commitment described in this Factor. A firm commitment means the agreement by which the contributing partner or entity agrees to perform or provide resources for an activity specified in your application that demonstrates your financial capacity to deliver the resources necessary to carry out the self-help housing activity. Firm commitments of resources may be in the form of cash funding, in-kind contributions, or personnel from federal, state, local, and private sources, which are jointly referred to as your leverage partners. Together with the SHOP grant funds, these commitments must be sufficient to develop the proposed number of units in your application, which must be 30 units or more. Firm commitments must be substantiated by documentation required in item 1 below. Along with leveraged resources, HUD will also consider the extent that the applicant's proposed sweat-equity requirements will serve to reduce costs to the homebuyers.

Submission Requirements for Factor 4

(1) (10 points) Provide firm written commitments (letters, agreements, etc.) from the source of the commitment that will be used to complete the number of self-help housing units stated in your application. Written commitments must include your organization's name, the contributing organization's name (including designation as a federal, state, local or private source), and the proposed type and level of commitment and responsibilities as they relate to your proposed program. This leveraging commitment must be signed by an official of the organization legally able to make the commitment on behalf of the organization and must be specifically targeted to support your FY 2003 SHOP application. If your organization depends upon fund raising and donations from unknown sources/providers and you signed the HUD 424, in order to receive credit you must still submit a separate letter committing a specific amount of dollars in fund raising to your proposed FY 2003 SHOP program. Written commitments may be contingent upon your receiving a grant award. Written commitments must be included as an appendix and do not count against the page limitation. Letters expressing support do not count as leveraging. To receive full credit for leveraging, an applicant's firm commitments must be clearly identified for this FY 2003 SHOP grant and must equal the amount needed to complete all properties, exclusive of the proposed SHOP grant amount.

(2) (5 points) Provide a description of the individual sweat-equity requirements (types of tasks and number of hours required of homebuyers) of your program. Include the dollar value of the sweat equity contribution and how this contribution of labor will reduce the costs of the home to the homebuyer. Reasonable accommodation must be allowed for persons with disabilities to participate in your program. Applicants showing a higher reduction in cost as a result of the sweat equity contribution by the homebuyer will receive a higher score.

Rating Factor 5. Achieving Results and Program Evaluation (10 points)

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and assess their performance to realize performance goals. HUD requires SHOP applicants to develop an effective, quantifiable, outcome oriented evaluation plan for measuring performance and determining that goals have been met using the Logic Model form provided in the General Section. ''Out-comes'' are benefits accruing to the families and/or communities during or after participation in the SHOP program. Outcomes are not the actual development of the self-help housing units. Applicants must clearly identify the outcomes to be achieved and measured. Examples of outcomes are increasing the homeownership rate in a neighborhood or among low-income families by a certain percentage, increasing financial stability (*e.g.* increasing assets of the low-income homebuyer households through additional savings, home equity) or increasing housing stability (*e.g.,* whether persons and families assisted remain in the home one, two, or five or more years after completion).

In addition, applicants must establish interim benchmarks and outputs for their proposed programs that lead to the ultimate achievement of outcomes. ''Outputs'' are the direct products of the applicant's program activities. Examples of outputs are the number of the houses constructed, number of sweat equity hours, or number of homes rehabilitated. Outputs should produce outcomes for your program.

Program evaluation requires that you, the applicant, identify program outcomes, outputs, benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your evaluation plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability.

Submission Requirements for Factor 5

You must submit a program evaluation plan that demonstrates how you will measure your own program performance. Your plan must identify the outcomes you expect to achieve or goals you hope to meet over the term of your proposed grant and benchmarks and timeframes for accomplishing these goals. Your plan must show how you will measure actual accomplishments against anticipated achievements. You must indicate how your plan will measure the performance of individual consortium members and affiliates, including the standards and measurement methods, and the steps you have in place or how you plan to make adjustments if you begin to fall short of established benchmarks and timeframes.

VI. Application Requirements, Assembly Format, and Checklist for Application Submission

Your application consists of the items listed in this Section VI. The standard forms, certifications, and assurances that are applicable to this funding (collectively, referred to as the ''standard forms'') can be found in Appendix B to the General Section of the SuperNOFA.

Assembly Format. You should assemble your application as outlined below, with tabs designating forms, rating factors, and appendices. Your FY 2003 application has page limitations on your responses to the five rating factors. If you are a national or regional organization, you are limited to 60 pages of narrative responding to the five rating

factors. This limitation does not include other required information, such as your audit and commitment letters, which must be included in the appendix. If you are a consortium, you are permitted up to 10 additional pages total to address the capacity and soundness of approach of your individual consortium members if they are different. Make certain that you number all pages sequentially and insert tabs marking each factor. Except for the narrative statements addressing the five rating factors, forms, certifications, assurances, and requested appendices, any other information that is submitted will not be considered. For example, commitments letters will be considered, but not counted against the page limitations; however, general expressions of support will not be considered. Any information beyond the above-noted 60–70 page limitations for the five rating factors will not be reviewed in the rating and ranking process.

In order to receive full consideration for funding, you should assemble your application according to the following checklist to ensure that all of the required items have been submitted.

_____ HUD–424, Application for Federal Assistance (signed by the authorized representative of the organization eligible to receive funds)

_____ HUD–424B, Applicant Assurances and Certifications

_____ Table of Contents

_____ Evidence of Non-Profit status

_____ Consortium Agreement, if applicable.

Narrative Statement Addressing: (See page limitations above.)

_____ Factor 1—Capacity of the Applicant and Relevant Organizational Staff

_____ Factor 2—Need/Extent of the Problem

_____ Factor 3—Soundness of Approach

_____ Factor 4—Leveraging Resources

_____ Factor 5—Achieving Results and Program Evaluation

Evaluation Plan—Logic Model form

Forms, Certifications and Assurances

_____ HUD 424C, Budget Summary for Competitive Grant Programs

_____ HUD 424CB, Grant Application Detailed Budget

_____ SF–LLL, Disclosure of Lobbying Activity, as applicable

_____ HUD–2880, Applicant/Recipient Disclosure/Update Report

_____ HUD–2990, Certification of Consistency with the RC/EZ/EC Strategic Plan

_____ HUD–2993, Acknowledgment of Application Receipt

Appendices

_____ Recent audit, if available.

_____ A copy of your code of conduct and a narrative description of the methods you will use to ensure that all officers, employees and agents of your organization become aware of your code of conduct.

_____ Leveraging documentation—written commitment letters.

_____ Survey of potential affiliates, if applicable.

VII. Corrections to Deficient Applications

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

VIII. Environmental Requirements

The provisions contained in section 305(c) of the Multifamily Housing Property Disposition Reform Act of 1994, Environmental Review, implemented in the Environmental Review regulations at 24 CFR part 58, are applicable to properties assisted with SHOP funds. All SHOP assistance is subject to the National Environmental Policy Act of 1969 and related federal environmental authorities. SHOP grant applicants are cautioned that no federal or non-federal funds or assistance which limits reasonable choices or could produce a significant adverse environmental impact may be committed to a project until all required environmental reviews and notifications have been completed by a unit of general local government, tribe or state and until HUD approves a recipient's request for release of funds under the environmental provisions contained in 24 CFR part 58. Notwithstanding the preceding sentence, in accordance with section 11(d)(2)(A) of the Housing Opportunity Extension Act of 1996 and HUD Notice CPD–01–09, an organization, consortium or affiliate receiving SHOP assistance may advance non-grant funds to acquire land prior to completion of an environmental review and HUD's approval of a request for release of funds and environmental certification. Any advances to acquire land prior to such approval are made at the risk of the organization, consortium or affiliate and reimbursement from SHOP funds for such advances will depend on the result of the environmental review.

IX. HUD Reform Act of 1989

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the General Section of the SuperNOFA at Section XI.

X. Authority

The funding made available under this program section of the SuperNOFA is authorized by section 11 of the Housing Opportunity Program Extension Act of 1996 (42 U.S.C. 12805 note) (the ''Extension Act'').

BILLING CODE 4210–32–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

YOUTHBUILD PROGRAM

Billing Code 4210-32-C

Funding Availability for the Youthbuild Program

Program Overview

Purpose of the Program. The purpose of the Youthbuild program is to assist disadvantaged young adults in distressed communities in completing their high school education, to provide on-site construction training experiences which also results in the rehabilitation or construction of housing for homeless persons and low- and very low-income families, to foster leadership skills, to further opportunities for placement in apprenticeship programs, and to promote economic self-sufficiency.

Available Funds. Approximately $54,642,500 is available for Fiscal Year (FY) 2003.

Adjustments to Funding. HUD reserves the right to utilize this year's funding to fund previous years errors prior to rating and ranking this years' applications. HUD reserves the right to reallocate funds between categories to achieve the maximum allocation of funds. Any available funds that remain after all applications within funding range have been selected or obligated will be reallocated between categories one (1) and two (2) by rank order between applications at the discretion of the selecting official or designee.

Eligible Applicants. Eligible applicants are public or private nonprofit agencies, including grassroots faith-based and other community-based organizations, State or local housing agencies or authorities, State or units of local government, or any entity eligible to provide education and employment training under other Federal employment training programs, as further defined in HUD's regulation at 24 CFR 585.4.

Application Deadline. June 6, 2003.

Match. None.

Additional Information

If you are interested in applying for funding under this program, please carefully review the General Section of this SuperNOFA and the following additional information. Mailed Applications. Your application will be considered timely filed if your application is received in HUD Headquarters on or before 5:15 p.m. eastern standard time on the application due date.

I. Application Due Date and Technical Assistance

Application Due Date. Completed applications (one original and two copies) must be submitted and received by HUD on or before 5:15 p.m., June 6, 2003 at the address shown below.

Application Submission Procedures. New Security Procedures. HUD has implemented new security procedures that impact application submission procedures. Please read the following instructions carefully and completely. No hand deliveries will be accepted.

Address for Submitting Applications. Completed applications (one original signed application and two copies) must be submitted to the Processing and Control Unit, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 7255, Washington, DC 20410, Attention: Youthbuild Program. When submitting your application, please include your name and mailing address (including zip code) and telephone number and fax number (including area code).

There is no Application Kit for the FY2003 Youthbuild NOFA. This SuperNOFA clearly describes the requirements for completing a successful application and all forms and certifications needed to complete the application are included in the General and YouthBuild Sections of the SuperNOFA.

For information concerning the HUD Youthbuild program, contact Ms. Phyllis Williams, Community Planning and Development Specialist, Office of Rural Housing and Economic Development, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 7137, Washington, DC 20410; telephone (202) 708–2290 (this is not a toll-free number). Persons with speech or hearing impairments may access this number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

For Technical Assistance. Prior to the application deadline, HUD's staff will be available to provide general guidance on the application submission process and location of information, but not guidance in preparing your application.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of an application. For more information about the date and time of this broadcast, you should consult the HUD Web site at *http://www.hud.gov.*

II. Amount Allocated

(A) *Available Funds.* Approximately $54,642,500 in Fiscal Year (FY) 2003 funding will be made available through this program section of this SuperNOFA for the Youthbuild program. The breakdown of funding is discussed below.

(B) *The FY 2003 HUD Appropriations Act.* The Department of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 2003 (the ''FY 2003 HUD Appropriations Act'') made $60,000,000 available of which $54,642,500 is allocated for grants.

(C) *Funding Categories.* HUD will award up to $54,642,500 on a competitive basis. Funds will be divided between three categories of grants as described below. In each fiscal year, the Secretary shall reserve five percent (5%) of the amounts available for activities under this subtitle pursuant to section 402 to carry out subsections (b) and (c), (Subtitle D—Hope for Youth: Section 458 (42 U.S.C. 12899g).

Category 1 Grants. *New Applicants.* HUD will award up to $10,000,000 for new applicants that have not previously received implementation grants since the inception of the program for a period not to exceed 30 months. The maximum amount awarded to a successful applicant in this category is $400,000.

Category 2 Grants. *Grants up to $700,000.* HUD will award up to $34,642,500 for grants up to $700,000 for a period not to exceed 30 months. The maximum amount awarded to a successful applicant in this category is $700,000. Any eligible applicant can apply in Category 2.

Category 3 Grants. Underserved and Rural Areas. HUD will award up to $10,000,000 for grants to organizations serving clients in underserved and rural areas as defined in this NOFA for a period not to exceed 30 months. The maximum amount awarded to a successful applicant in this category is $400,000.

Applicants must indicate on their transmittal/cover letter which funding categories they are applying for.

III. Program Description and Eligible Activities

(A) *Program Description.* The purposes of the Youthbuild Program are to:

(1) Provide economically disadvantaged young adults with opportunities to obtain an educational experience that will enhance their employment skills, as a means to achieving self-sufficiency;

(2) Foster the development of leadership skills and commitment to community;

(3) Expand the supply of permanent affordable housing for homeless and low- and very low-income persons by

providing implementation grants for carrying out a Youthbuild program;

(4) Provide disadvantaged young adults with meaningful on-site training experiences in housing construction and rehabilitation that will enable them to render a service to their communities by helping to meet the housing needs of homeless persons and low-income families; and

(5) Give to the greatest extent possible, job training, employment, contracting and other economic opportunities to low-income young adults.

HUD also focuses on the Youthbuild Program as a way to foster the development of nonprofit organizations, including grassroots faith-based and other community-based organizations which over time can provide the services mentioned above to disadvantaged youth and which at the same time rely less on HUD's financial support to carryout these activities.

(B) Eligible Activities

(1) Work and activities associated with the acquisition, architectural and engineering work, rehabilitation or construction of the housing, as defined in HUD's regulations at 24 CFR 585.309, 585.310, and 585.311.

(2) Relocation payments and other assistance required to comply with HUD's regulation at 24 CFR 585.308;

(3) Costs of ongoing training and technical assistance needs related to carrying out a Youthbuild program;

(4) Education, job training, counseling, employment, leadership development services and optional activities that meet the needs of the participants including entrepreneurial training, drivers' education, apprenticeship opportunities, financial literacy, credit counseling, assistance programs for those with learning disabilities, and in-house staff training;

(5) Outreach to potential participants;

(6) Wages, benefits, and need-based stipends for participants and;

(7) Administrative costs, which must not exceed 10 percent of the grant award. HUD encourages you to use grant funds for outreach, recruitment, training and other services for the participants that facilitate program implementation. Please refer to HUD's regulation at 24 CFR 585.305 for further details on eligible activities.

IV. Program Requirements

In addition to the requirements listed in the General Section of this SuperNOFA, as an applicant you must comply with the following Youthbuild program requirements.

(A) Threshold Requirements

(1) *Eligible Applicants.* Eligible applicants are public or private nonprofit agencies, including grassroots faith-based and other community-based organizations, State or local housing agencies or authorities, State or units of local government, or any entity eligible to provide education and employment training under other Federal employment training programs.

(2) *Eligible Participants.* Participants in a Youthbuild program must be very low-income high school dropouts between the ages of 16 and 24, inclusive, at the time of enrollment. Up to 25 percent of participants may be above very low-income, or may be high school graduates (or equivalent), but must have educational needs (such as lack of reading, writing and communication skills) that justify their participation in the program.

(3) *Locational Limitations.* You may submit more than one application in the current competition if your program's participant recruitment and housing areas are in different jurisdictions. Each application you submit may only propose activities to carry out one Youthbuild program, *i.e.*, to start a new Youthbuild program or to fund new classes of Youthbuild participants for an existing program.

(4) *Response to NOFA—Page Limitation.* The total narrative response to all factors identified in Section VI of this program NOFA must not exceed 15 pages, and must be submitted on 8.5″ by 11″ paper, using a 12 point font, with lines double spaced and printed only on one side. Please note that submitting pages in excess of the page limit will not disqualify your application. However, HUD will not review or consider the information on any excess pages, which may result in a lower score or failure to meet a threshold.

(5) *Youthbuild Program Components.* Applications that receive assistance under this Youthbuild Program section of the SuperNOFA must contain the three components described as follows:

(a) Educational and job training services;

(b) Leadership training, counseling, and other support activities; and

(c) On-site training through actual housing rehabilitation and/or new construction work, new construction may be subject to the accessible design and construction requirements of the Fair Housing Act [see Section II(C) of the General Section of the SuperNOFA], including the provision of alternative training experiences that are necessary as a reasonable accommodation for students with disabilities.

(6) *Identification of and Access to Property.* Your application must identify the location of the site(s) or property(ies) (*e.g.* addresses, parcel numbers, *etc.*) that will be used for on-site construction. Your application MUST contain a letter from the property owner or property management company(ies) allowing access to the housing site(s) for on-site construction training. HUD may deem as ineligible any application that fails to specifically identify the location of the on-site construction.

Site Selection—In determining the site or the location of a federally assisted facility, the applicant may not select sites that will exclude qualified persons with disabilities, or otherwise subject them to discrimination under the Youthbuild Program.

New Construction—Substantial Alterations—Other Alterations. If the Applicant undertakes to participate in New Construction, Substantial Alterations or Other Alterations, it must conform to the accessibility standards outline in the Regulations Implementing the Rehabilitation Act of 1973 at 24 CFR, Part 8, §§ 8.22, 8.23(a) and 8.23(b).

(7) *Training Requirement.* Each program must be structured so that 50 percent of each participant's time is spent in on-site training and the other 50 percent in educational training.

(8) *Economic Opportunities for Low and Very Low-Income Persons (Section 3).* Section 3 of the Housing and Urban Development Act of 1968, (12 U.S.C. 1701u) is applicable to the Youthbuild program. Please see Section II of the General Section of the SuperNOFA.

(9) *Participation in Local Workforce Investment Act One-Stop Center.* Youthbuild grantees are mandatory partners in one-stop centers authorized by the Workforce Investment Act of 1998 (Pub. L. 105–220).

(10) *First time applicants.* If you are a first time applicant applying for funding under Category 1, you must have a graduating class of not more than 20 participants.

(11) *Grant Period.* You must expend funds awarded within 30 months of the effective date of the grant agreement.

(12) *Maximum Awards.* Under the competition established by this Youthbuild Program section of the SuperNOFA, the maximum award for a Youthbuild grant is $700,000.

(13) *Potential Environmental Disqualification.* HUD reserves the right to disqualify an application where one or more environmental thresholds are exceeded if HUD determines that it cannot conduct the environmental review and satisfactorily complete the review within the HUD application

review period. (*See* 24 CFR 585.307.) Environmental thresholds are explained in Appendix A of this program section of this SuperNOFA.

(B) Desirable Elements of a Youthbuild Program

You should document the extent to which HUD's initiatives are furthered by the proposed activities. Such initiatives include:

(1) Promoting healthy, safe, and energy efficient homes;

(2) Affirmatively furthering fair housing by promoting greater opportunities for housing choice for minorities and persons with disabilities;

(3) Providing opportunities for self-sufficiency, particularly for persons enrolled in welfare to work programs;

(4) Providing educational, apprenticeship and job training opportunities;

(5) Promoting welfare reform;

(6) Encouraging visitability in new construction and substantial rehabilitation activities; and

(7) Encouraging universal design.

VI. Application Selection Process

Applicants must meet all of the applicable threshold requirements of Section V (B) of the General Section of the SuperNOFA and Sections IV(A), (B) and C of this program section of the SuperNOFA. HUD will review each application and assign points in accordance with the selection factors described in this section. The maximum number of points is 102. This maximum includes two Renewal Community/Empowerment Zone/Enterprise Community (RC/EZ/EC) bonus points as described in Section VI(C) of the General Section of the SuperNOFA. An application must receive a minimum of 75 points to be eligible for funding.

(A) *Rating and Ranking.*

(1) *General.* To review and rate applications, HUD may establish panels including officials from other Federal agencies and outside experts or consultants to obtain certain expertise and other outside points of view. In evaluating applications for funding, HUD will take into account an applicant's past performance in managing funds, including the ability to account for funds appropriately, timely use of funds received either from HUD or from other Federal, State or local programs and meeting performance targets for completion of activities and number of persons served or targeted for assistance. HUD may use information relating to these items based on information at hand or available from public sources such as newspapers, Inspector General or Government Accounting Office Reports or Findings, hotline complaints that have been proven to have merit, or other such sources of information.

(2) *Rating.* All applications for funding will be evaluated against the rating factors described in Section (VI) of this NOFA.

(3) *Ranking.* Applications will be ranked separately within each of the three funding categories. Applications will be selected for funding in accordance with their rank order in each category.

(4) To be eligible for funding, an application must have an overall minimum score of 75 points. If two or more applications are rated fundable and have the same score, but there are insufficient funds to fund all of them, HUD will select the application(s) with the highest score for Rating Factor 3 (Soundness of Approach). If two or more applications still have the same score, the highest score in the following factors will be selected sequentially until one highest score can be determined: Rating Factor 1 (Capacity of the Applicant and Relevant Organization); Rating Factor 4 (Leveraging of Resources) and Rating Factor 2 (Need/Extent of the Problem).

(B) *Categories of Grants.* HUD will make grants in three categories:

(1) *Category 1 Grants.* Grants for new applicants that have not previously received funding under the Youthbuild program since the inception of the Program and that have elected not to apply under Category 2 or 3. HUD will make available approximately $10,000,000 to new applicants proposing grant(s) of $400,000 or less for activities not to exceed 30 months.

(2) *Category 2 Grants.* HUD will make available approximately $34,642,500 to applicants proposing grant(s) of $700,000 or less for activities not to exceed 30 months.

(3) *Category 3 Grants.* HUD will make available $10,000,000 for applicants proposing grant(s) of $400,000 or less to establish programs in underserved and rural areas not to exceed 30 months. Rural and Underserved areas are defined as follows:

(a) *Rural Area.* A Rural area is defined in one of five ways:

(i) A place having fewer than 2,500 inhabitants (within or outside of metropolitan areas).

(ii) A county with an urban population of 20,000 inhabitants or less.

(iii) Rural portions of extended cities, as identified by the U.S. Census Bureau.

(iv) Open country, which is not part of or associated with an urban area. The United States Department of Agriculture (USDA) describes ''open country'' as a site separated by open space from any adjacent densely populated urban area. Open space includes undeveloped land, agricultural land or sparsely settled areas but does not include physical barriers, (such as rivers and canals), public parks, commercial and industrial developments, small areas reserved for recreational purposes, and open space set aside for future development.

(v) Any place with a population not in excess of 20,000 and not located in a Metropolitan Statistical Area.

(b) *Underserved Area.* An underserved area is defined as an area comprised of census tracts with the following distress criteria:

(i) A census tract where the unemployment remains high (50 percent or more above the nation's unemployment rate) and

(ii) A census tract where high rates of poverty (50 percent or more above the national average) persists.

(C) *Potential Environmental Disqualification.* HUD reserves the right to disqualify an application where one or more environmental thresholds are exceeded if HUD determines that it cannot conduct the environmental review and satisfactorily complete the review within the HUD application review period. (See 24 CFR 585.307.) Environmental thresholds are explained in Appendix A of this program section of this SuperNOFA. Complete form 2Cl3a, 2C13b, or 2C13c and form 2C15 only if you are proposing to use Youthbuild funds for new housing construction or rehabilitation.

(D) *Notification of Approval or Disapproval.* HUD will notify you whether or not you have been selected for an award. If you are selected, HUD's notice to you of the amount of the grant award based on the approved application will constitute HUD's CONDITIONAL approval, subject to negotiation and execution of the grant agreement by HUD.

(E) *Rating Factors for Award Used to Evaluate and Rate Applications.* The factors for rating and ranking applicants, and maximum points for each factor, are provided below. The maximum number of points for the program is 102. This includes two RC/EZ/EC bonus points, as described in the General Section of the SuperNOFA.

(F) *Application Debriefing.* Applicants requesting to be debriefed must send a written request (see General Section IX(G)(3)) to Ms. Jackie Williams-Mitchell, Director, Office of Rural Housing and Economic Development (ORHED), Office of Community Planning and Development, 451 Seventh Street, SW., Room 7137, Washington, DC 20410. Debriefing

information can be found in Section VII(E)(2) of the General Section of the SuperNOFA.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (15 points)

This factor addresses the qualifications and experience of the applicant and participating parties to implement a successful young adult education, training program in accordance with your work plan as further described in Factor 3. HUD will review and evaluate information provided documenting recent capability. Experience within the last 5 years will be considered recent. In reviewing this rating factor, HUD will evaluate the following sub-factors:

(1) *Team Member Composition and Experience (5 points).* Your experience and the experience of your project director, core staff competencies including your day-to-day program manager, consultants and contractors. You must demonstrate that your program manager has the background, experience and capacity to implement all of the program components of the proposed work plan, as evidenced by recent work experience (within the last 5 years) in managing projects of the same or similar size, dollar amount, types of activities and beneficiaries as those proposed in your work plan. If any gaps exist in your experience or organizational structure to carry out the program, describe how you will fill those gaps including the hiring of consultants or other outside parties.

(2) *Organizational Structure (5 points).* The structure of your organization, management structure, including reporting relationships of key staff, a system for coordinating with outside contractors or third party service providers, a mechanism for an internal and external auditing relationships, and an accounting system which meets Federal accounting system requirements. You should provide a clear description of how your organizational structure will operate to carry out your work plan.

(3) *Relevant Experience (5 points).* The objectives and accomplishments of your past experience in conducting similar activities. You must describe your past project objectives and accomplishments which are similar to those of your proposed work plan to show your effectiveness and timeliness in managing similar projects. If you have received similar grants including previous Youthbuild grants, you must describe your effectiveness of your administration including timeliness and performance in meeting reporting requirements and your ability to have resolved problems that presented themselves during the grant period. In addressing timeliness of reports, you must compare when your reports were due with when they were actually submitted. You must describe your achievements, including those of previous Youthbuild grants, of specific measurable outcome objectives. Specific outcome objectives include: number of youths recruited, trained and received GEDs; number of youths obtaining jobs (*i.e.,* those that are a part of a career path or apprenticeship program), number of youths participating in apprenticeships and number of housing units rehabilitated or constructed and made available for low and very low income persons.

Also, you must describe the extent to which you or participating partners have been successful in past education, training and employment programs and activities, including Federally-funded Youthbuild programs. If you have received a Youthbuild grant, you must submit copies of your last two progress reports or, if applicable, a closeout report. In applying the rating criteria, HUD will take into consideration your performance (including meeting target dates and schedules) as reported.

The more recent, relevant, and successful the experience of the proposed team members, organization and other participating entities in relation to the work plan, the greater the number of points that you will receive. For previous and existing Youthbuild grantees, applicants that can demonstrate a closer and greater linkage between the expected outcomes and the previously generated outcomes will receive a higher amount of points for this Factor.

Rating Factor 2: Need/Extent of the Problem (25 Points)

This Factor addresses the extent to which there is need for funding the proposed activities based on levels of distress and an indication of the urgency of meeting the need/distress in the applicant's target area. In responding to this Factor, applications will be evaluated on the extent to which the level of need for the proposed activity and the urgency in meeting the need are documented and compared to the target area and national data.

(1) In applying this Factor, HUD will consider current levels of distress for the area (*i.e.*, Census Tract(s) or Block Groups) immediately surrounding the project site or the target area to be served by the proposed project, and in the nation. This means that an application that provides data that show levels of distress in the target area expressed as a percent greater than the national average will be rated higher under this Factor.

Notwithstanding the above, an applicant proposing a project to be located outside the target area could still receive points under the Distress Factor if a clear rationale and linkage is provided linking the proposed project location and the benefits to be derived by persons living in more distressed area(s) of the applicant's target area.

(2) Applicants should provide data that address indicators of distress, as follows:

(a) Poverty (5 points)—data should be provided in both absolute and percentage form (*i.e.*, whole numbers and percents) for the target area(s); an application that compares the local poverty rate in the following manner to the national average at the time of submission will receive points under this section as follows:

(i) Less than the national average—0 points
(ii) Equal to but less than twice the national average—1 point
(iii) Twice but less than three times the national average—3 points
(iv) Three or more times the national average—5 points

(b) Unemployment (5 points)—for the project area;
(i) Less than the national average—0 points
(ii) Equal to but less than twice the national average—1 point
(iii) Twice but less than three times the national average—2 points
(iv) Three but less than four times the national average—3 points
(v) Four but less than five times the national average—4 points
(vi) Five or more times the national average—5 points

(c) High School Dropouts (10 points)—for the project area;
(i) Less than the national average—0 points
(ii) Equal to but less than twice the national average—2 points
(iii) Twice but less than three times the national average—4 points
(iv) Three but less than four times the national average—6 points
(v) Four but less than five times the national average—8 points
(vi) Five or more times the national average—10 points

(d) Concrete examples of social and/or economic decline that best capture the applicant's local situation (5 points). Examples that could be provided under this section are information on the community's stagnant or falling tax base, including recent commercial or

industrial closings, housing conditions, such as the number and percentage of substandard and/or overcrowded units, rent burden (defined as average housing cost divided by average income) for the target area and urgency in addressing problems facing youth, local crime statistics, etc.

(3) In rating applications under this Factor, HUD reserves the right to consider sources of available objective data, such as the U.S. Census, other than, or in addition to, those provided by applicants, and to compare such data to those provided by applicants and local crime statistics for the project site.

HUD requires use of sound and reliable data (*e.g.*, U.S. Census data, State statistical reports, university studies/reports that are verifiable) to support distress levels cited in each application. A source for all information along with the publication or origination date must also be provided.

Updated Census data are available as follows for the listed indicators:

(a) Unemployment rate—estimated monthly, with a two-month lag;
(b) Population—estimated for incorporated places through 2000;
(c) Poverty rate—2000 data being the most recent available.

Rating Factor 3: Soundness of Approach (40 points)

This factor addresses the extent to which your proposed program is coordinated with other ongoing and related activities in the area you propose to serve, how well your program outcomes result in increased independence and empowerment to your beneficiaries at the conclusion of the grant period. HUD will evaluate the extent to which your application meets the following three elements:

(1) *Coordination of activities* (2 points). The extent to which you have coordinated your activities with other known organizations that are not directly in your proposed work activities, but with which you share common goals and objectives and are working toward meeting these objectives in a holistic and comprehensive manner. The goal of coordination is to ensure that programs do not operate in isolation. The more your activities are coordinated with other agencies in your service area, the more points you will receive. An example of coordination activities would be the applicant's partnership with an existing child day care facility (which is not funded by program) that provides day care services to the Youthbuild participants during the hours they are being trained or receiving education.

(2) *Self-Sufficiency* (1 point). The extent to which your application implements practical solutions within the grant term that result in assisting beneficiaries of grant program funds in achieving independent living, economic empowerment, educational opportunities, housing choice or improved environments which are free from environmental hazards such as lead hazards, brownfields, overcrowded housing, etc. Applicants that clearly describe the extent to which proposed activities result in increased independence and empowerment for their beneficiaries will receive higher points in this sub-factor.

(3) *Sustainability* (2 points). The extent to which your program exhibits the potential to be financially self-sustaining by decreasing dependence on Youthbuild funding and relying more on state, local and private funding so your activities can be continued after your grant award is complete. Applicants that demonstrate a reduced dependence on Youthbuild funds over the life of their award will receive a greater number of points for this sub-factor.

Youthbuild Program Work Plan. There must be a clear relationship between your proposed activities, community needs and the purpose of the Youthbuild program. HUD will consider the overall quality and feasibility of your proposed work plan and budget which must be consistent with the Youthbuild program as measured by your specific activities and outcomes.

Specifically, HUD will consider the following categories when assessing your proposed work plan:

(1) *Program Components.* (15 points).

(a) Outreach strategy, recruitment strategy and selection activities. HUD will determine the extent to which you demonstrate a clear linkage with the following work plan activities and proposed outcomes and results. Points will be awarded based upon overall quality and feasibility of the outreach, recruitment and selection activities, the number and types of outreach activities, number of youths to be recruited including eligible participants who are harder to reach and comprehensiveness of the local selection process.

Letters describing specific resources or services to be contributed by non-applicant organizations must be included in your application. In evaluating this category, HUD will consider:

(i) Specific steps you will take to attract potential eligible participants who are unlikely to be aware of this program (because of race, color, national origin, religion, ethnicity, sex or disability) and selection strategies;

(ii) Special outreach efforts you will make to recruit eligible young women, young women with dependent children, and persons receiving public assistance; and

(iii) Recruitment arrangements you have made with public agencies, courts, homeless shelters, local school systems, local workforce development systems, one-stop centers and, community-based organizations, etc. You will receive a greater number of points if your outreach and recruitment arrangements are consistent with the purpose of the Youthbuild program and your project goals and the resources provided.

(b) Educational and job training services and activities. HUD will evaluate the extent to which you demonstrate a clear linkage with the following work plan activities and proposed outcomes and results.

Letters describing specific resources or services to be contributed by non-applicant organizations must be included in your application. Points will be awarded based upon the quality and feasibility of your proposed curriculum, qualifications of instructors and proposed wages and stipends for youth participants. In evaluating this category, HUD will consider:

(i) The types of in-class academic and vocational instruction you will provide;

(ii) The number and qualifications of program instructors and ratio of instructors to participants;

(iii) Scheduling plan for classroom and on-the-job training needed to meet program requirements and ensure timely completion of your program; and

(iv) Reasonable payments of participants' wages, stipends, and incentives. You will receive a greater number of points if your educational and job training services are consistent with the purpose of the Youthbuild program and your project goals and the resources provided.

(c) Leadership development. HUD will determine the extent to which you demonstrate a clear linkage with work plan activities and proposed outcomes and results. Letters describing specific resources or services to be contributed by non-applicant organizations must be submitted in your application. Points will be awarded based upon the quality and feasibility of your proposed leadership curriculum, qualifications of instructors and the impact of the proposed leadership activities on the target area. You must describe the leadership development training you will offer to participants and strategies for providing the training to build group cohesion and peer support. You will

receive a greater number of points if your leadership development activities are consistent with the purpose of the Youthbuild program and your project goals and the resources provided.

(d) Support services. HUD will determine the extent to which you demonstrate a clear linkage with work plan activities and proposed outcomes and results.

Letters describing specific resources or services to be contributed by non-applicant organizations must be included in your application. Points will be awarded based upon the quality and feasibility of your proposed support services strategy and stipends for the participants.

You must assess the need for counseling and referral services during each stage of program implementation: outreach strategy, recruitment strategy, youths interviewed and not selected for the program, program participants, youths who drop out of the program and graduates of the program. Describe how the participant needs will be addressed, document counseling and referral services to be offered to participants, the type of counseling, social services, and/or need-based stipends you will provide.

Applicants will receive a greater number of points if your support service activities are consistent with the purpose of the Youthbuild program and your project goals and the resources provided.

(e) Follow-up assistance and support activities to program graduates. HUD will evaluate the extent to which you provide assistance to Youthbuild program participants after graduation. Letters describing specific resources or services to be contributed by non-applicant organizations must be included in your application. Points will be awarded based upon the quality and feasibility of your proposed strategy. You must describe the type of proposed assistance and support which should be based upon an assessment of the needs of the program graduates and should include continued linkage to the local Youthbuild program, counseling and social service referral services. You will receive a greater number of points if your follow-up assistance and support service activities to program graduates are consistent with the purpose of the Youthbuild program and your project goals and the resources provided.

(f) On-site training. HUD will evaluate the extent to which the work plan provides for quality and comprehensive on-site construction training by addressing the categories below. Letters describing specific resources or services to be contributed by any non-applicant organizations must be included in your application. Points will be awarded based upon the quality and feasibility of your proposed curriculum, experience of proposed instructors, number of youth to be trained and wages or stipends for participants. HUD will consider:

(i) The housing construction or rehabilitation activities participants will undertake at the site(s) to be used for the on-site training component of the program as provided in the training curriculum and methodology for carrying out on-site training;

(ii) The qualification and number of on-site supervisors;

(iii) The ratio of trainers to participants;

(iv) The number of participants per site; and

(v) The amounts, wages, and/or stipends you will pay to participants during on-site work. All applicants will receive a greater number of points if your on-site training plan is consistent with the purpose of the Youthbuild program and your project goals and the resources provided.

(2) *Strategy for Job Placement.* (2 points). HUD will evaluate the quality and feasibility of your proposed strategy to place youth participants in permanent jobs.

Letters describing specific resources or services to be contributed by non-applicant organizations must be included in your application. You will be rated on the following factors: (a) Proposed number of youth to obtain jobs that promote economic self-sufficiency (*i.e.* those that are a part of career paths or apprenticeship programs); (b) proposed number of youths who will continue post-secondary or secondary education; (c) proposed number of youths to receive entrepreneurship training. Two points of this factor will be awarded based upon the comprehensiveness and feasibility of your strategies and procedures to place youth participants in related apprenticeships and commitments from construction trade unions. You will receive a greater number of points if your strategy for job placement is consistent with the purpose of the Youthbuild program, your proposed project and the resources provided.

(3) *Expected Outcomes.* (3 points). Program outcomes for the Youthbuild Program must include: (a) Number of participants; (b) attainment of a GED or certificate by participants; (c) number of housing units constructed; (d) number of housing units rehabilitated; (e) placement of participants in employment or education; and (f) literacy and numeracy. As part of this evaluation, HUD will assess the cost effectiveness of your stated outcomes as compared to the funds that you are requesting in the Youthbuild Grant Budget. You will receive a greater number of points if your proposed outcomes are consistent with the purpose of the Youthbuild program, your proposed project and the resources provided.

(4) *Housing Program Priority.* (10 points). HUD will assign Housing Program Priority points to all applications that contain evidence that housing resources for other Federal, State, local or private sources that are available and firmly committed to cover all costs, in full, for the following housing activities for the proposed Youthbuild program: acquisition, architect and engineering fees, construction, and rehabilitation. Applications that do not include proper documentation of firm financial commitments of non-Youthbuild resources or propose to use Youthbuild grant funds, in whole or in part, or do not evidence site control, for any one of the housing activities listed above will not be entitled to housing program priority points. Forms 2C, Housing Site Description, and 2C10, Youthbuild Grant Individual Housing Project Site Estimate, must be completed to receive the Housing Program Priority points.

(5) *Policy Priorities.* (5 points). Policy Priorities are further defined in Section II of the General Section of the SuperNOFA. Applicant should document to the extent HUD's policy priorities are enhanced by the proposed activities. Applicants who include activities that can result in the achievement of these Departmental policies priorities as described below and in Section II of the General Section of this SuperNOFA, will receive higher rating points in evaluating their application for funding. Five Departmental policy priorities are listed below. Applicant will receive 1 rating point for each policy priority addressed in the program of activities section under this rating factor as described in Section VI(b) of this program NOFA. Policy Priorities include:

(a) Improving our Nation's Communities

(b) Providing Full and Equal Access to Grass-Roots Faith-Based and Other Community—Based Organizations in HUD Program Implementation.

(c) Participating in Energy Star.

(d) Encouraging Accessible Design Features.

(e) Ending Chronic Homelessness within Ten Years.

Rating Factor 4: Leveraging Resources (10 Points)

(Exhibit 4B Non-Housing Program Resources Must Be Complete and You Must Provide Letters of Firm Commitment From the Donor With the Amount of Cash or In-Kind Contribution) This factor addresses the ability of the applicant to secure non-HUD resources. This factor measures the extent to which you have established partnerships with other entities to secure resources for your proposed program. Each commitment described in the narrative for this Factor must have a firm commitment letter. Grantees who leverage significant resources will receive a greater number of points.

HUD will evaluate the extent to which firm commitments of resources are obtained from Federal, State, local, and private and nonprofit sources. HUD will award a greater number of points based upon a comparison of the extent of leveraged funds and the requested Youthbuild grant. The greater the amount of resources leveraged, the higher the points that will be awarded. In assigning points for this criterion, HUD will consider the level of non-applicant resources obtained for cash or in-kind contributions to cover the following kinds of areas:

(1) Social services (*i.e.*, counseling and training);

(2) Use of existing vocational, adult, and bilingual educational courses;

(3) Donation of labor, resource personnel, supplies, teaching materials, classroom, and/or meeting space; and

(4) Other commitments. In rating this element, HUD will consider only those contributions for which current firm commitments have been provided. HUD will evaluate the level of resources from other organizations and agencies proposed based on their importance to the total program. Leveraging will only be counted if you have secured a firm financial commitment. A firm commitment letter means an agreement by which an applicant's partner or contributing entity agrees to perform an activity specified in the application and demonstrates the financial capacity to deliver the resources necessary to carry out the activity, and commits the resources to the activity either in cash, through in-kind services or contributions and is irrevocable, subject only to approval and receipt of a FY 2003 Youthbuild grant.

For all applicants, each letter of commitment must include the organization's name, the applicant's name, the proposed program, the proposed total level of commitment and responsibilities as they relate to the proposed program. The commitment letter must also be signed by an official of the organization legally able to make commitments on behalf of the organization and not earlier than the date that this NOFA is published. In documenting a firm commitment, the applicant's partner or contributing entity must:

(i) Specify the authority by which the commitment is made, the amount of the commitment and the use of funds. If the committed activity is to be self-financed, the applicant's partner or contributing entity must evidence its financial capability through a corporate or personal financial statement or other appropriate means. If any portion of it is to be financed through a lending institution, the participant must evidence the institution's commitment to fund the commitment.

(ii) State the amount and use of the commitment, and the relationship of the commitment to the proposed investment; and

(iii) Affirm that its investment is contingent only upon receipt of FY 2003 Youthbuild funds and state a willingness on the part of the signatory to sign a legally binding commitment (conditioned on HUD environmental review and approval of a property, where applicable) upon award of the grant.

Resources from other Federal, State, Local governments or Private Entities. HUD encourages use of existing housing and homeless assistance programs administered by HUD or other Federal, State, local governments, or private and nonprofit housing programs as part of your Youthbuild program. In addition, HUD encourages use of other non-Youthbuild funds available for vocational, adult, and bilingual education programs or for job training under the Workforce Investment Act and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

Grantees who leverage significant resources will receive more points.

(1) Public sector sources—Federal, State, or local government sources to provide resources to carry out Youthbuild activities. (5 points)

(2) Private or nonprofit sector sources to provide resources to carry out Youthbuild activities. (5 points)

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor emphasizes HUD's commitment to ensuring that applicants keep promises made in their application and assesses their performance to ensure performance goals are met. Achieving results means you, the applicant, have clearly identified the benefits, or outcomes of your program. Outcomes are ultimate goals. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals. Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your Evaluation Plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

Applicant should agree to cooperate with any HUD-approved evaluation by making staff available for interview, providing lists of participants and their contact information, and making available files under appropriate assurance of confidentiality of records.

Program outcomes for the Youthbuild Program must include:

(1) Number of participants;

(2) Number of housing units constructed;

(3) Number of housing units rehabilitated.

(4) Number of GED's or certificates attained by participants (numerator: of those who are enrolled in education, the number of participants who attain a diploma, GED or certificate; denominator: those who are enrolled in education).

(5) Number of participants placed in employment or education (numerator: of those who are not in education or employed at registration, the number of participants who have entered employment, the military or enrolled in post secondary education and/or advanced training/occupational skills training by the end of the first quarter after exit; denominator: of those who are not in education or employed at registration, the number of participants who exit during the quarter); and

(6) Literacy and numeracy gains (measures the increase in literacy and numeracy skills of participants through a common assessment tool administered at program registration and regular intervals thereafter).

Applicants are required to complete the Logic Model form (see appendix to the General Section). This rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability.

VII. Application Submission Requirements

(A) *Site Access Submission Requirements.* You must submit identification of specific housing sites, and firm evidence of site access.

(1) Guidance on evidence of site access:

a. If the applicant or joint applicant has a contract or option to purchase the property, you should provide a statement to that effect and include a copy of the contract or option;

b. If a third party owns the property or has a contract or option to purchase, that third party must provide a letter to you stating the nature of the ownership and specifically providing you with access to the property for the purposes of the program and the time frame in which the property will be available. In the case of a contract or option, include a copy of the document; and

c. You must provide the required certification that the proposed activities are consistent with the HUD-approved Consolidated Plan in accordance with 24 CFR part 91 and referenced in the General Section of the SuperNOFA.

(B) *Category 3 applicants only.* You must state that the proposed project to be established will be located in an underserved and rural area as defined in Section (VI)(B)(3) of this notice.

(C) *Application Items.* Your application must contain the items listed in this section. These items include the standard forms, certifications, and assurances listed in the General Section of the SuperNOFA that are applicable to this funding (collectively, referred to as the ''standard forms''). 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, letters), referred to as the ''non-standard forms'' can be found as Appendix B to this program section of the SuperNOFA. The items are as follows:

(1) HUD–424, Application for Federal Assistance.

(2) HUD–424B, Applicant Assurances and Certifications.

(3) HUD–424C, Budget Information for Construction Program.

(4) HUD–2880, Applicant/Recipient Disclosure/Update Form.

(5) SF–LLL, Disclosure of Lobbying Activities (if applicable);

(6) Letters from property owners allowing access to the housing site for construction training.

(7) Submission of 501(c)(3) status and/or letter certifying non-profit status if the applicant is a public non-profit organization.

(8) Narrative Response to Factors for Award.

Factor 1—Capacity of the Applicant and Relevant Organizational Experience

Factor 2—Need/Extent of the Problem

Factor 3—Soundness of Approach, including the following non-narrative items:

(a) letters from non-applicant resource providers describing contributions or support, (b) documentation necessary to complete environmental review (Exhibit 2C15), and description of relocation, if applicable.

Factor 4—Leveraging Resources, including your letters(s) evidencing the leveraged commitment(s), which will not be counted in the 15 page limitation.

Factor 5—Achieving Results and Program Evaluation.

(9) HUD–2990, Certification of Consistency with the EZ/EC Strategic Plan;

(D) The total narrative response to all factors identified in Section VI(C)(13) of this program NOFA must not exceed 15 pages, and must be submitted on 8.5″ by 11″ paper, using a 12 point font, with lines double-spaced and printed only on one side. Please note that submitting pages in excess of the page limit will not disqualify your application. However, HUD will neither review nor consider the information on any excess pages, which may result in a lower score or failure to meet a threshold.

VIII. Corrections to Deficient Applications

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

IX. Environmental Requirements

(A) *Environmental Reviews.* Environmental procedures apply to HUD approval of grants when you propose to use Youthbuild funds to cover any costs for the lease, acquisition, rehabilitation, or new construction of real property proposed for housing project development. Environmental procedures do not apply to HUD approval of your application when you propose to use your Youthbuild funds solely to cover costs for classroom and/or on-the-job construction training and support services.

If you propose to use your Youthbuild funds to cover any costs of the lease, acquisition, rehabilitation, or new construction of real property, you must submit all relevant environmental information in your application to support HUD decision-making in accordance with the environmental procedures and standards set forth in HUD Regulation 24 CFR 585.307.

X. Authority

This program is authorized under subtitle D of title IV of the Cranston-Gonzalez National Affordable Housing Act, as added by section 164 of the Housing and Community Development Act of 1992 (Pub. L. 102–550, 106 Stat. 3723, 42 U.S.C. 12899). The Youthbuild Program regulations are found in 24 CFR part 585.

Appendix A—Instructions for Completion of Youthbuild Environmental Requirements (Exhibit 2C(15))

A. Instructions to Applicants

1. If you propose to use Youthbuild funds to cover any costs of the lease, acquisition, rehabilitation, or new construction or real property, you shall submit all relevant environmental information in your application to support HUD decision making in accordance with the environmental procedures and standards set forth in 24 CFR 585.307. For each proposed Youthbuild property for which HUD environmental procedures apply, you are to prepare a separate Exhibit 2C(15) in which you supply HUD with environmental threshold information and letters from qualified data sources (see definition below) which support the information. HUD will review your submission and determine how, if necessary, HUD will comply with any Federal laws and authorities that may be applicable to your property proposed for Youthbuild funding. If environmental procedures apply and Exhibit 2C(15) with supporting documentation is not included then the application will be deemed ineligible.

You are to follow these instructions for preparing Exhibit 2C(15). The instructions advise you on how to obtain and document certain information to be supplied to HUD in this exhibit. Before selecting a property for Youthbuild funding, you should read these instructions and be advised that HUD encourages you to select, to the extent practicable, properties and locations that are free of environmental hazards and problems discussed in these instructions. The responses to the environmental criteria in Exhibit 2C(15) will be used to determine environmental approval or disapproval by HUD of proposals for physical development of properties.

2. After selecting a property for proposed Youthbuild funding, you are to determine the activities to be undertaken with your Youthbuild funds. You are to indicate in Section E whether the Youthbuild funds will be used for:

(a) Lease or purchase of a property;

(b) Minor rehabilitation or

(c) Major rehabilitation; or

(d) New construction of housing.

The activities proposed for Youthbuild funding will determine the kind of data that you will need to obtain from a qualified data source in order to complete Exhibit 2C(15).

3. Once you have selected a property and determined the activities for Youthbuild funding, you are advised to check with your city or county agency that administers HUD's

Community Development Block Grant program and performs environmental reviews, or the local planning agency. This course of action is recommended in view of the fact that most, if not all of the data needed for preparing Exhibit 2C(15) is readily available from the local community development agency and the local planning agency. You are advised to ask the environmental staff of those agencies the following questions:

(a) Has the agency ever prepared an environmental review of the proposed Youthbuild property or the neighborhood in which the property is located, and if so, would it provide a copy to the applicant for use by HUD;

(b) Would the agency assist you in completing section G; or if the agency is not able to help complete any item in section G, would the agency advise you which local or State agency is the appropriate qualified data source for obtaining the information.

Also, you should check with the local planning agency before proceeding elsewhere for the information.

You are advised that the cost of preparing information and analyses needed for Exhibit 2C(15) is an eligible cost under the Youthbuild program and is reimbursable if you are approved for a grant.

4. Key terms used in these instructions are defined in the following section. Most of the other terms are technical and their definition would be known to qualified data sources.

(a) Qualified data source means any Federal, State or local agency with expertise or experience in environmental protection (*e.g.,* the local community development agency; the land planning agency; the State environmental protection agency; the State Historic Preservation Officer) or any other source qualified to provide reliable information on the particular subject. Please attach a letter supporting the information from each qualified data source to Exhibit 2C(15).

(b) Minor rehabilitation refers to proposed repairs and renovations to an existing building:

(i) Where the estimated cost of the work is less than 75 percent of the property value after completion;

(ii) That does not involve changes in land use from residential to nonresidential, or from nonresidential to residential;

(iii) That does not involve the demolition of one or more buildings, or parts of a building, containing the primary use served by the project; and

(iv) That does not increase unit density by more than 20 percent.

For minor rehabilitation of a building located in a floodplain, the criteria for substantial improvement modify this definition. (See Item B 3 below)

(c) Major rehabilitation refers to proposed repairs and renovations to an existing building:

(i) Where the estimated cost of the work is 75 percent or more of the property value after completion; or

(ii) That involves changes in land use from residential to nonresidential, or from nonresidential to residential; or

(iii) That involves the demolition of one or more buildings, or parts of a building, containing the primary use served by the project; or

(iv) That increases unit density by more than 20 percent.

(d) Multifamily housing means any residential building that contains five or more apartments or rooming units.

(e) Single-family housing means any residential building that contains one-to-four dwelling units.

Because each Federal environmental law or authority has compliance requirements that differ according to the type of proposed activity to be funded, you are required to supply information in Exhibit 2C(15) only for the type of activity for which the Youthbuild grant will be used.

(f) If you propose new construction or major rehabilitation of multifamily housing, you must supply complete and reliable environmental threshold information for items 1 through 13 in section G.

(g) If you propose new construction of single family housing, you must supply complete and reliable environmental threshold information for items 1 through 12 in section G.

(h) If you propose minor rehabilitation of multifamily or single-family housing, or the purchase or lease of a property, you must supply complete and reliable environmental threshold information for items 1 through 7 in section G.

5. Applicants subject to HUD's environmental procedures are to submit Exhibit 2C(15) and accompanying documentation to HUD with the applications for grant assistance. Such applicants are prohibited from committing or expending State, local or other funds in order to undertake property rehabilitation, construction (including demolition), or acquisition (including lease), until HUD and the grantee execute a grant agreement for the proposed Youthbuild project.

6. HUD reserves the right to disqualify any application where one or more environmental thresholds are exceeded if HUD determines that the compliance review cannot be conducted and satisfactorily completed within the HUD review period for Youthbuild applications.

B. Environmental Threshold and Documentation Requirements

The threshold and documentation requirements for each of the Federal environmental laws and authorities are described below, following the same order as they appear in section G.

1. Site within designated coastal barrier resources:

Threshold: Youthbuild applicants are prohibited by Federal law from using Federal financial assistance for properties, if the properties are located within designated coastal barriers of the Atlantic Ocean, Gulf of Mexico, and the Great Lakes (Coastal Barrier Resources Act, as amended, 16 U.S.C. 3501).

* *Documentation:* You are to select either A or B for the condition that best describes the property and report the option selected in item 1 of section G.

A. Your program operates in a community that does not contain any shores along the Atlantic Ocean, the Gulf of Mexico, or the Great Lakes.

B. Your program operates in a community that does contain shores along the Atlantic Ocean, the Gulf of Mexico, or the Great Lakes, you must provide HUD with a finding made by a qualified data source stating that the proposed property is not located within a designated coastal barrier resource by citing the map panel number of the official maps issued by the Department of the Interior (DOI) on the basis of which the finding was made.

2. Site contaminated with toxic chemicals and radioactive materials:

Threshold: Under HUD policy, as described in 24 CFR 50.3(i), HUD will not approve the provision of financial assistance to residential properties on sites where contamination could affect the health and safety of occupants or conflict with the intended utilization of the property. Sites known or suspected to be contaminated by toxic chemicals or radioactive materials include but are not limited to sites: (i) Listed on either an EPA Superfund National Priorities List (NPL) or CERCLA (Comprehensive Environmental Response, Compensation, and Liability Act) List, or equivalent State list; (ii) located within 3,000 feet of a toxic or solid waste landfill site; or (iii) with an underground storage tank (which is not a residential fuel tank).

* *Documentation:* You are to select either A or B for the condition that best describes property and report the option selected in item 2 of section G.

A. You are providing HUD with a finding made by a qualified data source stating that the proposed Youthbuild property and any neighboring properties do not contain any sites known or suspected to be contaminated with toxic chemicals and radioactive materials.

B. You are providing any site contamination data by a qualified data source in your letter for HUD's evaluation of contamination and/or suspicion of any contamination of a proposed property or any neighboring properties.

3. Site affecting a floodplain:

Threshold: A property located within a floodplain and proposed for funding is subject to Executive Order 11988, Floodplain Management. The Executive Order directs HUD to avoid, where practicable, proposed financial support for any floodplain property, whenever HUD has options to approve properties in flood-free locations. The Order does not apply to existing single-family properties proposed for purchase or lease except for: (a) Property that is located within a floodway or coastal high hazard area; and (b) substantial improvement. Substantial improvement for flood hazard purposes means any property rehabilitation which: (i) Increases the unit density of the property; or (ii) equals or exceeds 50 percent of the market value of the property before rehabilitation, but excluding the costs for correcting health, sanitary, and safety code violations. Note: Proposed funding for substantial improvement and new construction are subject to the Executive Order decision-making process. This may result in a disqualification of your application (refer above to number 7 under ''Instructions to Applicants'').

* *Documentation:* You are to select A or B for the condition that best describes your property and report the option selected in item 3 of section G.

A. You are providing HUD with a finding made by a qualified data source stating that the property is not located within the Special Flood Hazard Area (SFHA).

B. You are providing HUD with a finding made by a qualified data source that the property is located within the Special Flood Hazard Area (SFHA) and indicating if the property is located within a floodway or coastal high hazard area.

The information for A and B must provide HUD with the flood map panel number obtained either from the official maps issued for the National Flood Insurance Program or from the property appraisal report used to make the finding.

For all proposed rehabilitation of properties that are located within a SFHA, you must provide HUD with estimates of: (1) The property value before rehabilitation, and (2) the cost of the proposed rehabilitation. Provide the estimates in section F.

If the property is found to be located within a SFHA, proceed to item 4 on flood insurance protection. Otherwise proceed to item 5.

4. Building requiring flood insurance protection:

Threshold: HUD will estimate the amount and period of flood insurance coverage that is to be made a condition of approval of any HUD financial assistance for a building located within a Special Flood Hazard Area (SFHA). The Flood Disaster Protection Act of 1973 requires owners of HUD-assisted buildings to purchase and maintain flood insurance protection as a condition of approval of any HUD financial assistance for the proposed purchase, rehabilitation, or new construction of any SFHA building. The law prescribes the coverage period and dollar amount of flood insurance protection.

Proof of Purchase of Flood Insurance Protection: You must provide HUD with proof of purchase of flood insurance protection for any proposed Youthbuild building located within the SFHA, whenever HUD funding is being used for property purchase, rehabilitation, or new construction. The standard documentation for compliance is the Policy Declarations form issued by the National Flood Insurance Program (NFIP) or issued by any property insurance company offering coverage under the NFIP. Whenever the requirement applies to coverage which extends to future years, the grant agreement will require that the insured has its insurer automatically forward to HUD, in the same manner as to the insured, an information copy of the Policy Declarations form, which is used to verify compliance. The Youthbuild applicant's responsibility ceases in cases where a mortgage loan is approved requiring flood insurance as condition of loan approval by a lender (other than the Youthbuild applicant), whose responsibility is to assure flood insurance coverage for the loan.

* *Documentation:* You are to select either A or B for the condition that best describes your property and report the option selected in item 4 of section G.

A. You already own the property and attach a copy of the Policy Declarations form confirming that a current flood insurance policy is in effect and the policy provides adequate coverage for the building proposed for the Youthbuild project located within the Special Flood Hazard Area.

B. After you have purchased (or constructed, in the case of proposed new construction) the Youthbuild property, you must obtain and maintain flood insurance protection. For the term and amount of coverage prescribed by law, you must provide HUD with a copy of the Policy Declarations form confirming that the flood insurance policy is in effect and the policy provides adequate coverage for the Youthbuild building located within the Special Flood Hazard Area.

5. Site within clear zones or accident potential zones of airports and airfields:

Threshold: HUD policy as described in 24 CFR part 51, subpart D applies to HUD approval of financial assistance to: (a) Properties located within clear zones; and (b) in the case of new construction or major rehabilitation, properties located within accident potential zones.

(a) *Clear zones:* New construction and major rehabilitation of a property that is located on a clear zone site is prohibited. HUD financial assistance in a clear zone is allowed only for the proposed lease, purchase, or minor rehabilitation of properties (24 CFR 51.302(a)). For HUD funding approval for any property in a clear zone: (a) HUD will give advance written notice to the prospective property buyer in accord with 24 CFR 51.303(a)(3); and (b) a copy of the HUD notice signed by the prospective property buyer will be placed in the property file. The written notice informs the prospective property buyer of: (i) The potential hazards from airplane accidents, which studies have shown more likely to occur within clear zones than in other areas around the airport/airfield; and (ii) the potential acquisition by airport or airfield operators, who may wish to buy the property at some future date as part of a clear zone acquisition program.

(b) Accident potential zones: For properties located within the accident potential zone (APZ), HUD shall determine whether the use of the property is generally consistent with Department of Defense ''Land Use Compatibility Guidelines for Accident Potential Zones.''

* *Documentation:* You are to select either A or B for the condition that best describes your property and report the option selected in item 5 of section G.

A. The property is not located within 3,000 feet of a civil airport or military airfield.

B. If your property is located within 3,000 feet of a civil airport or military airfield, you must provide HUD with a finding from the airport operator stating whether or not the property is located within a runway clear zone at a civil airport, or a clear zone or accident potential zone at a military airfield.

For properties that are located within a runway clear zone or a clear zone or accident potential zone, if you propose to rehabilitate such a property you must provide HUD with estimates of: (i) The cost of the proposed rehabilitation, and (ii) the property value after completion of the rehabilitation. The estimates are to be provided in section F.

6. Site is or affects an historic property:

Threshold: Only if a property is proposed for rehabilitation or new construction must HUD in consultation with the State Historic Preservation Officer (SHPO), and following the Department of the Interior's Standards and Guidelines for Evaluation, make a determination whether the property is:

(a) Listed on or formally determined to be eligible for listing on the National Register of Historic Places;

(b) Located within or directly adjacent to an historic district; or

(c) A property whose area of potential effects includes an historic district or property.

Historic properties and districts are subject by law to special protection and historic preservation processing, which HUD must perform to comply with the regulations of the Advisory Council on Historic Preservation (ACHP: 36 CFR part 800). Note: If you are using information from the SHPO as a qualified data source you need to allow sufficient time to obtain the information from the SHPO. You may wish to make special arrangements with the SHPO for rapid review of the proposed property where this is practicable. In addition, for properties determined to be historic properties, HUD will require 30 to 90 days in most cases for HUD to perform historic preservation compliance with the ACHP regulations. This may result in a disqualification of the application (refer above to number 7 under ''Instructions to Applicants'').

* *Documentation:* You are to select one of the following options that best describe the condition of your property and report the option selected in item 6 of section G.

A. You propose financial assistance for rehabilitation or new construction, and are providing HUD with a SHPO's finding that the proposed Youthbuild activity:

1. Is located within an area where there are no historic properties; or

2. Will have no effect on historic properties; or

3. Will have an effect on historic properties not considered adverse.

B. You propose financial assistance for rehabilitation or new construction, and are providing HUD with a SHPO's finding that the proposed Youthbuild activity will have an adverse effect on historic properties.

C. You are providing HUD with a copy of a letter from the SHPO stating any reasons for not being able to provide you with the requested information and finding.

7. Site near hazardous industrial operations:

Threshold: Properties that are located near hazardous industrial operations handling fuels or chemicals of an explosive or flammable nature are subject to HUD safety standards (24 CFR 51, Subpart C). However, under the Youthbuild program, these standards would apply only if you propose: (a) construction of a building; (b) conversion of a non-residential land use to a residential land use including making habitable a building condemned for habitation; or (c) rehabilitation that increases the density of a residential structure by increasing the number of dwelling or rooming units. In the case of tanks containing common liquid

fuels, the requirement for an acceptable separation distance (ASD) calculation only applies to storage tanks that have a capacity of more than 100 gallons. **Documentation:* You are to select one of the following options that best describes the condition of the property, and report the option selected in item 7 of section G.

A. The proposed project does not include: (1) Construction of a building; (2) conversion of a non-residential land use to a residential land use including making habitable a building condemned for habitation; or (3) rehabilitation that increases the density of a residential structure by increasing the number of dwelling or rooming units.

B. The proposed project includes: (1) Construction of a building; (2) conversion of a non-residential land use to a residential land use including making habitable a building condemned for habitation; or (3) rehabilitation that increases the density of a residential structure by increasing the number of dwelling or rooming units; and you are providing HUD with a finding by a qualified data source that the proposed property is not located within the immediate vicinity of hazardous industrial operations handling fuel or chemicals of an explosive or flammable nature by citing data used and the maps used.

C. The applicant proposes: (1) Construction of a building; (2) conversion of a non-residential land use to a residential land use including making habitable a building condemned for habitation; or (3) rehabilitation that increases the density of a residential structure by increasing the number of dwelling or rooming units. The grantee provides HUD a finding made by a qualified data source stating: (1) That the proposed property is located within the immediate vicinity of hazardous industrial operations handling fuel or chemicals of an explosive or flammable nature; (2) the type and scale of such hazardous industrial operations; (3) the distance of such operations from the proposed property; (4) a preliminary calculation of the acceptable separation distance (ASD) between such operations and the proposed property; and (5) a recommendation as to whether it is safe to use the property in accord with 24 CFR Part 51, subpart C.

8. Site near high noise source:

Threshold: For new construction which is to occur in high noise areas (*i.e.* exceeding 65 decibels), applicants shall incorporate noise attenuation features to the extent required by HUD environmental criteria and standards contained in Subpart B (Noise Abatement and Control) of 24 CFR part 51. Approvals in a Normally unacceptable noise zone require a minimum of 5 decibels additional sound attenuation for buildings having noise-sensitive uses if the day-night average sound level is greater than 65 decibels but does not exceed 70 decibels, or a minimum of 10 decibels of additional sound attenuation if the day-night average sound level is greater than 70 decibels but does not exceed 75 decibels.

Proposed housing sites with above 75 decibels are unacceptable and the noise attenuation measures require the approval of the Assistant Secretary for Community Planning and Development. In Unacceptable noise zones, HUD strongly encourages conversion of noise-exposed sites to non-housing land uses compatible with the high noise levels.

For major rehabilitation projects involving five or more dwelling units located in the ''Normally Unacceptable'' and ''Unacceptable'' noise zones, HUD actively seeks to have project sponsors incorporate noise attenuation features, given the extent and nature of the rehabilitation being undertaken and the level of exterior noise exposure.

**Documentation:* You are to select A or B for the condition that best describes their project and report the option selected in item 8 of section G.

A. You are providing HUD with a finding made by a qualified data source stating that the property proposed by the applicant for a major rehabilitation or new construction project involving five or more dwelling units is not located within: (1) 1,000 feet of a major noise source, road, or highway; (2) 3,000 feet of a railroad; or (3) 1 mile of a civil or 5 miles of a military airfield.

B. The applicant provides HUD with a finding made by a qualified data source: (1) Stating that the plans for the property proposed by the applicant for a major rehabilitation or new construction project involving five or more dwelling units will incorporate noise attenuation features in accord with HUD environmental criteria and standards contained in Subpart B (Noise Abatement and Control) of 24 CFR part 51; (2) stating whether the property is located within a ''Normally Unacceptable'' or ''Unacceptable'' noise zone; and (3) providing HUD plans and a statement of the anticipated interior noise levels.

9. Site affecting coastal zone management:

Threshold: Only for proposed activities involving new construction or major rehabilitation of multifamily housing does the Coastal Zone Management (CZM) authority apply. Projects that can affect the coastal zone must be carried out in a manner consistent with the approved State coastal zone management program under Sec. 307 of the Coastal Zone Management Act of 1972, as amended.

**Documentation:* You are to select either A or B for the condition that best describes the project and report the option selected in item 9 of section G.

A. You state that your project is not located within a coastal zone, as defined by the States Coastal Zone Management Plan.

B. If your project is located within a coastal zone, you are providing HUD with a finding made by the State CZM agency that the project proposed by the applicant is consistent with the approved State coastal zone management program.

10. Site affecting a sole source aquifer:

Threshold: The sole source aquifer authority applies primarily to activities involving proposed new construction or conversion to housing of non-residential property. Projects which can affect aquifers designated by the Environmental Protection Agency (EPA) must be reviewed for impact on such designated aquifer sources. The Safe Drinking Water Act of 1974 requires protection of drinking water systems which are the sole or principal drinking water source for an area and which, if contaminated, would create a significant hazard to public health.

**Documentation:* You are to select either A or B for the condition that best describes their project and report the option selected in item 10 of section G.

A. You are providing HUD with a finding made by a qualified data source stating that the proposed property is not located on nor does it affect a sole source aquifer designated by EPA.

B. If your project proposes new construction or conversion activities that are located on or may affect any sole source aquifer designated by the EPA, you are identifying the aquifer and providing HUD with an explanation of the effect on the aquifer from a qualified data source, and/or a copy of any comments on the proposed project that have been received from the EPA Regional Office as well as from any State or local agency with jurisdiction for protecting the drinking water system.

11. Site affecting endangered species:

Threshold: The Endangered Species Protection (ESP) authority applies primarily to activities involving proposed new construction or conversion to housing of a non-residential property. Projects which can affect listed or proposed endangered or threatened species or critical habitats require consultation with the Department of the Interior or the Department of Commerce in compliance with the procedure of Section 7 of the Endangered Species Act of 1973, as amended.

**Documentation:* You are to select either A or B for the condition that best describes the property and report the option selected in item 11 of section G.

A. If your project proposes new construction or conversion activities, you are providing HUD with a finding made by a qualified data source that the project is not likely to affect any listed or proposed endangered or threatened species or critical habitat. The finding shall indicate whether the project is located within a critical habitat, and if so, explain why the project is not likely to affect the species or habitat.

B. If your project proposes new construction or conversion activities that are likely to affect listed or proposed endangered or threatened species or critical habitat, you are providing HUD with a statement from a qualified data source explaining the likely affect, and/or a finding made by the Fish and Wildlife Service of the Department of the Interior or the National Marine Fisheries Service of the Department of Commerce stating as acceptable the proposed mitigation that you will provide to protect any affected endangered or threatened species or critical habitat.

12. Site affecting a designated wetland:

Threshold: New construction or conversion to housing of a non-residential property located within a designated wetland is subject to Executive Order 11990, Protection of Wetlands. This Executive Order directs HUD to avoid, where practicable, financial support for new construction on wetland property. Note: Proposed funding for new

construction or conversion is subject to the Executive Order decision making process. This may result in a disqualification of the application (refer above to number 7 under ''Instructions to Applicants'').

**Documentation:* You are to select A or B for the condition that best describes the property and report the option selected in item 12 of section G.

A. You are providing HUD with a finding made by a qualified data source stating that the property is not located within a designated wetland where new construction or conversion is proposed.

B. You are providing HUD with a finding made by a qualified data source that the property is located within a designated wetland, which applies only to property where new construction or conversion is proposed.

The information for A and B must provide HUD with the wetland panel number obtained from official maps issued by the Department of the Interior on the basis of which the finding was made, or where DOI has not mapped the area, a letter or other documentation from the Army Corps of Engineers or other Federal agency.

13. Significant impact to the human environment:

Threshold: HUD must perform an environmental assessment of any property proposed for major rehabilitation or new construction except for an individual single-family property having one-to-four dwelling units or a scattered site project of five or more units where the sites are more than 2,000 feet apart and there are not more than four units on any one site. It is the policy of the Department to reject proposals which have significant adverse environmental impacts and to encourage the modification of projects in order to enhance environmental quality and minimize environmental harm. This policy is authorized by the National Environmental Policy Act (NEPA) and the implementing regulations of the Council on Environmental Quality and HUD's Environmental Rule at 24 CFR part 50.

**Documentation:* You are to provide HUD with any information on any adverse environmental impacts that affect the property or that the project would create. You are to report this data on a separate sheet and attach it to Exhibit 2C(15). Examples of adverse impacts are: soil instability and erodibility; natural or person-made hazards and nuisances; air pollution; inadequate infrastructure (*e.g.*, water supply, waste water treatment, storm water management, solid waste collection), inadequate public services (*i.e.*, fire, police, health care, social services, schools, parks) and transportation; and encroachment on prime farmlands and wild and scenic river areas. You are to identify any significant impacts to the human environment.

Appendix B

The non-standard forms, which follow, are required for your Youthbuild application.

BILLING CODE 4210–32–P

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

OMB Approval No. 2506-0142
(exp. 09/30/2003)

FY 2003 Youthbuild SuperNOFA Forms

form **HUD-40211** (04/2003)

Exhibit 2 C. Housing Site Description. (Complete all sections.)

Public reporting burden for the collection of information is estimated to average 2 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the Youthbuild grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

1. Housing Site Identification

2. Number of housing units planned to be purchased

3. Type of housing to be produced: (check all that apply)
_____ residential rental
_____ homeowersnhip
_____ transitional housing for the homeless

4. Homeless Housing: For housing that will be transitional housing for the homeless, attach a description of the plan for the outreach and placement of homeless families or individuals. (1 page). Label this narrative Exhibit 2C4.

5. Will all housing produced be provided for homeless, low-income, or very-low income persons?
_____ Yes _____No

6. The on-site training will consist of:
_____ New Construction
_____ Rehabilitation

7. Are any of the units currently occupies?

_____ Yes _____No

8. Name of the current owner of the property:

(If yes, attach a relocation narrative that identifies the number of persons, the business or others occupying the property on the date of submission of this application, the number of displaced, the number to be temporarily relocated but not displaced, the estimated cost of relocation services payments and services, the source of funds for relocation, and the organization that will provided relocation assistance to occupants and the contact person's name and phone number. Label this attachment as Exhibit 2C7.

9. Documentation of Access: Attach required evidence of site access. (Letter from the owner identified in No. 8) Label this attachment Exhibit 2C9.

10. Individual Housing Project Site Estimate and Documentation of Resources

Complete the attached Exhibit 2C10 for each housing project site to be used in conjunction with the Youthbuild implementation program. Attach documentation of resources behind each Exhibit 2C10.

11. Describe the applicant role and responsibilities for the on-site housing construction or rehabilitation work. Label this description Exhibit 2C11.

12. Name the entity which will own and manage the property after the construction or rehabilitation work is completed.

13. Housing Project Certifications. Housing Certifications are Attached.

____ Yes ____ No

14. Model Lease
A Model Lease is attached

____ Yes ____ No

15. Environmental Threshold Information for Property Proposed for Youthbuild funding Exhibit 2C15 and supporting documentation is attached
_____ Yes _____ No

16. Picture: (optional). Provide a picture of each potential housing site. Label it Exhibit 2C16.

form **HUD-40211** (04/2003)

Exhibit 2 C 10. INDIVIDUAL HOUSING PROJECT SITE ESTIMATE

Address of Property (include city, state, and zip code):

Grant Activities	Resources					
	Youthbuild	Other Federal	State	Local	Private	Total
1. Acquisition	$	$	$	$	$	$
2. Architecture and Engineering						
3. Housing Construction						
4. Housing Rehabilitation						
5. Total Housing Project Costs for Site						

Note 1: Include both **cash** and **in-kind** contributions

Note 2: When paid, in whole or in part, with Youthbuild program funds, the activities above will trigger applicable Youthbuild project-related restrictions contained in Youthbuild regulations CFR 585.309, 310, OR 311. Applicants who propose to use Youthbuild funds for one or more of these activities are required to complete the appropriate certifications.

Documentation of Housing Resources

Attach a letter of commitment from each source of funding

Name of Provider (Donor)	Cash or In-Kind	Dollar Value Provided	Page No. of Letter	HUD Use Only
		$		
		$		
		$		
		$		
Total		$		

Exhibit 2 C 13a. Housing Project Certifications For Residential Rental Units

Applicants requesting Youthbuild Grant funds to fund any part of the acquisition, architectural and engineering fees, construction, operating costs or replacement reserves for a housing project that will be used for residential rental units, must make the following certification. If the rightful property owner is not the applicant, then these certifications must be signed by that property owner. A separate certification must be signed for each housing project.

The Applicant or Rightful Property Owner certifies that, for a period of not less than ten (10) years after construction or rehabilitation is completed and an occupancy permit is issued for the Youthbuild residential rental housing project receiving Youthbuild assistance, it:

A. Will maintain at least a 90 percent level of occupancy for individuals and families with incomes less than 60 percent of the area median income, adjusted for family size. The remaining ten percent of the units will be made available to and occupied by low-income families. The income test will be conducted only at the time of entry for each unit available for occupancy. Each available rental unit will be made available to the 60 percent-of-area-median-income group for an advertising period of not less than 90 days upon each vacancy occurrence throughout the ten year period. Community-wide advertisements for tenants of this income group will be conducted. If, at the end of the 90-day advertising period, no qualifying tenant leases the unit, the unit will be advertised for individuals and families with incomes between 60 and 80 percent of the area median income adjusted for family size, for another 90 day period. Leases for tenants whose income are between 60 and 80 percent of the area median income (exclusive of the ten percent allowance) will be limited to one year and such temporary tenants are not covered by paragraphs C., E., and F. below.

B. Will use the model lease submitted with the Youthbuild application with any modifications approved by HUD at the time of grant award.

C. Will not terminate the tenancy or refuse to renew the lease of a tenant occupying a Youthbuild residential rental housing unit except for serious or repeated violations of the terms and conditions of the lease, or for violation of applicable Federal, state or local laws, or for other good cause. Any termination or refusal to renew the lease will be preceded by a not less than 30-day written notice to the tenant specifying the grounds for the action.

D. Will maintain the premises in compliance with all applicable HUD, other Federal, State or local program housing quality standards and local code requirements. If no public assistance is involved other than the Youthbuild grant, HUD's Section 8 housing quality standards will be followed.

E. Will develop and adopt a tenant selection plan that:
   1) is consistent with the purpose of providing housing for homeless and very low-income families and individuals:
   2) is reasonably related to program eligibility and the certifying entity's ability to perform the obligations of the lease;
   3) gives reasonable consideration to the housing needs of families that would qualify for a preference under section 6 (c) (4) (A) of the United States Housing Act of 1937;
   4) provides for the selection of tenants from a written waiting list in the chronological order of their application, to the extent practicable, and for the prompt notification in writing of any rejected applicant of the grounds for any rejection; and
   5) acknowledges that a family holding tenant-based assistance under section 8 of the United States Housing Act of 1937 will not be refused tenancy because of the status of the prospective tenant as a holder of such assistance

Exhibit 2 C 13b. Housing Project Certifications For Transitional Housing

Applicants requesting Youthbuild Grant funds to fund any part of the acquisition, architectural and engineering fees, construction, rehabilitation, operating costs or replacement reserves for a housing property that will be used for Transitional housing for the homeless must make the certifications below. If the rightful property owner is not the applicant, then these certifications must be signed by that owner. A separate certification must be signed for each housing project.

The Applicant or Rightful Property Owner certifies that, for a period of not less than ten (10) years after construction or rehabilitation is completed and an occupancy permit is issued for the Youthbuild residential rental housing project receiving Youthbuild assistance, it:

A. will ensure that the aggregate monthly rental for each Youthbuild project will not exceed the operating costs of the project (including debt service, management, adequate reserves and other documented operating costs) plus a six percent return on any equity investment of the project owner.
B. Will, **if it is nonprofit organization**, use any profit received from the operation, sale or other disposition of the project for the purposes of providing housing for low-and moderate-income families. Any profit-motivated partners in a nonprofit partnership will receive: (i) not more than a six percent return on their equity investment from project operations; and (ii) upon disposition of the project, not more than an amount equal to their initial equity investment plus a return on that investment equal to the increase in the Consumer Price Index for the geographic location of the project since the time of the initial investment of such partner in the project.
C. Will ensure that the transitional housing project shall adhere to the requirements regarding service delivery, housing standards and rent limitations applicable to comparable housing receiving assistance under title IV of the Stewart B. McKinney Homeless Assistance Act, unless these requirements are expressly waived by the Secretary of HUD to permit the conversion of the project to a permanent housing project.
D. Will not convey ownership of the property unless the instrument of conveyance requires a subsequent owner to comply with the above certifications for the balance of the ten year period.

Signature of Authorized Certifying Official of:

____ Applicant ____ Rightful Property Owner

Title: _____

Organization: _____

Date: _____

Address of Property: _____

_____

_____

form **HUD-40211** (04/2003)

Exhibit 2C 13c. Housing Project Certifications for Homeownership

Applicants requesting Youthbuild Grant funds to fund any part of the acquisition, architectural and engineering fees, construction, or rehabilitation for a housing property that will be used for homeownership must provide the certifications below. If the rightful property owner is not the applicant, then these certifications must be signed by that property owner. A separate certification must be signed for each housing project.

The Applicant or Rightful Property Owner certifies that, for a period of not less than ten (10) years after construction or rehabilitation is completed and an occupancy permit is issued for the Youthbuild homeownership housing project receiving Youthbuild assistance it;

A. Will ensure that the homeownership project will comply with the requirements of the HOPE II or HOPE III programs authorized under subtitles B or C respectively of title IV of the Cranston-Gonzales National Affordable Housing Act.

B. Will not convey ownership of the property unless the instrument of conveyance requires a subsequent owner to comply with the above certification for the balance of the ten year period.

Signature of Authorized Certifying Official of:
_____ Applicant Organization _____ Rightful Property Owner

Title: _____

Organization: _____

Date: _____

Address of Property: _____

_____

_____

form HUD-40211 (04/2003)

Exhibit 2 C 15. Environmental Threshold Information for a Property Proposed for Youthbuild Funding

(See Instructions for completing this exhibit)

Youthbuild Applicant's Name.	Contract Person's Name.	Phone Number (Include Area Code)

A. Street address for the property (Include City, State, Zip Code)	B. Attach a map of the community and mark on the map the location of the property. Map is attached: Yes____ NO__
	C. Attach a copy of any environmental review for the property obtained from the local qualified data source. Environmental review is attached: Yes____ No___

D. Indicate the present and proposed use of the property (ie., whether single-family, multifamily or non-residential); and number of dwellings or rooming units.

Present use: No. of units:_____

Proposed use: No. of units:_____

E. Indicate the activities for which you are proposing to use Youthbuild funds for the property.

__Lease or purchase of a property ___Major Rehabilitation ___Minor Rehabilitation ___New Construction

F. If the proposed Youthbuild property is located within a floodplain, or a clear zone or accident potential zone of an airport or airfield provide the following information:

Property value before rehabilitation (est. in thousands)	Rehabilitation costs (est. in thousands)	Property value after completion of rehabilitation (est. in thousands)
$	$	$

G. For new construction or major rehabilitation of multifamily housing, complete items 1 through 13. For new construction of single-family housing, complete items 1 through 12. For minor rehabilitation of multifamily or single-family housing, or for the purchase or lease of a property, complete items 1 through 7. The designation "A" or "B" or "C" refers to the type of documentation required by the instructions contained in the Appendix

1. Site within designated coastal barrier resources: Indicate A or B ___
2. Site contaminated with toxic chemicals and radioactive materials: Indicate A or B ___
3. Site affecting a floodplain: Indicate A or B ___
4. Building requiring flood insurance protection: Indicate A or B ___
5. Site within clear zones or accident potential zones of airports and airfields: Indicate A or B ___
6. Site is or affects an historic property: Indicate A,B, or C___
7. Site near hazardous industrial operations: Indicate A,B, or C___
8. Site near high noise source: Indicate A,B, or C___
9. Site affecting coastal zone management: Indicate A or B ___
10. Site affecting a sole source: Indicate A or B ___
11. Site affecting endangered species: Indicate A or B ___
12. Site affecting a designated wetland: Indicate A or B ___
13. Significant impact to the human environment: Are any adverse environmental impacts that affect the property or that the project would create?

Yes ___ if yes, document on separate sheets (s).

No ___

Exhibit 4A. TOTAL YOUTHBUILD GRANT BUDGET

	Sources of Funds					
Grant Activities	Youthbuild	Other Federal	State	Local	Private	Total
1.Acquisition	$	$	$	$	$	
2. Architecture and Engineering						
3. Housing Construction						
4. Housing Rehabilitation						
5. Relocation						
6. Outreach and Recruitment Activities						
7. Education and job training (includes on-site training						
8. Trainee wage, etc.*						
9. Leadership development, counseling, support services						
10. Job placement and follow-up						
11. Subtotal (sum of lines 1 through 10)						
12. Costs of administering Grant**						
13. Total Costs (sum of lines 11 and 12)	$	$	$	$	$	$

- Include need-based stipends/benefits/incentives/tools/clothing, etc.

form HUD-40211 (04/2003)

Exhibit 4B. Non-Housing Program Resources

Information in this exhibit will be used to rate the Non-Housing Program Resources criterion. Applicants should refer to the specific instructions on how to complete this exhibit. Verify that the letter is acceptable. The "Dollar Value Provided" figure is total of those with an acceptable letter. Do not include any letters that are housing resources.

Name of Provider (Donor)	Cash or In-Kind	Dollar Value Provided	Page No. of Letter	HUD Use Only
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
Total		$		

Line Item Budget for Federal Funds for the Rural Housing and Economic Development Program

Cost Category (specify Activity)	Activity 1	Activity 2	Activity 3	Activity 4	Activity 5	Total Dollars
Personnel	$	$	$	$	$	$
Fringe Benefits						$
Travel						$
Equipment						$
Supplies						$
Contracts						$
Consultants						$
Other Direct Cost						$
Indirect Costs						$
Total Costs						$

form **HUD-40211** (04/2003)

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

RURAL HOUSING AND ECONOMIC DEVELOPMENT PROGRAM

Billing Code 4210-32-C

Funding Availability for the Rural Housing and Economic Development Program

Program Overview

Purpose of Program: The purpose of the Rural Housing and Economic Development (RHED) program is to build capacity at the State and local level for rural housing and economic development and to support innovative housing and economic development activities in rural areas. The funds made available under this program will be awarded competitively, through a selection process conducted by HUD in accordance with HUD Reform Act.

Available Funds: Approximately $24,837,500 million will be awarded in Fiscal Year (FY) 2003 plus any additional funds that would be available through recapture.

Eligible Applicants: Local rural non-profit organizations, community development corporations, federally recognized Indian tribes, State housing finance agencies and State economic development and/or community development agencies.

Application Deadline: May 27, 2003.

Match: None.

Additional Information

If you are interested in applying for funding under this program, please carefully review the General Section of this SuperNOFA and the following information:

I. Application Due Date, Further Information and Technical Assistance

Application Due Date: Applications for RHED grants must be received by the deadline date. Applications received after the deadline date will not be considered.

See the General Section of this SuperNOFA for specific procedures governing the form of application submission).

Applications. Your application will be considered timely filed if your application is received in HUD headquarters on or before 5:15 pm eastern standard time on the application due date.

Address for Submitting Applications: Completed applications (one original and two complete copies) must be submitted to: Processing and Control Unit, Room 7251, Office of Community Planning and Development, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410; ATTN: Office of Rural Housing and Economic Development. When submitting your application, please include your name, mailing address (including zip code), telephone number, and fax number (including area code).

Application Kits. An application kit for the RHED program is not necessary for submitting an application in response to this announcement. This announcement contains all the information necessary for the submission of your application for the Rural Housing and Economic Development Program.

Further Information and Technical Assistance. All information and materials required to submit an application for funding under the HUD Rural Housing and Economic Development program are included in the Appendix to this NOFA.

For information concerning the HUD Rural Housing and Economic Development program, contact Ms. Holly A. Kelly, Economic Development Program Specialist, Office of Rural Housing and Economic Development, Office of Community Planning and Development (CPD), U.S. Department of Housing and Urban Development, 451 7th Street, SW., Room 7137, Washington, DC 20410; telephone 202–708–2290 (this is not a toll-free number). Persons with speech or hearing impairments may access this number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

Prior to the application deadline, HUD staff at the number above will be available to provide general guidance and clarification of the NOFA, but not guidance in actually preparing your application. Following selection, but prior to award, HUD staff will be available to assist in clarifying or confirming information that is a prerequisite to the offer of an award by HUD.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of an application. For more information about the date and time of this broadcast, consult the HUD Web site at *www.hud.gov.*

II. Amount Allocated

(A) *Available Funds.* Approximately $24,837,500 million in Fiscal Year (FY) 2003 funding (plus any additional funds that would be available through recapture) is being made available through this NOFA. The breakdown for this funding is below.

(B) *Funding Categories and Maximum Award Amounts.* HUD will award up to approximately $25 million on a competitive basis in the following funding categories. Applicants must apply for funds in only one of the two categories: Category (1) Capacity Building or Category (2) Support for Innovative Housing and Economic Development Activities. Only one application will be accepted from any given organization. If more than one application is received from any one organization, the application that was received in the Processing and Control Unit at HUD Headquarters first will be considered for funding. All subsequent applications will be deemed ineligible.

Category 1 *Capacity Building.* HUD will award up to approximately $10 million to applicants for capacity building activities. This amount will go directly to local rural non-profits, community development corporations (CDCs) and federally recognized Indian tribes to increase an organization's capacity to support innovative housing and economic development activities. The maximum amount awarded to a successful applicant in this category will be $150,000. If you received two or more RHED grants for capacity building since 1999, you are not eligible to apply under this category.

Category 2 *Support for Innovative Housing and Economic Development Activities.* HUD will award up to approximately $14,837,500 million to federally recognized Indian tribes, State Housing Finance Agencies (HFA)s, State community and/or economic development agencies, local rural non-profits and Community Development Corporations (CDCs) to support innovative housing and economic development activities in rural areas nationwide. The maximum amount awarded to a successful applicant in this category will be $400,000.

Special Note: Applicants are encouraged to ensure that the amount of RHED funds requested are consistent throughout their application including on the HUD 424 ''Application for Federal Assistance'', the Transmittal Letter, the application narrative sections (Rating Factors) and the HUD 424A ''Budget Information''. Inconsistencies may result in discrepancies between funding amounts requested and amounts awarded.

III. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description

(1) *Background.* There has been a growing national recognition of the need to enhance the capacity of local rural non-profit organizations, community development corporations, federally recognized Indian tribes, State housing finance agencies (HFAs) and State economic development and/or community development agencies to expand the supply of affordable housing and to engage in economic development

activities in rural areas. A number of resources are available from the Federal government to address these problems, including programs of the United States Department of Agriculture (USDA), the Economic Development Administration (EDA), the Appalachian Regional Commission (ARC), the Department of the Interior (for Indian Tribes) and HUD. The Rural Housing and Economic Development program has been developed to supplement these resources and to focus specifically on capacity building and promoting innovative approaches to housing and economic development in rural areas. In administering these funds, HUD encourages you to coordinate your activities supported by any of the above mentioned agencies.

(2) *Definitions*

Appalachia's Distressed Counties means those counties in Appalachia that ARC has determined to have unemployment and poverty rates that are 150 percent of the respective U.S. rates and has a per capita income that is less than 67 percent of the U.S. per capita income, and has counties with 200 percent of the U.S. poverty rate and one other indicator such as percent of overcrowded housing, etc. Appendix B to this notice identifies ARC's list of distressed counties.

Colonia means any identifiable, rural community that:

(i) Is located in the state of Arizona, California, New Mexico, or Texas;

(ii) Is within 150 miles of the border between the U.S. and Mexico; and

(iii) Is determined to be a Colonia on the basis of objective need criteria, including the lack of potable water supply, lack of adequate sewage systems, and lack of decent, safe, sanitary, and accessible housing.

Farmworker means a farm employee of an owner, tenant, labor contractor, or other operator raising or harvesting agricultural or aquacultural commodities; or a worker in the employment of a farm operator, handling, planting, drying, packing, grading, storing, delivering to storage or market, or carrying to market agricultural or aquacultural commodities produced by the operator. Seasonal farm workers are those farm employees who typically do not have a constant year round salary.

A Firm commitment means the agreement by which an applicant's partner agrees to perform an activity specified in the application and demonstrates the financial capacity to deliver the resources necessary to carry out the activity, and commits the resources to the activity either in cash or through in-kind contributions and is irrevocable, subject only to approval and receipt of a FY 2003 RHED grant. Each letter of commitment should include the organization's name, the applicant's name, the proposed program, the proposed total level of commitment and responsibilities as they relate to the proposed program. The commitment must be written on letterhead from the participating organization, must be signed by an official of the organization legally able to make commitments on behalf of the organization and dated not earlier than the date of publication of this NOFA. In documenting a firm commitment, the applicant's partner must:

(i) Specify the authority by which the commitment is made, the amount of the commitment, the use of funds and the relationship of the commitment to the proposed investment. If the committed activity is to be self-financed, the applicant's partner must evidence its financial capability through a corporate or personal financial statement or other appropriate means. If any portion of it is to be financed through a lending institution, the participant must provide evidence of the institution's commitment to fund the loan;

(ii) Affirm that the commitment is contingent only upon the receipt of FY 2003 RHED funds and state a willingness on the part of the signatory to sign a legally binding commitment (conditioned on HUD environmental review and approval of a property, where applicable) upon award of the grant.

Federally Recognized Indian tribe means any tribal entity eligible to apply for funding and services from the Bureau of Indian Affairs by virtue of their status as Indian Tribes. The list of federally recognized Indian tribes can be found in the notice published by the Department of the Interior on July 12, 2002, at 67 FR 46328, and is also available from HUD.

Innovative housing activities means projects, techniques, methods, combinations of assistance, construction materials, and energy efficiency improvements or financing institutions or sources new to the eligible area, or its population. The innovative activities can also build upon and enhance a model that already exists.

Local rural non-profit or Community Development Corporation means either:

(i) Any private entity with tax-exempt status recognized by the Internal Revenue Service (IRS) which serves the eligible rural area involved in the application (including local affiliates of national organizations that provide technical and capacity building assistance in rural areas); or

(ii) Any public non-profit such as a Council of Governments that will serve specific local non-profit organizations in the eligible area.

Lower Mississippi Delta Region means the eight state, 235 county/parish region defined by Congress in the Lower Mississippi Delta Development Act, Pub. L. 100–460. Appendix C to this notice identifies the counties referenced in the Act.

Rural area may be defined in one of five ways:

(i) A place having fewer than 2,500 inhabitants (within or outside of metropolitan areas).

(ii) A county with an urban population of 20,000 inhabitants or less.

(iii) Territory, persons, and housing units in the rural portions of ''extended cities.'' The U.S. Census Bureau identifies the rural portions of extended cities.

(iv) Open country that is not part of or associated with an urban area. The USDA describes ''open country'' as a site separated by open space from any adjacent densely populated urban area. Open space includes undeveloped land, agricultural land, or sparsely settled areas, but does not include physical barriers (such as rivers and canals), public parks, commercial and industrial developments, small areas reserved for recreational purposes, and open space set aside for future development.

(v) Any place with a population not in excess of 20,000 and not located in a Metropolitan Statistical Area.

State economic development and/or community development agency means any state agency that has promotion of statewide or local community/economic development as its primary purpose.

State housing finance agency means any state agency created to assist local communities and housing providers with financing assistance for development of housing in rural areas, particularly for low- and moderate-income people.

(B) *Eligible applicants.* Eligible applicants for each of the funding categories are as follows:

(1) *For capacity building funding.* If you are a local rural non-profit, including grassroots, faith-based and other community-based grassroots organization, CDC, or federally recognized Indian tribe, you are eligible for capacity building funding to carry out innovative housing and economic development activities which should lead to an applicant becoming self-sustaining in the future.

(2) *For support for innovative housing and economic development activities funding.* If you are a local rural non-profit organizations, including

grassroots, faith-based and other community-based grassroots organization, CDC, federally recognized Indian tribe, State HFA, or State economic development and/or community development agency, you may apply for funding to support innovative housing and economic development activities in rural areas.

(C) *Eligible activities.* The following are examples of eligible activities under the Rural Housing and Economic Development program. These examples are illustrative and are not meant to limit the activities that you may propose in your application:

(1) *For capacity building funding.* Capacity building for innovative rural housing and economic development involves the enhancement of existing organizations to carry out new functions and/or to more effectively perform existing functions. Activities may include, but are not limited to the following:

(a) Enhancement of existing functions or creation of new functions to provide affordable housing and economic development in rural areas;

(b) Acquisition of additional space and support facilities;

(c) Salaries for additional staff needed to conduct the work, including financial management specialists, and economic development specialists;

(d) Training of staff in the areas of financial management, economic development financing, housing accessibility and visitability standards, fair housing issues and complaint filing;

(e) Development of business plans in order for the organization to be self-sustaining;

(f) Development of Management Information Systems (MIS) and software to enable better and more accurate reporting of information to HUD and to other entities;

(g) Development of feasibility studies and market studies;

(h) Training on energy efficiency in construction for housing and commercial projects;

(i) Housing counseling services including fair housing counseling, the provision of information on budgeting, access to credit and other federal program assistance available;

(j) Conducting conferences or meetings with other Federal and State agencies to inform residents of programs, rights and responsibilities associated with homebuying opportunities; and;

(k) Arranging for technical assistance to conduct needs assessments, conduct asset inventories and to develop strategic plans.

Note: Administrative costs for assistance under this funding category may not exceed fifteen percent (15%) of the total HUD RHED grant award.

(2) *For support of innovative housing and economic development activities.* This category is intended to support, but not be limited to, other costs for innovative housing and economic development activities. Activities may include, but are not limited to the following:

(a) Cost for using new or innovative construction, energy efficiency or other techniques that will result in the design and/or construction of innovative housing and economic development projects;

(b) Preparation of plans, architectural or engineering drawings;

(c) Preparation of legal documents, government paperwork and applications to allow construction of housing and economic development activities to occur in the jurisdiction;

(d) Financial assistance for the acquisition of land and buildings;

(e) Demolition of property to permit construction or rehabilitation activities to occur;

(f) Development of infrastructure to support the housing or economic development activities;

(g) Purchase of construction materials;

(h) Job training to support the activities of the organization;

(i) Homeownership counseling including fair housing counseling, credit counseling, budgeting, access to credit, and other federal assistance available;

(j) Conducting conferences or meetings with other Federal and State agencies to inform residents of programs, rights and responsibilities associated with homebuying opportunities;

(k) Development of feasibility studies and market studies;

(l) Development of Management Information Systems (MIS) and software to enable better and more accurate reporting of information to HUD and to other entities;

(m) Establishing Community Development Financial Institutions (CDFIs), lines of credit, revolving loan funds, microenterprises, and small business incubators; and

(n) Provision of direct financial assistance to homeowners/businesses/developers, etc. This can be in the form of establishing default reserves, pooling/securitization mechanisms, loans, grants, funding existing Individual Development Accounts or similar activities.

Applicants are reminded that they must affirmatively further fair housing in all their activities. Applicants should reference Section V(D) of the SuperNOFA General Section for clarification of AFFA requirements.

Applicants should demonstrate that their activities will continue to serve the populations that are in need and that beneficiaries will have a choice of innovative housing and economic development opportunities as a result of these activities.

Note: Administrative costs for assistance under this funding category may not exceed fifteen percent (15%) of the total HUD RHED grant award.

(D) Ineligible activities. Examples of ineligible activities for both funding categories include:

(a) the use of RHED grant funds for income payments to subsidize individuals or families;

(b) political activities;

(c) general governmental expenses other than expenses related to the administrative cost of the grant; or

(d) projects and activities intended for personal gain or private use.

IV. Program Requirements

(A) *General.* To be eligible for funding under this program section of this SuperNOFA, you must meet the threshold and statutory or regulatory requirements applicable to all programs set forth in Section V of the General Section of the SuperNOFA. In addition to the above, you must meet the following program specific requirements.

(B) *Accounting System Requirements.* RHED requires that successful applicants have in place an accounting system that meets the policies, guidance, and requirements as described in the following applicable OMB Circulars and Code of Federal Regulations:

(1) OMB Circular No. A–87 (Cost Principles Applicable to Grants, Contracts and Other Agreements with State and Local Governments);

(2) OMB Circular No. A–122 (Cost Principles for Nonprofit Organizations),

(3) OMB Circular No. A–133 (Audits of States, Local Governments, and Non-Profit Organizations);

(4) 24 CFR part 84 (Grants and Agreements with Institutions of Higher Education, Hospitals, and other Non-Profit Organizations); and

(5) 24 CFR part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Federally recognized Indian tribal governments).

These documents apply to the award, acceptance and use of assistance under the Rural Housing and Economic

Development program NOFA, and to the remedies for noncompliance, except when inconsistent with the provisions of the FY 2003 HUD Appropriations Act, other Federal statutes or the provisions of this NOFA.

(C) *Ethical Standards.* HUD requires that all grantees adhere to core values and ethical business practices, as described in the General Section of the SuperNOFA as a condition of the award.

(D) *Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses.* HUD requires grantees to use small businesses, small disadvantaged businesses and women-owned businesses in conducting your work activities, if possible. Please refer to Section V(F) of the General Section of the SuperNOFA for specific requirements.

(E) *Forms, Certifications and Assurances.* Applicants are required to submit signed copies of the standard forms, certifications and assurances included in the Appendix of this NOFA signed by the managing officer of your organization.

(F) *Environmental Review.* Selection for award does not constitute approval of any proposed sites. Following selection for award, HUD will perform an environmental review of activities proposed for assistance under this part, in accordance with 24 CFR part 50. The results of the environmental review may require that proposed activities be modified or that proposed sites be rejected. Applicants are particularly cautioned not to undertake or commit HUD funds for acquisition or development of proposed properties (including establishing lines of credit that permit financing of such activities or making commitments for loans that would finance such activities from a revolving loan fund capitalized by funds under this NOFA) prior to HUD approval of specific properties or areas. Each application must contain an assurance that you, the applicant, will assist HUD to comply with part 50; will supply HUD with all available relevant information to perform an environmental review for each proposed property; will carry out mitigating measures required by HUD or select alternate property; and will not acquire, rehabilitate, convert, demolish, lease, repair or construct property, nor commit or expend HUD or local funds for these program activities with respect to any eligible property, until HUD approval of the property is received. In supplying HUD with environmental information, grantees are to use the same guidance as provided in the Notice CPD–99–01, entitled ''Field Environmental Processing for HUD Colonias Initiative (HCI) grants'' issued January 27, 1999.

(G) *Conflicts of Interest.* Consultants and experts assisting HUD in rating and ranking applicants for funding under this NOFA are subject to 18 U.S.C. 208. Refer to Section V(M) of the General Section of the SuperNOFA.

(H) *Grant Amounts.* In the event, you, the applicant, are awarded a grant that has been reduced (*e.g.* the application contained some activities that were ineligible or budget information did not support the request), you will be required to modify your project plans and application to conform to the terms of HUD's approval before execution of the grant agreement. HUD reserves the right to reduce or de-obligate the award if suitable modifications to the proposed project are not submitted by the awardee within 90 days of the request. Any modifications must be within the scope of the original application. HUD reserves the right not to make awards under this NOFA.

(I) *Grant Period.* Recipients will have 36 months from the date of the executed grant agreement to complete all project activities.

(J) *Lead-Based Paint Hazard Control.* All property assisted under the Rural Housing and Economic Development program is covered by the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821–4846) and HUD's implementing regulations at 24 CFR part 35.

(K) *Adjustments to Funding.* In addition to the items identified under Section VI(F) of the General Section of the SuperNOFA, HUD:

(1) reserves the right to utilize this year's funding to fund previous year's errors prior to the rating and ranking this year's applications. Additionally, HUD reserves the right to reallocate funds between categories to achieve the maximum allocation of funds in both categories.

(2) If after all eligible applicants have been selected for funding in Category 1 and funds remain, the remaining funds will be allocated to Category 2 to fund additional eligible applications in that category. If after all eligible applicants have been selected for funding in Category 2 and funds remain, the remaining funds will be allocated to Category 1 to fund additional eligible applications in that category. If a balance of funds remains, HUD reserves the right to utilize those funds toward the following year's competition.

(L) *Economic Opportunities for Low and Very Low Income Persons (Section 3).* Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1702u) is applicable to the RHED program. Please see Section V of the General Section of the SuperNOFA.

V. Application Selection Process

(A) *Rating and Ranking.* (1) *General.* To review and rate applications, HUD may establish panels which may include outside experts or consultants to obtain certain expertise and outside points of view, including views from other Federal agencies.

(2) *Rating.* All applicants for funding will be evaluated against the criteria below. In evaluating applications for funding, HUD will take into account an applicant's past performance in managing funds, including the ability to account for funds appropriately; timely use of funds received either from HUD or other Federal, State or local programs; meeting performance targets for completion of activities; and number of persons to be served or targeted for assistance. HUD may use information relating to these items based on information at hand or available from public sources such as newspapers, Inspector General or Government Accounting Office reports or findings, hotline complaints that have been found to have merit, or other such sources of information. In evaluating past performance, HUD will deduct points from rating scores as specified under Rating Factor 1, Capacity of the Applicant and Relevant Organizational Experience, described in this section below.

(3) *Ranking.* Applicants will be ranked separately within each of the two funding categories. Applicants will be selected for funding in accordance with their rank order in each category. An application must receive a minimum score of 75 points to be eligible for funding. If two or more applications are rated fundable and have the same score, but there are insufficient funds to fund all of them, the application(s) with the highest score for Rating Factor 2 (Need and Extent of the Problem) shall be selected. If applications still have the same score, the highest score in the following factors will be selected sequentially until one highest score can be determined, Rating Factor 3 (Soundness of Approach), Rating Factor 1 (Capacity and Experience), Rating Factor 5 (Achieving Results and Program Evaluation) and Rating Factor 4 (Leveraging Resources).

(B) *Initial screening.* During the period immediately following the application deadline, HUD will screen each application to determine eligibility. Applications will be rejected if they:

(1) Are submitted by ineligible applicants (including applicants that do

not meet the threshold requirements described in the General Section of the SuperNOFA);

(2) Do not serve an eligible rural area;

(3) Do not meet the objectives of the RHED program;

(4) Propose a program for which the majority of the activities are ineligible.

(C) *Rating Factors for Award Used to Evaluate and Rate Applications.* The factors for rating and ranking applicants, and maximum points for each factor, are provided below. The maximum number of points for this program is 102. This includes 100 points for all five rating factors and two RC/EZ/EC bonus points, as described in the General Section of the SuperNOFA.

(D) *Notification of Approval and Disapproval.* HUD will notify you whether or not you have been selected for an award. If you are selected, HUD's notice to you of the amount of the grant award based on the approved application will constitute HUD's conditional approval, subject to negotiation and execution of the grant agreement by HUD.

(E) *Applicant Debriefing.* Any applicant can obtain a debriefing of their application. Please refer to Section IX(A)(4) of the General Section of the SuperNOFA for details on the conditions and time frames for requesting a debriefing. In addition, applicants requesting a debriefing must send a written request to Ms. Jackie Williams-Mitchell, Director, Office of Rural Housing and Economic Development (ORHED), at the address listed in Section I of this NOFA under ''For Further Information and Technical Assistance.''

(F) *Rating Factors.* The following Rating Factors will be used to review, evaluate and rate your application.

Rating Factor 1—Capacity of the Applicant and Relevant Organizational Experience (15 Points).

This rating factor addresses the extent to which you have the organizational resources necessary to successfully implement your proposed work plan as further described in Rating Factor 3 in a timely manner, specifically within the 36 month award period.

Rating standards applicable to individual funding categories. The two funding categories have different objectives. Accordingly, in addition to the generally applicable rating standard discussed above, different standards as discussed below will be used to judge the experience and qualifications of the applicants for each of the two funding categories. HUD fully supports emerging organizations that desire to develop internal capacity. Therefore, the following categories will be evaluated:

(1) *For Capacity Building applications* (15 points). *Team members, composition, experience, organizational structure and management capacity.* Your response to this subfactor should clearly state the need which your organization is to address through the request for assistance. In addition, you should describe how the enhanced capacity realized through the assistance will fulfill that need. HUD will evaluate the experience of your project director, core staff, any outside consultants, contractors, subrecipients, and project partners to implement all of the work activities in your workplan as they relate to innovative housing and economic development activities. In evaluating your capacity to do the work, HUD will assess the recentness and relevancy of the prior work experience of each of the parties listed above to execute the prescribed activities; the services that consultants or other parties will provide to fill gaps in your staffing structure to enable you to carry out the proposed workplan; the experience of your project director in managing projects of similar size, scope, and dollar amount; the lines of authority and procedures that you have in place for ensuring that workplan goals and objectives are being met, consultants and other project partners are performing as planned, and that beneficiaries are being adequately served. In responding to this sub-factor, please indicate how the capacity building assistance will strengthen or otherwise impact your organization's current housing or economic development program portfolio, or if you are a new grantee, how the capacity assistance will ensure that you can carry out your proposed activities. In judging your response to this factor, HUD will only consider work experience gained within the last three years. When responding, please be sure to provide the dates, job titles and relevancy of the past experience to work undertaken by the employee or contractor under your proposed RHED application. The more recent, relevant, and successful the experience of your team members is in relationship to the workplan activities, the greater the number of points you will receive.

(2) *For Support for Innovative Rural Housing and Economic Development Activities applications*

(a) (5 points). *Team members, composition, and experience.* HUD will evaluate the experience of your project director, core staff, any outside consultants, contractors, subrecipients, and project partners to implement all of the work activities in your workplan. In evaluating your capacity to do the work, HUD will assess the recentness and relevance of the prior work experience of each of the parties listed above to execute the prescribed activities; the services that consultants or other parties will provide to fill gaps in your staffing structure to enable you to carry out the proposed workplan; the experience of your project director in managing projects of similar size, scope, and dollar amount; the lines of authority and procedures that you have in place for ensuring that workplan goals and objectives are being met, that consultants and other project partners are performing as planned, and that beneficiaries are being adequately served. In judging your response to this factor, HUD will only consider work experience gained within the last seven years. When responding, please be sure to provide the dates, job titles and relevancy of the past experience to work undertaken by the employee or contractor under your proposed RHED application. The more recent, relevant, and successful the experience of your team members are in relationship to the workplan activities, the greater the number of points that you will receive.

(b) (5 points). *Organizational structure and management capacity.* HUD will evaluate the extent to which you can demonstrate your organization's ability to manage a workforce composed of full-time and/or part-time staff as well as any consultant staff and your ability to work with community-based groups or organizations in resolving issues related to affordable housing and economic development. In evaluating this sub-factor, HUD will take into account your experience in working with community-based organizations to design and implement programs which address the identified housing and economic development issues. The more recent, relevant, and successful the experience of your organization and any participating entities, the greater the number of points you will receive.

(c) (5 points). *Experience with performance based funding requirements.* HUD will evaluate your experience in producing timely products and reports in any previous grant programs undertaken with HUD funds or other Federal, State, local or non-profit or for-profit organization funds. In assessing points for this sub-factor, HUD reserves the right to take into account your past performance in meeting performance and reporting goals on any previous HUD awards. HUD will deduct one point for each of the following activities related to previous HUD grant programs for which

unsatisfactory performance has been verified and related to: (1) Mismanaging funds, including the inability to account for funds appropriately; (2) untimely use of funds received either from HUD or other Federal, State, or local programs; and (3) significant and consistent failure to meet performance targets. Among the specific outcomes to be measured are the number of jobs created or retained, the number of people trained, the number of housing units rehabilitated or constructed and made available for low- and moderate-income persons, or other relevant objective performance measures related to your previous job experience and/or grant programs. Applicants that can demonstrate a closer and greater linkage between the expected outcomes and the previously generated outcomes will receive higher points for this sub-factor.

Rating Factor 2—Need and Extent of the Problem (25 Points)

The Rural Housing and Economic Development program is designed to address the problems of rural poverty, inadequate housing and lack of economic opportunity. This Factor addresses the extent to which there is a need for funding the proposed activities based on levels of distress, and an indication of the urgency of meeting the need/distress in the applicant's target area. In responding to this Factor, applications will be evaluated on the extent to which the level of need for the proposed activity and the urgency in meeting the need are documented and compared to the target area and national data.

(1) In applying this factor, HUD will compare current levels of need in the area (*i.e.*) Census Tract(s) or Block Group(s), immediately surrounding the project site or the target area to be served by the proposed project and in the national level of need. This means that an application that provides data that show levels of need in the project area expressed as a percent greater than the national average will be rated higher under this Factor. Notwithstanding the above, an applicant proposing a project to be located outside the target area could still receive points under the Rating Factor 2 if a clear rationale and linkage is provided linking the proposed project location and the benefits to be derived by persons living in more distressed area(s) of the applicant's target area.

(2) Applicants should provide data that address indicators of need as follows:

(a) *Poverty Rate* (5 points)—data should be provided in both absolute and percentage form (*i.e.,* whole numbers and percents) for the target area(s). An application that compares the local poverty rate in the following manner to the national average at the time of submission will receive points under this section as follows:

(i) Less than the national average = 0 points;

(ii) Equal to but less than twice the national average = 1 point;

(iii) Twice but less than three times the national average = 3 points;

(iv) Three or more times the national average = 5 points.

(b) *Unemployment* (5 points)—for the target area:

(i) Less than the national average = 0 points;

(ii) Equal to but less than twice the national average = 1 points;

(iii) Twice but less than three times the national average = 2 points;

(iv) Three but less than four times the national average = 3 points;

(v) Four but less than five times the national average = 4 points;

(vi) Five or more times the national average = 5 points.

(c) *Other indicators of social and/or economic decline that best capture the applicant's local situation* (5 points)—Data that could be provided under this section are information on the community's stagnant or falling tax base, including recent commercial or industrial closings; housing conditions, such as the number and percentage of substandard and/or overcrowded units; rent burden (defined as average housing cost divided by average income) for the target area; local crime statistics, etc. To the extent that the applicant's statewide or local Consolidated Plan, its Analysis of Impediments to Fair Housing choice (AI), and/or its Anti-Poverty Strategy identify the level of distress in the community and the neighborhood in which the project is to be carried out, references to such documents should be included in preparing the response to this Factor.

In rating applications under this Factor, HUD reserves the right to consider sources of available objective data other than, or in addition to, those provided by applicants, and to compare such data to those provided by applicants for the project site. This data includes the use of U.S. Census data.

(a) HUD requires use of sound and reliable data (*e.g.,* U.S. Census data, State statistical reports, university studies/reports that are verifiable) to support distress levels cited in each application. A source for all information along with the publication or origination date must also be provided.

(b) Updated Census data are available for the following indicators:

(i) Unemployment rate—estimated monthly for counties, with a two-month lag;

(ii) Population—estimated for incorporated places and counties, through 2000;

(iii) Poverty rate—2000 data being the most recent available.

(c) *Demographics of Distress—Special Factors (10 points).* Because of HUD's concern with meeting the needs of certain underserved areas, you will be awarded a total of ten points if you are located in or propose to serve one or more of the following populations, if your application demonstrates that 100 percent of the beneficiaries supported by RHED funds are in one or more of the following populations. You must also specifically identify how each population will be served and that the proposed service area meets the definition of ''eligible rural area'' as described in Section III(A)(2) of this NOFA:

(i) Areas with very small populations in non-urban areas (2,500 population or less);

(ii) Seasonal farmworkers;

(iii) Federally recognized Indian Tribes;

(iv) Colonias;

(v) Appalachia's Distressed Counties; or

(vi) The Lower Mississippi Delta Region (8 states and 235 counties/parishes). For these underserved areas, you should ensure that the populations that you serve and the documentation that you provide is consistent with the information described in the above paragraphs under this rating factor.

Rating Factor 3—Soundness of Approach (30 points)

This factor addresses the overall quality of your proposed workplan, taking into account the project and the activities proposed to be undertaken; the cost-effectiveness of your proposed program; and the linkages between identified needs, the purposes of this program and your proposed activities and tasks. In addition, this factor addresses your ability to ensure that a clear linkage exists between innovative rural housing and economic development. In assessing cost-effectiveness, HUD will take into account your staffing levels, beneficiaries to be served, a timetable for the achievement of program outcomes, the delivery of products and reports and any anticipated outcomes or products. You will receive a greater number of points if your workplan is consistent with the purpose of the RHED program, your program goals and the resources provided.

(a) *Management Plan* (24 points). A clearly defined management plan that identifies each of the projects and activities you will carry out to further the objectives of this program; describes the linkage between rural housing and economic development activities; and addresses the needs identified in Factor 2, including needs that had been previously identified in a statewide or local Analysis of Impediments to Fair Housing Choice (AI) or Consolidated Plan. The populations that were described in Rating Factor 2 for the purpose of documenting need should be the same populations that will receive the primary benefit of the activities, both immediately and long term. The benefits should be affirmatively marketed to those populations least likely to apply for and receive these benefits without such marketing. Your timetable should address the measurable goals and objectives to be achieved through the proposed activities; the method you will use for evaluating and monitoring program progress with respect to those activities; and the method you will use to ensure that the activities will be completed on time and within your proposed budget estimates. Applicants that have a clearly defined management plan and can produce results in less than 36 months will receive higher rating points for this sub-factor. Your management plan should also include the budget for your program, broken out for each line item. Documented projected cost estimates from outside sources are also required. Applicants should submit their workplan on a spreadsheet showing each project to be undertaken and the tasks (to the extent necessary or appropriate) in your workplan to implement the project with your associated budget estimate per activity/task. Your workplan should provide the rationale for your proposed activities and any assumptions used in determining your project timeline and budget estimates. Failure to provide your rationale may result in an application receiving fewer points for lack of clarity in the proposed management plan.

This sub-factor should include information that indicates the extent to which you have coordinated your activities with other known organizations (*e.g.* through letters of participation or coordination) that are not directly participating in your proposed work activities, but with which you share common goals and objectives and are working toward meeting these objectives in a holistic and comprehensive manner. The goal of this coordination is to ensure that programs do not operate in isolation. Additionally, your application should demonstrate the extent to which your program exhibits the potential to be financially self-sustaining by decreasing dependence on RHED funding and relying more on state, local, and private funding. The goal of sustainability is to ensure that the activities proposed in your application can be continued after your grant award is complete.

(b) *Policy Priorities (6 Points).* Policy Priorities are further outlined in Section II of the General Section of the SuperNOFA. You should document the extent to which HUD's Policy Priorities are furthered by the proposed activities. Applicants that include activities that can result in the achievement of these Departmental Policy Priorities as described below and in Section II of the General Section of this SuperNOFA will receive higher rating points in evaluating their application for funding. Six Departmental Policy Priorities are listed below. You will receive 1 rating point for each Policy Priority addressed in your program of activities under this rating factor as described in Section VI (b) of this program NOFA. When Policy Priorities are included, describe in brief detail how those activities will be carried out. The Policy Priorities include (1 point each):

(a) Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency;

(b) Improving our Nation's Communities;

(c) Encouraging Accessible Design Features;

(d) Providing Full and Equal Access to Grass-Roots Faith-Based and Other Community-Based Organizations in HUD Program Implementation;

(e) Participation in Energy Star;

(f) Ending Chronic Homelessness within Ten Years

Rating Factor 4—Leveraging Resources (10 Points)

This factor addresses the extent to which applicants for any of the two funding categories have obtained firm commitments of financial or in-kind resources from other Federal, State, local, and private sources. For every RHED dollar anticipated, you should provide the specific amount of dollars leveraged. In assigning points for this criterion, HUD will consider the level of outside resources obtained for cash or in-kind services that support activities proposed in your application. HUD will award a greater number of points based upon a comparison of the extent of leveraged funds compared to the requested RHED grant. This criterion is applicable to both funding categories under this NOFA. The level of outside resources for which commitments are obtained will be evaluated based on their importance to the total program. You must provide evidence of leveraging by including in the application letters of firm commitment to participate from any entity, including your own organization, which will be providing matching funds to the project. Each commitment described in the narrative of this factor must be in accordance with the definition of ''firm commitment'' as defined in Section III(A)(2) of this NOFA. The commitment letter must be on letterhead from the participating organization, must be signed by an official of the organization legally able to make commitments on behalf of the organization and must not be dated earlier than this NOFA is published.

Points for this Factor will be awarded based on the satisfactory provisions of evidence of leveraging and financial sustainability, as described above, and the ratio of requested HUD RHED funds as follows:

(i) 50% or more of requested HUD RHED funds will receive 10 points;
(ii) 39–30% of requested HUD RHED funds will receive 8 points;
(iii) 29–20% of requested HUD RHED funds will receive 6 points;
(iv) 19–9% of requested HUD RHED funds will receive 4 points;
(v) Less than 9% of HUD RHED funds requested will receive 0 points.

Rating Factor 5—Achieving Results and Program Evaluation (20 Points)

This Factor emphasizes HUD's commitment to ensuring that applicants keep promises made in their application and assesses their performance to ensure performance goals are met. Achieving results means you, the applicant, have clearly identified the benefits or outcomes of your program. Outcomes are ultimate project end goals. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals. Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your Evaluation Plan should identify what you are going to

measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established time frames.

Program outcomes for the Rural Housing and Economic Development Program must include where applicable: (1) Number of housing units constructed; (2) number of housing units rehabilitated that will be made available to low-to-moderate-income participants; (3) number of jobs created; (4) percentage change in earnings as a result of employment for those participants; (5) number of participants trained; (6) the percent of participants trained that find a job; (7) number of new businesses created; (8) number of existing businesses assisted; and (9) annual estimated savings for low-income family as a result of energy efficiency improvements. In addition, applicants that receive capacity building funds must include goals (and report accomplishments) for the following, where applicable: (1) Increase in program accomplishments as a result of capacity building assistance (*e.g.* number of employees hired or retained, efficiency or effectiveness of services provided) and (2) Increase in organizational resources as a result of assistance (*e.g.*, dollars leveraged).

Applicant must complete the ''Logic Model'' HUD Form included in the General Section of the SuperNOFA and submit the completed form with their application.

This rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability. HUD will hold a training broadcast via satellite for potential applicants to learn more about Rating Factor 5. For more information about the date and time of the broadcast, consult the HUD Web site at *www.hud.gov.*

RC/EZ/EC Bonus Points (2 Points)

HUD will award two bonus points to all applications that include documentation stating that the proposed eligible activities/projects will be located in and serve Federally designated Rural Renewal Communities, Rural Empowerment Zones, or Enterprise Communities (Rural EZs/ECs). A listing of Federally designated Rural RCs, EZs and ECs is available on the Internet at *http://www.hud.gov.* Further explanation of RC/EZ/EC can be found in Section VI of the General Section of the SuperNOFA.

VI. Application Submission Requirements

(A) *Form of Application.* All pages of the application must be numbered sequentially. Your application must include an original and two copies of the items listed below.

(B) *Application Items.* Your application must contain the items listed in this section. These items include the standard forms and non-standard certifications that can be found in the Appendices to this program section of the SuperNOFA. The items are as follows:

(1) A transmittal letter that must include the category under which you are applying, the dollar amount requested, the category under which you qualify for demographics of distress Special Factor under Rating Factor 2 ''Need and Extent of the Problem'' and which of the five definitions of the term ''rural area'' set forth in Section III(A)(2) of this NOFA applies to the proposed service area and accompanying documentation as indicated on the form.

(2) A table of contents;

(3) A signed HUD–424 (application form);

(4) A budget for all funds (Federal and Non-Federal including HUD–424A and HUD 424C) and a breakdown of all Federal funds requested, in the format provided in Appendix A of this NOFA;

Special Note: You must ensure that the amount of RHED funds requested are consistent throughout your application including on the HUD 424 ''Application for Federal Assistance'', the Transmittal Letter, the application Narrative section (Rating Factors) and the HUD 424A ''Budget Information''.

(5) Documentation of funds pledged in support of Rating Factor 4—''Leveraging Resources'' (which will not be counted in the 15 page limitation);

(6) The required certifications and assurances (signed, as appropriate, and attached as an Appendix);

(7) Acknowledgment of the Application Receipt form (HUD 2993) (submitted with application and returned to you as verification of timely receipt).

(8) If you are a private nonprofit organization, a copy of your organization's IRS ruling providing tax-exempt status under section 501 of the IRS Code of 1986, as amended.

(9) The Environmental Review Assurance:

(10) Narrative Response to Factors for Award:

(a) You must describe your organization and the assignment of responsibilities for the work to be carried out under the grant (Rating Factor 1).

(b) You must describe the need and extent of the problem and populations to be served (Rating Factor 2).

(c) You must submit a workplan that describes your soundness of approach and the clear linkage between rural housing and economic development (Rating Factor 3). In addressing this submission requirement, you must:

(i) Describe the activities you propose to undertake to address the needs which needs that have been identified, the linkage between rural housing and economic development, and describe the specific outcomes you expect to achieve.

(ii) Include a management plan which identifies the specific actions you will take to complete the proposed activities on time, and a budget in the format provided which explains the uses of both Federal and non-Federal funds and the period of performance under the grant.

(iii) Include a discussion of the process by which the work accomplished with the grant will be evaluated to determine if the objectives of the grant were met.

(d) You must identify the resources which will be leveraged by the amount of this grant's funding that you are requesting. (Rating Factor 4). To receive the maximum number of points under Rating Factor 4 you must provide evidence of firm commitments. The commitment can be contingent upon HUD site approval following environmental review.

(e) You must describe the extent to which your program reflects a coordinated, community based process of identifying needs and building a system to address these needs, providing program beneficiaries outcomes resulting in increased independence and empowerment, and the potential for your organization to become financially self-sustaining. You must also describe how your activities will satisfy the program outcomes as described in Rating Factor 5 (Achieving Results and Program Evaluation) namely where applicable, the number of housing units constructed, the number of housing units rehabilitated, the number of jobs created, the number of jobs retained, the number of participants trained, the number of new businesses created and the number of existing businesses assisted (Rating Factor 5).

The total narrative response to all factors should not exceed 15 pages and must be submitted on 8.5'' by 11'' paper, using a 12 point font size, with lines double spaced and printed only on one side. Please note that although submitting pages in excess of the page limit will not disqualify your application, HUD will not consider or review the information on any excess

pages, which may result in a lower score or failure to meet a threshold.

VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications. After the application due date, HUD may not, consistent with its regulations in 24 CFR part 4, subpart B, consider any unsolicited information you, the applicant, may want to provide. HUD may contact you, however, to clarify an item in your application or to correct technical deficiencies. You should note, however, that HUD may not seek clarification of items or responses that improve the substantive quality of your response to any eligibility or selection factors. Examples of curable (correctable) technical deficiencies include your failure to submit the proper certifications or your failure to submit an application that contains an original signature by an authorized official. In each case, HUD will notify you in writing of a technical deficiency. HUD will notify applicants by facsimile or by USPS, return receipt requested. Clarifications or corrections of technical deficiencies in accordance with the information requested by HUD must be submitted within 5 calendar days of the date you receive HUD notification. (If the due date falls on a Saturday, Sunday or Federal holiday, your correction must be received by HUD on the next day that is not a Saturday, Sunday or Federal holiday). The determination of when you received the deficiency letter will be based on the confirmation of the facsimile transmission, return or postal tracking information, as appropriate. If the deficiency is not corrected within this time period, HUD will reject the application as incomplete and it will not be considered for funding.

Catalog of Federal Domestic Assistance (CDFA)

The Catalogue of Federal Domestic Assistance number is 14.250.

VIII. Authority

Division K of the FY 2003 Consolidated Appropriations Resolution.

BILLING CODE 4210–32–P

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

OMB Approval No. 2506-0142
(exp. 09/30/2003)

Line Item Budget for Federal Funds for the Rural Housing and Economic Development Program

Public reporting burden for the collection of information is estimated to average 2 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the Youthbuild grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Cost Category (specify Activity)	Activity 1	Activity 2	Activity 3	Activity 4	Activity 5	Total Dollars
Personnel	$	$	$	$	$	$
Fringe Benefits						$
Travel						$
Equipment						$
Supplies						$
Contracts						$
Consultants						$
Other Direct Cost						$
Indirect Costs						$
Total Costs						$

form **HUD-40210** (04/2003)

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

HOUSING CHOICE VOUCHER FAMILY SELF-SUFFICIENCY (FSS) PROGRAM COORDINATORS

Billing Code 4210-32-C

Funding Availability for Housing Choice Voucher Family Self-Sufficiency (FSS) Program Coordinators

Program Overview

Purpose of the Program. The Housing Choice Voucher Family Self-Sufficiency (FSS) program (referred to in previous NOFAs as the Section 8 FSS program and as the Rental Certificate/Housing Choice Voucher FSS program) is intended to promote the development of local strategies to coordinate the use of assistance under the Housing Choice Voucher program with public and private resources to enable participating families to achieve economic independence and self-sufficiency. The FSS program provides critical tools that can be used by communities to support welfare reform and help families develop new skills that will lead to economic self-sufficiency. As a result of their participation in the FSS program, many families have achieved stable, well-paid employment, which has made it possible for them to become homeowners.

An FSS program coordinator assures that program participants are linked to the supportive services they need to achieve self-sufficiency.

Available Funds. This NOFA announces the availability of up to $47,688,000 in Fiscal Year (FY) 2003 to employ program coordinators for the Housing Choice Voucher FSS program. If additional funding becomes available during FY 2003, HUD may increase the amount available for Housing Choice Voucher FSS Program coordinators under this NOFA. Awards under this NOFA are subject to a cap of $62,500 per year per full time coordinator position funded. Under this NOFA, if PHAs apply jointly, the $62,500 maximum amount that may be requested per position applies to up to one full-time coordinator position for the application as a whole, not to each PHA separately. Evidence of salary comparability to similar positions in the local jurisdiction for each position must be kept on file in the PHA office.

Eligible Applicants: PHAs eligible to apply for funding under this NOFA are:

(1) PHAs that received funding for one or more FSS program coordinators under an FSS NOFA in FY 1999, FY 2000, FY 2001 or FY 2002, and

(2) PHAs that were not funded under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 that—

(a) Have HUD approval to administer a Housing Choice Voucher FSS program of at least 25 slots, or

(b) Are PHAs with HUD approval to administer Housing Choice Voucher FSS programs of fewer than 25 slots, applying jointly with one or more other PHAs so that together they have HUD approval to administer at least 25 Housing Choice Voucher FSS slots. (See Section III. A. of this NOFA for further information about the PHA's HUD-approved FSS program size.)

Application Deadline. May 30, 2003.

Match. None

Additional Information

If you are interested in applying for Housing Choice Voucher FSS Program Coordinator funding under this NOFA, please review carefully the General Section of this SuperNOFA and the following additional information.

I. Application Due Date, Application Kits, and Technical Assistance

Application Due Date. Your completed application (an original and one copy) is due on or before May 30, 2003.

Address for Submitting Applications. Submit your original application and one copy with an Acknowledgment of Application Receipt, Form HUD–2993, to: Grants Management Center; Mail Stop: Housing Choice Voucher Family Self-Sufficiency Program Coordinator Funding; 2001 Jefferson Davis Hwy, Suite 703; Arlington, VA 22202.

Application Submission Procedures. See ''ADDRESSES AND APPLICATION SUBMISSION PRODEDURES'' in the General Section of the SuperNOFA regarding HUD's mailing, delivery and receipt procedures pertinent to submission of your application.

For Application Kits. There is no application kit for this NOFA. This announcement contains all the information necessary for the submission of your application for Housing Choice Voucher FSS program coordinator funding.

For Further Information and Technical Assistance. For answers to your questions, you may contact the Public and Indian Housing Resource Center at 1–800–955–2232. Persons with hearing or speech impairments may access this number via TTY (text telephone) by calling the Federal Information Relay Service at 1–800–877–8339. (These are toll-free numbers). Information can be accessed via the Internet at *http://www.hud.gov/grants.*

Prior to the application deadline, staff at the numbers given above will be available to provide general guidance, but not guidance in actually preparing the application. Following selection, but prior to award, HUD staff will be available to assist in clarifying or confirming information that is a prerequisite to the offer of an award by HUD.

Satellite Broadcast. HUD plans to hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of an application. For more information about the date and time of this broadcast, you should consult the HUD web site at *www.hud.gov.*

II. Amount Allocated

For FY 2003, up to $47,688,000 is available under Title II, Department of Housing and Urban Development, Certificate Fund in the Consolidated Appropriations Resolution, 2003, (Pub. L. 108–7, approved February 20, 2003). If additional funds become available in FY 2003, HUD may fund additional applications submitted in response to the NOFA.

III. Program Description; Eligible Applicants; Number of Positions for Which Eligible Applicants May Apply; Eligible Activities, Ineligible Activities

(A) *Program Description.* A PHA administering the FSS program uses a program coordinating committee (PCC) to assist the PHA to secure resources and implement the FSS program. A PCC is made up of representatives of businesses, local government, job training and employment agencies, local welfare agencies, educational institutions, childcare providers, and nonprofit service providers, including faith-based and other community organizations. A Housing Choice Voucher FSS program coordinator works with the PCC and with local service providers to assure that Housing Choice Voucher FSS program participants are linked to the supportive services they need to achieve self-sufficiency. The FSS program coordinator ensures through case management that the services included in participants' contracts of participation are provided on a regular, ongoing and satisfactory basis, that participants are fulfilling their responsibilities under the contracts and that FSS escrow accounts are established and properly maintained for eligible families. FSS coordinators may also perform job development functions for the FSS program.

PHAs are encouraged to outreach to disabled Housing Choice Voucher program participants who might be interested in participating in the FSS program and to include agencies on their FSS PCC that work with and provide services for disabled families.

Under normal circumstances, a full-time FSS program coordinator should be able to serve approximately 50 FSS program participants, depending on the

coordinator's case management functions.

Through annual NOFAs, HUD has provided funding to PHAs that are operating Housing Choice Voucher FSS programs to enable those PHAs to employ program coordinators to support their Housing Choice Voucher FSS programs.

In the FY 2003 Housing Choice Voucher FSS Program Coordinator NOFA, HUD is again making funding available to PHAs to employ FSS program coordinators and FSS homeownership program coordinators for one year.

PHAs funded under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 are considered ''renewal'' PHAs in this NOFA. These renewal PHAs are invited to apply for funds to continue previously funded FSS program coordinator positions. In addition, any renewal PHA that did not receive funding for a Housing Choice Voucher FSS homeownership coordinator under the FY 2002 FSS NOFA is invited to apply for funding for a coordinator position to support FSS homeownership activities.

Because of the importance of the FSS program in helping families increase earned income and develop assets, HUD will also accept applications from ''new'' PHAs that were not funded under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002.

To support the Department's initiatives on Colonias, a selection preference is included in this NOFA for ''new'' applicant PHAs that provide services and support to rural under-served communities in the Southwest Border regions of Arizona, California, New Mexico and Texas. See Section IV.A.(3)(c) of this NOFA for requirements that must be met to qualify for the Colonias preference.

In this NOFA, the FSS program size is the total number of Housing Choice Voucher FSS program slots identified in the PHA's HUD-approved FSS Action Plan. To ensure that the application is accurate, prior to submitting an application, new PHAs may wish to confirm the number of HUD-approved slots their local HUD field office has on record for the PHA. An FSS Action Plan can be updated by means of a simple one-page addendum that reflects the total number of FSS slots (voluntary and/or mandatory slots) the PHA intends to serve. This addendum must be approved by the PHA's local HUD field office.

For a new PHA applicant to qualify for funding under this NOFA, the PHA's initial FSS Action Plan or amendment to change the number of Housing Choice Voucher FSS slots in the PHA's previously HUD-approved FSS Action Plan must be submitted to and approved by the PHA's local HUD field office prior to the application due date under this NOFA.

(B) *Eligible Applicants.* PHAs eligible to apply for funding under this NOFA are:

(1) *Renewal PHAs.* Those PHAs that received funding under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002.

(2) *New PHAs.* PHAs that were not funded under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 that:

(a) Are authorized through their HUD-approved FSS Action Plan to administer a Housing Choice Voucher FSS program of at least 25 slots; or

(b) Are PHAs with HUD approval to administer Housing Choice Voucher FSS programs of fewer than 25 slots that apply jointly with one or more other PHAs so that together they have HUD approval to administer at least 25 Housing Choice Voucher FSS slots. Joint applicants must specify a lead co-applicant that will receive and administer the FSS program coordinator funding.

(3) *Moving to Work (MTW) PHAs.* PHAs that are under the MTW demonstration may qualify for funding under this NOFA if the PHA administers an FSS program. When determining the size of a MTW PHA's HUD-approved FSS program, the PHA may request that the number of FSS slots reflected in the PHA's MTW agreement be used instead of the number in the PHA's FSS Action Plan.

(4) *Troubled PHAs.* (a) A PHA that has been designated by HUD as a troubled PHA under the Section 8 Management Assessment Program (SEMAP), or has major program management findings from Inspector General audits or serious outstanding HUD management review or IPA audit findings for the PHA's Housing Choice Voucher or Moderate Rehabilitation programs that are resolved prior to the application due date is eligible to apply under this NOFA. Serious program management findings are those that would cast doubt on the capacity of the PHA to administer its Housing Choice Voucher FSS program in accordance with applicable HUD regulatory and statutory requirements.

(b) A PHA whose SEMAP troubled designation has not been removed by HUD or the findings resolved by the due date, may apply if the PHA submits an application that designates another contractor that is acceptable to HUD that:

(i) Includes an agreement by the other contractor to administer the FSS program on behalf of the PHA; and

(ii) In the instance of a PHA with unresolved major program management findings, includes a statement that outlines the steps the PHA is taking to resolve the program findings.

(C) *Number of Positions for which Eligible PHAs may apply:* Eligible PHAs may apply for funding for Housing Choice Voucher FSS coordinator positions under this NOFA as follows:

(1) *Renewal PHAs.* PHAs that received funding under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 that qualify as eligible PHAs under the definition of eligible applicants in Section III.B. of this NOFA, may apply for:

(a) Renewal of each FSS coordinator position, including homeownership coordinator positions, most recently funded under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 that has been filled by the PHA.

(b) Up to one initial full-time FSS homeownership program coordinator for renewal PHAs with qualifying homeownership programs that did not receive funding for a homeownership coordinator under the FY 2002 FSS NOFA.

(2) *New PHAs:* A PHA that did not receive funding under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 may apply for funding for Housing Choice Voucher FSS program coordinator positions as follows:

(a) Up to one full-time FSS coordinator position for a PHA with HUD approval to administer an FSS program of 25 or more FSS slots.

(b) Up to one full-time position per application for joint PHA applicants that have HUD approval to administer a total of at least 25 Housing Choice Voucher FSS slots between or among them.

(D) *Eligible Activities.* Funds awarded to PHAs under this NOFA may only be used to employ or otherwise retain the services of Housing Choice Voucher FSS program coordinators and FSS homeownership coordinators for one year. A part-time program coordinator may be retained where appropriate.

(E) *Ineligible Activities.* (1) Funds under this NOFA may not be used to pay the salary of an FSS coordinator for a public housing FSS program. Operating subsidy can be used to fund a public housing FSS program coordinator's salary.

(2) Funds under this NOFA may not be used to pay for services for FSS program participants.

IV. Program Requirements

In addition to the applicable statutory, regulatory, threshold and public policy requirements listed in Section V. of the General Section of the SuperNOFA, each applicant must meet and comply with the following threshold statutory and other program requirements.

(A) *Threshold Requirements.* (1) Each applicant must qualify as an eligible PHA under Section III.B of this NOFA and must have submitted their FSS application by the application due date and in the format required in Section VI. of this NOFA.

(2) *Renewal Applicants.* (a) In addition to the requirements in Section IV.(A)(1) above, renewal PHA applicants must continue to operate a Housing Choice Voucher FSS program, have filled eligible FSS program coordinator positions for which they are seeking renewal funding, executed FSS contracts of participation with FSS program participants and submitted reports on participating families to HUD via the HUD–50058 FSS/WtW Voucher Addendum.

(b) Renewal PHAs applying for an initial Housing Choice Voucher FSS Homeownership Coordinator must meet all requirements of Sections IV.(A)(1) and (A)(2)(a) above. In addition, the PHA must not have received funding for an FSS homeownership coordinator under the FY 2002 Housing Choice Voucher FSS Program Coordinator NOFA and must administer or participate in a homeownership program that serves FSS program participants or graduates. Qualifying homeownership programs include the Housing Choice Voucher program homeownership option and other programs that prepare voucher program FSS participants for making the transition from rental to homeownership.

(3) *New Applicants.* (a) Must be authorized through their HUD-approved FSS Housing Choice Voucher Action Plan to administer an FSS program or at least 25 slots; or

(b) Are PHAs with HUD approval to administer Housing Choice Voucher FSS programs of fewer than 25 slots that apply jointly with one or more other PHAs so that together they have HUD approval to administer at least 25 Housing Choice Voucher FSS slots.

(c) New Applicant PHAs claiming the Colonias preference must meet the requirements of Section IV.(A)(1) and Section IV.(A)(3)(a) or (b) and operate in a Southwest border area that contains Colonias communities and administer programs that include outreach to members of those Colonias communities.

Note: A listing of those PHAs in Arizona, California, New Mexico and Texas that HUD has identified as operating in areas containing Colonias is included in this NOFA as Attachment C. PHAs not listed in Attachment C will be required to request that the Grants Management Center determine their eligibility for the preference.

V. Application Selection Process

(A) *Threshold Compliance.* Only applications that meet all of the applicable threshold requirements of Section IV. of this NOFA will be eligible for further processing.

(B) *Panels.* To review applications, HUD may establish panels that may include persons not currently employed by HUD.

(C) *Order of Funding.* The funds available under this NOFA are not being awarded on a competitive basis. Applications will be reviewed by the Grants Management Center (GMC) to determine whether or not they are technically adequate based on the NOFA requirements. Field offices will provide to the GMC in a timely manner, as requested, information needed by the GMC to make its determination, such as the HUD-approved Housing Choice Voucher FSS program size of new PHA applicants and information on the administrative capabilities of PHAs. Categories of applications that will not be funded are stated in Section VII.(B) of this FSS NOFA.

All technically adequate applications will be funded to the extent funds are available. If HUD receives applications for funding greater than the amount made available under this NOFA, HUD will fund eligible applicants as follows:

Priority 1—Applications from eligible renewal PHAs for continuation of eligible positions where the PHA has hired a coordinator.

Priority 2—Eligible new applicant PHAs that qualify for the Colonias preference.

Priority 3—Applications from eligible new PHAs that do not qualify for the Colonias preference.

Priority 4—Applications from eligible renewal PHAs for an initial coordinator position to support FSS homeownership activities.

HUD will first process and fund all eligible Priority 1 applications to continue funding for Housing Choice Voucher FSS program coordinators and FSS homeownership coordinators. If the amount available is not sufficient to fund all eligible Priority 1 applications up to the maximum amount permitted in this NOFA, HUD will determine if all applications can be funded if salary increases for Priority 1 are limited to no more than one percent of the salary from the most recent award to the PHA for the position to be renewed. If monies are still not sufficient to fund all eligible positions, HUD will begin by funding eligible applications at the reduced salary level, by Housing Choice Voucher program size, from smallest to largest, starting with the smallest Housing Choice Voucher programs first. Housing Choice Voucher program size will be determined by HUD using baseline data developed by the Department.

If funding remains after funding all Priority 1 applications, HUD will then process and provide funding to eligible Priority 2 applicants for up to one Housing Choice Voucher FSS program coordinator position per eligible new PHA that qualifies for the Colonias preference under this NOFA. If there are not sufficient monies to fund an FSS program coordinator for each eligible Priority 2 PHA, HUD will begin funding up to one full-time coordinator for each eligible Priority 2 applicant by Housing Choice Voucher program size, from smallest to largest, starting with the smallest Housing Choice Voucher programs first. As with Priority 1, Housing Choice Voucher program size will be determined by HUD using baseline data developed by the Department.

If funding remains after funding all Priority 1 and 2 applications, HUD will then process and provide funding to eligible Priority 3 applicants for up to one FSS program coordinator per PHA, or in the case of joint applications, up to one coordinator per application. If there are not sufficient monies to fund an FSS program coordinator for each eligible Priority 3 PHA, HUD will begin funding up to one full-time FSS program coordinator for each eligible Priority 3 applicant by Housing Choice Voucher program size, from smallest to largest, starting with the smallest first. If there are not sufficient monies to fund all applications from Priority 3 PHAs with the same Housing Choice Voucher program size, funding will be provided based on the size of the PHA's Housing Choice Voucher FSS program, reflected in the PHA's HUD-approved Housing Choice Voucher FSS Action Plan, starting with the largest approved Housing Choice Voucher FSS program first.

If funding remains after funding all Priority 1, 2 and 3 applications, HUD will then process and provide funding to eligible Priority 4 applicants for up to one initial Housing Choice Voucher FSS homeownership coordinator to support the homeownership activities of Housing Choice Voucher FSS program

participants. If there are not sufficient monies to fund an initial FSS homeownership coordinator for each eligible Priority 4 PHA, HUD will begin funding up to one full-time homeownership coordinator for each eligible Priority 4 PHA, starting with PHAs with the highest percentage of FSS families currently ready for homeownership, including the number of families (FSS participants and graduates) currently participating in a homeownership program. The percentage will be computed using the Housing Choice Voucher FSS program size in the PHA's HUD-approved FSS Action Plan and the total number of families certified as being ready for homeownership and the number of FSS participants and graduates currently participating in a homeownership program or programs that are stated in the Attachment A certification letter of the PHA.

Based on the number of applications submitted, the GMC may elect not to process applications for any funding category in instances where it is apparent that there are insufficient funds available to fund any applications within the priority category.

VI. Application Submission Requirements

(A) *Renewal PHAs.* Each PHA that received funding for an FSS program coordinator or coordinators under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 that wishes to receive funding under this NOFA must complete a certification in the format shown as ''Attachment A'' of this NOFA, and must include all information required in ''Attachment A.'' The completed Attachment A certification constitutes the entire PHA application for funding for renewal PHAs under this FSS NOFA.

(B) *''New'' PHAs.* PHAs that did not receive funding under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 must complete a certification in the format shown as ''Attachment B'' of this FSS NOFA and must include all information required in Attachment B. The completed Attachment B certification constitutes the entire PHA application for funding under this section.

(C) *Applicant Debriefing.* See Section XI. (A)(4) of the General Section of the SuperNOFA.

VII. Corrections to Deficient Applications

(A) *Acceptable Applications.* The General Section of the SuperNOFA provides the procedures for corrections to deficient applications. Examples of correctable technical deficiencies include, but are not limited to, submission of an attachment A or B with missing information or one that lacks an original signature by an authorized official.

(B) *Unacceptable Applications.* (1) After the technical deficiency correction period (as provided in the General Section), the GMC will disapprove PHA applications that it determines are not acceptable for processing.

(2) Applications from PHAs that fall into any of the following categories are ineligible for funding under this NOFA and will not be processed:

(a) An application from a PHA that is not an eligible PHA under Section III.B. of this NOFA or an application that does not comply with the requirements of Section VI. of this NOFA.

(b) An application from a PHA that does not meet the fair housing and civil rights compliance requirements of Section V.(B)(2) of the General Section of the SuperNOFA.

(c) An application from a PHA that does not comply with the prohibition against lobbying activities of Section V.(N) of this SuperNOFA.

(d) An application that fails to comply with the requirements of Section III.(B)(4) of this FSS NOFA from a PHA that as of the application due date has not made progress satisfactory to HUD in resolving serious outstanding Inspector General audit findings, or serious outstanding HUD management review or independent public accountant (IPA) audit findings for one or more of the following programs: Housing Choice Voucher or Moderate Rehabilitation and has not designated another contractor acceptable to HUD to administer the FSS program on behalf of the PHA.

(e) An application from a PHA that has been debarred or otherwise disqualified from providing assistance under the program.

(f) An applicant that as of the application due date has a ''troubled'' rating under SEMAP and has not designated another contractor acceptable to HUD to administer the FSS program on behalf of the PHA.

(g) An application that was not received by the due date specified in Section I. of this FSS NOFA.

VIII. Environmental Requirements

No environmental review is required in connection with the award of assistance under this NOFA, because the NOFA only provides funds for employing a coordinator that provides public and supportive services, which are categorically excluded from environmental review under the National Environmental Policy Act of 1969 (42 U.S.C. 4321) and not subject to compliance actions for related environmental authorities under 24 CFR 50.19(b)(4) and (12).

IX. Authority

The Consolidated Appropriations Resolution, 2003 (Pub.L. 108–7, approved February 20, 2003) allows funding for program coordinators under the Housing Choice Voucher FSS program. As a result, the Department determined to make a sufficient amount available under this NOFA, under Part 984, in accordance with 24 CFR 984.302(b), to enable PHAs to employ Housing Choice Voucher FSS program coordinators for one year at a reasonable cost as determined by the PHA and HUD, based on salaries for similar positions in the locality.

BILLING CODE 4210–32–P

ATTACHMENT A

REQUIRED CERTIFICATION FORMAT FOR FY 2003 HOUSING CHOICE VOUCHER FSS PROGRAM COORDINATOR FUNDING FOR PHAs THAT RECEIVED FUNDING UNDER AN FSS NOFA IN FY 1999, FY 2000, FY 2001, or FY 2002

Mr. Michael E. Diggs, Director
Grants Management Center
Housing Choice Voucher FSS Program Coordinator Funding
2001 Jefferson Davis Highway, Suite 703
Arlington, VA 22202

Dear Mr. Diggs:

In connection with the FY 2003 NOFA for Housing Choice Voucher (HCV) FSS program coordinators, I hereby certify for the _____(*enter PHA name and PHA number. For joint applications, please indicate the names and PHA numbers of all co-applicants and identify the lead PHA that received and administered funds received under an FY 1999, FY 2000, FY 2001, or FY 2002 FSS NOFA)* that:

(1) Program status: (*Check all statements In 1(a) through1 (e) below that apply to this application.)*

____(a) The PHA received funding under the an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002.

____(b) The PHA continues to operate a HCV FSS program.

____(c) The PHA filled one or more coordinator positions funded under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002.

____(d) The PHA has executed FSS contracts of participation with HCV FSS program participants.

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

(2) Program Accomplishments: (*Provide information for items 2 (a) through 2(g). Enter N/A for any item that does not apply to your program.)*

(a) The number of families enrolled in the PHA's HCV FSS program as of 9/30/02:

____.

(b) The number of HCV FSS program participants with an FSS escrow account balance greater than zero on 9/30/02: ____.

(c) The number of HCV families that successfully completed their FSS contracts between 10/1/01 and 9/30/02: ____.

(d) The number of those FSS graduates that no longer needed rental subsidy: ____.

(e) The number of those graduates that were participants in the HCV homeownership program: _____.

(f) The number of those graduates that moved to homeownership through other homeownership programs: _____.

(g) The average escrow account distribution paid to families that graduated between 10/1/01 and 9/30/02: ____.

(3) Renewal positions requested: (For renewal positions requested indicate the FY of the NOFA under which the position was last funded, the number of positions and salary level requested. The salary requested should include the amount of fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap *of $62,500 per position.)*

FY last funded	# of positions	Salary requested

(4) Request for an initial FSS homeownership position: The PHA is applying for an initial FSS program coordinator to support FSS homeownership activities: Yes ___ No____.

(PHAs responding yes, must provide information requested in 4(a) through 4(d) below.)

(a) The PHA did not receive funding for an FSS homeownership coordinator under the FY 2002 NOFA. Yes _____ No ____

(b) The PHA administers or participates in a homeownership program or programs that give a selection preference for or limit eligibility for the homeownership program to FSS program participants or graduates or a homeownership program

that can demonstrate that it serves FSS program participants or graduates: Yes ____ No ___ *(If yes, identify program or programs here.)*

(c) The PHA currently has ____ *(Enter number)* FSS families participating in or ready to participate in the homeownership program or programs identified above.

(d) The Housing Choice Voucher program size in the PHA's HUD-approved FSS action plan is _____ FSS slots.

(e) Total salary requested for the FSS homeownership coordinator position, including, if applicable, base salary plus fringe benefits: _____ *(Salary must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap of $62,500.)*

(5) Total number of positions requested under this NOFA: _____ *(Enter the total number of Housing Choice Voucher program coordinator positions requested under the FY 2003 Housing Choice Voucher FSS NOFA. Total should include all renewal positions requested in item 3 and 4 above.)*

(6) Additional Certifications: *(Check each item in (6) (a) through 6(c) that applies.)*

_____(a) The PHA is in compliance with the Fair Housing and Civil Rights requirements stated in section V.(B) of the FY 2003 SuperNOFA.

_____(b) The PHA is in compliance with requirements regarding lobbying stated in section V.(N) of the FY 2003 SuperNOFA.

_____(c) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the above positions is on file at the PHA.

If there are any questions, please contact _____ at _____

Sincerely,

Executive Director

ATTACHMENT B

Required Format for Certification from PHAs that Did Not Receive Rental Certificate/Housing Choice Voucher FSS Program Coordinator Funding under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002

Mr. Michael E. Diggs, Director
Grants Management Center
Housing Choice Voucher FSS Program Coordinator Funding
2001 Jefferson Davis Highway, Suite 703
Arlington, VA 22202

Dear Mr. Diggs:

In connection with the FY 2003 NOFA for FSS program coordinators, this is a request for funds to pay the salary of a Housing Choice Voucher FSS program coordinator for one year. I hereby certify for the _____ (*Enter PHA name and PHA number. For joint applications, indicate the names and PHA numbers of all co-applicants and identify the lead PHA that will receive and administer the funding requested under this NOFA.*) that:

1. Our HUD-Approved FSS Program Size is: _____. (*Enter the total number of HUD-approved voluntary and mandatory Housing Choice Voucher FSS program slots identified in the PHAs HUD-Approved FSS Action Plan OR when PHAs are applying jointly, the combined total of Rental Certificate/Housing Choice Voucher FSS program slots in the HUD-approved Action plans of the PHAs.*)

2. Salary Requested: Total Housing Choice Voucher FSS Program Coordinator salary, INCLUDING, if applicable, amount for fringe benefits: _____.

3. Additional certifications: (*Check each item in 3(a) through 3(c) that applies.*)

   ____(a) The PHA is in compliance with the Fair Housing and Civil Rights requirements stated in section V.(B) of the FY 2003 SuperNOFA.

   ____(b) The PHA is in compliance with requirements regarding lobbying stated in section V(N) of the FY 2003 SuperNOFA.

____(c) Evidence demonstrating salary comparability to similar position in the local jurisdiction is on file in the PHA office.

4. Statement regarding Colonias Preference: The applicant PHA operates in a Southwest Border region area that contains one or more Colonias community: Yes____ No ____. *(If yes, a PHA applying for the Colonias preference must also complete 4(a) below.)*

(a) The PHA operates programs that include outreach to members of the Colonias communities. Yes ____ No ____

(b) Request that GMC confirm eligibility for Colonias preference. (Must be included only by PHAs not listed in Attachment C of the FY 2003 FSS NOFA.)

If there are any questions, please contact _____at _____.

Sincerely,

Executive Director

ATTACHMENT C

PHAs THAT OPERATE IN AREAS CONTAINING COLONIAS COMMUNITIES:

ARIZONA PHAs:

City of Douglas Housing Authority

City of Nogales Housing Authority

City of Yuma Housing Authority

Yuma County Housing Authority

Cochise County Housing Authority

Pinal County Housing Authority

City of Eloy Housing Authority

Section 8 Housing for Graham County, Arizona Department of Housing

CALIFORNIA PHAs:

Imperial Valley Housing Authority

City of Calexico Housing Authority

Housing Authority of the County of Riverside

NEW MEXICO PHAs:

City of Las Cruces/Dona Ana County Housing Authority

Sunland Park Housing Authority

Lordsburg Housing Authority

Silver City Housing Authority – Region V

City of Truth or Consequences Housing Authority

Housing Authority of the Village of Santa Clara

City of Alamogordo Housing Authority

Town of Baynard Housing Authority

Otero County – Region VI

Eddy County – Region VI

City of Socorro Housing Authority

TEXAS PHAs:

Brownsville Housing Authority

Cameron County Housing Authority

Los Fresnos Housing Authority

Port Isabel Housing Authority

San Benito Housing Authority

Harlingen Housing Authority

Willacy County Housing Authority

Mercedes Housing Authority

Weslaco Housing Authority

Dona Housing Authority

Elsa Housing Authority

Ed Couch Housing Authority

Alamo Housing Authority

San Juan Housing Authority

Pharr Housing Authority

Edinburg Housing Authority

Hidalgo County Housing Authority

McAllen Housing Authority

Mission Housing Authority

La Joya Housing Authority

Starr County Housing Authority

Zapata County Housing Authority

Laredo Housing Authority

Eagle Pass Housing Authority

Carrizo Springs Housing Authority

Uvalde Housing Authority

Del Rio Housing Authority

Bracketville Housing Authority

Asherton Housing Authority

Federal Register

Friday,
April 25, 2003

Part II—Continued

Department of Housing and Urban Development

Super Notice of Funding Availability (SuperNOFA) for HUD's Discretionary Programs for Fiscal Year 2003; Notice

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

PUBLIC HOUSING RESIDENT OPPORTUNITIES AND SELF-SUFFICIENCY (ROSS) PROGRAM

Billing Code 4210-32-C

Funding Availability for Public and Indian Housing Resident Opportunities and Self Sufficiency (ROSS) Program

Program Overview

Purpose of Program. The purpose of the Public and Indian Housing Resident Opportunities and Self Sufficiency (ROSS) Program is to provide grants to Public Housing Agencies, tribes/Tribally Designated Housing Entities (TDHEs), Resident Organizations and nonprofits, including grassroots, faith-based and other community based organizations for the delivery and coordination of supportive services and other activities designed to help Public and Indian housing residents attain economic self-sufficiency.

Available Funds. A total of $49,675,000 is available for funding in Fiscal Year 2003. Of this, $14,902,500 is allocated to Neighborhood Networks.

Transfer of Funds. HUD may transfer funds between the two Resident Service Delivery Models (RSDM) programs and the Homeownership Supportive Services program in the event that funds in one or more categories are remaining after all qualified applications have been funded. If transfer of funds does become necessary, HUD will give first priority to Homeownership Supportive Services (HSS), second priority to RSDM-Family and third priority to RSDM-Elderly. HUD does not have the discretion to transfer funds for the Neighborhood Networks category to any other funding category within this NOFA. If remaining funds under the Neighborhood Networks funding category are too small to make an award, they will be used to partially fund applications in rank order regardless of region in the existing center category.

Match. At least 25 percent of the grant amount is required as the grant match.

Eligible Applicants. Eligible applicants are Public Housing Agencies (PHAs), tribes/TDHEs, resident management corporations (RMCs), resident councils (RCs), resident organizations (ROs), Intermediary Resident Organizations (IROs), City-Wide Resident Organizations (CWROs) and nonprofits including grassroots, faith-based and other community based organizations that have resident support or the support of tribes. Tribes and TDHEs are not eligible for the Neighborhood Networks funding category. The following chart summarizes the funding categories available under ROSS, eligible applicants and application procedures.

Grant	Eligibility	Application procedure
Resident Services Delivery Model-Family (RSDM-Family).	PHAs, Resident Management Corporations (RMCs), Resident Councils (RCs), Resident Organizations (ROs), Intermediary Resident Organizations (IROs), City-Wide Resident Organizations (CWROs), nonprofits, Indian tribes, and tribally designated housing entities (TDHEs).	Submit application per SuperNOFA and Program Section requirements.
Resident Services Delivery Model-Elderly and Persons with Disabilities.	PHAs, Resident Management Corporations (RMCs), Resident Councils (RCs), Resident Organizations (ROs), Intermediary Resident Organizations (IROs), City-Wide Resident Organizations (CWROs), nonprofits, Indian tribes/TDHEs.	Submit application per SuperNOFA and Program Section requirements.
Homeownership Supportive Services (HSS).	PHAs, Resident Management Corporations (RMCs), Resident Councils (RCs), Resident Organizations (ROs), Intermediary Resident.	Submit application per SuperNOFA and Program Section requirements.
.....	Organizations (IROs), City-Wide Resident Organizations (CWROs), nonprofits, Indian tribes/TDHEs.	
Neighborhood Networks (NN)	PHAs and nonprofits with expertise in this area	Submit application per SuperNOFA and Program Section requirements.
Service Coordinator	PHAs which were recipients of this grant in FY1995.	Renewal Program only. New applications will not be considered. Grantees will not go through the SuperNOFA process. HUD will send a letter to 1995 grantees indicating procedure for applying.

Number of Applications Permitted.

General. Applicants including PHAs, tribes/TDHEs, ROs, RCs, and nonprofits, including grassroots, faith-based or other community-based organizations that have resident support or the support of tribes may submit an application for more than one funding category, however applicants must submit separate applications for each funding category. NOTE: Applications from PHAs, tribes/TDHEs, ROs, RCs, RAs and nonprofit organizations targeting the same public housing development/population will not all be funded. HUD suggests that in these cases, applicants work together to submit one application. Otherwise, the highest scoring application will be funded. Nonprofits may submit more than one application provided that they will be serving residents of distinct Public Housing Authorities.

Joint applications. Two or more applicants may join together to submit a joint application for proposed grant activities. Joint applications must designate a lead applicant. Both lead and non-lead applicants are subject to threshold requirements. Joint applications may include PHAs, RAs, IROs, Tribes/TDHEs, and nonprofit entities on behalf of resident organizations. Joint applications involving nonprofits must also provide evidence of resident support. The maximum funding for joint applications cannot exceed the amount of funding applicants would have collectively received had they applied individually.

Grant term. The grant term for funding for each funding category under the ROSS program is thirty-six months from the execution date of the grant agreement.

Extensions. The field office may grant one six-month extension, as long as the request for an extension occurs no less than one year of grant expiration. Other extensions require approval from the Deputy Assistant Secretary for the Office of Public Housing and Voucher Programs.

Additional Information

If you are interested in applying for funding under any of these funding categories, please carefully review the application requirements provided for each grant category below.

I. Application Due Date, Required Forms, Security Procedures, Further Information and Technical Assistance

Application Due Date. The application due dates for each of the ROSS funding categories follows below:

Neighborhood Networks: May 27, 2003.

Resident Service Delivery Models-Elderly/Persons with Disabilities: June 11, 2003.

Resident Service Delivery Models-Family: June 19, 2003.

Homeownership Supportive Services: July 7, 2003. *Application Kits.* Application kits will not be used this year.

Required Forms. In addition to the forms required in the General Section of the SuperNOFA, there are ROSS forms that are required. Please see Section VIII and Appendix B of this NOFA for more information on form submission.

Mailing and Receipt Procedures. Please refer to the General Section of the SuperNOFA for mailing and receipt procedures.

Proof of Timely Submission. Please see the General Section of the SuperNOFA.

Number of Applications. Separate applications must be submitted for each ROSS funding category. Applications must be submitted in triplicate (one original and two identical copies). The original and one identical copy must be sent to the Grants Management Center by the deadline. The other identical copy must be submitted to your local HUD field office by the deadline. For tribal and TDHE applicants, both the original and two copies must be sent to the Denver Program Office of Native American Programs (DPONAP) according to the instructions in paragraph 4 below. If you do not submit the required number of copies HUD may request that you provide the additional copies to the appropriate HUD office(s) in accordance with the procedures described here in Section IX and in Section VIII of the General Section of the SuperNOFA, *Corrections to Deficient Applications.*

Addresses. When submitting your application, you must refer to the name of the program for which you are seeking funding and include the correct room number to ensure that your application is properly directed. The address to use for the GMC is the following: Grants Management Center, Mail Stop: The name of the funding category to which you are applying, 501 School Street, SW., Suite 800, Washington, DC 20024.

In the case of tribes and TDHEs, please submit your completed application (the original and two copies) to the Denver Program Office of Native American Programs (DPONAP), 1999 Broadway, Suite 3390, Denver, CO 80202, by mail using the United States Postal Service (USPS) or it may be delivered only via the following four carrier services: United Parcel Service (UPS), FedEx, DHL, or Falcon Carrier. Delivery by these services must be made during HUD's business hours, between 8:30 AM and 5:30 PM Eastern Standard Time (or Mountain Standard Time for Tribes and TDHEs), Monday through Friday. If these companies do not service your area, you must submit your application via the USPS. Do not submit the original and or a copy of the application to the Area ONAP.

For Further Information and Technical Assistance. You may call the Public and Indian Housing Information and Resource Center at 1–800–955–2232. For the hearing or speech impaired, please call the Federal Relay Service at 1–800–877–8339. In the case of tribes/TDHEs, please contact DPONAP at 1–800–561–5913 or (303) 675–1600 (this is not a toll free number).

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you should consult the HUD web site at *http://www.hud.gov/grants.*

II. Definition of Terms

City-Wide Resident Organization means an organization consisting of members from Resident Councils, Resident Management Corporations, and Resident Organizations who reside in public housing developments that are owned and operated by the same PHA within a city.

Community Facility means a non-dwelling structure that provides space for multiple supportive services for the benefit of public or Indian housing residents and others eligible for the services provided. Supportive services may include but are not limited to:

(1) Job-training;

(2) After-school activities for youth;

(3) Neighborhood Networks (formerly Twenty/20 Education Communities (TECs), Campus of Learners activities);

(4) English as a Second Language (ESL) classes; and

(5) Child care.

Contract Administrator means an overall administrator and/or a financial management agent that oversees the financial aspects of a grant and assists in the entire implementation of the grant. All applicants except non-troubled PHAs, tribes and TDHEs must submit a signed Contract Administrator Partnership Agreement with their application. The agreement must be for the thirty-six month duration of the grant term. Your grant award shall be contingent upon having a Contract Administrator Partnership Agreement included in your application. Applicants, except non-troubled PHAs, who fail to submit a Contract Administrator Partnership Agreement will fail threshold and will not receive further consideration for funding. The Contract Administrator must assure that the financial management system and procurement procedures that will be in place during the grant term will fully comply with either 24 CFR part 84 or 85. Contract Administrators may be: Local Housing Agencies; community-based organizations such as Community Development Corporations (CDCs), churches, temples, synagogues, mosques; nonprofits; state/regional associations and organizations. Troubled PHAs are not eligible to be Contract Administrators. Grant writers who assist applicants prepare their ROSS applications are also ineligible to be Contract Administrators. Contract Administrators may not be paid at more than the daily equivalent of the rate paid for level IV of the government's Executive Schedule.

Elderly person means a person who is at least 62 years of age.

Jurisdiction-Wide Resident Organization means an incorporated nonprofit organization or association that meets the following requirements:

(1) Most of its activities are conducted within the jurisdiction of a single housing authority;

(2) There are no incorporated Resident Councils or Resident Management Corporations within the jurisdiction of the single housing authority;

(3) It has experience in providing start-up and capacity-building training to residents and resident organizations; and

(4) Public housing residents representing unincorporated Resident Councils within the jurisdiction of the single housing authority must comprise the majority of the board of directors.

Tribally Designated Housing Entity (TDHE) is an entity authorized or established by one or more Indian tribe to act on behalf of each such tribe authorizing or establishing the housing entity.

Indian tribe means any tribe, band, nation, or other organized group of a community of Indians, including any Alaska native village or regional or village corporation as defined in or established pursuant to the Alaska

Native Claims Settlement Act, and that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians pursuant to the Indian Self Determination and Education Act of 1975.

Intermediary Resident Organizations means Jurisdiction-Wide Resident Organizations, City-Wide Resident Organizations, State-Wide Resident Organizations, Regional Resident Organizations, and National Resident Organizations.

Match. All applicants are required to have in place a 25% match in cash or in-kind donations. The match is a threshold requirement. Applicants who do not demonstrate the minimum 25% match will fail the threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Match donations must be firmly committed. ''Firmly committed'' means that the amount of match resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU) or tribal resolution must be on organization letterhead, and signed by a person authorized to make the stated commitment whether it be in cash or in-kind services. The letters of commitment/MOUs/tribal resolution must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If volunteer time is being committed it should be calculated using the number of hours to be committed and multiplied by either the normal professional rate for the local area or the national minimum wage rate of $5.15/hour. The commitment should be in place at time of award and should be for the duration of the grant. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or in-kind) and how the match will be used. For tribal and TDHE applicants, you must submit a letter of support and/or tribal resolution committing to the 25% match. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate the HUD–424–CB to list the sources and amount of each match for the duration of the grant term. Grant awards shall be contingent upon letters of commitment being submitted with your application.

NAHASDA-assisted resident means a resident of an Indian tribe (as defined above) who has been assisted by the Native American Housing Assistance and Self-Determination Act (NAHASDA) of 1996.

National Resident Organization (NRO) means an incorporated nonprofit organization or association for public housing that meets each of the following requirements:

(1) It is national (*i.e.*, conducts activities or provides services in at least two HUD Areas or two states);

(2) It has the capacity to provide start-up and capacity-building training to residents and resident organizations; and

(3) Public housing residents representing different geographical locations in the country are members of the board of directors.

Nonprofit organization. A nonprofit organization is an organization that is exempt from federal taxation. A nonprofit can be organized for the following purposes: Charitable, religious, educational, scientific, literary and others. In order to qualify, an organization must be a corporation, community chest, fund or foundation. An individual or partnership will not qualify. To obtain nonprofit status, qualified organizations must file an application with the Internal Revenue Service (IRS) and receive designation as such by the IRS. For more information, go to *www.irs.gov.* Applicants who are in the process of applying for nonprofit status, but have not yet received nonprofit designation from the IRS, will not be considered nonprofit organizations.

National nonprofit organizations means organizations that work on a national basis and have the capacity to mobilize resources on both a national and local level.

Past Performance is a threshold requirement. HUD's field offices will evaluate applicants for past performance to determine whether an applicant has the capacity to manage the grant for which they are applying. The DPONAP will review past performance for tribal/TDHE submissions. Using Rating Factor 1, the field office will evaluate applicants' past performance. Applicants should carefully review Rating Factor 1 to ensure their application addresses each of the criteria requested therein. If applicants fail to address what is requested in Rating Factor 1, their application will fail threshold and will not receive further consideration. If applicants pass threshold, they will go on to be scored for Rating Factor 1 during the technical review process.

Person with disabilities means a person who:

(1) Has a condition defined as a disability in section 223 of the Social Security Act;

(2) Has a developmental disability as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act; or

(3) Is determined to have a physical, mental, or emotional impairment which:

(a) Is expected to be of long-continued and indefinite duration;

(b) Substantially impedes his or her ability to live independently; and

(c) Is of such a nature that such ability could be improved by more suitable housing conditions.

The term ''person with disabilities'' does not exclude persons who have acquired immunodeficiency syndrome (HIV/AIDS) or any conditions arising from the etiologic agent for AIDS. In addition, no individual shall be considered a person with disabilities, for purposes of eligibility for low-income housing, solely on the basis of any drug or alcohol dependence.

The definition provided above for persons with disabilities is the proper definition for determining program qualifications. However, the definition of a person with disabilities contained in section 504 of the Rehabilitation Act of 1973 and its implementing regulations must be used for purposes of reasonable accommodations.

Project Coordinator is a person who is responsible for coordinating the proposed activities to ensure that their accomplishment will assist in achieving the overall grant goals and objectives.

Project is the same as ''low-income housing project'' as defined in section 3(b)(1) of the United States Housing Act of 1937 (42 U.S.C. 1437 *et seq.*) (1937 Act).

Resident Association (RA) means any or all of the forms of resident organizations as they are defined elsewhere in this Definitions section and includes Resident Councils (RC), Resident Management Corporations (RMC), Regional Resident Organizations (RRO), Statewide Resident Organizations (SRO), Jurisdiction-Wide Resident Organizations, and National Resident Organizations (NRO).

Resident Council (RC) means (as provided in 24 CFR 964.115) an incorporated or unincorporated nonprofit organization or association that shall consist of persons residing in public housing and must meet each of the following requirements in order to receive official recognition from the PHA/HUD, and be eligible to receive

funds for RC activities and stipends for officers for their related costs for volunteer work in public housing. The following also applies to resident councils:

(1) The RC must adopt written procedures such as by-laws, or a constitution, which provides for the election of residents to the governing board by the voting membership of the public housing residents. The elections must be held on a regular basis, but at least once every 3 years. The written procedures must provide for the recall of the resident board by the voting membership. These provisions shall allow for a petition or other expression of the voting membership's desire for a recall election, and set the percentage of voting membership that must be in agreement in order to hold a recall election. This threshold shall not be less than 10 percent of the voting membership.

(2) The RC must have a democratically elected governing board that is elected by the voting membership. At a minimum, the governing board should consist of five elected board members. The voting membership must consist of heads of households (any age) and other residents at least 18 years of age or older and whose names appear on a lease for the unit in the public housing that the resident council represents.

(3) The RC may represent residents residing in:

(a) Scattered site buildings in areas of contiguous row houses;

(b) One or more contiguous buildings;

(c) A development; or

(d) A combination of the buildings or developments described above.

(4) The RC must be in good standing and recognized by the PHA.

Regional Resident Organization (RRO) means an incorporated nonprofit organization or association for public housing that meets each of the following requirements:

(1) The RRO is regional (*i.e.*, not limited by HUD Areas);

(2) The RRO has experience in providing start-up and capacity-building training to residents and resident organizations; and

(3) Public housing residents representing different geographical locations in the region must comprise the majority of the board of directors.

Resident Management Corporation (RMC) (see 24 CFR 964.7, 964.120) means an entity that consists of residents residing in public housing and must have each of the following characteristics in order to receive official recognition by the PHA and HUD:

(1) The RMC shall be a nonprofit organization that is incorporated under the laws of the state in which it is located;

(2) The RMC may be established by more than one RC, so long as each such council:

(a) Approves the establishment of the corporation; and

(b) Has representation on the Board of Directors of the corporation.

(3) The RMC shall have an elected Board of Directors, and elections must be held at least once every 3 years;

(4) The RMC's by-laws shall require the Board of Directors to include resident representatives of each RC involved in establishing the corporation; include qualifications to run for office, frequency of elections, procedures for recall; and term limits if desired;

(5) The RMC's voting members shall be heads of households (any age) and other residents at least 18 years of age and whose names appear on the lease of a unit in public housing represented by the RMC;

(6) Where an RC already exists for the development, or a portion of the development, the RMC shall be approved by the RC board and a majority of the residents. If there is no RC, a majority of the residents of the public housing development it will represent must approve the establishment of such a corporation for the purposes of managing the project; and

(7) The RMC may serve as both the RMC and the RC, so long as the corporation meets the requirements of 24 CFR part 964 for an RC.

Resident Organization (RO) for tribal entities means an incorporated or unincorporated nonprofit tribal organization or association that meets each of the following criteria:

(1) It shall consist of residents only, and only residents may vote;

(2) If it represents residents in more than one development or in all of the developments of the tribal/TDHE community, it shall fairly represent residents from each development that it represents;

(3) It shall adopt written procedures providing for the election of specific officers on a regular basis; and

(4) It shall have democratically elected governing board. The voting membership of the board shall consist solely of the residents of the development or developments that the tribal RO represents.

Secretary means the Secretary of Housing and Urban Development.

Site-Based Resident Associations means Resident Councils or Resident Management Corporations representing a specific public housing development.

Statewide Resident Organization (SRO) is an incorporated nonprofit organization or association for public housing that meets the following requirements:

(1) The SRO is statewide;

(2) The SRO has experience in providing start-up and capacity-building training to residents and resident organizations; and

(3) Public housing residents representing different geographical locations in the state must comprise the majority of the Board of Directors.

Tribal/TDHE Resident Group means tribal/TDHE resident groups that are democratically elected groups such as IHA-wide resident groups, area-wide resident groups, single development groups, or resident management corporations (RMCs).

III. Program Description: Resident Service Delivery Models-Family

(A) *Program Description.* The purpose of the ROSS RSDM-Family funding category is to provide funding to PHAs, tribes/TDHEs, resident organizations, nonprofits including grassroots, faith-based or other community-based organizations to create programs to help residents achieve economic self-sufficiency.

HUD is looking for applications that implement comprehensive programs within the thirty-six month grant term which will result in improved economic self-sufficiency for Public or Indian housing residents.

HUD is looking for proposals that involve partnerships with organizations that will help grantees provide educational programs, housing counseling, including fair housing counseling, job training and other supportive services for residents. Proposed grant activities should build on the foundation created by previous ROSS grants or other federal, state and local self-sufficiency efforts.

(B) *Available Funding.* The amount of funding available for FY03 is $14,345,000.

(C) *Allocation.* To the extent that there are a sufficient number of qualified applications, not less than 25 percent of funds available for RSDM-Family shall be provided directly to Resident Councils (RCs), Resident Organizations (ROs), Resident Management Corporations (RMCs), Intermediary Resident Organizations (IROs), and City-Wide Resident Organizations (CWROs). In addition, 5 percent of available funding shall be allocated to national nonprofit organizations provided there

is a sufficient number of qualified applications.

(1) *Maximum grant amount.* For PHAs applying for RSDM-Family grants, the maximum grant award will be based on the number of occupied conventional family public housing units. Tribes/TDHEs applying for RSDM-Family grants should use the computation of units for the maximum grant amount, which is outlined below.

(a) PHAs must use the number of occupied conventional family public housing units as of September 30, 2002 per their budget to determine the maximum grant amount they are eligible for in accordance with the categories listed below. PHAs should clearly indicate the number of units under management on the Fact Sheet.

—For PHAs with 1 to 780 occupied conventional family public housing units, the maximum grant award is $250,000.

—For PHAs with 781 to 2,500 occupied conventional family public housing units, the maximum grant award is $350,000.

—For PHAs with 2501 to 7,300 occupied conventional family public housing units, the maximum grant award is $500,000.

—For PHAs with 7,301 or more occupied conventional family public housing units, the maximum grant award is $1,000,000.

—The maximum grant award is $100,000 for each RA.

—Nonprofit entities that have resident support or the support of tribes or RAs/ROs are limited to $100,000 for each RA/RO. A nonprofit may submit a single application for no more than three different RAs from the same PHA for a maximum grant award of $300,000. Nonprofits may submit more than one application provided they target residents of distinct PHAs.

(b) Tribes/TDHEs should use the number of units counted as Formula Current Assisted Stock for Fiscal Year 2002 as defined in 24 CFR 1000.316. Tribes/TDHEs are eligible for the same amounts as PHAs within each category in (a) above. Tribes that have not previously received funds from the Department under the 1937 Housing Act should count housing units under management that are owned and operated by the Tribe and are identified in their housing inventory as of September 30, 2002 for family units. Tribes should clearly indicate the number of units under management on the Fact Sheet.

(D) *Deobligation of Funds.* HUD may deobligate amounts for the grant if proposed activities are not initiated or completed within the required time period after the effective date of the award. The grant agreement will set forth in detail circumstances under which funds may be deobligated and other sanctions imposed.

(E) *Eligible Applicants.*

(1) This funding category provides grants to PHAs, tribes/TDHEs, resident management corporations, resident councils, resident organizations, and nonprofit entities supported by HUD, residents or tribes, to enable them to establish and implement comprehensive programs that assist residents in becoming self-sufficient.

(2) IROs with 501(c) status may apply as nonprofit entities under this funding category.

Note: Applications from PHAs, tribes/TDHEs, ROs, RCs, RAs and nonprofit organizations targeting the same public housing development/population will not all be funded. HUD suggests that in these cases, applicants work together to submit one application. Otherwise, the highest scoring application will be funded.

(F) *Eligible Activities.* This funding category is designed to provide resources that will benefit adult residents who seek to achieve economic self-sufficiency. This category is also designed to help youth residing in Public and Indian Housing succeed in school and begin planning their educational and economic future. Funds may be used for the activities described below. The eligible activities are listed below in four categories from basic to advanced: Life-Skills Training; Job Training, Job Search and Placement Assistance; Post Employment Follow-up and finally, Activities to Support Career Advancement and Long-term Economic Self-Sufficiency. Grantees are not limited to choosing one category of activities, but rather should design their programs to address the specific needs of the population they are targeting. Grantees are encouraged to pull from all categories and activities listed below:

(1) Hiring of a qualified project coordinator to run the grant program. A qualified project coordinator is someone with at least two years of experience working on supportive services programs designed for typically underserved populations. The project coordinator should be hired for the entire term of your grant. The ROSS program will fund up to $62,500 in combined annual salary and fringe benefits for a full-time project coordinator. However, the project coordinator's salary and administrative costs may not exceed more than 30% of the total grant amount. Other administrative costs, see paragraph 9 below, may not exceed 10% of the total grant amount requested from HUD. For audit purposes, applicants must have documentation on file demonstrating that the salary they pay the project coordinator is comparable to similar professions in their local area. The project coordinator should be responsible for:

(a) Marketing the program to residents;

(b) Assessing participating residents' skills and job-readiness;

(c) Assessing participating residents' needs for supportive services, *e.g.* child care, transportation costs, etc.

(d) Project coordinators working for tribes/TDHEs may assist the tribe or TDHE to create a Resident Group to promote self-sufficiency efforts on the reservation;

(e) Designing and coordinating grant activities based on residents' needs and the local labor market; and

(f) The project coordinator should be responsible for monitoring the progress of program participants and evaluating the overall success of the program. A portion of grant funds should be reserved to ensure that evaluations can be completed for all participants who received training through this program. For more information on how to measure performance, please see Rating Factor 5.

(2) Life-skills Training for Youth and Adults.

(a) Applying for a job. Filling out employment forms; highlighting skills employers are looking for; job opportunities in the area; calculating net wages; workplace norms (appropriate dress, punctuality, respectful communication, etc.).

(b) Credit. What it means to have good credit; how to maintain good credit.

(c) Banking and Money Management. Opening a bank account; balancing a checkbook; creating a weekly spending budget; contingency planning for child care and transportation, etc.

(d) Real Life Issues. Tax forms; voter registration; lease samples; car insurance; health insurance; long-term care insurance; etc.

(e) Literacy training and GED preparation.

(f) College preparatory courses and information.

(g) Goal setting.

(h) Mentoring.

(3) Job Training, Job Search and Placement Assistance:

(a) Skills Assessment of target population.

(b) Soft skills training which includes: Problem solving and other cognitive skills; oral and written communication skills; personal qualities and work ethic; interpersonal and teamwork skills.

(c) Creating job training and placement programs with local employers.

(d) Resume writing.

(e) Interviewing techniques.

(f) Employer linkage and job placement.

Working with local employers to design and offer training that addresses their employment needs, create a job placement program that refers trained residents to participating employers and other local area employers.

(g) Establish relationships with local job placement providers. Encourage them to participate in the training and to meet with residents.

(4) Post-employment follow-up. After placing residents in jobs, follow-up and ongoing support to newly hired residents can have a significant impact on their long-term job retention. Activities can range from one-on-one meetings to weekly group sessions involving other residents who are making the same transition from welfare to work.

(5) Activities to Support Career Advancement and Long-term Economic Self-Sufficiency.

(a) Career advancement and planning programs. Such programs should be designed to:

(i) Help residents identify a career goal and a timeline for achieving it;

(ii) Provide strategies such as finding a strong professional mentor within a company; focusing on the organization's priorities.

(iii) Reinforce initial welfare-to-work programs and focus efforts on increasing residents' earning capacity. Activities can include job counseling, helping residents secure better paying jobs or jobs in better work environments, preparing for work in a new job category, obtaining additional job skills and other educational training.

(b) Working with local employers, create opportunities that combine education and job skill training with jobs. Strategies that promote work-based learning can offer the most effective method for giving new workers the tools they need to move on to a career ladder and achieve upward mobility.

(c) Individual Savings Accounts (ISAs). You may create programs that encourage residents to save and contribute to matched savings accounts such as Individual Development Accounts (IDAs). The programs should include financial counseling and education activities. ISAs may only be used for three purposes: (1) To purchase a first home; (2) receiving post-secondary education or training; or (3) starting a small business. ROSS RSDM funds can be used as matching funds for ISAs but no more than 20% of total grant funds may be used for this purpose. You are encouraged to leverage RSDM funds by working with local financial organizations which can also contribute to residents' ISAs. FSS escrow accounts may not be used as a match for RSDM-funded ISAs. Grantees shall consult the Internal Revenue Service regarding possible tax consequences to participating residents of the ISAs.

(d) Housing Counseling for Homeownership. ''Pre-purchase'' homeownership counseling and training; which may include training on such subjects as credit and financial management; credit repair; housing search; how to finance purchase of a home; fair housing; Individual Development Accounts, Real Estate Settlement Procedures Act (RESPA); and home maintenance.

(6) Stipends. Stipends are an eligible use of grant funds. However, no more than $200 of the grant award may be used per participant per month for stipends for active trainees and program participants to reimburse reasonable out-of-pocket expenses related to participation in training and other program-related activities. Reasonable costs reimbursable with stipends include such things as local transportation to and from job training and job interviews, supplemental educational materials, and child care expenses. Receipts for such expenses should be provided by the resident in order to obtain reimbursement. Stipends must be tied to residents' successful performance and regular attendance. Stipends are not considered an administrative expense and therefore are not subject to the 10% limitation on administrative costs.

(7) Hiring of Residents. Grant funds may also be used to hire a resident(s) as program staff. Residents' salaries are to come out of administrative expenses, see section 9 ''Administrative Costs'' below.

(8) Supportive Services.

(a) After school programs for school-age children to include tutoring, remedial training, educational programming using computers.

(b) Provision of information on the Earned Income Tax Credit Program, Food Stamps, Child Tax Credit Program, Medicaid, the State Child Health Insurance Program (S–CHIP), Student Loan Interest Deduction, tribal welfare programs, and other benefit programs that can assist individuals and families make a successful transition from welfare to work.

(c) Housing Counseling to help residents move to market rate rental housing.

(d) Transportation costs as necessary to enable participating families to receive services or commute to training or employment.

(e) Child-care provision for ROSS–RSDM program participants.

(f) Parenting courses.

(g) Nutrition courses.

(h) Healthcare information and services including referrals to mental health providers, alcohol and other drug abuse treatment programs.

(i) English as a second language (ESL) classes.

(j) Creating and maintaining linkages to local social service agencies, such as employment agencies, health departments, transportation agencies, economic/community development agencies, community colleges, recreational and cultural services, and other community organizations such as Boys & Girls Clubs, 4H-Clubs, Boy Scouts, Girl Scouts, etc.

(9) Administrative costs. Administrative costs may include, but are not limited to, purchase of furniture, office equipment and supplies, salaries for resident employees hired as part of this grant program, quality assurance, local travel, and utilities. Nonprofit organizations only may use administrative funds to pay for rental of space. Administrative costs must not exceed 10 percent of the total grant amount requested from HUD. Administrative costs must adhere to OMB Circular A–87. Please use HUD–424–CBW to itemize your administrative costs.

(G) *Ineligible Activities.*

Activities for which costs are ineligible for funding under the RSDM-Family funding category include:

(1) Payment of wages and/or salaries to participants receiving supportive services and/or training programs;

(2) Purchase or rental of land;

(3) New construction, materials costs;

(4) Rehab or physical improvements;

(5) Purchase or rental of vehicles; and

(6) Cost of application preparation.

(H) *Threshold Requirements.* Applicants must respond to threshold requirements clearly and thoroughly by following the instructions below. If your application fails one threshold requirement (regardless of the type of threshold) it will be considered a failed application and will not be reviewed further.

(1) *Match.* All applicants are required to have in place as defined in this NOFA a firmly committed 25% match in cash or in-kind donations. Applicants who do not demonstrate the minimum

25% match will fail this threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Match donations must be firmly committed. ''Firmly committed'' means that the amount of match resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU) or tribal resolution must be on organization letterhead, and signed by a person authorized to make the stated commitment whether it be in cash or in-kind services. The letters of commitment/MOUs/tribal resolutions must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If volunteer time is being committed it should be calculated using the number of hours to be committed and multiplied by either the normal professional rate for the local area or the national minimum wage rate of $5.15/hour. The commitment should be in place at time of award and should be for the duration of the grant. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support/tribal resolution indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate the HUD–424–CB to list the sources and amount of each match for the duration of the grant term. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(2) *Past Performance.* HUD's field offices will evaluate applicants for past performance to determine whether an applicant has the capacity to manage the grant for which they are applying. Using Rating Factor 1, the field office will evaluate applicants' past performance. Applicants should carefully review Rating Factor 1 to ensure their application addresses each of the criteria requested therein. If applicants fail to address what is requested in Rating Factor 1, their application will fail threshold and will not receive further consideration. If applicants pass threshold, they will go on to be scored for Rating Factor 1 during the technical review process.

(3) All applicants except non-troubled PHAs and tribes/TDHEs are required to submit a signed Contract Administrator Partnership Agreement. The agreement must be for the thirty-six month duration of the grant term. Your grant award shall be contingent upon having a Partnership Agreement included in your application. The Contract Administrator must assure that the financial management system and procurement procedures that will be in place during the grant term will fully comply with either 24 CFR part 84 or 85. Troubled PHAs are not eligible to be Contract Administrators. Grant writers who assist applicants prepare their ROSS applications are also ineligible to be Contract Administrators. See the definition in Section III of Contract Administrator for more information.

(4) Nonprofit applicants must include letters from Resident Organizations (RO), Resident Associations (RA) indicating that the ROs/RAs you will be working with support your application. Letters from ROs/RAs must be signed by a person authorized to sign for the organization and should, whenever be possible, be on RO/RA letterhead.

(H) *Program Requirements.*

(1) *Eligible Participants.* All program participants must be residents of conventional public or NAHASDA-assisted Housing. Participants in the Public or Indian Housing Family Self-Sufficiency (FSS) programs who are residents of public housing (non Housing Choice Voucher Program) are also eligible to participate in activities funded under this category.

(2) *Resident Assessment.* Applicants are required to assess residents' needs and interests so that program activities are designed to address their needs.

(3) *Partnering.* Applicants should partner with local schools, libraries, businesses, banks, employment agencies, housing counseling agencies (preferably HUD-approved), state and local social service agencies, or other organizations which will help applicants deliver supportive services and fulfill residents' needs. These organizations can provide additional expertise, volunteers, office supplies, training materials, software, equipment, and other resources.

(4) *Performance Reports.* The grantee shall submit semi-annual performance reports to the field office. These progress reports shall include financial reports (SF–269A) and a narrative describing milestones, work plan progress, and problems encountered and methods used to address these problems. HUD anticipates that some of the reporting of financial status and grant performance will be through Internet-based submissions. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. Performance reports are due to the field office on July 30 and January 31 of each year. If reports are not received by the due date, grant funds will not be advanced until reports are received.

(5) *Final Report.* The grantees shall submit a final report which will include a financial report (SF–269A) and a narrative evaluating overall performance against its work plan. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. The financial report shall contain a summary of all expenditures made from the beginning of the grant agreement to the end of the grant agreement and shall include any unexpended balances. The final narrative and financial report shall be due to the field office 90 days after the termination of the grant agreement.

(6) *Final Audit.* Grantees are required to obtain a complete final close-out audit of the grant's financial statements by a Certified Public Accountant (CPA), in accordance with generally accepted government audit standards. A written report of the audit must be forwarded to HUD within 60 days of issuance. Grant recipients must comply with the requirements of 24 CFR part 84 or 24 CFR part 85 as stated in OMB Circulars A–110, A–87, and A–122, as applicable.

(J) *Application Selection Process.*

(1) Four types of reviews will be conducted: A screening to determine if you are eligible to apply for this funding category; whether your application submission is complete, on time and meets threshold; a review by the field office to evaluate past performance; and a technical review to rate your application based on the five rating factors provided in this section. A minimum score of 75 is required for the application to be considered for funding.

(2) The selection process is designed to achieve geographic diversity of grant awards throughout the country. HUD will first select the highest ranked application from each of the ten federal regions and DPONAP for funding. After this ''round,'' HUD will select the second highest ranked application in each of the ten federal regions and DPONAP for funding (the second round). HUD will continue this process with the third, fourth, and so on, highest ranked applications in each federal region and DPONAP until the last complete round is selected for funding. If available funds exist to fund some but not all eligible applications in the next round, HUD will make awards to those remaining applications in rank order regardless of region and DPONAP and

will fully fund as many as possible with remaining funds. If remaining funds are too small to make an award, they may be transferred to another category. If transfer of funds does become necessary, HUD will give first priority to Homeownership Supportive Services, second priority to RSDM-Family and third priority to RSDM-Elderly.

(K) *Factors for Award Used to Evaluate and Rate RSDM-Family*. The factors for rating and ranking applicants and maximum points for each factor are provided below. The maximum number of points available for this program is 102. This includes two RC/EZ/EC bonus points, as described in the General Section of the SuperNOFA. The SuperNOFA contains a certificate that must be completed in order for the applicant to be considered for RC/EZ/EC bonus points. A listing of federally designated RCs, EZs, ECs, EECs and Strategic Planning Communities is attached to the General Section of the SuperNOFA as Appendix A–2 and is also available from the SuperNOFA Information Center, and the HUD Web site, *www.hud.gov*.

Note: Applicants should carefully review each rating factor before writing a response. Applicants' narratives should be as descriptive as possible, ensuring that every requested item is addressed. Applicants should make sure to include all requested information, according to the instructions found in Section VIII of this NOFA. This will help ensure a fair and accurate review of your application. Applications must not be longer than 30 narrative pages. Supporting documentation and certificates will not be counted towards the 30 page limit. However, applicants should make every effort to submit only what is necessary in terms of supporting documentation.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (20 Points)

This factor addresses whether the applicant has the organizational resources necessary to successfully implement the proposed activities within the grant period. In rating this factor HUD will consider the extent to which the proposal demonstrates that the applicant will have qualified and experienced staff dedicated to administering the program.

(A) *Proposed Program Staffing* (7 Points).

(1) *Staff Experience* (4 Points). The knowledge and experience of your proposed project coordinator, staff, subcontractors, and partners in planning and managing programs for which funding is being requested. Experience will be judged in terms of recent, relevant and successful experience of your staff to undertake eligible program activities. In rating this factor, HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience producing specific accomplishments to be successful. The more recent the experience and the more experience your own staff members who work on the project have in successfully conducting and completing similar activities, the greater the number of points you will receive for this rating factor. The following information should be provided in order to provide HUD an understanding of your staff's experience and capacity:

(a) The number of staff years (one staff year = 2080 hours) to be allocated to your program by each employee or expert as well as each of their roles in the program;

(b) The staff's relevant educational background and/or work experience; and

(c) Relevant and successful experience running programs whose activities are similar to the eligible program activities described in this grant category.

(2) *Staff Capacity* (3 Points). You will be evaluated based on whether you, your subcontractors and partners have sufficient personnel or will be able to quickly access enough qualified experts or professionals, to deliver the proposed activities in a timely and effective fashion. Your ability to immediately begin the proposed work program will also be evaluated. Attach resumes or position descriptions (where staff is not yet hired) for all key personnel. (Resumes do not count toward the 30-page limit.)

(B) *Past Performance of Applicant/Project Coordinator* (6 Points) Your narrative must describe how you (or your proposed Project Coordinator) successfully implemented grant programs (including those listed below) designed to promote resident self-sufficiency or moving from welfare to work. You will be evaluated according to the following criteria:

(1) Achievement of specific measurable outcomes and objectives in terms of benefits gained by participating residents (i.e. higher incomes, higher rates of employment, increased savings, improved literacy, etc.);

(2) Success in attracting and keeping residents involved in past grant programs so that grant activities benefited a significant numbers of residents;

(3) Timely expenditure of funds throughout the term of the grant. Timely means regular drawdowns throughout the life of the grant, i.e. quarterly drawdowns, with all funds expended by the end of the grant term;

(4) Leveraging of funding or in-kind services beyond that which was originally proposed to be used for past projects;

(5) Long-term partnerships formed with local employers, libraries, community organizations, social service agencies, local colleges and universities, etc.

Your past experience may include, but is not limited to, programs aimed at assisting residents of low-income housing achieve economic self-sufficiency; i.e. Tenant Opportunities Program; Public Housing Drug Elimination program and Youthbuild. Your narrative must indicate the grants, grant amounts, grant terms and grant sources which you are counting towards past experience.

(C) *Program Administration and Fiscal Management*. (7 Points)

(1) *Program Administration*. (4 Points). Describe how you will manage the program; how HUD can be sure that there is program accountability; and describe staff's roles and responsibilities.

(2) *Fiscal Management*. (3 Points). In rating this factor, your skills and experience in fiscal management will be evaluated. If you have had any audit or material weakness findings, you will be evaluated on how well you have addressed them. You must provide the following:

(a) A complete description of your fiscal management structure, including fiscal controls you have in place including those of a Contract Administrator for all applicants except non-troubled PHAs, tribes and TDHEs;

(b) List any audit findings (HUD Inspector General, management review, fiscal, etc.), material weaknesses and what you have done to address them;

(c) For applicants who are required to have a Contract Administrator, describe the skills and experience your Contract Administrator has in managing federal funds.

Rating Factor 2: Need/Extent of the Problem (20 Points)

This factor addresses the extent to which there is a need for funding your proposed program and your indication of the importance of meeting the need in the target area. In responding to this factor, you will be evaluated on the extent to which you describe and document the level of need for your proposed activities and the urgency in meeting the need.

You should use statistics and analyses contained in data source(s) that are sound and reliable. Data that describes

socioeconomic conditions at the local level can be found by going to the following websites: *www.bls.gov* (Bureau of Labor Statistics) or *www.census.gov* (US Census). Other types of sources include Continuum of Care gaps analysis, law enforcement agency crime reports, academic, state, and local sources. To the extent possible, the data you use should be specific to the area where the proposed activities will be carried out. You should document needs as they apply to the area where activities will be targeted, rather than the entire locality or state.

In responding to this factor, you should include:

(1) *Socioeconomic Profile* (5 points). A thorough socioeconomic profile of the eligible residents to be served by your program, including education levels, income levels, the number of single-parent families, economic statistics for the local area, crime levels, etc.

(2) *Local Training Program Information* (5 points). Information on training programs currently available and easily accessible to residents either through the PHA, tribe/TDHE, or other local or state community organizations.

You may also address needs in terms of fulfilling the requirements of court actions or other legal decisions or which expand upon the Analysis of Impediments to Fair Housing Choice (AI) to further fair housing. If you address needs that are in your community's Consolidated Plan, AI, or a court decision, or identify and substantiate needs in addition to those in the AI, you will receive a greater number of points than applicants who do not relate their proposed program to the approved Consolidated Plan or AI or court action. NOTE: Fines, penalties, damages, and other settlements resulting from violations (or alleged violations) of, or failure of the applicant to comply with federal, state, local or Indian tribal laws and regulations are unallowable means in which to satisfy this Rating Factor, except when incurred as a result of compliance with specific provisions of the federal award or written instructions by the awarding agency authorizing in advance such payments.

(3) *Resource Documentation* (3 points). The names and/or titles of information resources you used to document the need/extent of the problem.

(4) *Demonstrated Link Between Proposed Activities and Local Need* (7 points). There must be a clear relationship between your proposed activities, community needs and the purpose of the program funding for you to receive points for this factor.

Rating Factor 3: Soundness of Approach (30 Points)

This factor addresses both the quality and cost-effectiveness of your proposed work plan. Your work plan must indicate a clear relationship between your proposed activities, the targeted population's needs, and the purpose of the program funding. Your activities must address HUD's policy priorities which relate to this program.

In rating this factor HUD will consider:

(A) *Quality of the Work Plan* (18 points). This factor evaluates both your work plan and your budget and will be evaluated based on the following components:

(1) *Specific Services and/or Activities* (6 points). Your narrative must describe the specific services and activities you plan to offer and who will be responsible for each. You must also provide a work plan which will enumerate the specific services and activities and outcomes you expect. Please see a sample work plan in Appendix B. HUD will consider how well your proposed activities will:

(a) Involve community partners in the delivery of services; and

(b) Offer comprehensive services versus a small range of services geared toward enhancing economic opportunities for residents.

(2) *Feasibility and Demonstrable Benefits* (4 points). This factor examines whether your work plan is logical, feasible and likely to achieve its stated purpose during the term of the grant. HUD's desire is to fund projects that will quickly produce demonstrable results and advance the purposes of the ROSS program.

(a) *Timeliness*. This subfactor evaluates whether your work plan demonstrates that your project is ready to be implemented shortly after grant award, but not to exceed three months following the execution of the grant agreement. Your work plan should indicate timeframes and deadlines for accomplishing major activities.

(b) *Description of the problem and solution*. Your work plan will be evaluated based on how well your proposed activities address the needs described in Factor 2.

(3) *Budget Appropriateness/Efficient Use of Grant*. (4 Points) The score in this factor will be based on the following:

(a) *Justification of expenses*. You will be evaluated based on whether your expenses are reasonable and well-explained.

(b) *Budget Efficiency*. You will be evaluated based on whether your application requests funds commensurate with the level of effort necessary to accomplish your goals and anticipated results.

(4) *Involving Residents in the Design of the Work Plan* (4 points). All applicants should make every effort to involve residents in the design of the work plan, so that activities and services offered by your organization address their needs.

(B) *Addressing HUD's Policy Priorities* (12 points). HUD wants to improve the quality of life for those living in distressed communities. HUD's grant programs are a vehicle through which constructive changes can be achieved. Your narrative and work plan will be evaluated based on how well it meets the following HUD policy priorities:

(1) *Improving the Quality of Life in Our Nation's Communities* (5 points). In order to receive points in this category, your narrative and work plan must indicate the types of activities and training programs you will offer which can help residents successfully transition from welfare to work and earn higher wages.

(2) *Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations in HUD Program Implementation* (7 points). HUD encourages applicants to partner with grassroots organizations, *e.g.,* civic organizations, grassroots faith-based and other community-based organizations that are not usually effectively utilized. These grassroots organizations have a strong history of providing vital community services such as developing first-time homeownership programs, creating economic development programs, providing job training and other supportive services. In order to receive points under this factor, your narrative and work plan must describe how you will work with these organizations and what types of services they will provide.

Rating Factor 4: Leveraging Resources (20 Points)

This factor addresses your ability to secure community resources that can be combined with HUD's grant resources to achieve program purposes. Applicants are required to create partnerships with organizations that can help achieve their program's goals. PHAs are required by QHWRA (Sec. 12(d)(7) of the U.S. Housing Act, entitled ''Cooperation Agreements for Economic Self-Sufficiency Activities'') to make best efforts to enter into such agreements with relevant state or local agencies. In rating this factor, HUD will look at the

extent to which you partner, coordinate and leverage your services with other organizations serving the same or similar populations.

Additionally, you must have at least a 25 percent cash or in-kind match. The match is a threshold requirement. Applicants who do not demonstrate the minimum 25% match will fail the threshold requirement and will not receive further consideration for funding. If you are applying for more than one grant ROSS grant, you must use different sources of match donations for each grant application. 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 grant amount proposed in this application. ''Firmly committed'' means that the amount of resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU), or tribal resolutions must be on organization letterhead and signed by a person authorized to make the stated commitment. The letters of commitment/MOUs/tribal resolutions must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or in-kind) and how the match will be used. For tribal and TDHE applicants, you must submit a letter of support and/or tribal resolution committing to the 25% match. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate their budget form (the HUD–424–CB) to list the sources and amount of each match. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(A) Volunteer time and services shall be computed by using the normal professional rate for the local area or the national minimum wage rate of $5.15 an hour (**Note:** Applicants may not use their staff time towards the match);

(B) In order for HUD to determine the value of any donated material, equipment, staff time, building, or lease, your application must provide a letter from the organization making the donation stating the value of the contribution. The letter must be on letterhead, signed by an official authorized to make such commitments on behalf of the donating organization and must be dated within two months of the application deadline.

(C) Other resources/services that can be committed include: in-kind services, contributions or administrative costs provided to the applicant; funds from federal sources (not including ROSS funds) as allowed by statute, including for example Community Development Block Grant (CDBG) and federal Revenue Sharing; 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.

(D) Points for this factor will be awarded based on the documented evidence of partnerships and firm commitments and the ratio of requested ROSS funds to the total proposed grant budget.

Points will be assigned based on the following scale:

Percentage of match	Points awarded
25	5
26–50	10
51–75	15
76–99 or above	20

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

An important element in this year's NOFA is the development and reporting of performance measures and outcomes. Under this rating factor, applicants must demonstrate how they propose to measure their success and outcomes as they relate to the Department's Strategic Plan.

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and that they assess their performance so that they realize performance goals. HUD requires ROSS applicants to develop an effective, quantifiable, outcome oriented work plan for measuring performance and determining that goals have been met.

''Outcomes'' are benefits accruing to the residents, families and/or communities during or after participation in the ROSS program. Outcomes are not the actual development of self-sufficiency services or program activities. Applicants must clearly identify the outcomes to be achieved and measured. Examples of outcomes are: Increasing the homeownership rates among residents of a development or from a particular housing authority, increasing residents' financial stability (*e.g.* increasing assets of a household through savings), or increasing employment stability (*e.g.,* whether persons assisted obtain or retain employment for one or two years after job training completion).

In addition to outcomes, applicants must establish interim benchmarks or outputs for their proposed program that lead to the ultimate achievement of outcomes. ''Outputs'' are the direct products of a program's activities. Examples of outputs are: The number of eligible families that participate in supportive services, the number of new services provided, the number of residents receiving counseling, or the number of households using a technology center. Outputs should produce outcomes for your program.

This rating factor requires that you, the applicant, identify program outcomes, outputs, benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your work plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

In order to satisfy the requirements for Factor 5, you must submit a work plan and a Logic Model that demonstrates how you will measure your own program performance. Your plan must identify the outcomes you expect to achieve or goals you hope to meet over the term of your proposed grant and benchmarks, outputs, and timeframes for accomplishing these goals. Your work plan must show how you will measure actual accomplishments against anticipated achievements. You must indicate how your plan will measure the performance of individual consortium members and affiliates, including the standards, data sources, and measurement methods, and the steps you have in place or how you plan to make adjustments if you begin to fall

short of established benchmarks and timeframes.

Applicants should also use the Logic Model provided in the General Section of this SuperNOFA for reporting on how they will conduct performance measurement. You will be evaluated based on how comprehensively you propose to measure your program's outcomes.

IV. Program Description: Resident Service Delivery Models—Elderly and Persons With Disabilities

(A) *Program Description*. The Resident Service Delivery Models (RSDM)-Elderly and Persons with Disabilities funding category is intended to provide PHAs, Resident Management Corporations, Resident Councils, Resident Organizations, Intermediary Resident Organizations, City-Wide Resident Organizations, nonprofits and Indian tribes/TDHEs with the resources to provide and coordinate supportive services that lead elderly and/or disabled public housing residents to independent living.

HUD is looking for applications that implement comprehensive programs within the thirty-six month grant term which will result in improved living conditions for the target population. HUD is looking for proposals that involve partnerships with organizations that will help grantees provide enhanced services to the elderly/persons with disabilities they will serve. Proposed grant activities should build on the foundation created by previous ROSS grants or other federal, state and local self-sufficiency efforts to assist these populations.

(B) *Available Funding*. The amount of funding available for FY03 is $9,300,300.

(C) *Allocation*. To the extent that there are a sufficient number of qualified applications, not less than 25 percent of funds available for RSDM-Elderly and Persons with Disabilities shall be provided directly to Resident Councils (RCs), Resident Organizations (ROs), Resident Management Corporations (RMCs), Intermediary Resident Organizations (IROs), and City-Wide Resident Organizations (CWROs). In addition, 5 percent of available funding shall be allocated to national nonprofit organizations provided there is a sufficient number of qualified applications.

1. *Maximum grant amount*. For PHAs applying for the RSDM-Elderly and Persons with Disabilities funding category, the maximum grant award will be based on the number of occupied elderly and disabled conventional public housing units. Tribes/TDHEs applying for this funding category should use the computation of units for the maximum grant amount, which is outlined below.

(a) PHAs must use the number of occupied elderly and disabled conventional public housing units as of September 30, 2002, per their budget to determine the maximum grant amount they are eligible for in accordance with the categories listed below. PHAs should clearly indicate the number of units under management on the Fact Sheet.

—For 1 to 217 units occupied by elderly residents and persons with disabilities, the maximum grant award is $100,000.

—For 218 to 1,155 units occupied by elderly residents and persons with disabilities, the maximum grant award is $200,000.

—For 1,156 or more units occupied by elderly residents and persons with disabilities, the maximum grant award is $300,000.

—The maximum grant award is $100,000 for each RA.

—Nonprofit entities that have resident support or RAs/ROs are limited to $100,000 for each RA/RO. A nonprofit may submit a single application for no more than three different RAs from the same PHA for a maximum grant award of $300,000. Nonprofits may submit more than one application provided they target residents of distinct PHAs.

(b) Tribes/TDHEs should use the number of units counted as Formula Current Assisted Stock for Fiscal Year 2002 as defined in 24 CFR 1000.316. Tribes/TDHEs are eligible for the same amount of funding as PHAs within each category in (a) above. Tribes who have not previously received funds from the Department under the 1937 Housing Act should count housing units under management that are owned and operated by the Tribe and are identified in their housing inventory as of September 30, 2002 for elderly/disabled units. Tribes should clearly indicate the number of units under management on the Fact Sheet.

(D) *Deobligation of Funds*. HUD may deobligate amounts for the grant if proposed activities are not initiated or completed within the required time period after the effective date of the award. The grant agreement will set forth in detail circumstances under which funds may be deobligated and other sanctions imposed.

(E) *Eligible Applicants*.

(1) This funding category provides grants to PHAs, tribes/TDHEs, resident management corporations, resident councils, resident organizations, and nonprofits, including grassroots, faith-based and other Community-based organizations, that have resident support or have the support of tribes, so they may provide supportive services for elderly and/or disabled residents. PHAs that are recipients of the Service Coordinator grant are not eligible to apply for this ROSS funding category.

(2) IROs with 501(c) status may apply as nonprofit entities under this funding category.

Note: Applications from PHAs, tribes/TDHEs, ROs, RCs, RAs and nonprofit organizations targeting the same public housing development/population will not all be funded. HUD suggests that in these cases, applicants work together to submit one application. Otherwise, the highest scoring application will be funded.

(F) *Eligible Activities*.

(1) Hiring of a qualified project coordinator to run the grant program. A qualified project coordinator is someone with at least two years of experience working on supportive services programs designed for elderly and/or disabled people. The ROSS program will fund up to $62,500 in combined annual salary and fringe benefits for a full-time project coordinator. However, the project coordinator's salary and administrative costs may not exceed more than 30% of the total grant amount. Other administrative costs, see paragraph 9 below, may not exceed 10% of the total grant amount requested from HUD. For audit purposes, applicants must have documentation on file demonstrating that the salary they pay the project coordinator is comparable to similar professions in their local area. The project coordinator will be responsible for:

(a) Assessing participating residents' needs for supportive services (e.g. Medicaid, Medicare, physician care, food stamps, rehabilitation services, veterans disability, state-funded programs such as nurse case management, housekeeping, Meals-on-Wheels; transportation etc.);

(b) Designing and coordinating grant activities based on residents' needs;

(c) The project coordinator shall be responsible for monitoring the progress of program participants and evaluating the overall success of the program. A portion of grant funds should be reserved to ensure that evaluations can be completed for all participants who received assistance through this program. For more information on how to measure performance, please see Rating Factor 5.

(2) Coordination and set up of meal services;

(3) Assistance with daily activities;

(4) Coordination and set-up of transportation services;

(5) Wellness programs including, health and nutrition programs, preventive health education, referral to rehabilitation services, services for the disabled and other community resources;

(6) Personal emergency response;

(7) Congregate services—includes supportive services that are provided in a congregate setting at a conventional public housing development;

(8) Case management; and

(9) *Administrative costs.* Administrative costs may include, but are not limited to, purchase of furniture, office equipment and supplies, quality assurance, local travel, and utilities. Nonprofit organizations only may use administrative funds to pay for rental of space. Administrative costs must not exceed 10 percent of the total grant amount requested from HUD. Administrative costs must adhere to OMB Circular A–87. Please use HUD–424–CBW to itemize your administrative costs.

(G) *Ineligible Activities.*

(1) Service Coordinator salary and fringe benefits;

(2) Payment of wages and/or salaries to doctors, nurses or other staff in relation to medical services provided to residents;

(3) Payment of wages and/or salaries to participants receiving supportive services and/or training programs;

(4) Purchase of food;

(5) Purchase of non-prescription or prescription medications;

(6) Purchase or rental of land;

(7) New construction, materials costs;

(8) Rehab or physical improvements;

(9) Purchase or rental of vehicles; and

(10) Cost of application preparation.

(H) *Threshold Requirements.* Applicants must respond to threshold requirements clearly and thoroughly by following the instructions below. If your application fails one threshold requirement (regardless of the type of threshold) it will be considered a failed application and will not be reviewed further.

(1) *Match.* All applicants are required to have in place as defined in this NOFA a firmly committed 25% match in cash or in-kind donations. Applicants who do not demonstrate the minimum 25% match will fail this threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Match donations must be firmly committed. ''Firmly committed'' means that the amount of match resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU) or tribal resolution must be on organization letterhead, and signed by a person authorized to make the stated commitment whether it be in cash or in-kind services. The letters of commitment/MOUs/tribal resolution must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If volunteer time is being committed it should be calculated using the number of hours to be committed and multiplied by either the normal professional rate for the local area or the national minimum wage rate of $5.15/hour. The commitment should be in place at time of award and should be for the duration of the grant. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support/tribal resolution indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate the HUD–424–CB to list the sources and amount of each match for the duration of the grant term. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(2) *Past Performance.* HUD's field offices will evaluate applicants for past performance to determine whether an applicant has the capacity to manage the grant for which they are applying. The DPONAP will review past performance for tribal/TDHE submissions. Using Rating Factor 1, the field office will evaluate applicants' past performance. Applicants should carefully review Rating Factor 1 to ensure their application addresses each of the criteria requested therein. If applicants fail to address what is requested in Rating Factor 1, their application will fail threshold and will not receive further consideration. If applicants pass threshold, they will go on to be scored for Rating Factor 1 during the technical review process.

(3) All applicants except non-troubled PHAs and tribes/TDHEs are required to submit a signed Contract Administrator Partnership Agreement. The agreement must be for the thirty-six month duration of the grant term. Your grant award shall be contingent upon having a Partnership Agreement included in your application. The Contract Administrator must assure that the financial management system and procurement procedures that will be in place during the thirty-six month grant term will fully comply with either 24 CFR part 84 or 85. Troubled PHAs are not eligible to be Contract Administrators. Grant writers who assist applicants prepare their ROSS applications are also ineligible to be Contract Administrators. See the definition in Section III of Contract Administrator for more information.

(4) Nonprofit applicants must include letters from Resident Organizations (RO), Resident Associations (RA) indicating that the ROs/RAs you will be working with support your application. Letters from ROs/RAs must be signed by a person authorized to sign for the organization and should, whenever possible, be on RO/RA letterhead.

(I) *Program Requirements.*

(1) *Eligible Participants.* All program participants must be residents of conventional public or Indian Housing. Participants in the Public or Indian Housing Family Self-Sufficiency (FSS) programs who are residents of public housing (non Housing Choice Voucher Program) are also eligible to participate in activities funded under this category.

(2) *Resident Assessment.* Applicants are required to assess residents' needs and interests so that program activities are designed to address their needs.

(3) *Partnering.* Applicants should partner with local schools, libraries, businesses, banks, employment agencies, housing counseling agencies (preferably HUD-approved), state and local social service agencies, or other organizations which will help applicants deliver supportive services and fulfill residents' needs. These organizations can provide additional expertise, volunteers, office supplies, training materials, software, equipment, and other resources.

(4) *Performance Reports.* The grantee shall submit semi-annual performance reports to the field office. These progress reports shall include financial reports (SF–269A) and a narrative describing milestones, work plan progress, and problems encountered and methods used to address these problems. HUD anticipates that some of the reporting of financial status and grant performance will be through Internet-based submissions. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. Performance reports are due to the field office on July 30 and January 31 of each year. If reports are not received by the due date, grant funds will not be advanced until reports are received.

(5) *Final Report.* The grantees shall submit a final report which will include

a financial report (SF–269A) and a narrative evaluating overall performance against its work plan. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. The financial report shall contain a summary of all expenditures made from the beginning of the grant agreement to the end of the grant agreement and shall include any unexpended balances. The final narrative and financial report shall be due to the field office 90 days after the termination of the grant agreement.

(6) *Final Audit*. Grantees are required to obtain a complete final close-out audit of the grant's financial statements by a Certified Public Accountant (CPA), in accordance with generally accepted government audit standards. A written report of the audit must be forwarded to HUD within 60 days of issuance. Grant recipients must comply with the requirements of 24 CFR part 84 or 24 CFR part 85 as stated in OMB Circulars A–110, A–87, and A–122, as applicable.

(J) *Application Selection Process*.

(1) Four types of reviews will be conducted: A screening to determine if you are eligible to apply for this funding category; whether your application submission is complete, on time and meets threshold; a review by the field office to evaluate past performance; and a technical review to rate your application based on the five rating factors provided in this section. A minimum score of 75 is required for the application to be considered for funding.

(2) The selection process is designed to achieve geographic diversity of grant awards throughout the country. HUD will first select the highest ranked application from each of the ten federal regions and DPONAP for funding. After this ''round,'' HUD will select the second highest ranked application in each of the ten federal regions and DPONAP for funding (the second round). HUD will continue this process with the third, fourth, and so on, highest ranked applications in each federal region and DPONAP until the last complete round is selected for funding. If available funds exist to fund some but not all eligible applications in the next round, HUD will make awards to those remaining applications in rank order regardless of region and DPONAP and will fully fund as many as possible with remaining funds. If remaining funds are too small to make an award, they may be transferred to another funding category. If transfer of funds does become necessary, HUD will give first priority to Homeownership Supportive Services, second priority to RSDM-Family and third priority to RSDM-Elderly.

(K) *Factors for Award Used to Evaluate and Rate RSDM-Elderly and Persons with Disabilities Applications*. The factors for rating and ranking applicants and maximum points for each factor are provided below. The maximum number of points available for this program is 102. This includes two RC/EZ/EC bonus points, as described in the General Section of the SuperNOFA. The SuperNOFA contains a certificate that must be completed in order for the applicant to be considered for RC/EZ/EC bonus points. A listing of federally designated RCs, EZs, ECs, EECs and Strategic Planning Communities is attached to the General Section of the SuperNOFA as Appendix A–2 and is also available from the SuperNOFA Information Center, and the HUD web site, *www.hud.gov*.

Note: Applicants should carefully review each rating factor before writing a response. Applicants' narratives should be as descriptive as possible, ensuring that every requested item is addressed. Applicants should make sure to include all requested information, according to the instructions found in Section VIII of this NOFA. This will help ensure a fair and accurate review of your application. Applications must not be longer than 30 narrative pages. Supporting documentation and certificates will not be counted towards the 30 page limit. However, applicants should make every effort to submit only what is necessary in terms of supporting documentation.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (20 Points)

This factor addresses whether the applicant has the organizational resources necessary to successfully implement the proposed activities within the grant period. In rating this factor HUD will consider the extent to which the proposal demonstrates that the applicant will have qualified and experienced staff dedicated to administering the program.

(A) *Proposed Program Staffing* (7 Points).

(1) *Staff Experience* (4 Points). The knowledge and experience of your proposed project coordinator, staff, subcontractors, and partners in planning and managing programs for which funding is being requested. Experience will be judged in terms of recent, relevant and successful experience of your staff to undertake eligible program activities. In rating this factor, HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience producing specific accomplishments to be successful. The more recent the experience and the more experience your own staff members who work on the project have in successfully conducting and completing similar activities, the greater the number of points you will receive for this rating factor. The following information should be provided in order to provide HUD an understanding of your staff's experience and capacity:

(a) The number of staff years (one staff year = 2080 hours) to be allocated to your program by each employee or expert as well as each of their roles in the program;

(b) The staff's relevant educational background and/or work experience; and

(c) Relevant and successful experience running programs whose activities are similar to the eligible program activities described in this grant category.

(2) *Staff Capacity* (3 Points). You will be evaluated based on whether you, your subcontractors and partners have sufficient personnel or will be able to quickly access enough qualified experts or professionals, to deliver the proposed activities in a timely and effective fashion. Your ability to immediately begin the proposed work program will also be evaluated. Attach resumes or position descriptions (where staff is not yet hired) for all key personnel. (Resumes do not count toward the 30-page limit.)

(B) *Past Performance of Applicant/Project Coordinator* (6 Points). Your narrative must describe how you (or your proposed Project Coordinator) successfully implemented grant programs designed to assist the elderly/persons with disabilities meet their daily living needs and enhance their access to needed services so that they can continue to reside comfortably and productively in their current living environment. You will be evaluated according to the following criteria:

(1) Achievement of specific measurable outcomes and objectives in terms of benefits gained by participating residents (i.e. access to a greater number of social services; improved health conditions of targeted population; less emergency care; etc.);

(2) Success in attracting and keeping residents involved in past grant program so that grant activities benefited a significant number of residents;

(3) Timely expenditure of funds throughout the term of awarded grant. Timely means regular drawdowns throughout the life of the grant, *i.e.* quarterly drawdowns, with all funds expended by the end of the grant term;

(4) Leveraging of funding or in-kind services beyond that which was originally proposed to be used for past projects;

(5) Long-term partnerships formed with other state and local social service providers, nonprofits and other organizations serving these populations; etc.

Your past experience may include, but is not limited to, running and managing programs aimed at assisting elderly/persons with disabilities who reside in low-income housing/areas such as HUD's Office of Housing's Congregate grant program. Your narrative must indicate the grants, grant amounts, grant terms and grant sources which you are counting towards past experience.

(C) *Program Administration and Fiscal Management.* (7 Points).

(1) *Program Administration.* (4 Points). Describe how you will manage the program; how HUD can be sure that there is program accountability; and describe staff's roles and responsibilities.

(2) *Fiscal Management.* (3 Points). In rating this factor, your skills and experience in fiscal management will be evaluated. If you have had any audit or material weakness findings, you will be evaluated on how well you have addressed them. You must provide the following:

(a) A complete description of your fiscal management structure, including fiscal controls you have in place including those of a Contract Administrator for all applicants except non-troubled PHAs;

(b) List any audit findings (HUD Inspector General, management review, fiscal, etc.), material weaknesses and what you have done to address them; and

(c) For applicants who are required to have a Contract Administrator, describe the skills and experience your Contract Administrator has in managing federal funds.

Rating Factor 2: Need/Extent of the Problem (20 Points)

This factor addresses the extent to which there is a need for funding your proposed program and your indication of the importance of meeting the need in the target area. In responding to this factor, you will be evaluated on the extent to which you describe and document the level of need for your proposed activities and the urgency in meeting the need.

You should use statistics and analyses contained in data source(s) that are sound and reliable. Data that describes socioeconomic conditions at the local level can be found by going to the following Web sites: *www.bls.gov* (Bureau of Labor Statistics) or *www.census.gov* (US Census). Other types of sources include Continuum of Care gaps analysis, academic, state, and local sources. To the extent possible, the data you use should be specific to the area where the proposed activities will be carried out. You should document needs as they apply to the area where activities will be targeted, rather than the entire locality or state.

In responding to this factor, you should include:

(1) *Socioeconomic Profile* (5 points). A needs assessment which provides the number of residents needing assistance with activities of daily living;

(2) *Local Training Program Information* (5 points). Information on the type and number of social service programs currently available to residents either through the PHA, tribe/TDHE, or other local or state organizations. Your narrative should indicate the extent to which such programs are utilized by residents.

You may also address needs in terms of fulfilling the requirements of court actions or other legal decisions or which expand upon the Analysis of Impediments to Fair Housing Choice (AI) to further fair housing. If you address needs that are in your community's Consolidated Plan, AI, or a court decision, or identify and substantiate needs in addition to those in the AI, you will receive a greater number of points than applicants who do not relate their proposed program to the approved Consolidated Plan or AI or court action. NOTE: Fines, penalties, damages, and other settlements resulting from violations (or alleged violations) of, or failure of the applicant to comply with federal, state, local or Indian tribal laws and regulations are unallowable means in which to satisfy this Rating Factor, except when incurred as a result of compliance with specific provisions of the federal award or written instructions by the awarding agency authorizing in advance such payments.

(3) *Resource Documentation* (3 points). The names and/or titles of information resources you used to document the need/extent of the problem.

(4) *Demonstrated Link Between Proposed Activities and Local Need* (7 points). There must be a clear relationship between your proposed activities, community needs and the purpose of the program funding for you to receive points for this factor.

Rating Factor 3: Soundness of Approach (30 Points)

This factor addresses both the quality and cost-effectiveness of your proposed work plan. Your work plan must indicate a clear relationship between your proposed activities, the targeted population's needs, and the purpose of the program funding. Your activities must address HUD's policy priorities which relate to this program.

In rating this factor HUD will consider:

(A) *Quality of the Work Plan* (18 points). This factor evaluates both your work plan and your budget and will be evaluated based on the following components:

(1) *Specific Services and/or Activities* (6 points). Your narrative must describe the specific services and activities you plan to offer and who will be responsible for each. You must also provide a work plan which will enumerate the specific services and activities and outcomes you expect. Please see a sample work plan in Appendix B. HUD will consider how well your proposed activities will:

(a) Involve community partners in the delivery of services; and

(b) Offer comprehensive services versus a small range of services geared toward enhancing economic opportunities for residents.

(2) *Feasibility and Demonstrable Benefits* (4 points). This factor examines whether your work plan is logical, feasible and likely to achieve its stated purpose during the term of the grant. HUD's desire is to fund projects that will quickly produce demonstrable results and advance the purposes of the ROSS program.

(a) *Timeliness.* This subfactor evaluates whether your work plan demonstrates that your project is ready to implement shortly after grant award, but not to exceed three months following the execution of the grant agreement. Your work plan should indicate timeframes and deadlines for accomplishing major activities.

(b) *Description of the problem and solution.* Your work plan will be evaluated based on how well your proposed activities address the needs described in Factor 2.

(3) *Budget Appropriateness/Efficient Use of Grant.* (4 Points) The score in this factor will be based on the following:

(a) *Justification of expenses.* You will be evaluated based on whether your expenses are reasonable and well-explained.

(b) *Budget Efficiency.* You will be evaluated based on whether your application requests funds

commensurate with the level of effort necessary to accomplish your goals and anticipated results.

(4) *Involving Residents in the Design of the Work Plan* (4 points). All applicants should make every effort to involve residents in the design of the work plan, so that activities and services offered by your organization address their needs.

(B) *Addressing HUD's Policy Priorities* (12 points). HUD wants to improve the quality of life for those living in distressed communities. HUD's grant programs are a vehicle through which constructive changes can be achieved. Your narrative and work plan will be evaluated based on how well it meets the following HUD policy priorities:

(1) *Improving the Quality of Life in Our Nation's Communities* (5 points). In order to receive points in this category, your narrative and work plan must indicate the types of activities and services you will offer which will enhance the quality of life of the elderly/persons with disabilities.

(2) *Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations in HUD Program Implementation* (7 points). HUD encourages applicants to partner with grassroots organizations, e.g., civic organizations, grassroots faith-based and other community-based organizations that are not usually effectively utilized. These grassroots organizations have a strong history of providing vital community services such as developing visiting programs, arranging holiday parties, connecting residents to transportation, and other supportive services. In order to receive points under this factor, your narrative and work plan must describe how you will work with these organizations and what types of services they will provide.

Rating Factor 4: Leveraging Resources (20 Points)

This factor addresses your ability to secure community resources that can be combined with HUD's grant resources to achieve program purposes. You are required to create partnerships with organizations that can help you achieve your program's goals. PHAs are required by QHWRA (Sec. 12(d)(7) of the U.S. Housing Act, entitled ''Cooperation Agreements for Economic Self-Sufficiency Activities'') to make best efforts to enter into such agreements with relevant state or local agencies. In rating this factor, HUD will look at the extent to which you partner, coordinate and leverage your services with other organizations serving the same or similar populations.

Additionally, you must have at least a 25 percent cash or in-kind match. The match is a threshold requirement. Applicants who do not demonstrate the minimum 25% match will fail the threshold requirement and will not receive further consideration for funding. If you are applying for more than one grant ROSS grant, you must use different sources of match donations for each grant application. 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 grant amount proposed in this application. ''Firmly committed'' means that the amount of resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU), or tribal resolution must be on organization letterhead and signed by a person authorized to make the stated commitment. The letters of commitment/MOUs/tribal resolution must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate their budget form (the HUD–424–CB) to list the sources and amount of each match. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(A) Volunteer time and services shall be computed by using the normal professional rate for the local area at the national minimum wage rate of $5.15 per hour (Note: Applicants may not use their staff time towards the match);

(B) In order for HUD to determine the value of any donated material, equipment, staff time, building, or lease, your application must provide a letter from the organization making the donation stating the value of the contribution. The letter must be on letterhead, signed by an official authorized to make such commitments on behalf of the donating organization and must be dated within two months of the application deadline.

(C) Other resources/services that can be committed include: in-kind services, contributions or administrative costs provided to the applicant; funds from federal sources (not including ROSS funds) as allowed by statute, including for example Community Development Block Grant (CDBG) and federal Revenue Sharing; 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.

(D) Points for this factor will be awarded based on the documented evidence of partnerships and firm commitments and the ratio of requested ROSS funds to the total proposed grant budget.

Points will be assigned based on the following scale:

Percentage of match	Points awarded
25	5
26–50	10
51–75	15
76–99 or above	20

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

An important element in this year's NOFA is the development and reporting of performance measures and outcomes. Under this rating factor, applicants must demonstrate how they propose to measure their success and outcomes as they relate to the Department's Strategic Plan.

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and that they assess their performance so that they realize performance goals. HUD requires ROSS applicants to develop an effective, quantifiable, outcome oriented work plan for measuring performance and determining that goals have been met.

''Outcomes'' are benefits accruing to the residents, families and/or communities during or after participation in the ROSS program. Outcomes are not the actual development of self-sufficiency services or program activities. Applicants must clearly identify the outcomes to be achieved and measured. Examples of

outcomes are: increasing the homeownership rates among residents of a development or from a particular housing authority, increasing residents' financial stability (*e.g.* increasing assets of a household through savings), or increasing employment stability (*e.g.*, whether persons assisted obtain or retain employment for one or two years after job training completion).

In addition to outcomes, applicants must establish interim benchmarks or outputs for their proposed program that lead to the ultimate achievement of outcomes. ''Outputs'' are the direct products of a program's activities. Examples of outputs are: the number of eligible families that participate in supportive services, the number of new services provided, the number of residents receiving counseling, or the number of households using a technology center. Outputs should produce outcomes for your program.

This rating factor requires that you, the applicant, identify program outcomes, outputs, benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your work plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

In order to satisfy the requirements for Factor 5, you must submit a work plan and a Logic Model that demonstrates how you will measure your own program performance. Your plan must identify the outcomes you expect to achieve or goals you hope to meet over the term of your proposed grant and benchmarks, outputs, and timeframes for accomplishing these goals. Your work plan must show how you will measure actual accomplishments against anticipated achievements. You must indicate how your plan will measure the performance of individual consortium members and affiliates, including the standards, data sources, and measurement methods, and the steps you have in place or how you plan to make adjustments if you begin to fall short of established benchmarks and timeframes.

Applicants should also use the Logic Model provided in the General Section of this SuperNOFA for reporting on how they will conduct performance measurement. You will be evaluated based on how comprehensively you propose to measure your program's outcomes.

V. Program Description: Homeownership Supportive Services

(A) *Program Description.* The Homeownership Supportive Services (HSS) category funds homeownership training, counseling and supportive services for residents of Public and Indian Housing who are participating or have participated in self-sufficiency programs, such as ROSS, Family Self-Sufficiency (FSS) or other federal, state or local self-sufficiency programs. Resident participants in any HSS-funding activity cannot be public housing residents and section 8 voucher holders concurrently. HSS is designed to enhance other self-sufficiency efforts by providing public housing residents with the necessary preparation and supportive services they need in order to move from rental housing to homeownership. PHAs, tribes/TDHEs and nonprofits specializing in homeownership training and counseling are eligible to apply.

HUD is looking for applications that implement comprehensive programs within the thirty-six month grant term which will result in increased rates of homeownership for residents of public housing. In this vein, applicants should create linkages with the following HUD homeownership programs: Housing Choice Voucher Homeownership Program, Turnkey III, HOPE I, and the Section 5(h) Homeownership Program. The Turnkey III and HOPE I grant programs are not funding new applications but grantees are still operating homeownership programs under previously awarded grants. The PHA Homeownership Program (Section 32) supercedes the Section 5(h) program and allows PHAs to sell public housing units to low-income families without special funding from HUD. In order to find out whether a PHA or other organization in your area is operating any of these programs, contact your local field office.

Tribes/TDHEs should create linkages with programs such as the Mutual Help Homeownership Opportunity Program, the Section 184 Program, and other homeownership programs developed under the Indian Housing Block Grant Program such as mortgage assistance.

HUD is also looking for proposals that involve partnerships with organizations that will enhance the services grantees will offer. Applicants are strongly encouraged to partner with HUD-approved housing counseling agencies, or other organizations that provide housing counseling services. For a list of HUD-approved housing counseling agencies, go to: *http://www.hud.gov/offices/hsg/sfh/hcc/hccprof14.cfm.*

Applicants' programs should build on the foundation created by previous ROSS grants, or other state and local self-sufficiency efforts in which their target population may have participated.

(B) *Available Funding.* The amount of funding available for FY03 is $11,127,200.

(C) *Allocation.* To the extent that there are a sufficient number of qualified applications, not less than 5 percent of funds available for ROSS shall be provided to national nonprofit organizations which specialize in designing and delivering homeownership programs for low-income individuals and families.

1. *Maximum grant amount.* For PHAs applying for the HSS funding category, the maximum grant award will be based on the number of occupied conventional family public housing units.

(a) PHAs must use the number of occupied conventional family public housing units as of September 30, 2002 per their budget to determine the maximum grant amount they are eligible for in accordance with the categories listed below. PHAs should clearly indicate the number of units under management on the Fact Sheet.

—For PHAs with 1 to 780 occupied conventional family public housing units, the maximum grant award is $250,000.

—For PHAs with 781 to 2,500 occupied conventional family public housing units, the maximum grant award is $350,000.

—For PHAs with 2,501 to 7,300 occupied conventional family public housing units, the maximum grant award is $500,000.

—For PHAs with 7,301 or more occupied conventional family public housing units, the maximum grant award is $1,000,000.

—Nonprofit entities that have resident support or RAs/ROs are limited to $100,000 for each RA/RO. A nonprofit may submit a single application for no more than three different RAs from the same PHA for a maximum grant award of $300,000. Nonprofits may submit more than one application provided they target residents of distinct PHAs.

(b) Tribes/TDHEs should use the number of units counted as Formula Current Assisted Stock for Fiscal Year 2002 as defined in 24 CFR 1000.316. Tribes/TDHEs are eligible for the same amounts as PHAs within each category in (a) above. Tribes that have not previously received funds from the Department under the 1937 Housing Act should count housing units under management that are owned and operated by the tribe and are identified in their housing inventory as of

September 30, 2002 for family units. Tribes should clearly indicate the number of units under management on the Fact Sheet.

(D) *Deobligation of Funds.* HUD may deobligate amounts for the grant if proposed activities are not initiated or completed within the required time period after the effective date of the award. The grant agreement will set forth in detail circumstances under which funds may be deobligated and other sanctions imposed.

(E) *Eligible Applicants.*

This funding category provides grants to PHAs, tribes/TDHEs and qualified nonprofits so they may provide homeownership training and supportive services to residents of public housing.

Note: Applications from PHAs and nonprofit organizations targeting the same public housing development/population will not all be funded. HUD suggests that in these cases, applicants work together to submit one application. Otherwise, the highest scoring application will be funded.

(1) PHA applicants must have a Homeownership Voucher program as stated in 24 CFR 982.625 *et seq.* (65 FR 55163). Those PHAs that have not elected to provide assistance under the Homeownership Voucher option and receive funding under this category, will be required to implement the Homeownership Voucher program and make such option available to eligible families who participate in this ROSS activity.

(2) In applying for HSS, PHA applicants will be required to offer a minimum of 10 housing choice vouchers per year for eligible residents described above.

(3) Tribal/TDHE applicants must have a Low-income Homeownership Program outlined in its current Indian Housing Plan.

(4) In applying for HSS, Tribes/TDHEs will be required to provide homeownership assistance to a minimum of 10 eligible families as described above.

(F) *Eligible Activities.* Under this funding category, applicants will develop homeownership training programs and supportive services based on needs assessments of the residents they intend to serve. Eligible activities include, but are not limited to:

(1) Hiring of a qualified project coordinator to run the grant program. A qualified project coordinator is someone with at least two years of experience working on homeownership and supportive services programs designed for typically underserved populations. The ROSS program will fund up to $62,500 in combined annual salary and fringe benefits for a full-time project coordinator. However, the project coordinator's salary and administrative costs may not exceed more than 30% of the total grant amount. Other administrative costs, see paragraph 4 below, may not exceed 10% of the total grant amount requested from HUD. For audit purposes, applicants must have documentation on file demonstrating that the salary they pay the project coordinator is comparable to similar professions in their local area. The project coordinator should be responsible for:

(a) Assessing participating residents' needs;

(b) Designing and coordinating grant activities based on residents' needs;

(c) Monitoring the progress of program participants and evaluating the overall success of the program. A portion of grant funds should be reserved to ensure that evaluations can be completed for all participants who received assistance through this program. For more information on how to measure performance, please see Rating Factor 5.

(2) Training to include:

a. Asset building;

b. Credit counseling and credit scoring;

c. Financial literacy and management;

d. Selecting a real estate broker;

e. Choosing a lender;

f. Appraisals;

g. Home inspections;

h. Avoiding delinquency and predatory lending;

i. Foreclosure prevention;

j. Home maintenance and financial management for first-time homeowners;

k. Real Estate Settlement Procedures Act (RESPA); and

l. Fair Housing Counseling.

(3) Individual Savings Accounts (ISAs). You may create programs that encourage residents to save and contribute to matched savings accounts such as Individual Development Accounts (IDAs). ISAs may be used for escrow accounts, downpayment assistance and closing costs only. HSS funds can be used as matching funds for ISAs but no more than 20% of total grant funds may be used for this purpose. You are encouraged to leverage HSS funds by working with local financial organizations which can also contribute to residents' ISAs. FSS escrow accounts may not be used as a match for HSS-funded ISAs. FSS residents are not eligible to participate in the ISA provision.

(4) *Administrative costs.* Administrative costs may include, but are not limited to, purchase of furniture, office equipment and supplies, quality assurance, local travel, and utilities. Nonprofit organizations only may use administrative funds to pay for rental of space. Administrative costs must not exceed 10 percent of the total grant amount requested from HUD. Administrative costs must adhere to OMB Circular A–87. Please use HUD–424–CBW to itemize your administrative costs.

(G) *Ineligible Activities.*

(1) Payment of wages and/or salaries to participants receiving supportive services and/or training programs;

(2) Stipends;

(3) Down payment assistance;

(4) Revolving loan funds;

(5) Purchase or rental of land;

(6) New construction, materials costs;

(7) Rehab or physical improvements;

(8) Purchase or rental of vehicles; and

(9) Cost of application preparation.

(H) *Threshold Requirements.* Applicants must respond to threshold requirements clearly and thoroughly by following the instructions below. If your application fails one threshold requirement (regardless of the type of threshold) it will be considered a failed application and will not be reviewed further.

(1) *Match.* All applicants are required to have in place a firmly committed 25% match in cash or in-kind donations as defined in this NOFA. Applicants who do not demonstrate the minimum 25% match will fail this threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Match donations must be firmly committed. ''Firmly committed'' means that the amount of match resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU), or tribal resolution must be on organization letterhead, and signed by a person authorized to make the stated commitment whether it be in cash or in-kind services. The letters of commitment/MOUs/tribal resolutions must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If volunteer time is being committed it should be calculated using the number of hours to be committed and multiplied by either the normal professional rate for the local area or the national minimum wage rate of $5.15/hour. The commitment should be in place at time of award and should be for the duration

of the grant. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support/tribal resolution indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate the HUD–424-CB to list the sources and amount of each match for the duration of the grant term. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(2) *Past Performance.* HUD's field offices will evaluate applicants for past performance to determine whether an applicant has the capacity to manage the grant for which they are applying. The DPONAP will review past performance for tribal and TDHE submissions. Using Rating Factor 1, the field office will evaluate applicants' past performance. Applicants should carefully review Rating Factor 1 to ensure their application addresses each of the criteria requested therein. If applicants fail to address what is requested in Rating Factor 1, their application will fail threshold and will not receive further consideration. If applicants pass threshold, they will go on to be scored for Rating Factor 1 during the technical review process.

(3) All applicants except nontroubled PHAs and tribe/TDHEs are required to submit a signed Contract Administrator Partnership Agreement. The agreement must be for the thirty-six month duration of the grant term. Your grant award shall be contingent upon having a Partnership Agreement included in your application. The Contract Administrator must assure that the financial management system and procurement procedures that will be in place during the thirty-six month grant term will fully comply with either 24 CFR part 84 or 85. Troubled PHAs are not eligible to be Contract Administrators. Grant writers who assist applicants prepare their ROSS applications are also ineligible to be Contract Administrators. See the definition in Section III of Contract Administrator for more information.

(4) Nonprofit applicants must include letters from Resident Organizations (RO), Resident Associations (RA) indicating that the ROs/RAs you will be working with support your application. Letters from ROs/RAs must be signed by a person authorized to sign for the organization and should, whenever be possible, be on RO/RA letterhead.

(I) *Program Requirements.*

(1) *Eligible Participants.* All program participants must be residents of conventional public housing or NAHASDA-assisted housing. This funding category is targeted to the population of public housing residents that were recipients/beneficiaries of previously awarded ROSS grants, other state or local self-sufficiency programs, and/or participate or participated in the public housing Family Self Sufficiency Program. Resident participants in any HSS-funding activity cannot be public housing residents and section 8 voucher holders concurrently.

(b) ROSS families or FSS residents to be targeted for proposed grant activities must meet the following eligibility requirements:

(i) Achieve a level of income within the acceptable range for the local minimum income for home purchases in the local area; and

(ii) Currently reside in public housing.

(2) *Resident Assessment.* Applicants are required to assess residents' needs and interests so that program activities are designed to address their needs.

(3) *Partnering.* Applicants should partner with local schools, libraries, businesses, banks, employment agencies, housing counseling agencies (preferably HUD-approved), state and local social service agencies, or other organizations which will help applicants deliver supportive services and fulfill residents' needs. These organizations can provide additional expertise, volunteers, office supplies, training materials, software, equipment, and other resources.

(4) *Performance Reports.* The grantee shall submit semi-annual performance reports to the field office. These progress reports shall include financial reports (SF–269A) and a narrative describing milestones, work plan progress, and problems encountered and methods used to address these problems. HUD anticipates that some of the reporting of financial status and grant performance will be through Internet-based submissions. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. Performance reports are due to the field office on July 30 and January 31 of each year. If reports are not received by the due date, grant funds will not be advanced until reports are received.

(5) *Final Report.* The grantees shall submit a final report which will include a financial report (SF–269A) and a narrative evaluating overall performance against its work plan. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. The financial report shall contain a summary of all expenditures made from the beginning of the grant agreement to the end of the grant agreement and shall include any unexpended balances. The final narrative and financial report shall be due to the field office 90 days after the termination of the grant agreement.

(6) *Final Audit.* Grantees are required to obtain a complete final close-out audit of the grant's financial statements by a Certified Public Accountant (CPA), in accordance with generally accepted government audit standards. A written report of the audit must be forwarded to HUD within 60 days of issuance. Grant recipients must comply with the requirements of 24 CFR part 84 or 24 CFR part 85 as stated in OMB Circulars A–110, A–87, and A–122, as applicable.

(J) *Application Selection Process.*

(1) Four types of reviews will be conducted: a screening to determine if you are eligible to apply for this funding category; whether your application submission is complete, on time and meets threshold; a review by the field office to evaluate past performance; and a technical review to rate your application based on the five rating factors provided in this section. A minimum score of 75 is required for the application to be considered for funding.

(2) The selection process is designed to achieve geographic diversity of grant awards throughout the country. HUD will first select the highest ranked application from each of the ten federal regions for funding. After this ''round,'' HUD will select the second highest ranked application in each of the ten federal regions for funding (the second round). HUD will continue this process with the third, fourth, and so on, highest ranked applications in each federal region until the last complete round is selected for funding. If available funds exist to fund some but not all eligible applications in the next round, HUD will make awards to those remaining applications in rank order regardless of region and will fully fund as many as possible with remaining funds. If remaining funds are too small to make an award, they may be transferred to another funding category. If transfer of funds does become necessary, HUD will give first priority to Homeownership Supportive Services, second priority to RSDM-Family and third priority to RSDM-Elderly.

(K) *Factors for Award Used to Evaluate and Rate Homeownership Supportive Services Applications.* The factors for rating and ranking applicants and maximum points for each factor are provided below. The maximum number of points available for this program is 102. This includes two RC/EZ/EC bonus

points, as described in the General Section of the SuperNOFA. The SuperNOFA contains a certificate that must be completed in order for the applicant to be considered for RC/EZ/EC bonus points. A listing of federally designated RCs, EZs, ECs, EECs and Strategic Planning Communities is attached to the General Section of the SuperNOFA as Appendix A–2 and is also available from the SuperNOFA Information Center, and the HUD Web site, *www.hud.gov.*

Note: Applicants should carefully review each rating factor before writing a response. Applicants' narratives should be as descriptive as possible, ensuring that every requested item is addressed. Applicants should make sure to include all requested information, according to the instructions found in Section VIII of this NOFA. This will help ensure a fair and accurate review of your application. Applications must not be longer than 30 narrative pages. Supporting documentation and certificates will not be counted towards the 30 page limit. However, applicants should make every effort to submit only what is necessary in terms of supporting documentation.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (20 Points)

This factor addresses whether the applicant has the organizational resources necessary to successfully implement the proposed activities within the grant period. In rating this factor HUD will consider the extent to which the proposal demonstrates that the applicant will have qualified and experienced staff dedicated to administering the program.

(A) *Proposed Program Staffing* (7 Points).

(1) *Staff Experience* (4 Points). The knowledge and experience of your proposed project coordinator, staff, subcontractors, and partners in planning and managing programs for which funding is being requested. Experience will be judged in terms of recent, relevant and successful experience of your staff to undertake eligible program activities. In rating this factor, HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience producing specific accomplishments to be successful. The more recent the experience and the more experience your own staff members who work on the project have in successfully conducting and completing similar activities, the greater the number of points you will receive for this rating factor. The following information should be provided in order to provide HUD an understanding of your staff's experience and capacity:

(a) The number of staff years (one staff year = 2080 hours) to be allocated to your program by each employee or expert as well as each of their roles in the program;

(b) The staff's relevant educational background and/or work experience; and

(c) Relevant and successful experience running programs whose activities are similar to the eligible program activities described in this grant category.

(2) *Staff Capacity* (3 Points). You will be evaluated based on whether you, your subcontractors and partners have sufficient personnel or will be able to quickly access enough qualified experts or professionals, to deliver the proposed activities in a timely and effective fashion. Your ability to immediately begin the proposed work program will also be evaluated. Attach resumes or position descriptions (where staff is not yet hired) for all key personnel. (Resumes do not count toward the 30-page limit.)

(B) *Past Performance of Applicant/ Project Coordinator* (6 Points). Your narrative must describe how you (or your proposed Project Coordinator) successfully implemented grant programs designed to promote resident self-sufficiency, moving from welfare to work or homeownership. You will be evaluated according to the following criteria:

(1) Achievement of specific measurable outcomes and objectives in terms of benefits gained by participating residents (*i.e.* higher incomes, higher rates of employment, increased savings, moving out of subsidized housing to market-rate housing, homeownership etc.);

(2) Success in attracting and keeping residents involved in past grant programs so that grant activities benefited a significant numbers of residents;

(3) Timely expenditure of funds throughout the term of the grant. Timely means regular drawdowns throughout the life of the grant, *i.e.* quarterly drawdowns, with all funds expended by the end of the grant term;

(4) Leveraging of funding or in-kind services beyond that which was originally proposed to be used for past projects;

(5) Long-term partnerships formed with local housing groups, employers, community organizations, social service agencies, etc.

Your past experience may include, but is not limited to, programs aimed at assisting residents of low-income housing achieve economic self-sufficiency; *i.e.* Tenant Opportunities Program and Youthbuild. Your narrative must indicate the grants, grant amounts, grant terms and grant sources which you are counting towards past experience.

(C) *Program Administration and Fiscal Management.* (7 Points)

(1) *Program Administration.* (4 Points). Describe how you will manage the program; how HUD can be sure that there is program accountability; and describe staff's roles and responsibilities.

(2) *Fiscal Management.* (3 Points). In rating this factor, your skills and experience in fiscal management will be evaluated. If you have had any audit or material weakness findings, you will be evaluated on how well you have addressed them. You must provide the following:

(i) A complete description of your fiscal management structure, including fiscal controls you have in place including those of a Contract Administrator for all applicants except non-troubled PHAs;

(ii) List any audit findings (HUD Inspector General, management review, fiscal, etc.), material weaknesses and what you have done to address them; and

(iii) For applicants who are required to have a Contract Administrator, describe the skills and experience your Contract Administrator has in managing federal funds.

Rating Factor 2: Need/Extent of the Problem (20 Points)

This factor addresses the extent to which there is a need for funding your proposed program and your indication of the importance of meeting the need in the target area. In responding to this factor, you will be evaluated on the extent to which you describe and document the level of need for your proposed activities.

You should use statistics and analyses contained in data source(s) that are sound and reliable. Data that describes socioeconomic conditions at the local level can be found by going to the following Web sites: *www.bls.gov* (Bureau of Labor Statistics) or *www.census.gov* (US Census). Other types of sources include academic, state, and local sources. To the extent possible, the data you use should be specific to the area where the proposed activities will be carried out. You should document needs as they apply to the area where activities will be targeted, rather than the entire locality or state.

In responding to this factor, you should include:

(1) *Socioeconomic Profile* (5 points). A thorough socioeconomic profile of the eligible residents to be served by your program, including education levels, income levels, the number of single-parent families, economic statistics for the local area, crime levels, etc.

(2) *Local Training Program Information* (5 points). Information on training programs currently available and easily accessible to residents either through the PHA or other state or local organizations.

You may also address needs in terms of fulfilling the requirements of court actions or other legal decisions or which expand upon the Analysis of Impediments to Fair Housing Choice (AI) to further fair housing. If you address needs that are in your community's Consolidated Plan, AI, or a court decision, or identify and substantiate needs in addition to those in the AI, you will receive a greater number of points than applicants who do not relate their proposed program to the approved Consolidated Plan or AI or court action. NOTE: Fines, penalties, damages, and other settlements resulting from violations (or alleged violations) of, or failure of the applicant to comply with federal, state, local or Indian tribal laws and regulations are unallowable means in which to satisfy this Rating Factor, except when incurred as a result of compliance with specific provisions of the federal award or written instructions by the awarding agency authorizing in advance such payments.

(3) *Resource Documentation* (3 points). The names and/or titles of information resources you used to document the need/extent of the problem.

(4) *Demonstrated Link Between Proposed Activities and Local Need* (7 points). There must be a clear relationship between your proposed activities, community needs and the purpose of the program funding for you to receive points for this factor.

Rating Factor 3: Soundness of Approach (30 Points)

This factor addresses both the quality and cost-effectiveness of your proposed work plan. Your work plan must indicate a clear relationship between your proposed activities, the targeted population's needs, and the purpose of the program funding. Your activities must address HUD's policy priorities which relate to this program.

In rating this factor HUD will consider:

(A) *Quality of the Work Plan* (18 points). This factor evaluates both your work plan and your budget and will be evaluated based on the following components:

(1) *Specific Services and/or Activities* (6 points). Your narrative must describe the specific services and activities you plan to offer and who will be responsible for each. You must also provide a work plan which will enumerate the specific services and activities and outcomes you expect. Please see a sample work plan in Appendix B. HUD will consider how well your proposed activities will:

(a) Involve community partners in the delivery of services; and

(b) Offer comprehensive services versus a small range of services geared toward enhancing homeownership opportunities for residents.

(2) *Feasibility and Demonstrable Benefits* (4 points). This factor examines whether your work plan is logical, feasible and likely to achieve its stated purpose during the term of the grant. HUD's desire is to fund projects that will quickly produce demonstrable results and advance the purposes of the ROSS program.

(a) *Timeliness.* This subfactor evaluates whether your work plan demonstrates that your project is ready to implement shortly after grant award, but not to exceed three months following the execution of the grant agreement. Your work plan should indicate timeframes and deadlines for accomplishing major activities.

(b) *Description of the problem and solution.* Your work plan will be evaluated based on how well your proposed activities address the needs described in Factor 2.

(3) *Budget Appropriateness/Efficient Use of Grant.* (4 Points). The score in this factor will be based on the following:

(a) *Justification of expenses.* You will be evaluated based on whether your expenses are reasonable and well-explained.

(b) *Budget efficiency.* You will be evaluated based on whether your application requests funds commensurate with the level of effort necessary to accomplish your goals and anticipated results.

(4) *Involving Residents in the Design of the Work Plan* (4 points). All applicants should make every effort to involve residents in the design of the work plan, so that activities and services offered by your organization address their needs.

(B) *Addressing HUD's Policy Priorities* (12 points). HUD wants to improve the quality of life for those living in distressed communities. HUD's grant programs are a vehicle through which constructive changes can be achieved. Your narrative and work plan will be evaluated based on how well it meets the following HUD policy priorities:

(1) *Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency* (5 points). In order to receive points in this category, your narrative and work plan must indicate the types of activities and training programs you will offer which can help residents successfully transition from subsidized housing to market-rate rental housing or homeownership.

(2) *Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations in HUD Program Implementation* (7 points). HUD encourages applicants to partner with grassroots organizations, *e.g.*, civic organizations, grassroots faith-based and other community-based organizations that are not usually effectively utilized. These grassroots organizations have a strong history of providing vital community services such as developing first-time homeownership programs, creating economic development programs, providing job training and other supportive services. In order to receive points under this factor, your narrative and work plan must describe how you will work with these organizations and what types of services they will provide.

Rating Factor 4: Leveraging Resources (20 Points)

This factor addresses your ability to secure community resources that can be combined with HUD's grant resources to achieve program purposes. You are required to create partnerships with organizations that can help you achieve your program's goals. PHAs are required by QHWRA (Sec. 12(d)(7) of the U.S. Housing Act, entitled ''Cooperation Agreements for Economic Self-Sufficiency Activities'') to make best efforts to enter into such agreements with relevant state or local agencies. In rating this factor, HUD will look at the extent to which you partner, coordinate and leverage your services with other organizations serving the same or similar populations.

Additionally, you must have at least a 25 percent cash or in-kind match. The match is a threshold requirement. Applicants who do not demonstrate the minimum 25% match will fail the threshold requirement and will not receive further consideration for funding. If you are applying for more than one grant ROSS grant, you must use different sources of match donations

for each grant application. 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 grant amount proposed in this application. ''Firmly committed'' means that the amount of resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, or Memoranda of Understanding (MOU), or tribal resolutions must be on organization letterhead and signed by a person authorized to make the stated commitment. The letters of commitment/MOUs/tribal resolution must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate their budget forms (the HUD–424CB) to list the sources and amount of each match. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(A) Volunteer time and services shall be computed by using the normal professional rate for the local area or the national minimum wage rate of $5.15 per hour (Note: Applicants may not use their staff time towards the match);

(B) In order for HUD to determine the value of any donated material, equipment, staff time, building, or lease, your application must provide a letter from the organization making the donation stating the value of the contribution. The letter must be on letterhead, signed by an official authorized to make such commitments on behalf of the donating organization and must be dated within two months of the application deadline.

(C) Other resources/services that can be committed include: in-kind services, contributions or administrative costs provided to the applicant; funds from federal sources (not including ROSS funds) as allowed by statute, including for example Community Development Block Grant (CDBG) and federal Revenue Sharing; 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.

(D) Points for this factor will be awarded based on the documented evidence of partnerships and firm commitments and the ratio of requested ROSS funds to the total proposed grant budget.

Points will be assigned based on the following scale:

Percentage of match	Points awarded
25	5
26–50	10
51–75	15
76–99 or above	20

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

An important element in this year's NOFA is the development and reporting of performance measures and outcomes. Under this rating factor, applicants must demonstrate how they propose to measure their success and outcomes as they relate to the Department's Strategic Plan.

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and that they assess their performance so that they realize performance goals. HUD requires ROSS applicants to develop an effective, quantifiable, outcome oriented work plan for measuring performance and determining that goals have been met.

''Outcomes'' are benefits accruing to the residents, families and/or communities during or after participation in the ROSS program. Outcomes are not the actual development of self-sufficiency services or program activities. Applicants must clearly identify the outcomes to be achieved and measured. Examples of outcomes are: increasing the homeownership rates among residents of a development or from a particular housing authority, increasing residents' financial stability (*e.g.* increasing assets of a household through savings), or increasing employment stability (*e.g.*, whether persons assisted obtain or retain employment for one or two years after job training completion).

In addition to outcomes, applicants must establish interim benchmarks or outputs for their proposed program that lead to the ultimate achievement of outcomes. ''Outputs'' are the direct products of a program's activities. Examples of outputs are: the number of eligible families that participate in supportive services, the number of new services provided, the number of residents receiving counseling, or the number of households using a technology center. Outputs should produce outcomes for your program.

This rating factor requires that you, the applicant, identify program outcomes, outputs, benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your work plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

In order to satisfy the requirements for Factor 5, you must submit a work plan and a Logic Model that demonstrates how you will measure your own program performance. Your plan must identify the outcomes you expect to achieve or goals you hope to meet over the term of your proposed grant and benchmarks, outputs, and timeframes for accomplishing these goals. Your work plan must show how you will measure actual accomplishments against anticipated achievements. You must indicate how your plan will measure the performance of individual consortium members and affiliates, including the standards, data sources, and measurement methods, and the steps you have in place or how you plan to make adjustments if you begin to fall short of established benchmarks and timeframes. Applicants should also use the Logic Model provided in the General Section of this SuperNOFA for reporting on how they will conduct performance measurement. You will be evaluated based on how comprehensively you propose to measure your program's outcomes.

VI. Program Description: Neighborhood Networks

(A) *Program Description.*

This funding category provides grants to PHAs and qualified nonprofit organizations to (1) update, maintain and expand existing Neighborhood Networks/community technology centers; or (2) establish new Neighborhood Networks (NN) computer

technology centers. NN centers provide computer and Internet access to public housing residents and offer a full range of supportive services. Applicants should submit proposals that will: Provide job training, reduce welfare dependency; promote economic self-sufficiency; increase the use of computer technology; expand educational opportunities for residents; develop access to health and nutrition information; and meet other needs of residents. All applicants must complete a Business Plan (see sample provided in Appendix B) covering the thirty-six month grant term. Applicants' business plan and narrative must indicate how the centers will become self-sustaining after the grant term expires.

An *existing computer center* is: (1) A computer lab, or community technology center already owned and operated by a PHA or nonprofit which serves residents of public housing and which has not received prior Neighborhood Networks funding and therefore is not officially designated a HUD Public & Indian Housing (PIH) Neighborhood Networks center; or (2) a computer lab officially designated a HUD PIH Neighborhood Networks center by virtue of prior funding received under this grant program.

A *new computer center* is one that: (1) Is not operational; (2) in development; and/or (3) needs funding under this grant program to become fully operational and serve residents of public housing.

HUD is looking for applications that implement comprehensive programs within the grant term which will result in improved economic self-sufficiency for public housing residents. HUD is looking for proposals that involve partnerships with organizations that will help supplement and enhance the services grantees' offered to residents.

Proposed grant activities should build on the foundation created by previous ROSS grants or other federal, state and local self-sufficiency efforts.

(B) *Available Funding.* The amount of funding available for FY03 is $14,902,500.

(C) *Allocation.* Fifty percent of available funding for NN will provide grants for updating, maintaining and expanding existing computer technology centers. The other 50% will provide grants to establish and operate new Neighborhood Networks centers. Five percent of available funding shall be provided to national nonprofit organizations provided there is a sufficient number of qualified applications.

(1) *Maximum Funding Amount.* To update, maintain and expand existing computer technology centers, PHAs must use the number of occupied conventional family public housing units they have as of September 30, 2002 per their budget to determine the maximum grant amount they are eligible for in accordance with the categories listed below. PHAs should clearly indicate the number of units under management on the Fact Sheet.

—For PHAs with 1 to 780 occupied conventional family public housing units, the maximum grant award is $50,000.

—For PHAs with 781 to 7,300 occupied conventional family public housing units, the maximum grant award is $100,000.

—For PHAs with 7,301 or more occupied conventional family public housing units, the maximum grant award is $200,000.

— Nonprofit entities that have resident support or RAs/ROs are limited to $100,000 for each RA/RO. A nonprofit may submit a single application for no more than three different RAs from the same PHA for a maximum grant award of $300,000. Nonprofits may submit more than one application provided they target residents of distinct PHAs.

(2) For new NN centers, PHAs must use the number of occupied conventional family public housing units they have as of September 30, 2002 per their budget to determine the maximum grant amount they are eligible for in accordance with the categories listed below for families:

—For PHAs with 1 to 780 occupied conventional family public housing units, the maximum grant award is $150,000.

—For PHAs with 781 to 7,300 occupied conventional family public housing units, the maximum grant award is $250,000.

—For PHAs with 7,301 or more occupied conventional family public housing units, the maximum grant award is $450,000.

—Nonprofit entities that have resident support or RAs/ROs are limited to $100,000 for each RA/RO. A nonprofit may submit a single application for no more than three different RAs from the same PHA for a maximum grant award of $300,000. Nonprofits may submit more than one application provided they target residents of distinct PHAs.

(D) *Deobligation of Funds.* HUD may deobligate amounts for the grant if proposed activities are not initiated or completed within the required time period after the effective date of the award. The grant agreement will set forth in detail circumstances under which funds may be deobligated and other sanctions imposed.

(E) *Eligible Applicants.* Public Housing Authorities and nonprofit organizations that have a demonstrated expertise in developing and managing community technology centers are eligible to apply for this funding category. Tribes/TDHEs are not eligible to apply for this funding category.

Note: Applications from PHAs and nonprofit organizations targeting the same public housing development/population will not all be funded. HUD suggests that in these cases, applicants work together to submit one application. Otherwise, the highest scoring application will be funded.

(F) *Eligible Activities.*

Programs offered by Neighborhood Networks centers shall be designed to meet residents' needs; be geared towards helping residents transition from welfare to work; assist school-age children and youth with homework; provide guidance and preparatory programming to high school students (or other interested residents) for post-secondary education (college or trade schools); offer life-skills and job training for youth, adults and seniors; provide health care information; and other services as deemed necessary by results obtained from resident surveys.

Neighborhood Networks centers should be located within a public housing development, on PHA land or within reasonable walking distance to the PHA development(s) being served by the center.

Neighborhood Networks will use computers, software and Internet connectivity and should provide the following array of supportive services:

(1) Hiring of a qualified Project Coordinator to run the grant program. A qualified Project Coordinator should have two years of experience running a community technology center. The Project Coordinator should be hired for the entire term of your grant. The ROSS program will fund up to $62,500 in combined annual salary and fringe benefits for a full-time project coordinator. However, the project coordinator's salary and administrative costs may not exceed more than 30% of the total grant amount. Other administrative costs, see paragraph 17 below, may not exceed 10% of the total grant amount requested from HUD. For audit purposes, applicants must have documentation on file demonstrating that the salary they pay the project coordinator is comparable to similar professions in their local area. The project coordinator should be responsible for ensuring that the center's programs achieve your proposal's goals and objectives. In

addition, the project coordinator should be responsible for the following activities:

(a) Marketing the program to residents;

(b) Assessing participating residents' needs, interests, skills and job-readiness;

(c) Assessing participating residents' needs for supportive services, *e.g.* childcare, transportation.

(d) Designing and coordinating grant activities based on residents' needs; and

(e) Monitoring the progress of program participants and evaluating the overall success of the program. A portion of grant funds should be reserved to ensure that evaluations can be completed for all participants who received training through this program. For more information on how to measure performance, please see Rating Factor 5.

(2) Life skills training: How to apply for a job; credit worthiness; opening a bank account; balancing a checkbook; creating a weekly spending budget; contingency planning for child care and transportation;

(3) Real Life Issues: Tax forms; voter registration; lease samples; fair housing; car insurance; health insurance; long-term care insurance;

(4) Literacy training and GED preparation;

(5) Computer training, from basic to advanced;

(6) College preparatory courses and information;

(7) Goal setting: Working with residents to define their professional, educational, economic goals;

(8) Mentoring;

(9) Job Training: Oral and written communication skills; work ethic; interpersonal and teamwork skills; resume writing; interviewing techniques, creating job training and placement programs with local employers and placement agencies; and post-employment follow-up to assist residents who are new to the workplace.

(10) Supportive Services such as transportation, healthcare information and services including referrals to mental health providers, alcohol and other drug abuse treatment programs, childcare, parenting courses, and other services needed by residents.

(11) *Physical improvements.* Physical improvements must directly relate to providing space for Neighborhood Networks Center activities. Renovation, conversion, wiring, and repair costs may be essential parts of physical improvements. In addition, architectural, engineering, and related professional services required to prepare architectural plans or drawings, write-ups, specifications or inspections may also be part of the cost components to implement physical improvements. For new centers, expenses for physical improvements may not exceed 20 percent of the total grant amount. For existing centers, expenses for physical improvements may not exceed 10 percent of the total grant amount.

Modifications to create a space that is accessible to persons with disabilities is an eligible use of funds. Refer to Office of Management and Budget (OMB) Circular A–87, Cost Principles for state, local and Indian tribal Governments. All renovations must meet appropriate accessibility requirements, including Section 504 requirements at 24 CFR part 8, Architectural Barriers Act at 24 CFR part 40, the Americans with Disabilities Act and the Fair Housing Act. Compliance with The Uniform Federal Accessibility Standards shall be deemed to comply with the requirements of 24 CFR 8.21, 8.22, 8.232, and 8.25 with respect to buildings.

(a) The renovation, conversion, or joining of vacant dwelling units in a PHA development to create appropriate space for the equipment needs and activities of an NN center (computers, printers, and office space) are eligible activities for physical improvement.

(b) The renovation, conversion of existing common areas in a PHA development to accommodate an NN center is eligible.

(c) If renovation, conversion, or repair is done off-site, the PHA must provide documentation that it has control of the proposed property for not less than 3 years and preferably for 4 years or more. Control can be demonstrated through a lease agreement, ownership documentation, or other appropriate documentation.

(12) *Maintenance and insurance costs.* Include installing, training, and maintaining the hardware and software as well as insurance coverage for the space and equipment. Costs of computer hardware and software necessary to accommodate the needs of persons with disabilities are an eligible cost for this funding category.

(13) *Purchase of computers, printers, software and other peripheral equipment;*

(14) *Security and related costs.* Includes space and minor refitting, locks, and other equipment for safeguarding the center.

(15) *Resident development and training courses.* These courses may be on disk, CD–ROM through the Web, and/or presented live. Programs should be designed to address job training, life-skills, educational needs of residents (youth and adults) and other interests/needs of residents as determined by an assessment of residents conducted by the applicant.

(16) *Distance learning equipment.* Distance learning equipment (including the costs for video casting and purchase/lease/rental of distance learning equipment) is an eligible use of funds provided your proposal indicates that the center will be working in a virtual setting with a college, university or other educational organization. If you operate more than one center, distance learning equipment can be used to link one or more centers so that residents using the different centers can benefit from courses being offered at only one site.

(17) *Administrative costs.* Administrative costs may include, but are not limited to, purchase of furniture, office equipment and supplies, salaries for resident employees hired as part of this grant program, quality assurance, local travel, and utilities. Nonprofit organizations only may use administrative funds to pay for rental of space. For existing NN centers, administrative costs must not exceed 10 percent of the total grant amount requested from HUD. Administrative costs must adhere to OMB Circular A–87. Please use HUD–424–CBW to itemize your administrative costs.

(G) *Ineligible Activities.*

(1) Payment of wages and/or salaries to participants receiving supportive services and/or training programs;

(2) Purchase or rental of land;

(3) Purchase or rental of vehicles; and

(4) Cost of application preparation.

(H) *Threshold Requirements.* Applicants must respond to threshold requirements clearly and thoroughly by following the instructions below. If your application fails one threshold requirement (regardless of the type of threshold) it will be considered a failed application and will not be reviewed further.

(1) *Match.* All applicants are required to have in place a firmly committed 25% match in cash or in-kind donations as defined in this NOFA. Applicants who do not demonstrate the minimum 25% match will fail this threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Match donations must be firmly committed. ''Firmly committed'' means that the amount of match resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, or Memoranda of

Understanding (MOU) must be on organization letterhead, and signed by a person authorized to make the stated commitment whether it be in cash or in-kind services. The letters of commitment/MOUs must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If volunteer time is being committed it should be calculated using the number of hours to be committed and multiplied by either the normal professional rate for the local area or the national minimum wage rate of $5.15/hour. The commitment should be in place at time of award and should be for the duration of the grant. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate the HUD–424–CB to list the sources and amount of each match for the duration of the grant term. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(2) *Past Performance.* HUD's field offices will evaluate applicants for past performance to determine whether an applicant has the capacity to manage the grant for which they are applying. Using Rating Factor 1, the field office will evaluate applicants' past performance. Applicants should carefully review Rating Factor 1 to ensure their application addresses each of the criteria requested therein. If applicants fail to address what is requested in Rating Factor 1, their application will fail threshold and will not receive further consideration. If applicants pass threshold, they will go on to be scored for Rating Factor 1 during the technical review process.

(3) All applicants except nontroubled PHAs are required to submit a signed Contract Administrator Partnership Agreement. The agreement must be for the thirty-six month duration of the grant term. Your grant award shall be contingent upon having a Partnership Agreement included in your application. The Contract Administrator must assure that the financial management system and procurement procedures that will be in place during the thirty-six month grant term will fully comply with either 24 CFR part 84 or 85. Troubled PHAs are not eligible to be Contract Administrators. Grant writers who assist applicants prepare their ROSS applications are also ineligible to be Contract Administrators. See the definition in Section III of Contract Administrator for more information.

(4) Nonprofit applicants must include letters from Resident Organizations (RO), Resident Associations (RA) indicating that the ROs/RAs you will be working with support your application. Letters from ROs/RAs must be signed by a person authorized to sign for the organization and should, whenever be possible, be on RO/RA letterhead.

(I) *Program Requirements.*

(1) *Eligible Participants.* All program participants must be residents of conventional public Housing. Participants in the Public Housing Family Self-Sufficiency (FSS) program who are residents of public housing (non Housing Choice Voucher Program) are also eligible to participate in activities funded under this category.

(2) *Resident Assessment.* Applicants are required to assess residents' needs and interests so that program activities are designed to address their needs.

(3) Applicants shall submit a business plan with their application (see Appendix B for a sample) which shall indicate level and type of expenditures over the three year grant term, contributions from partners, and efforts applicants will make to ensure the NN center will be sustainable once the grant term expires.

(4) *Partnering.* Applicants should partner with local businesses, schools, libraries, banks, employment agencies, or other organizations which will help applicants deliver supportive services and fulfill residents' needs. These organizations can provide additional expertise, volunteers, office supplies, training materials, software, equipment, and other resources.

(5) *Performance Reports.* The grantee shall submit semi-annual performance reports to the field office. These progress reports shall include financial reports (SF–269A) and a narrative describing milestones, work plan progress, and problems encountered and methods used to address these problems. HUD anticipates that some of the reporting of financial status and grant performance will be through Internet-based submissions. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. Performance reports are due to the field office on July 30 and January 31 of each year. If reports are not received by the due date, grant funds will not be advanced until reports are received.

(6) *Final Report.* The grantees shall submit a final report which will include a financial report (SF–269A) and a narrative evaluating overall performance against its work plan. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. The financial report shall contain a summary of all expenditures made from the beginning of the grant agreement to the end of the grant agreement and shall include any unexpended balances. The final narrative and financial report shall be due to the field office 90 days after the termination of the grant agreement.

(7) *Final Audit.* Grantees are required to obtain a complete final close-out audit of the grant's financial statements by a Certified Public Accountant (CPA), in accordance with generally accepted government audit standards. A written report of the audit must be forwarded to HUD within 60 days of issuance. Grant recipients must comply with the requirements of 24 CFR part 84 or 24 CFR part 85 as stated in OMB Circulars A–110, A–87, and A–122, as applicable.

(J) *Application Selection Process.*

(1) Four types of reviews will be conducted: A screening to determine if you are eligible to apply for this funding category; whether your application submission is complete, on time and meets threshold; a review by the field office to evaluate past performance; and a technical review to rate your application based on the five rating factors provided in this section. A minimum score of 75 is required for the application to be considered for funding.

(2) The selection process is designed to achieve geographic diversity of grant awards throughout the country. HUD will first select the highest ranked application from each of the ten federal regions for funding. After this ''round,'' HUD will select the second highest ranked application in each of the ten federal regions for funding (the second round). HUD will continue this process with the third, fourth, and so on, highest ranked applications in each federal region until the last complete round is selected for funding. If available funds exist to fund some but not all eligible applications in the next round, HUD will make awards to those remaining applications in rank order regardless of region and will fully fund as many as possible with remaining funds. If remaining funds are too small to make an award, they will be used to partially fund applications in rank order regardless of region in the existing center category.

(L) *Factors for Award Used to Evaluate and Rate Neighborhood Networks Applications.* The factors for rating and ranking applicants and

maximum points for each factor are provided below. The maximum number of points available for this program is 102. This includes two RC/EZ/EC bonus points, as described in the General Section of the SuperNOFA. The SuperNOFA contains a certificate that must be completed in order for the applicant to be considered for RC/EZ/EC bonus points. A listing of federally designated RCs, EZs, ECs, EECs and Strategic Planning Communities is attached to the General Section of the SuperNOFA as Appendix A–2 and is also available from the SuperNOFA Information Center, and the HUD Web site, *www.hud.gov.*

Note: Applicants should carefully review each rating factor before writing a response. Applicants' narratives should be as descriptive as possible, ensuring that every requested item is addressed. Applicants should make sure to include all requested information, according to the instructions found in Section VIII of this NOFA. This will help ensure a fair and accurate review of your application. Applications must not be longer than 30 narrative pages. Supporting documentation and certificates will not be counted towards the 30 page limit. However, applicants should make every effort to submit only what is necessary in terms of supporting documentation.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (25 Points)

This factor addresses whether the applicant has the organizational resources necessary to successfully implement the proposed activities within the grant period. In rating this factor HUD will consider the extent to which the proposal demonstrates that the applicant will have qualified and experienced staff dedicated to administering the program.

(A) *Proposed Program Staffing* (12 Points)

(1) *Staff Experience* (9 Points). The knowledge and experience of your proposed project coordinator, staff, subcontractors, and partners in planning and managing programs for which funding is being requested. Experience will be judged in terms of recent, relevant and successful experience of your staff to undertake eligible program activities. In rating this factor, HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience producing specific accomplishments to be successful. The more recent the experience and the more experience your own staff members who work on the project have in successfully conducting and completing similar activities, the greater the number of points you will receive for this rating factor. If your proposed staff has experience working in both computer-related and social service programs, you will receive a maximum score. If your staff has experience in only one area, you will receive 2 points. If your staff has experience in neither area, you will receive a score of 0 for this subfactor.

The following information should be provided in order to provide HUD an understanding of your staff's experience and capacity:

(a) The number of staff years (one staff year = 2080 hours) to be allocated to your program by each employee or expert as well as each of their roles in the program;

(b) The staff's relevant educational background and/or work experience;

(c) Relevant and successful experience running programs whose activities include social services and computer programs that are similar to the eligible program activities described in this grant category;

(d) Another five points will be awarded if applicants commit to hiring 1–3 residents. Small PHAs should hire one person, medium PHAs should hire 1–2 people, and large PHAs should hire 3 people. In the case of large and medium PHAs, one hired resident should be 17 years of age or younger. Residents' salaries must be paid as administrative expenses, see section F(17) above.

(2) *Staff Capacity* (3 Points). You will be evaluated based on whether you, your subcontractors and partners have sufficient personnel or will be able to quickly access enough qualified experts or professionals, to deliver the proposed activities in a timely and effective fashion. Your ability to immediately begin the proposed work program will also be evaluated. Attach resumes or position descriptions (where staff is not yet hired) for all key personnel. (Resumes do not count toward the 30-page limit.)

(B) *Past Performance of Applicant/ Project Coordinator* (6 Points). Your narrative must describe how you (or your proposed Project Coordinator) successfully implemented grant programs (including those listed below) designed to promote resident self-sufficiency or moving from welfare to work. You will be evaluated according to the following criteria:

(1) Achievement of specific measurable outcomes and objectives in terms of benefits gained by participating residents (*i.e.* higher incomes, improved grades, higher rates of employment, increased savings, improved literacy, *etc.*);

(2) Success in attracting and keeping residents involved in past grant programs so that grant activities benefited a significant numbers of residents;

(3) Timely expenditure of funds throughout the term of the grant. Timely means regular drawdowns throughout the life of the grant, *i.e.* quarterly drawdowns, with all funds expended by the end of the grant term;

(4) Leveraging of funding or in-kind services beyond that which was originally proposed to be used for past projects;

(5) Long-term partnerships formed with local businesses, employers, libraries, community organizations, social service agencies, local colleges and universities, *etc.*

Your past experience may include, but is not limited to, programs aimed at assisting residents of low-income housing achieve economic self-sufficiency; *i.e.* Tenant Opportunities Program and Youthbuild. Your narrative must indicate the grants, grant amounts, grant terms and grant sources which you are counting towards past experience.

(C) *Program Administration and Fiscal Management.* (7 Points)

(1) *Program Administration.* (4 Points). Describe how you will manage the program; how HUD can be sure that there is program accountability; and describe staff's roles and responsibilities.

(2) *Fiscal Management.* (3 Points). In rating this factor, your skills and experience in fiscal management will be evaluated. If you have had any audit or material weakness findings, you will be evaluated on how well you have addressed them. You must provide the following:

(a) A complete description of your fiscal management structure, including fiscal controls you have in place including those of a Contract Administrator for all applicants except non-troubled PHAs;

(b) List any audit findings (HUD Inspector General, management review, fiscal, *etc.*), material weaknesses and what you have done to address them; and

(c) For applicants who are required to have a Contract Administrator, describe the skills and experience your Contract Administrator has in managing federal funds.

Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor addresses the extent to which there is a need for funding your proposed program and your indication of the importance of meeting the need in the target area. In responding to this

factor, you will be evaluated on the extent to which you describe and document the level of need for your proposed activities and the urgency in meeting the need.

You should use statistics and analyses contained in data source(s) that are sound and reliable. Data that describes socioeconomic conditions at the local level can be found by going to the following Web sites: *www.bls.gov* (Bureau of Labor Statistics) or *www.census.gov* (US Census). Other types of sources include academic, state, and local sources. To the extent possible, the data you use should be specific to the area where the proposed activities will be carried out. You should document needs as they apply to the area where activities will be targeted, rather than the entire locality or state.

In responding to this factor, you should include:

(1) *Socioeconomic Profile* (5 points). A thorough socioeconomic profile of the eligible residents to be served by your program, including education levels, income levels, the number of single-parent families, economic statistics for the local area, crime levels, *etc.*

(2) *Local Training Program Information* (5 points). Information on training programs currently available and easily accessible to residents either through the PHA or other local or state community organizations.

You may also address needs in terms of fulfilling the requirements of court actions or other legal decisions or which expand upon the Analysis of Impediments to Fair Housing Choice (AI) to further fair housing. If you address needs that are in your community's Consolidated Plan, AI, or a court decision, or identify and substantiate needs in addition to those in the AI, you will receive a greater number of points than applicants who do not relate their proposed program to the approved Consolidated Plan or AI or court action. **Note:** Fines, penalties, damages, and other settlements resulting from violations (or alleged violations) of, or failure of the applicant to comply with federal, state, local or Indian tribal laws and regulations are unallowable means in which to satisfy this Rating Factor, except when incurred as a result of compliance with specific provisions of the federal award or written instructions by the awarding agency authorizing in advance such payments.

(3) *Resource Documentation* (3 points). The names and/or titles of information resources you used to document the need/extent of the problem.

(4) *Demonstrated Link Between Proposed Activities and Local Need* (7 points). There must be a clear relationship between your proposed activities, community needs and the purpose of the program funding for you to receive points for this factor.

Rating Factor 3: Soundness of Approach (30 Points)

This factor addresses both the quality and cost-effectiveness of your proposed business plan. (A sample business plan is included in Appendix B.) Your business plan and supporting narrative must indicate a clear relationship between your proposed activities, the targeted population's needs, and the purpose of the program funding. Your activities must address HUD's policy priorities which relate to this program.

In rating this factor HUD will consider:

(A) *Quality of the Business Plan and Supporting Narrative* (18 points). This factor evaluates both your business plan, narrative, and your budget and will be evaluated based on the following components:

(1) *Specific Services and/or Activities* (6 points). Your business plan and supporting narrative must describe the specific services and activities you plan to offer and who will be responsible for each. HUD will consider how well your proposed activities will:

(a) Involve community partners in the delivery of services; and

(b) Offer comprehensive services versus a small range of services geared toward enhancing economic opportunities for residents.

(2) *Feasibility and Demonstrable Benefits* (4 points). This factor examines whether your business plan and supporting narrative are logical, feasible and likely to achieve its stated purpose during the term of the grant. HUD's desire is to fund projects that will quickly produce demonstrable results and advance the purposes of the ROSS program.

(a) *Timeliness.* This subfactor evaluates whether your business plan demonstrates that your project is ready to implement shortly after grant award, but not to exceed three months of grant award. Your business plan should indicate timeframes and deadlines for accomplishing major activities.

(b) *Description of the problem and solution.* Your business plan and supporting narrative will be evaluated based on how well your proposed activities address the needs described in Factor 2.

(3) *Budget Appropriateness/Efficient Use of Grant.* (4 Points). The score in this factor will be based on the following:

(a) Justification of expenses. You will be evaluated based on whether your expenses are reasonable and well-explained.

(b) Budget Efficiency. You will be evaluated based on whether your application requests funds commensurate with the level of effort necessary to accomplish your goals and anticipated results.

(4) *Involving Residents in the Design of the Work Plan* (4 points). All applicants should make every effort to involve residents in the design of the work plan, so that activities and services offered by your organization address their needs.

(B) *Addressing HUD's Policy Priorities* (12 points). HUD wants to improve the quality of life for those living in distressed communities. HUD's grant programs are a vehicle through which constructive changes can be achieved. Your narrative and business plan will be evaluated based on how well it meets the following HUD policy priorities:

(1) *Improving the Quality of Life in Our Nation's Communities* (5 points). In order to receive points in this category, your business plan and supporting narrative must indicate the types of activities and training programs you will offer which can help residents successfully transition from welfare to work and earn higher wages.

(2) *Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations in HUD Program Implementation* (7 points). HUD encourages applicants to partner with grassroots organizations, *e.g.*, civic organizations, grassroots faith-based and other community-based organizations that are not usually effectively utilized. These grassroots organizations have a strong history of providing vital community services such as developing first-time homeownership programs, creating economic development programs, providing job training and other supportive services. In order to receive points under this factor, your narrative and business plan must describe how you will work with these organizations and what types of services they will provide.

Rating Factor 4: Leveraging Resources (20 Points)

This factor addresses your ability to secure community resources that can be combined with HUD's grant resources to achieve program purposes. You are required to create partnerships with organizations that can help you achieve your program's goals. PHAs are required

by QHWRA (Sec. 12(d)(7) of the U.S. Housing Act, entitled ''Cooperation Agreements for Economic Self-Sufficiency Activities'') to make best efforts to enter into such agreements with relevant state or local agencies. In rating this factor, HUD will look at the extent to which you partner, coordinate and leverage your services with other organizations serving the same or similar populations.

Additionally, you must have at least a 25 percent cash or in-kind match. The match is a threshold requirement. Applicants who do not demonstrate the minimum 25% match will fail the threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. 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 business plan, narrative, 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 grant amount proposed in this application. ''Firmly committed'' means that the amount of resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, or Memoranda of Understanding (MOU) must be on organization letterhead and signed by a person authorized to make the stated commitment. The letters of commitment/MOUs must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate their budget form (HUD–424–CB) to list the sources and amount of each match. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(A) Volunteer time shall be computed by using the normal professional rate for the local area or the national minimum wage rate of $5.15 per hour (**Note:** Applicants may not use their staff time towards the match);

(B) In order for HUD to determine the value of any donated material, equipment, staff time, building, or lease, your application must provide a letter from the organization making the donation stating the value of the contribution. The letter must be on letterhead, signed by an official authorized to make such commitments on behalf of the donating organization and must be dated within two months of the application deadline.

(C) Other resources/services that can be committed include: in-kind services, contributions or administrative costs provided to the applicant; funds from federal sources (not including ROSS funds) as allowed by statute, including for example Community Development Block Grant (CDBG) and federal Revenue Sharing; 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.

(D) Points for this factor will be awarded based on the documented evidence of partnerships and firm commitments and the ratio of requested ROSS funds to the total proposed grant budget.

Points will be assigned based on the following scale:

Percentage of match	Points awarded
25	5
26–50	10
51–75	15
76–99 or above	20

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

An important element in this year's NOFA is the development and reporting of performance measures and outcomes. Under this rating factor, applicants must demonstrate how they propose to measure their success and outcomes as they relate to the Department's Strategic Plan.

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and that they assess their performance so that they realize performance goals. HUD requires ROSS applicants to develop an effective, quantifiable, outcome oriented work plan for measuring performance and determining that goals have been met.

''Outcomes'' are benefits accruing to the residents, families and/or communities during or after participation in the ROSS program. Outcomes are not the actual development of self-sufficiency services or program activities. Applicants must clearly identify the outcomes to be achieved and measured. Examples of outcomes are: increasing the homeownership rates among residents of a development or from a particular housing authority, increasing residents' financial stability (*e.g.,* increasing assets of a household through savings), or increasing employment stability (*e.g.*, whether persons assisted obtain or retain employment for one or two years after job training completion).

In addition to outcomes, applicants must establish interim benchmarks or outputs for their proposed program that lead to the ultimate achievement of outcomes. ''Outputs'' are the direct products of a program's activities. Examples of outputs are: the number of eligible families that participate in supportive services, the number of new services provided, the number of residents receiving counseling, or the number of households using a technology center. Outputs should produce outcomes for your program.

This rating factor requires that you, the applicant, identify program outcomes, outputs, benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your work plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

In order to satisfy the requirements for Factor 5, you must submit a work plan and a Logic Model that demonstrates how you will measure your own program performance. Your plan must identify the outcomes you expect to achieve or goals you hope to meet over the term of your proposed grant and benchmarks, outputs, and timeframes for accomplishing these goals. Your work plan must show how you will measure actual accomplishments against anticipated achievements. You must indicate how your plan will measure the performance of individual consortium members and affiliates, including the standards, data sources, and measurement methods, and the

steps you have in place or how you plan to make adjustments if you begin to fall short of established benchmarks and timeframes. Applicants should also use the Logic Model provided in the General Section of this SuperNOFA for reporting on how they will conduct performance measurement. You will be evaluated based on how comprehensively you propose to measure your program's outcomes.

VII. Program Requirements, Certifications, and Procedures for ROSS Applicants

The requirements of this section are applicable to all applicants, and grantees under this announcement of funding availability.

(A) *Compliance with Fair Housing and Civil Rights Laws.* Your application must meet all the applicable threshold requirements found in Section V (B)(2) of the General Section of the SuperNOFA, as well as the following requirements.

(B) *Affirmatively Furthering Fair Housing.* You must adhere to the requirements as provided in Section V (D) of the General Section of the SuperNOFA.

(C) *Conducting Business In Accordance With Core Values and Ethical Standards.* All applicants shall develop and maintain a written code of conduct that reflects Core Values. See Section V(B)(3) of the General Section of the SuperNOFA for requirements.

(D) *Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses.* The Department of Housing and Urban Development (HUD) is committed to ensuring that small businesses, small disadvantaged businesses and women-owned businesses participate fully in HUD's direct contracting and in contracting opportunities generated by HUD grant funds. See Section V (F) of the General Section of the SuperNOFA for requirements.

(E) *Economic Opportunities for Low and Very Low Income Persons (Section 3).* You must adhere to the requirements as provided in Section V (E) of the General Section of the SuperNOFA.

(F) *Certifications and Assurances.* Section V(H) of the General Section of the SuperNOFA lists requirements, certifications and procedures that apply to all programs, including ROSS. Applicants must comply with these in order to be eligible for the ROSS program.

(G) *Applicant Internet Access.* Prior to the initial draw down, all grantees must have secured online access to the Internet as a means to communicate with HUD on grant matters. Tribes and TDHEs awardees may submit a waiver request to the Office of Native American Programs for this requirement if Internet access cannot be obtained. If tribes/TDHEs do not have Internet access, they must send hard copies of their grant documents to their Area ONAP.

(H) *ROSS Evaluation and Assessment.* All applicants selected for award must be willing to participate in the evaluation and assessment that HUD intends to conduct for the ROSS Program. At grant award HUD will provide additional information on the evaluation and assessment for applicants who receive awards.

(H) *ROSS Performance Measures.* All applicants selected for award should use ROSS Performance Measures in grant reporting for all awards. At grant award HUD will provide additional information on reporting the Performance Measures and the Logic Model for applicants who receive awards.

(I) *Format for submitting applications.* All documents must be attached or located according to the instructions below. Applicants should ensure to submit forms appropriate to the program for which they are applying. Applicants who fail to follow these instructions, may lose points if their documentation is not found according to the following instructions (grant reviewers will not be instructed to search through the entire application package for missing documents):

(1) RSDM-Family

Tab 1: Required Forms from the General Section of the SuperNOFA and other ROSS forms:

- Applicant Checklist (HUD–52759);
- Fact Sheet (HUD–52751);
- Application for Federal Assistance (HUD–424);
- Budget Summary for Competitive Grant Programs (HUD–424C);
- Applicant Assurances and Certifications (HUD–424B);
- Grant Application Detailed Budget (HUD–424–CB);
- Grant Application Detailed Budget Worksheet (HUD–424–CBW);
- Applicant/Recipient Disclosure/Update Report (HUD–2880);
- Certification of Consistency with RC/EZ/EC Strategic Plan (HUD–2990) if applicable;
- Certification of Consistency with the Consolidated Plan (HUD–2991) if applicable;
- Certification of Consistency with the Indian Housing Plan if applicable (HUD–52752);
- Certification of Resident Council Board of Election/Signed Letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (not applicable to tribes/TDHEs (HUD–52753);
- Disclosure of Lobbying Activities (HUD–SF–LLL)—if applicable (applicants requiring additional space may find the Disclosure of Lobbying Activities Continuation Sheet (HUD–SF–LLL–A) through HUD's web site, http://www.hud.gov);
- Acknowledgment of Application Receipt (HUD–2993); and,
- Client Comments and Suggestions (HUD–2994). (Optional)
- Survey on Ensuring Equal Opportunity Applicants (HUD–23004)

TAB 2: Threshold Requirements:

- Letters from Partners attesting to match;
- Letter from Applicant's organization attesting to match;
- Letters from Resident Associations/Resident Organizations indicating support of nonprofit applicants;
- Chart of Resident Associations Participating (required for nonprofit applicants) (HUD–52754);
- Contract Administrator Partnership Agreement (for all applicants except non-troubled PHAs, and tribes/TDHES) (HUD–52755); and
- Past Performance evaluation (from HUD field office).

TAB 3: Narrative for Rating Factor 1 and Non-Standard ROSS Program Forms:

- Narrative;
- Chart A: Program Staffing (HUD–52756);
- Chart B: Applicant/Administrator Track Record (HUD–52757);
- Resumes/Position Descriptions.

TAB 4: Narrative for Rating Factor 2

TAB 5: Rating Factor 3:

- Narrative;
- Work plan (see sample) (HUD–52763).

TAB 6: Narrative for Rating Factor 4

TAB 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms:

- Narrative;
- Logic Model (HUD–96010).

(2) RSDM-Elderly and Persons with Disabilities

TAB 1: Required Forms from the General Section of the SuperNOFA and other ROSS forms:

- Applicant Checklist (HUD–52760);
- Fact Sheet (HUD–52751);
- Application for Federal Assistance (HUD–424);

• Budget Summary for Competitive Grant Programs (HUD–424C);
• Applicant Assurances and Certifications (HUD–424B);
• Grant Application Detailed Budget (HUD–424–CB);
• Grant Application Detailed Budget Worksheet (HUD–424–CBW);
• Applicant/Recipient Disclosure/ Update Report (HUD–2880);
• Certification of Consistency with the Consolidated Plan (HUD–2991) if applicable;
• Certification of Consistency with the Indian Housing Plan if applicable (HUD–52752);
• Certification of Resident Council Board of Election/Signed Letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (not applicable to tribes/TDHEs (HUD–52753);
• Disclosure of Lobbying Activities (HUD–SF–LLL)—if applicable (applicants requiring additional space may find the Disclosure of Lobbying Activities Continuation Sheet (HUD–SF–LLL–A) through HUD's web site, http://www.hud.gov);
• Acknowledgment of Application Receipt (HUD–2993); and,
• Client Comments and Suggestions (HUD–2994). (Optional)
• Survey on Ensuring Equal Opportunity Applicants (HUD–23004)

TAB 2: Threshold Requirements:

• Letters from Partners attesting to match;
• Letter from Applicant's organization attesting to match;
• Letters from Resident Associations/ Resident Organizations indicating support of nonprofit applicants;
• Chart of Resident Associations Participating (required for nonprofit applicants) (HUD–52754);
• Contract Administrator Partnership Agreement (for all applicants except non-troubled PHAs, and tribes/TDHES) (HUD–52755); and
• Past Performance evaluation (from HUD field office).

TAB 3: Narrative for Rating Factor 1 and Non-Standard ROSS Program Forms:

• Narrative;
• Chart A: Program Staffing (HUD–52756);
• Chart B: Applicant/Administrator Track Record (HUD–52757);
• Resumes/Position Descriptions.

TAB 4: Narrative for Rating Factor 2

TAB 5: Rating Factor 3:

• Narrative;
• Work plan (see sample) (HUD–52764).

TAB 6: Narrative for Rating Factor 4

TAB 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms:

• Narrative;
• Performance measures Logic Model (HUD–96010).

(3) Homeownership Supportive Services

TAB 1: Required Forms from the General Section of the SuperNOFA and other ROSS forms:

• Applicant Checklist (HUD–52761);
• Fact Sheet (HUD–52751);
• Application for federal Assistance (HUD–424);
• Budget Summary for Competitive Grant Programs (HUD–424C);
• Applicant Assurances and Certifications (HUD–424B);
• Grant Application Detailed Budget (HUD–424-CB);
• Grant Application Detailed Budget Worksheet (HUD–424-CBW);
• Applicant/Recipient Disclosure/ Update Report (HUD–2880);
• Certification of Consistency with RC/EZ/EC Strategic Plan (HUD–2990) if applicable;
• Certification of Consistency with the Consolidated Plan (HUD–2991) if applicable;
• Certification of Consistency with the Indian Housing Plan if applicable (HUD–52752);
• Certification of Resident Council Board of Election/Signed Letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (not applicable to tribes/TDHEs) (HUD–52753);
• Disclosure of Lobbying Activities (HUD–SF–LLL)—if applicable (applicants requiring additional space may find the Disclosure of Lobbying Activities Continuation Sheet (HUD–SF–LLL–A) through HUD's web site, http://www.hud.gov);
• Acknowledgment of Application Receipt (HUD–2993); and,
• Client Comments and Suggestions (HUD–2994). (Optional)
• Survey on Ensuring Equal Opportunity Applicants (HUD–23004)

TAB 2: Threshold Requirements:

• Letters from Partners attesting to match;
• Letter from Applicant attesting to match;
• Letters from Resident Associations/ Resident Organizations indicating support of nonprofit applicants;
• Chart of Resident Associations Participating (required of nonprofit applicants) (HUD–52754);
• Contract Administrator Partnership Agreement (for all applicants except non-troubled PHAs and tribes/TDHEs) (HUD–52755); and
• Past Performance evaluation (from HUD field office).

TAB 3: Narrative for Rating Factor 1 and Non-Standard ROSS Program Forms:

• Narrative;
• Chart A: Program Staffing (HUD–52756);
• Chart B: Applicant/Administrator Track Record (HUD–52757);
• Resumes/Position Descriptions.

TAB 4: Narrative for Rating Factor 2

TAB 5: Rating Factor 3:

• Narrative;
• Work plan (see sample) (HUD–52765).

TAB 6: Narrative for Rating Factor 4

TAB 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms:

• Narrative;
• Logic Model (HUD–96010).

(4) Neighborhood Networks

TAB 1: Required Forms from the General Section of the SuperNOFA and other ROSS forms:

• Applicant Checklist (HUD–52762);
• Fact Sheet (HUD–52751);
• Application for federal Assistance (HUD–424);
• Budget Summary for Competitive Grant Programs (HUD–424C);
• Applicant Assurances and Certifications (HUD–424B);
• Grant Application Detailed Budget (HUD–424–CB);
• Grant Application Detailed Budget Worksheet (HUD–424–CBW);
• Applicant/Recipient Disclosure/ Update Report (HUD–2880);
• Certification of Consistency with RC/EZ/EC Strategic Plan (HUD–2990) if applicable;
• Certification of Consistency with the Consolidated Plan (HUD–2991) if applicable;
• Certification of Resident Council Board of Election/Signed Letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (HUD–52753);
• Disclosure of Lobbying Activities (HUD–SF–LLL)—if applicable (applicants requiring additional space may find the Disclosure of Lobbying Activities Continuation Sheet (HUD–SF–LLL–A) through HUD's web site, *http://www.hud.gov*);
• Acknowledgment of Application Receipt (HUD–2993); and,

• Client Comments and Suggestions (HUD–2994) (Optional);

• Survey on Ensuring Equal Opportunity Applicants (HUD–23004)

TAB 2: Threshold Requirements:

• Letters from Partners attesting to match;

• Letter from Applicant attesting to match;

• Letters from Resident Associations/ Resident Organizations indicating support of nonprofit applicants;

• Chart of Resident Associations Participating (required for nonprofit applicants) (HUD–52754);

• Contract Administrator Partnership Agreement (required for all applicants except non-troubled PHAs) (HUD–52755); and

• Past Performance evaluation (from HUD field office).

TAB 3: Narrative for Rating Factor 1 and Non-Standard ROSS Program Forms:

• Narrative;

• Chart A: Program Staffing (HUD–52756);

• Chart B: Applicant/Administrator Track Record (HUD–52757);

• Resumes/Position Descriptions.

TAB 4: Narrative for Rating Factor 2

TAB 5: Rating Factor 3:

• Narrative;

• Business Plan (see sample) (HUD–52766).

TAB 6: Narrative for Rating Factor 4

TAB 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms:

• Narrative;

• Logic Model (HUD–96010).

VIII. Corrections to Deficient Applications

After the application due date, HUD may not, consistent with its regulations at 24 CFR part 4, subpart B, consider any unsolicited information, you the applicant, may want to provide. HUD may contact you to clarify an item in your application or to correct technical deficiencies. HUD may not seek clarification of items or responses that improve the substantive quality of your response to the rating factors. In order not to unreasonably exclude applications from being rated and ranked, HUD may contact applicants to ensure proper completion of the application and will do so on a uniform basis for all applicants. Examples of curable (correctable) technical deficiencies include failure to submit the proper certifications or failure to submit an application that contains an original signature by an authorized official. In each case, HUD will notify you in writing of a technical deficiency. HUD will notify applicants by facsimile or by USPS, return receipt requested. Clarifications or corrections of technical deficiencies in accordance with the information requested by HUD must be submitted within 14 calendar days of the date you receive HUD notification. (If the due date falls on a Saturday, Sunday, or federal holiday, your correction must be received by HUD on the next day that is not a Saturday, Sunday, or federal holiday.) The determination of when you received the deficiency letter will be based on the confirmation of the facsimile transmission, return receipt or postal tracking information, as appropriate. If the deficiency is not corrected within this time period, HUD will reject the application as incomplete and it will not be considered for funding.

Unacceptable Applications. After the 14-day technical deficiency correction period, the Grants Management Center (GMC), or the DPONAP for tribal and TDHE applicants, will disapprove all applications that the GMC, or DPONAP determines are not acceptable for processing. The GMC's notification of rejection must state the basis for the decision. The applicant may request a debriefing. Applicants requesting to be debriefed must send a written request to Michael Diggs, Director, Grants Management Center, Department of Housing and Urban Development, 501 School Street, SW., Suite 800, Washington, DC 20024. For tribal and TDHE applicants, contact Deborah Lalancette, Director, Grants Management, DPONAP, 1999 Broadway, Suite 3390, Denver, CO 80202.

HUD Reform Act of 1989. The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the General Section of the SuperNOFA in Section XI.

IX. 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.

XI. Authority

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

Appendix A—ROSS Forms

The non-standard forms, which follow, are required for the ROSS application. The forms marked ''Sample'', are intended to assist applicants provide information HUD is requesting in an easy-to-use format. Applicants do not have to adhere to the precise format, but should make sure to include the same information in their submission.

BILLING CODE 4210–32–P

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

Suggested Performance Measures
Resident Opportunities and Self Sufficiency Programs (ROSS)
FY2003

RATING FACTOR 5

For FY 2003, rating Factor 5 has been changed to "Achieving Results and Program Evaluation." This factor emphasizes HUD's commitment to ensuring that applicants keep promises made in their application and assess their performance to ensure performance goals are met. Performance measures are used to track progress against a baseline or condition that existed before the implementation of a particular grant activity. Applicants are encouraged to select three or more of the following performance measures, tailor them to fit the activities in your application, or create others that reflect the activities in your application. The Logic Model is being provided as a tool to track the performance measures you select.

- Percent of eligible families in the development who participate in supportive services before the implementation of your program versus the percentage of families who participate after six months of your program's implementation.
- Number of new services provided by the ROSS grant.
- Percentage of elderly and handicapped residents receiving supportive services (before and after program implementation)
- Number and/or percent of residents receiving counseling from service coordinators/case managers (before and after program implementation)
- Number and/or percent of families who received housing counseling (before and after program implementation)
- Number of families who received homeownership counseling (before and after program implementation)
- Percent of counseled families who moved to market rent units.
- Percent of counseled families who buy a home.
- Number of new computer technology centers established
- Number of computer technology centers that expanded or upgraded.
- Percent of households that use the computer technology center(s) (over time, for example at six month intervals)
- Number of volunteer residents working at the computer technology center (over time)
- Number of paid residents working at the computer technology center (over time)

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

- Number of residents who completed training courses in the computer technology center
- Number of residents who received job placement assistance as a result of the training in the computer technology center
- Number of partners involved with the establishment and on-going operation of the computer technology center
- Number of residents who received job placement assistance
- Percentage of residents in a development that enrolled in job training sessions

OMB Approval No. 2577-0229
Exp. 11/30/2003

ROSS FY 2003 FUNDING
RESIDENT SERVICE DELIVERY MODELS - FAMILY

APPLICANT CHECKLIST AND SUBMISSION FORMAT

Public reporting burden for the collection of information is estimated to average fifteen minutes per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. You must include this checklist with your application.

Tab 1: Required forms from the General Section of the SuperNOFA and other ROSS forms.

	Page No.
❑ Applicant Checklist (HUD-52759)	_____
❑ Fact Sheet (HUD-52751)	_____
❑ Application for Federal Assistance (HUD-424)	_____
❑ Budget Summary for Competitive Grant Programs (HUD-424C)	_____
❑ Applicant Assurances and Certifications (HUD-424B)	_____
❑ Grant Application Detailed Budget (HUD-424-CB)	_____
❑ Grant Application Detailed Budget Worksheet (HUD-424-CBW)	_____
❑ Applicant/Recipient Disclosure/Update Report (HUD-2880)	_____
❑ Certification of Consistency with RC/EZ/EC Strategic Plan (HUD-2990) if applicable	_____
❑ Certification of Consistency with the Consolidated Plan (HUD-2991) if applicable	_____
❑ Certification of Consistency with the Indian Housing Plan (HUD-52752) if applicable	_____
❑ Certification of Resident Council Board of Election/ Signed letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants. (HUD-52753)	_____
❑ Disclosure of Lobbying Activities (SF-LLL)- if applicable	_____
❑ Disclosure of Lobbying Activities Continuation Sheet (SF-LLL-A)-if applicable	_____
❑ Acknowledgement of Application Receipt (HUD-2993)	_____
❑ Client Comments and Suggestions (HUD-2994)-Optional	_____

form **HUD-52759** (03/2003)

OMB Approval No. 2577-0229
Exp. 11/30/2003

Tab 2: Threshold Requirements

- ❑ Letters from Partners attesting to match _____
- ❑ Letter from Applicant's organization attesting to match _____
- ❑ Letters from Resident Associations/Resident Organizations indicating support of nonprofit applications _____
- ❑ Chart of Resident Associations Participating (HUD-52754) (required for nonprofit applicants) _____
- ❑ Sample Contract Administrator Partnership Agreement (HUD-52755) (for all applicants except nontroubled PHAs and tribes/TDHEs) _____
- ❑ Past Performance evaluation (from HUD field office) _____

Tab 3: Narrative for Rating Factor 1 and Non-Standard Ross Program Forms

- ❑ Narrative _____
- ❑ Chart A: Program Staffing (HUD-52756) _____
- ❑ Chart B: Applicant/Administrator Track Record (HUD-52757) _____
- ❑ Resumes/Position Descriptions _____

Tab 4: Narrative for Rating Factor 2

Tab 5: Narrative for Rating Factor 3 and Non-Standard Ross Program Form

- ❑ Narrative _____
- ❑ Work plan (HUD-52763) (see sample) _____

Tab 6: Narrative for Rating Factor 4

Tab 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms

- ❑ Narrative _____
- ❑ Logic Model _____
- ❑ Performance measures/outcomes _____

form **HUD-52759** (03/2003)

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

ROSS FY 2003 FUNDING
NEIGHBORHOOD NETWORKS

APPLICANT CHECKLIST AND SUBMISSION FORMAT

Public reporting burden for the collection of information is estimated to average fifteen minutes per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. You must include this checklist with your application.

Tab 1: Required forms from the General Section of the SuperNOFA and other ROSS forms.

	Page No.
❑ Applicant Checklist (HUD-52762)	_____
❑ Fact Sheet (HUD-52751)	_____
❑ Application for Federal Assistance (HUD-424)	_____
❑ Budget Summary for Competitive Grant Programs (HUD-424C)	_____
❑ Applicant Assurances and Certifications (HUD-424B)	_____
❑ Grant Application Detailed Budget (HUD-424-CB)	_____
❑ Grant Application Detailed Budget Worksheet (HUD-424-CBW)	_____
❑ Applicant/Recipient Disclosure/Update Report (HUD-2880)	_____
❑ Certification of Consistency with RC/EZ/EC Strategic Plan (HUD-2990) if applicable	_____
❑ Certification of Consistency with the Consolidated Plan (HUD-2991) if applicable	_____
❑ Certification of Resident Council Board of Election/ Signed letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (HUD-52753)	_____
❑ Disclosure of Lobbying Activities (SF-LLL)- if applicable	_____
❑ Disclosure of Lobbying Activities Continuation Sheet (SF-LLL-A)-if applicable	_____
❑ Acknowledgement of Application Receipt (HUD-2993)	_____
❑ Client Comments and Suggestions (HUD-2994)-Optional	_____

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

Tab 2: Threshold Requirements

- ❑ Letters from Partners attesting to match _____
- ❑ Letter from Applicant attesting to match _____
- ❑ Letters from Resident Associations/Resident Organizations indicating support of nonprofit applicants _____
- ❑ Chart of Resident Associations Participating (HUD-52754) (required for nonprofit applicants) _____
- ❑ Sample Contract Administrator Partnership Agreement (HUD-52755) (for all applicants except nontroubled PHAs) _____
- ❑ Past Performance evaluation (from HUD field office) _____

Tab 3: Narrative for Rating Factor 1 and Non-Standard Ross Program Forms

- ❑ Narrative _____
- ❑ Chart A: Program Staffing (HUD-52756) _____
- ❑ Chart B: Applicant/Administrator Track Record (HUD-52757) _____
- ❑ Resumes/Position Descriptions _____

Tab 4: Narrative for Rating Factor 2

Tab 5: Narrative for Rating Factor 3 and Non-Standard Ross Program Form

- ❑ Narrative _____
- ❑ Business Plan (HUD-52766) (see sample) _____

Tab 6: Narrative for Rating Factor 4

Tab 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms

- ❑ Narrative _____
- ❑ Logic Model _____
- ❑ Performance measures/outcomes _____

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

ROSS FY 2003 FUNDING
HOMEOWNERSHIP SUPPORTIVE SERVICES

APPLICANT CHECKLIST AND SUBMISSION FORMAT

Public reporting burden for the collection of information is estimated to average fifteen minutes per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. You must include this checklist with your application.

Tab 1: Required forms from the General Section of the SuperNOFA and other ROSS forms.

	Page No.
❑ Applicant Checklist (HUD-52761)	_____
❑ Fact Sheet (HUD-52751)	_____
❑ Application for Federal Assistance (HUD-424)	_____
❑ Budget Summary for Competitive Grant Programs (HUD-424C)	_____
❑ Applicant Assurances and Certifications (HUD-424B)	_____
❑ Grant Application Detailed Budget (HUD-424-CB)	_____
❑ Grant Application Detailed Budget Worksheet (HUD-424-CBW)	_____
❑ Applicant/Recipient Disclosure/Update Report (HUD-2880)	_____
❑ Certification of Consistency with RC/EZ/EC Strategic Plan (HUD-2990) if applicable	_____
❑ Certification of Consistency with the Consolidated Plan (HUD-2991) if applicable	_____
❑ Certification of Consistency with the Indian Housing Plan (HUD-52752) (if applicable)	_____
❑ Certification of Resident Council Board of Election/ Signed letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (HUD-52753)	_____
❑ Disclosure of Lobbying Activities (SF-LLL)- if applicable	_____
❑ Disclosure of Lobbying Activities Continuation Sheet (SF-LLL-A)-if applicable	_____
❑ Acknowledgement of Application Receipt (HUD-2993)	_____
❑ Client Comments and Suggestions (HUD-2994)-Optional	_____

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

Tab 2: Threshold Requirements

- ❑ Letters from Partners attesting to match _____
- ❑ Letter from Applicant attesting to match _____
- ❑ Letters from Resident Associations/Resident Organizations indicating support of nonprofit applicants _____
- ❑ Chart of Resident Associations Participating (HUD-52754) (required for nonprofit applicants) _____
- ❑ Sample Contract Administrator Partnership Agreement (HUD-52755) (for all applicants except nontroubled PHAs, and tribes/TDHEs) _____
- ❑ Past Performance evaluation (from HUD field office) _____

Tab 3: Narrative for Rating Factor 1 and Non-Standard Ross Program Forms

- ❑ Narrative _____
- ❑ Chart A: Program Staffing (HUD-52756) _____
- ❑ Chart B: Applicant/Administrator Track Record (HUD-52757) _____
- ❑ Resumes/Position Descriptions _____

Tab 4: Narrative for Rating Factor 2

Tab 5: Narrative for Rating Factor 3 and Non-Standard Ross Program Form

- ❑ Narrative _____
- ❑ Work plan (HUD-52765) (see sample) _

Tab 6: Narrative for Rating Factor 4

Tab 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms

- ❑ Narrative _____
- ❑ Logic Model _____
- ❑ Performance measures/outcomes _____

OMB Approval No. 2577-0229
Expiration Date 11/30/3003

ROSS FY 2003 FUNDING

FACT SHEET

Public reporting burden for the collection of information is estimated to average 2 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Applicant Information

Applicant:_____

Applicant Type: ___PHA ___RA ___IRO ___NONPROFIT ___ TRIBE/TDHE

Assistance for which the applicant is applying:

_____ Resident Service Delivery Models-Family
_____ Resident Service Delivery Models-Elderly and Persons with Disabilities
_____ Homeownership Supportive Services
_____ Neighborhood Networks-new center
_____ Neighborhood Networks-existing center

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.

OMB Approval No. 2577-0229
Expiration Date 11/30/3003

ROSS FY 2003 FUNDING

FACT SHEET (continued)

SITE-BASED RESIDENT ASSOCIATION BOARD INFORMATION

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. 2577-0229
Expiration Date 11/30/3003

ROSS FY 2003 FUNDING

FACT SHEET (continued)

Name(s) of public housing development(s) targeted for ROSS Activities (Use additional pages if necessary.)

Name of Public Housing Development	PIH Project #

Signed this _____ day of _____, 2003.

By: _____
Applicant Executive Director or Other Authorized Representative

For: _____
Applicant Name

form **HUD-52751** (03/2003)

OMB Approval No. 2577-0229
Expiration Date 11/30/3003

CERTIFICATION OF CONSISTENCY WITH THE INDIAN HOUSING 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 Indian Housing Plan.

Applicant Name: _____

Project Name: _____

Location of the Project: _____

_____

_____

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

Name of Certifying Jurisdiction: _____

Title: _____

Signature: _____

Date: _____

form HUD-52752 (03/2003)

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

ROSS FY 2003 FUNDING
Certification of Resident Board Election

Public reporting burden for the collection of information is estimated to average one hour per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Applicant: _____ **Date:** _____

Certification of Resident Board Election. RA applicants must submit certification of the RA 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 _____
(name of organization)

located in _____ has duly elected all
(city & state)

of Resident Council Officers as required by the U.S. Department of Housing and Urban Development, 24 Code of Federal Regulations (CFR), 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*) _____

Form **HUD-52753** (03/2003)

OMB Approval No. 25. J229
Expiration 11/30/2003

FY 2003 ROSS-LIST OF RESIDENT ASSOCATIONS PARTICIPATING Applicant: _____

Public reporting burden for the collection of information is estimated to average fifteen minutes per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

List of Resident Associations Participating			
Name of the Resident Association	Contact Person	Address, City, & State	Housing Authority/Tribe

form **HUD-52754** (03/2003)

OMB Approval No. 2577-0229
Expiration 11/30/2003

ROSS FY 2003 FUNDING

SAMPLE CONTRACT ADMINISTRATOR PARTNERSHIP AGREEMENT

Public reporting burden for the collection of information is estimated to average three hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

This partnership agreement is made and entered into by and between the **Contract Administrator (CA)**, (e.g., the local public housing authority (PHA) or other non-profit corporations), hereinafter referred to as "CA," and the applicant_____

WHEREAS, the applicant is submitting the proposal for a Resident Opportunity and Self-Sufficiency (ROSS) _____ (indicate funding category) Grant to further its objectives.

WHEREAS, the applicant agrees to comply with all terms and conditions expressed in HUD's NOFA, applicable provisions of 24 CFR 964, provisions of any technical assistance grant agreement entered into with HUD, and any other stipulations made by the CA and agreed to in writing by a duly authorized representative of the applicant pertaining to the technical assistance provided.

WHEREAS, the CA supports the applicant's ROSS application and agrees to provide technical assistance to the applicant in accordance with HUD's NOFA and regulations.

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

Roles and Responsibilities

The CA agrees to oversee the administration of the ROSS grant. This includes financial management, procurement, completing the semi-annual reports, and ensuring that all grant activities are completed successfully within the grant period. In meeting these commitments, the CA agrees to abide by the provisions of 24 CFR Parts 964, 45, 84, and 85 and OMB Circulars A-87 and A-122.

The CA agrees to operate under the direction of the applicant. The applicant retains ultimate responsibility for all grant activities, including drawing down funds from HUD, grant expenditures, and reporting to HUD. The CA will have authority to draw down funds and submit reports to HUD only with the written authorization of the applicant. All checks and other expenditures in an amount higher than $____must be signed and/or approved by the applicant or CA.

OMB Approval No. 2577-0229
Expiration 11/30/2003

SAMPLE CONTRACT ADMINISTRATOR PARTNERSHIP AGREEMENT (continued)

Coordination of Grant Activities

The CA agrees to coordinate the provision of assistance from community organizations, government, and other public services on a variety of related toics and available relevant resources to the residents. Following are suggested resources:

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

Program Assessment

The CA agrees to coordinate, conduct or assist the applicant in assessing the ROSS activities based on the methodology in the applicant's proposal to HUD.

Contracted Amount

No funds will be paid to the CA for services rendered prior to HUD's selection of the applicant for funding or for services rendered prior to the execution of a grant agreement between the applicant and HUD. This agreement is conditioned on HUD's selection of the applicant for funding. If an applicant is selected and enters into a grant agreement with HUD, remuneration of the CA will not exceed the daily equivalent of the rate paid for level IV of the Executive Schedule, unless specifically authorized by law.

OMB Approval No. 2577-0229
Expiration 11/30/2003

SAMPLE CONTRACT ADMINISTRATOR PARTNERSHIP AGREEMENT (continued)

The contracted amount for all services defined within this contract is based on a period of time beginning _____ and ending _____. (NOTE: CAs must be retained for the full thirty-six month term of the grant.) The CA will be paid $_____for year one, beginning _____; $_____ for year two beginning _____; $_____for year three beginning _____.

Termination

The applicant may terminate this agreement within 60 calendar days of written notice to the US Department of Housing and Urban Development and the CA. Termination may be based on non-compliance or non-cooperation by the CA. Termination may only occur when all channels of resolution have been exhausted, including mediation between the two parties. If all avenues have been exhausted, termination will require a two-thirds majority vote of the Board of Directors of the applicant.

WITNESS OUR HANDS EFFECTIVE _____

_____	_____
Applicant	Contract Administrator
_____	_____
Applicant Executive Director/ Other Authorized Representative	Executive Director
_____	_____
Date	Date

form **HUD-52755** (03/2003)

OMB Appro. No. 2577-0229
Expiration Date 11/30/2003

ROSS 2003

Chart A: PROGRAM STAFFING

Applicant Name: _____

Public reporting burden for the collection of information is estimated to average two hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

I. APPLICANT STAFF

Name of Staff Person	Organization and Position	Activity in Grant Program	Percent of Time on Grant	Cost to Grant

form **HUD-52756** (03/2003)

OMB Appro .No. 2577-0229
Expiration Date 11/30/2003

II.CONTRACTOR/CONSULTANT ROLE		
Type of Contractor to be Solicited*	Activity in Grant Program	Estimated Cost to Grant Program
III.Contract Administrator		

*NOTE: Contractors must be procured according to 24 CFR parts 84.41-84.48 or 24 CFR part 85.36

form **HUD-52756** (03/2003)

OMB Appr. No. 2577-0229
Expiration Date 11/30/2003

ROSS 2003

Chart B: Applicant/Administrator Track Record (Past Performance)
Applicant: _____

Public reporting burden for the collection of information is estimated to average two hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

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

form HUD-52757 (03/2003)

OMB Approval No. 257 -0229
Expiration Date 11/30/2003

SAMPLE ROSS-RSDM Family Work Plan

Start Date: September 2003 End Date: September 2003

GOAL	ACTIVITIES	TASKS	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	DATES		Performance Measure/ Deliverable
					Start	Complete	
Offer Microsoft Office Suite Training in Development's Learning Center that results in a minimum of 30 residents becoming proficient (passing proficiency test) in using Microsoft Word 2000, Excel 2000, Access 2000 and PowerPoint 2000.	1. Determine if Microsoft Suite Training is being offered by any other organization within your community.	1. Call area training centers—Workforce Investment Board, local community college, computer training centers, neighborhood networks center, etc. to determine if any other organization within your community is offering the course. 2. Ask each center how many classes make-up each course; How many hours in each session; How they found their current instructor; do participants take proficiency tests; what is the percentage of people passing the tests. 3. Ask each center the cost of enrolling in the class and availability of spots within the next two scheduled trainings. 4. Find out the names of the individuals responsible for the class (teacher, department head).	4 hours	1. Resident Association staff or Board member (assign actual name) 2. Resident Association Phone; 3. List of training centers (Workforce Investment Board)	9/01/03	9/01/03	Deliverable—completed list of organizations offering training, schedule of trainings and cost.

form HUD-52763 (03/2003)

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

SAMPLE ROSS-RSDM Family Work Plan

Start Date: End Date:

GOAL	ACTIVITIES	TASKS	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	DATES		Performance Measure/ Deliverable
					Start	Complete	
Sign up a minimum of 75 residents for job training program.	Conduct outreach to residents.	1. Distribute flyers to residents. 2. Place information about training program in PHA newsletter. 3. Work with Resident Association to conduct door-to-door marketing of the job training program. 4. Create registration/sign-up procedure.	One week for initial outreach. Two weeks for follow-up and registering of residents. Three weeks total.	1. Project Coordinator - lead (name and phone number) 2. Resident Association staff or Board members (assign actual name and phone numbers)	9/01/03	9/19/03	Deliverable: Registration of 75 or more residents in job training program.

form HUD-52763 (03/2003)

OMB Approval No. 2577-0229

Expiration Date 11/30/2003

ROSS-RSDM Family Work Plan

Start Date: End Date:

GOAL	ACTIVITIES	TASKS	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	DATES		Performance Measure/ Deliverable
					Start	Complete	

Public reporting burden for the collection of information is estimated to average four hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

form **HUD-52763** (03/2003)

SAMPLE ROSS-RSDM Elderly/Persons with Disabilities Work Plan

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

Start Date: End Date:

GOALS	TASKS	ACTIVITIES	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	Start	Complete	Deliverable
Sign up a minimum of 50 residents in your program.	Conduct outreach to residents.	1. Distribute flyers to residents. 2. Place information about training program in PHA newsletter. 3. Work with staff and/or volunteers to conduct door-to-door marketing of your program. 4. Create registration /sign-up procedure.	One week for initial outreach. Two weeks for follow-up and registering of residents. Three weeks total.	1. Project Coordinator -lead (name and phone number) 2. Staff and/or volunteers (include name and phone number)	9/01/03	9/19/03	Registration of 50 or more residents.

form HUD-52764 (03/2003)

SAMPLE ROSS-RSDM Elderly/Persons with Disabilities Work Plan

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

Start Date: End Date:

GOALS	TASKS	ACTIVITIES	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	Start	Complete	Deliverables
Determine participants' needs that are going unmet.	Create and administer assessment tool to survey participants' needs.	1. Contact State or local agencies that specialize in working with elderly/persons with disabilities to determine whether they have a survey sample and/or whether they would be interested in assisting/partnering with you. 2. Develop a survey to assess residents' needs. 3. Administer the survey tool. 4. Evaluate results.	One week to contact local agencies to obtain sample surveys. Two weeks to develop the survey. One week to administer the survey. One day to evaluate results. Three weeks total.	1. Project Coordinator -lead (name and phone number) 2. State/local agencies. 3. Staff/Volunteers. 4. Other partners.	9/01/03	9/19/03	• Survey • Survey results • Necessary information to design program for residents.

form HUD-52764 (03/2003)

ROSS-RSDM Elderly/Persons with Disabilities Work Plan

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

Start Date: End Date:

GOALS	TASKS	ACTIVITIES	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	Start	Complete	Deliverables

Public reporting burden for the collection of information is estimated to average four hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

form **HUD-52764** (03/2003)

SAMPLE ROSS-Homeownership Supportive Services Work Plan

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

Start Date: End Date:

GOALS	ACTIVITIES	TASKS	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	Start	Complete	Deliverable
Sign up a minimum of 75 residents in your Homeownership Supportive Services program.	Conduct outreach to residents.	1. Distribute flyers to residents. 2. Place information about training program in PHA newsletter. 3. Work with Resident Association to conduct door-to-door marketing of the homeownership training program. 4. Create registration/sign-up procedure.	One week for initial outreach. Two weeks for follow-up and registering of residents. Three weeks total.	1. Project Coordinator -lead (name and phone number) 2. Resident Association staff or Board members (assign actual name and phone numbers)	9/01/03	9/19/03	Registration of 75 or more residents in homeownership training program.

form HUD-52765 (03/2003)

SAMPLE ROSS-Homeownership Supportive Services Work Plan

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

Start Date: End Date:

GOALS	ACTIVITIES	TASKS	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	Start	Complete	Deliverable
Determine participants' homeownership readiness.	Create and administer assessment tool to survey participants readiness for homeownership.	1. Work with local HUD-approved housing counseling agencies to determine if they have existing survey tools. 2. Develop a survey to assess residents' homeownership readiness. 3. Work with Resident Association to do a test run of the survey. 4. Administer the survey tool. 5. Evaluate results.	One week to contact housing counseling agencies and obtain sample surveys. Two weeks to develop the survey and administer trial run. One to two days to administer the survey. One day to evaluate results. Three weeks total.	1. Project Coordinator - lead (name and phone number) 2. Local HUD-approved housing counseling agencies. 3. Resident Association staff or Board members (assign actual name and phone numbers)	9/01/03	9/19/03	• Survey • Survey results • Necessary information to design training program for residents.

form HUD-52765 (03/2003)

ROSS-Homeownership Supportive Services Work Plan

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

Start Date: End Date:

GOALS	ACTIVITIES	TASKS	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	Start	Complete	Deliverable

Public reporting burden for the collection of information is estimated to average four hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

form **HUD-52765** (03/2003)

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

SAMPLE BUSINESS PLAN FOR APPLICANTS OF THE ROSS NEIGHBORHOOD NETWORKS FUNDING CATEGORY

Public reporting burden for the collection of information is estimated to average six hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

A good business plan is one of the best ways developers of Neighborhood Networks Computer Technology Centers can ensure success. It is more than just a marketing tool; its fleshes out the mission and structure of the center. This plan is the first step in identifying the purpose, goals and objectives of the center. It is a tool that allows Neighborhood Network planners to THINK through their ideas, solidify their intentions and objectives, and work efficiently with a plan towards specific goals. Fewer errors are made because actions will be based upon research and analysis.

There is no single best format for a business plan. This one incorporates items and concepts from the U.S. Small Business Administration's (SBA) Business Plan, which has been used successfully by thousands of small businesses.

KEY POINTS WHEN DEVELOPING THIS PLAN:

The objective of this sample Neighborhood Network Business Plan is to provide guidance to those who are developing the computer learning centers so they may plan for sustainability beyond the 3-year term of the grant. It also provides a framework and means for evaluating results, best practices, and successful operations.

Individual center planners may find that this format needs to be modified to suit the needs of the center, PHA, and residents. This plan serves as only the minimum information needed. Your narrative will act as a supplement to this business plan. To begin your business plan, some good rules of thumb to follow when preparing the plan are:

1) Plan from the start to be self sufficient. Many centers, from the beginning, will rely on the HUD grant as well as the minimum 25% match requirement. The goal should be to progress from substantial reliance on federal grants and to self sustaining status within three years. HUD strongly encourages all centers to incorporate this goal into their NN Business Plan. The Business Plan is a road map to follow with goals and action steps to guide decision making. It also provides a way to communicate the center's operations, goals, and philosophy to personnel, residents, community partners, foundations, and other financial and business contacts.

2) Are the residents involved in the planning, implementation, and maintenance of the computer learning center?
Resident involvement and "ownership" of the process is a necessity and key to the center's success. All plans should include a section describing resident involvement either as designers or operators as well as customers.

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

3) Evaluate the successes. All plans should include how the center will record their results and successes. Please see the NOFA's Rating Factor 5 for guidance. Evaluating success can also be very useful in attracting other potential funding resources and partners. NOTE: Where significant federal funds are involved (see Budget information above), a methodology to measure results and successes is required by the Government Performance and Results Act of 1993.

4) Access to the Internet: HUD encourages all NN Computer Technology Centers to have at least one computer with Internet capability. The Internet can be used as a tool to connect with services, information, and people as well as the opportunity for the "world" to connect with the center. It can also be used to market the successes of your program. Monthly charges for an Internet account for the center (normally $19.95/month per account) are an approvable expense.

5) Continue to build local partnerships. Local partners are a necessity in sustaining the NN Computer Technology Center. It is important to include in the Business Plan ways for the center to continue to build local partners.

7) Remain sensitive to possible federal/national partnerships. There are numerous benefits in combining efforts with other programs both on the local and national levels. Collective efforts will gain increasing national recognition and thereby help in obtaining self-sufficiency. It is important to include in the plan ways for the center to continue to build federal/national partnerships.

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

Our Neighborhood Networks (NN) Business Plan

PHA Name: _____

Address: _____

Contact Name/Role: _____

Address: _____

Phone Number: _____

Email: _____

Fax Number: _____

form **HUD-52766** (03/2003)

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

DESCRIPTION OF COMPUTER LEARNING CENTER

I. General Computer Learning Center Description: Description of the computer learning center's purpose and its intended customers/clients.

Mission:

Intended Clients:

II. Please identify other PHA locations involved in this proposal, if any.

Name:_____
Address:_____
ContactPerson:_____
Phone:_____ Email:_____
Fax:_____

III. Focus of Computer Learning Center (Please check all that apply)

_____ Job Skills Training/Employment
_____ Introduction to/Familiarization with Computers
_____ Internet Access and Access to Local Services
_____ Health Care
_____ Basic Adult Education, Literacy, ESL, GED
_____ Youth Education
_____ Senior Services
_____ Continuing Education
_____ Recreation
_____ Other (please describe)

IV. Projects work best when everyone benefits (Win-Win). It is helpful to think in terms of benefits for all players. Please indicate how your center will result in:

Benefits to the PHA (i.e lower maintenance costs, less vandalism, lower vacancy rate)

Benefits to the Residents (i.e. employability, access to information & services, fellowship, sense of community)

Benefits to the Local Community and Employers (i.e safer neighborhoods, positive environment, skilled employees, large market share access/potential customers)

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

PHA DATA AND DEMOGRAPHICS
Total Number of Conventional Family Public Housing Units
Total Number of Residents:_____
Resident Overview:
Number of Adults 21 - 61 years old: _____
Number of Adults 62 and older: _____
Number of Children 0 - 6 years old: _____
Number of Children 7 - 13 years old: _____
Number of Children 14 - 17 years old: _____
Number of Young Adults 18 - 20 years old: _____

Please provide the following information on the residents. The % refers to the % of the total number of residents, unless otherwise specified.

Ethnic Groups %:

ESL (English as Second Language) Needs? _____ Yes_____ No
Single Parent Household % _____ Female _____ Male
Disabled Residents % _____Physical _____Learning _____Other
Public Assistance Recipients %_____

OBJECTIVES: (Please check and insert appropriate number to all objectives that apply. THIS LIST IS NEITHER TOTALLY MANDATORY NOR TOTALLY INCLUSIVE)

_____ Providing _____ residents with access to technology and the Internet per year.

_____ Providing an opportunity for _____ residents to be involved in the Planning, Implementation, and Daily Maintenance of the Center on a yearly basis.

_____ Reducing Welfare Dependency by enabling at least 51% of the adult residents on welfare to participate in the program to get off welfare into decently paying jobs within _____ years, by _____ (date). This is in conjunction with other/similar Welfare to Work Programs.

_____ Expanding Community Based Job Training to at least ____ of the adult residents who participate in the program each year.

_____ Provide opportunities to telecommute for _____ residents each year.

_____ Teaching Basic Skills and Increasing Adult Education Level, including Literacy, ESL, GED courses, by making educational programs available to _____ adult residents who participate in the program each year.

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

_____ Improving Academic Achievement of School Aged Children by attempting to raise and maintain the educational level on standardized test of _____ children who participate in the program, to the appropriate grade level each year.

_____ Building Partnerships in the Local Community by creating useful ongoing linkages with at least _____ other community groups each year.

_____ Improving Health Care Accessibility and Partnerships by creating useful ongoing linkages with at least _____ other health care providers a year and by making the programs of local health care providers available to _____ residents who participate in the center each year.

_____ Improving Social Service Accessibility and Partnerships by creating useful ongoing linkages with at least _____ other social service providers a year and by making the programs of local social service providers available to _____ residents who participate in the center each year.

_____ Creating a self-sustaining computer learning center by the _____ year of operation.

_____ Other Objectives: (Please specify below):

TIME LINE FOR PROPOSED CENTER: Please indicate proposed beginning and end dates for the following items that apply to your center. Further details are requested below the timeline.

	START DATE	COMPLETION DATE
Retrofitting or Construction of Facility		
Equipment (Hardware, software, etc.) Procurement and Testing		
Staffing of Center (trained and on board)		
Grand Opening of Center		
Third Party/Voluntary Organizations Participation and Funding for initial set-up and ongoing programs/costs.		
Training Program and Classes Beginning		
Other Milestones: (Please list in this box) * * * * *		

form **HUD-52766** (03/2003)

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

* *		

Retrofitting or Construction of Facility (Including Space Accessibility/Security/Monitoring)
(Please include what will be done and a sketch of the facility. Note here is any retrofitting services or costs will be donated and by whom.)

Equipment (hardware, software, etc.) Procurement/Testing
(Please indicate how many computers, what type of computers and software will be included based on resident surveys, and other equipment that will be used in the center such as printers, etc.)

Computers:

Printers:

Distance learning equipment:

Scanners & Other Equipment:

form **HUD-52766** (03/2003)

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

DETAIL ON TIMELINE ACTIVITIES (Continued)

Staffing of Center/Training Program and Classes Offered (Weekly Schedule for the Center)
(Please indicate how the computer learning center will be staffed, include hours per week.)

Staffing:

Project Coordinator:

Resident Paid Staff:

Other Paid Staff:

Resident or Other Volunteers:

Outside Agencies Providing Instructions:

Weekly Schedule for the Center (including days/hours open, classes, and open lab/free time on the computers.

Classes/Training Programs to be Offered:

Partnerships: Third Party/Voluntary Organization Funding and Participation
(Please list those partners involved in the initial set-up and what they brought to the center. Also indicate targeted partners or other partners that will be assisting in the daily operation of the center.)

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

INITIAL SET-UP AND FIRST YEAR OF OPERATIONS

FINANCIAL PLAN/WBUDGET: SORUCES AND USES OF FUNDS

Time period: From _____ to _____

SOURCES → _____ USES	Private Donations	Grants (Please note grant sources below)	PHA funds	In-kind Donations/ Services	HUD ROSS Funds	Other (Please Identify)	TOTALS
Computer Hardware (Please List): **Other Equipment**	$	$	$	$	$	$	$
Computer Software (All programs will be site-licensed and run through the server.)	$	$	$	$	$	$	$
Staffing	$	$	$	$	$	$	$
Maintenance, Insurance, Miscellaneous	$	$	$	$	$	$	$
Retrofitting/ Security	$	$	$	$	$	$	$
Other	$	$	$	$	$	$	$
TOTALS	$	$	$	$	$	$	**GRAND TOTAL FOR INITIAL SET-UP** $

Grant Sources and Donations Listed Below (if any)

form **HUD-52766** (03/2003)

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

YEAR 2 OF OPERATIONS

FINANCIAL PLAN/WBUDGET: SORUCES AND USES OF FUNDS

Time period: From _____ to _____

SOURCES → USES	Private Donations	Grants (Please note grant sources below)	PHA funds	In-kind Donations/ Services	HUD ROSS Funds	Other (Please Identify)	TOTALS
Computer Hardware (Please List): **Other Equipment**	$	$	$	$	$	$	$
Computer Software (All programs will be site-licensed and run through the server.)	$	$	$	$	$	$	$
Staffing	$	$	$	$	$	$	$
Maintenance, Insurance, Miscellaneous	$	$	$	$	$	$	$
Retrofitting/ Security	$	$	$	$	$	$	$
Other	$	$	$	$	$	$	$
TOTALS	$	$	$	$	$	$	**GRAND TOTAL FOR SECOND YEAR OF OPERATION** $

Grant Sources and Donations Listed Below (if any)

form **HUD-52766** (03/2003)

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

YEAR 3 OF OPERATIONS

FINANCIAL PLAN/WBUDGET: SORUCES AND USES OF FUNDS

Time period: From _____ to _____

SOURCES → / USES	Private Donations	Grants (Please note grant sources below)	PHA funds	In-kind Donations/ Services	HUD ROSS Funds	Other (Please Identify)	TOTALS
Computer Hardware (Please List): **Other Equipment**	$	$	$	$	$	$	$
Computer Software (All programs will be site-licensed and run through the server.)	$	$	$	$	$	$	$
Staffing	$	$	$	$	$	$	$
Maintenance, Insurance, Miscellaneous	$	$	$	$	$	$	$
Retrofitting/ Security	$	$	$	$	$	$	$
Other	$	$	$	$	$	$	$
TOTALS	$	$	$	$	$	$	**GRAND TOTAL FOR THIRD YEAR OF OPERATION** $

Grant Sources and Donations Listed Below (if any)

form **HUD-52766** (03/2003)

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CONTINUUM OF CARE HOMELESS ASSISTANCE PROGRAMS –

SUPPORTIVE HOUSING PROGRAM (SHP)

SHELTER PLUS CARE (S+C),

SECTION 8 MODERATE REHABILITATION SINGLE ROOM OCCUPANCY PROGRAM FOR HOMELESS INDIVIDUALS (SRO)

Billing Code 4210-32-C

Funding Availability for Continuum of Care Homeless Assistance Programs—Supportive Housing Program (SHP), Shelter Plus Care (S+C), Section 8 Moderate Rehabilitation Single Room Occupancy Program for Homeless Individuals (SRO)

Program Overview

Purpose of the Programs. The purpose of the Continuum of Care Homeless Assistance Programs is to fund projects that will fill gaps in locally developed Continuum of Care systems to assist homeless persons to move to self-sufficiency and permanent housing. An important element of meeting this objective is to fund projects that will meet the Department's goal of ending chronic homelessness.

Available Funds. Approximately $ 1.060 billion.

Eligible Applicants. The chart in Appendix A to this program section of this SuperNOFA identifies the eligible applicants for each of the three programs under the Continuum of Care.

Application Deadline. July 15, 2003.

Match. Yes.

Additional Information

If you are interested in applying for funding under any of the Continuum of Care Homeless Assistance programs, please review carefully the General Section of the SuperNOFA and the following Additional Information. Failure to comply with the procedures specified may disqualify your application.

I. Application Due Date, Application Kits, Further Information, and Technical Assistance

Application Due Date. Your completed applications (an original containing the signed documentation and two copies) are due on or before July 15, 2003 to the addresses shown below.

Security Procedures. HUD security procedures apply to application submission. Please read the following instructions carefully and completely. HUD will not accept hand delivered applications at any office. Applications to HUD Headquarters must be either mailed using the United States Postal Service (USPS) or may be shipped via the following delivery services: United Parcel Service (UPS), FedEX, DHL, or Falcon Carrier. Express delivery service is highly recommended. *No other delivery services are permitted into HUD Headquarters without escort. You must, therefore, use one of the four carriers listed above. HUD strongly suggests application copies submitted to HUD Field Offices be sent via the United States Postal Service, as access by other delivery services is not guaranteed.*

Please remember that mail to Federal facilities is screened prior to delivery, so please allow time for your package to be delivered, and that it is addressed to the proper location and office.

Timeliness. Your application will be considered timely filed if your application is either

(1) Postmarked on or before 12:00 midnight on the application due date; or

(2) Was placed in transit with an approved overnight delivery/express mail service on or before 12:00 midnight on the application due date; and was received by HUD Headquarters with in fifteen (15) days of the application due date. All applicants must obtain and save a Certificate of Mailing (USPS Form 3817) showing the date when you submitted your application to the United States Postal Service (USPS) or documentary evidence showing the date that the application was placed in transit with an approved overnight delivery/express mail service. These will be your evidence that your application was timely filed.

Approved Overnight Delivery/Express Mail Services. Due to new security measures, you must use one of the four carrier services that do business with HUD Headquarters regularly. These services are UPS, DHL, FedEx, and Falcon Carrier. Delivery by these services must be made during HUD's Headquarters business hours, between 8:30 AM and 5:30 PM Eastern time, Monday to Friday. If these companies do not service your area, you should submit your application via the United States Postal Service.

Addresses for Submitting Applications. To HUD Headquarters. Submit your original completed application (the application with the original signed documentation) to: Room 7270, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410, Attention: Continuum of Care Programs.

To the Appropriate CPD Field Office. Also submit two copies of your completed application to the Community Planning and Development Division of the appropriate HUD Field Office for your jurisdiction. The field office copies also must be postmarked or placed in transit with an approved delivery/express mail service on or before 12:00 midnight on the application due date and received by the field office with in fifteen (15) days. You must obtain and save a Certificate of Mailing (USPS Form 3817) showing the date when you submitted the field office's copies of your application to the United States Postal Service (USPS). The determination, however, that your application was received on time will be made *solely on receipt of the application at HUD Headquarters in Washington.* Reviews will be based upon the contents of the application submitted to HUD Headquarters. However, in the event that the application received in Headquarters is missing pages or exhibits that result in your application not being selected for an award, HUD may request proof that your field office copies were submitted and received on time and may insert pages from the field office copies into the Headquarters copy for review.

For Application Kits. This year, the application kit will be attached to this program section of the SuperNOFA as Appendix B. An applicant may also obtain a copy of the application kit by calling the SuperNOFA Information Center at 1–800–HUD–8929 (voice) (this is a toll-free number) or you may download an application by Internet at *http://www.hud.gov.*

For Further Information. You may contact the HUD Field Office serving your area, at the telephone number shown in Appendix A to the General Section of the SuperNOFA, or you may contact the Community Connections Information Center at 1–800–998–9999 (voice) or by Internet at: *http://www.hud.gov.* Individuals who are hearing-or speech-impaired should use the Information Relay Service at 1–800–877–8339 (these are toll-free numbers).

For Technical Assistance. Before the application deadline, HUD staff will be available to provide you with general guidance. HUD staff, however, cannot provide you with guidance in actually preparing your application. HUD Field Office staff also will be available to help you identify organizations in your community that are involved in developing the Continuum of Care (CoC) system. Following conditional selection of applications, HUD staff will be available to assist selected applicants in clarifying or confirming information that is a prerequisite to the offer of a grant agreement or Annual Contributions Contract by HUD. However, between the application deadline and the announcement of conditional selections, HUD will accept no information that would improve the substantive quality of your application pertinent to HUD's funding decision.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you

should consult the HUD Web site at *http://www.hud.gov*.

II. Amount Allocated

Approximately $1.060 billion is available for this Continuum of Care (CoC) competition in FY 2003. Any unobligated funds from previous CoC competitions or additional funds that may become available as a result of deobligations or recaptures from previous awards or budget transfers may be used in addition to 2003 appropriations to fund applications submitted in response to this program section of this SuperNOFA. The FY 2003 HUD Appropriation Act requires HUD to obligate all Continuum of Care homeless assistance funds by September 30, 2005. These funds will remain available for expenditure for five years following that date. The funds available for the CoC program can be used under any of three programs that can assist in creating community systems for combating homelessness. The three programs are:

(1) Supportive Housing (SHP);

(2) Shelter Plus Care (S+C); and

(3) Section 8 Moderate Rehabilitation Single Room Occupancy for Homeless Individuals (SRO).

The chart in Appendix A to this program section of this SuperNOFA summarizes key aspects of the programs, and also provides the citations for the statutes and regulations that authorize these programs. The regulations listed in the chart provide more detailed descriptions of each of the programs.

As noted in Appendix A, for FY 2003, the minimum term of assistance for all new SHP projects is two (2) years. The minimum term for new HMIS is one (1) year. Any requests for one-(1) year terms for new SHP projects will be automatically changed to a two-year term if funded. In this case, the one-year budget will be doubled and the applicant will provide the difference between the awarded SHP amount and the two-year total budget. If the applicant does not agree to these conditions, the award will be deselected. The renewal term of expiring SHP projects will remain at the applicant's choice of one-, two- or three-year term.

As in previous funding availability announcements for the CoC Homeless Assistance Programs, HUD will not specify amounts for each of the three programs this year. Instead, the distribution of funds among the three programs will depend largely on locally determined priorities and overall demand. Local priorities notwithstanding, the FY 2003 HUD Appropriations Act requires that not less than 30 percent of this year's Homeless Assistance Grants appropriation, excluding amounts provided for one-year renewals under the Shelter Plus Care Program, must be used for permanent housing projects. (See Sections V(A)(5)(b) and V(A)(8) of this program section of the SuperNOFA for additional information.) Since this permanent housing set-aside requirement is expected to continue to be part of future competitions and may affect project funding selections as described below, you are strongly encouraged to begin planning as soon as possible for new permanent housing projects to be included as part of your submission in this and future competitions.

Secretary Martinez has established as a HUD priority the elimination of chronic homelessness in ten years. Continuums, therefore, are strongly encouraged within the rating and ranking process to use the funds available in this NOFA to target the chronic homeless in their communities. Such projects awarded through any of the three programs will contribute to the Department's priority of ending chronic homelessness.

Under the FY 2003 HUD Appropriations Act, eligible Shelter Plus Care Program grants whose terms are expiring in FY 2004, and Shelter Plus Care Program grants that have been extended beyond their original five-year terms but which are projected to run out of funds in FY 2004, will be renewed for one year provided that they are determined to be needed by the CoC as evidenced by their inclusion on the priority chart. These projects must also meet the applicant and sponsor eligibility and capacity requirements described in Section V(A)(1) of this NOFA. However, these S+C renewal projects will not count against a continuum's pro rata need amount. On the other hand, no S+C renewal adjustment will be made to a CoC's pro rata need amount since these projects are being funded outside of the competition. Please be advised that S+C renewal applications that are not submitted as part of either a ''consolidated'' or ''associated'' CoC application will not be considered as eligible for funding. (See Section VI for a description of the three options for submitting applications.) Non-competitive S+C renewals should be submitted by the application deadline.

III. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description

(1) *Developing Continuum of Care Systems*. The purpose of the Continuum of Care Homeless Assistance Programs is to fund projects that will fill gaps in locally developed CoC systems to assist homeless persons, especially the chronically homeless, to move to self-sufficiency and permanent housing. The process of developing a CoC system to assist homeless persons is part of the community's larger effort of developing a Consolidated Plan. For a community to successfully address its often complex and interrelated problems, including homelessness, the community must marshal its varied resources—community and economic development resources, social service resources, housing and homeless assistance resources—and use them in a coordinated and effective manner. The Consolidated Plan serves as the vehicle for a community to comprehensively identify each of its needs and to coordinate a plan of action for addressing them.

In addition to prevention, a CoC system consists of four basic components:

(a) A system of outreach and assessment for determining the needs and conditions of an individual or family who is homeless;

(b) Emergency shelters with appropriate supportive services to help ensure that homeless individuals and families receive adequate emergency shelter and referral to necessary service providers or housing finders;

(c) Transitional housing with appropriate supportive services to help those homeless individuals and families who are not prepared to make the transition to permanent housing and independent living; and

(d) Permanent housing, or permanent supportive housing, to help meet the long-term needs of homeless individuals and families.

A CoC system is developed through a community-wide or region-wide process involving nonprofit organizations (including those representing persons with disabilities), government agencies, public housing authorities, faith-based and other community-based organizations and other homeless providers, housing developers and service providers, private businesses and business associations, law enforcement agencies, funding providers, and homeless or formerly homeless persons. To ensure that the CoC system addresses the needs of homeless veterans, it is particularly

important that you involve veteran service organizations with specific experience in serving homeless veterans. A CoC system should address the specific needs of each homeless subpopulation: those experiencing chronic homelessness, veterans, persons with serious mental illnesses, persons with substance abuse issues, persons with HIV/AIDS, persons with co-occurring diagnoses, victims of domestic violence, youth, and any others. The term ''co-occurring diagnoses'' may include diagnoses of multiple physical disabilities or multiple mental disabilities or a combination of these two types.

Your application is more likely to be given a high score under the CoC scoring factors if the application demonstrates the achievement of three basic goals:

- That you have provided maximum participation by nonprofit organizations (including those representing persons with disabilities), government agencies, public housing authorities, faith-based and other community-based organizations and other homeless providers, housing developers and service providers, private businesses and business associations, law enforcement agencies, funding providers, and homeless or formerly homeless persons.
- That you have created, maintained and built upon a community-wide inventory of housing and services for homeless families and individuals; identified the full spectrum of needs of homeless families and individuals; and coordinated efforts to fill gaps between the current inventory and existing needs. This coordinated effort must appropriately address all aspects of the continuum, especially permanent housing.
- That you have instituted a CoC-wide strategy to coordinate homeless assistance with mainstream health, social services and employment programs for which homeless individuals and families may be eligible. These programs include Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funded through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act, Welfare-to-Work grant program, and Veterans Health Care.

Should HUD determine, in its sole discretion, that sufficient evidence exists to confirm that the entity responsible for convening and managing the CoC process in a community has failed to follow locally established or accepted procedures governing the conduct of that process or has failed to provide for a fair process, including a project priority selection process that gives equal consideration to projects proposed by nonprofit organizations, HUD reserves the authority to impose sanctions up to and including a prohibition on that entity and the individuals comprising that entity from participating in that capacity in the future. In making this determination, HUD will consider as evidence court proceedings and decisions, or the determinations of other independent and impartial review bodies. This authority cannot be exercised until after a description of procedural safeguards, including an opportunity for comment and appeal, and the specific process and procedures for imposing a prohibition or debarment, have been published in the **Federal Register**.

In deciding what geographic area you will cover in your CoC strategy, you should be aware that the single most important factor in being awarded funding under this competition will be the strength of your CoC strategy when measured against the CoC rating factors described in this program section of the SuperNOFA. When you determine what jurisdictions to include in your CoC strategy area, include only those jurisdictions that are involved in the development and implementation of the CoC strategy.

The more jurisdictions you include in the CoC strategy area, the larger the pro rata need share that will be allocated to the strategy area (as described in Section V(A)(5) of this program section of the SuperNOFA). However, it would be a mistake to include jurisdictions that are not fully involved in the development and implementation of the CoC strategy since this would adversely affect the CoC score. If you are a rural county, you may wish to consider working with larger groups of contiguous counties to develop a region-wide or multi-county CoC strategy covering the combined service areas of these counties.

Since the basic concept of a CoC strategy is to create a single, coordinated, inclusive homeless assistance system for an area, the areas covered by CoC strategies should not overlap. If the geography included in your CoC strategy geographically overlaps to the extent that it competes with another application, projects within the CoC application that receive the highest CoC score will be eligible for up to 40 Need points. Projects in the competing CoC application with the lower CoC score will be eligible for only 10 Need points. In no case will the same geographical area be used more than one time in assigning Need points. The local HUD Field Office can help you determine if any of the areas proposed for inclusion by your CoC system is also likely to be claimed under another CoC system in this competition.

(2) *Prioritizing*. In HUD's view, project priority decisions are best made through a local process, which includes nonprofit organizations. Again this year, you must list all projects proposed for funding in priority order from the highest priority to the lowest, and indicate the applicant, project sponsor, and term for each project. Generally, this priority order will mean, for example, that if HUD has funds available only to award 8 of 10 proposed projects, then it will award funding to the first eight eligible projects listed, except as may be necessary to achieve the 30 percent overall permanent housing requirement—in which case higher priority non-permanent housing projects may be de-selected to fund lower priority permanent housing projects. Since you are now able to closely calculate your Continuum of Care's total pro rata need amount using information provided to you from HUD, and now that you no longer need to carry the large cost burden imposed by Shelter Plus Care five-year renewals, the tiering of projects (splitting into two or more projects by year or by units) on your priority list is not permitted.

To promote permanent housing, a special incentive is being provided to CoC systems that place an eligible, new permanent housing project in the number one priority slot on the priority list. The only eligible activities that will be counted toward the incentive for the number one priority project are housing activities and for SHP, administration. For the SHP program, housing activities include acquisition, new construction, rehabilitation, leasing of housing and operating costs for housing. Because S+C and SRO provide only rental assistance, they are by definition housing activities and are eligible as well. See Section V(A)(5)(b) of this program section of the SuperNOFA for a description of this incentive.

HUD will use this priority list to award up to 40 points per project under the ''Need'' scoring factors. Higher priority projects will receive more points under Need than lower priority projects. A project priority chart is included in the application kit and you should complete and submit it. If you do not submit clear project priority designations for the continuum, or if HUD, at its sole discretion, cannot determine priority designations, then HUD will give all projects the lowest score for Need.

(3) *Project renewals*. If your SHP or S+C grant will be expiring in calendar year 2004, or if your S+C Program grant has been extended beyond its original five-year term and is projected to run out of funds in FY 2004, you must apply under this CoC program section of the SuperNOFA to get continued funding.

Your local needs analysis process must consider the need to continue funding for projects expiring in calendar year 2004. HUD will not fund competitive renewals out of order on the priority list except as may be necessary to achieve the 30 percent overall permanent housing requirement. HUD reserves the authority to use FY 2004 funds, if available, to conditionally select for one year of funding lower-rated eligible SHP renewal projects that are assigned 40 need points in either a ''consolidated'' or ''associated'' CoC application receiving at least 20 points under the CoC scoring factor that would not otherwise receive funding for these projects.

It is important that SHP renewals and S+C non-competitive renewals meet minimum project eligibility and capacity standards identified in this program section of the SuperNOFA or they will be rejected from consideration for either competitive or non-competitive funding.

For the renewal of an SHP project, you may request funding for one (1), two (2) or three (3) years. The total amount of the request cannot exceed the average yearly amount received in total for leasing, supportive services, and/or operations for the grant being renewed, plus up to five percent for administration.

For the renewal of an S+C project, including S+C SROs, the grant term will be one (1) year, as specified by Congress. For the renewal of S+C rental assistance that is Tenant-based (TRA), Sponsor-based (SRA) or Project-based (PRA), you may request up to the amount determined by multiplying the number of units under lease at the time of your application for renewal funding by the applicable current Fair Market Rent(s) by 12 months, except that for S+C grants having been awarded one year of renewal funding in 2002, the number of units requested for renewal this year may not exceed the number of units funded in 2002. While full funding of existing grants may be requested, there is no guarantee that the entire amount will be awarded. As is the case with SHP, HUD will recapture S+C grant funds remaining unspent at the end of the previous grant period when it renews a grant. The one-year term of non-competitively awarded S+C renewal projects may not be extended.

The renewal of S+C SROs will also be non-competitively awarded in this application process. The process for determining renewal funding amounts for S+C SROs, however, is substantially similar to the Section 8 Mod Rehab SRO program and is described in the application kit.

This program section of the SuperNOFA is not applicable to the renewal of funding under the Section 8 Mod Rehab SRO program. The renewal of expiring SRO projects is not part of the competitive SuperNOFA process. Rather, expiring SROs will be identified at the beginning of the applicable year by the public housing authority and HUD field office. One-year renewal funds will be provided by HUD under a separate, non-competitive process. For further guidance on Section 8 Mod Rehab SRO renewals, please contact your local HUD Field Office.

As a project applicant, you are eligible to apply for renewal of a grant only if you have executed a grant agreement for the project directly with HUD. If you are a project sponsor or subrecipient who has not signed such an agreement, you are not eligible to apply for renewal of these projects. HUD will reject applications for renewal submitted by ineligible applicants. If you have questions about your eligibility to apply for project renewal, contact the local HUD field office. To be considered an applicant when applying as part of a ''consolidated'' application, you must be an eligible applicant for the program for which you are applying, and you must submit an original, signed Form HUD–424 and the necessary certifications and assurances. (See Section VI for a description of the three options for submitting an application.) Only public housing authorities and private nonprofits are eligible applicants for the Section 8 Mod Rehab Single Room Occupancy SRO program. If you are a unit of general local government acting as an applicant for a consolidated application and plan to include a request for Section 8 SRO funds, you must have a public housing authority or nonprofit listed as the Section 8 SRO applicant and they must submit a signed Form HUD–424, along with all necessary certifications and assurances applicable to the Section 8 SRO project.

(B) *Eligible Applicants*. See Appendix A.

(C) *Eligible Activities*. See Appendix A.

IV. Program Requirements

(A) *Statutory and Regulatory Requirements*. If your project is selected for funding as a result of the competition, you will be required to coordinate and integrate your homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible, including Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funding through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act, Welfare-to-Work grant program and Veterans Health Care. In addition, as a condition for award, any governmental entity serving as an applicant must agree to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. While the state or local governmental entity having jurisdiction in the area of the Continuum's application has the formal responsibility to enact the discharge policy, the Continuum is expected to actively involve itself in the planning and implementation of the discharge policy. Starting in 2003, the effort of a CoC in this area will be rated in Exhibit 1 of the application. This condition for award is intended to emphasize that States and units of general local government are primarily responsible for the care of these individuals, and to forestall attempts to use scarce McKinney-Vento Act funds to assist such persons in lieu of State and local resources.

(B) Program specific requirements follow:

(1) *SRO Program*. As an applicant, you need to know that the following limitations apply to the Section 8 SRO program:

- Under section 8(e)(2) of the United States Housing Act of 1937, no single project may contain more than 100 assisted units;
- Under 24 CFR 882.802, applicants that are private nonprofit organizations must subcontract with a Public Housing Authority to administer the SRO assistance;
- Under section 8(e)(2) of the United States Housing Act of 1937 and 24 CFR 882.802, rehabilitation must involve a minimum expenditure of $3,000 for a unit, including its prorated share of work to be accomplished on common areas or systems, to upgrade conditions to comply with the Housing Quality Standards.

• Under section 441(e) of the McKinney-Vento Act and 24 CFR 882.805(d)(1), HUD publishes the SRO per unit rehabilitation cost limit each year to take into account changes in construction costs. This cost limitation applies to rehabilitation that is compensated for in a Housing Assistance Payments Contract. For purposes of Fiscal Year 2003 funding, the cost limitation is raised from $18,500 to $19,000 per unit to take into account increases in construction costs during the past 12-month period.

• The SRO Program is subject to the Federal labor standards provisions at 24 CFR part 882, subpart H.

• Individuals assisted through the SRO Program must meet the definition of homeless individual found at section 103 of the McKinney-Vento Act.

(2) *Shelter Plus Care/ SRO Component.* With regard to the SRO component of the Shelter Plus Care program, if you are a State or a unit of general local government, you must subcontract with a Public Housing Authority to administer the Shelter Plus Care assistance. Also with regard to this component, no single project may contain more than 100 units.

(3) *Supportive Housing Program.* Please be advised that where an applicant for Supportive Housing Program funding is a State or unit of general local government that utilizes one or more nonprofit organizations to administer the homeless assistance project(s), administrative funds provided as part of the SHP grant must be passed on to the nonprofit organization(s) in proportion to the administrative burden borne by them for the SHP project(s). HUD will consider States or units of general local government that pass on at least 50 percent of the administrative funds made available under the grant as having met this requirement. This requirement does not apply to either the SRO Program, since no administrative funds are provided as part of the grant, or to the S+C Program, since paying the costs associated with the administration of these grants is ineligible by regulation.

(4) *HUD will require recordation of a HUD-approved use and repayment covenant* (a form may be obtained from your field office) for all grants of funds for acquisition, rehabilitation or new construction. The covenant will enforce the use and repayment requirements found at section 423(b)(1) and (c) of the McKinney Act.

(C) *Match.* You must match Supportive Housing Program funds provided for acquisition, rehabilitation, and new construction with an equal amount of funds from other sources. For operating costs, since by law SHP can pay no more than 75% of the total operating budget for supportive housing, you must provide at least 25% of the total annual operating costs. In addition, for all SHP funding for supportive services and Homeless Management Information Systems (HMIS) you must provide a 25% cash match. The cash source may be you, the Federal Government, State and local governments, or private resources. You must match rental assistance provided through the Shelter Plus Care Program in the aggregate with supportive services.

(D) *Timeliness Standards.* As an applicant, you are expected to initiate your approved projects promptly in accordance with Section II of this NOFA. In addition, HUD will take action if you fail to satisfy the following timeliness standards:

(1) *Supportive Housing Program*

• HUD will deselect your award if you do not demonstrate site control within one (1) year of the date of your grant award letter, as required by the McKinney-Vento Act (see 42 U.S.C. 11386(a)(3)) and implemented in program regulations at 24 CFR 583.320(a).

• HUD may de-obligate SHP funds if the following additional timeliness standards are not met:

—You must begin construction activities within eighteen (18) months of the date of HUD's grant award letter and complete them within thirty-six (36) months after that notification.

—For activities that cannot begin until construction activities are completed, such as supportive service or operating activities that will be conducted within the building being rehabilitated or newly constructed, you must begin these activities within three (3) months after you complete construction.

—You must begin all activities that may proceed independent of construction activities within twelve (12) months of the date of HUD's grant award letter.

(2) *Shelter Plus Care Program Components Except SRO Component.* HUD may de-obligate S+C funds if you do not meet the following timeliness standards:

• For Tenant-based Rental Assistance, for Sponsor-based Rental Assistance, and for Project-based Rental Assistance without rehabilitation, you must start the rental assistance within twelve (12) months of the date of HUD's grant award letter.

• For Project-based Rental Assistance with rehabilitation, you must complete the rehabilitation within twelve (12) months of the date of HUD's grant award letter.

(3) *SRO Program and SRO Component of the Shelter Plus Care Program.*

For projects carried out under the SRO program and the SRO component of the S+C program, the rehabilitation work must be completed and the Housing Assistance Payments contract executed within twelve (12) months of execution of the Annual Contributions Contract. HUD may reduce the number of units or the amount of the annual contribution commitment if, in HUD's determination, the Public Housing Authority fails to demonstrate a good faith effort to adhere to this schedule.

V. Application Selection Process

(A) *Review, Rating and Conditional Selection.* HUD will use the same review, rating, and conditional selection process for all three programs (SHP, S+C and SRO). The standard factors for award identified in the General Section of this SuperNOFA have been modified in this program section as described below. Only the factors described in this program section—Continuum of Care and Need—will be used to assign points. To review and rate applications, HUD may establish panels. In order to obtain certain expertise and outside points of view, including views from other Federal agencies, these panels may include persons not currently employed by HUD. Two types of reviews will be conducted. Paragraphs (1) and (2) below describe threshold reviews and paragraphs (3) and (4) describe factors—Continuum of Care and Need—that will be used to assign points. Up to 100 points will be assigned using these factors.

(1) *Applicant and sponsor eligibility and capacity.* HUD will review your capacity as the applicant and project sponsor to ensure the eligibility and capacity standards in this section are met. If HUD determines these standards are not met, the project will be rejected from the competition. The eligibility and capacity standards are:

• You must be eligible to apply for the specific program;

• You must demonstrate ability to carry out the project(s). With respect to each proposed project, this means that, in addition to knowledge of and experience with homelessness in general, the organization carrying out the project, its employees, or its partners, must have the necessary experience and knowledge to carry out the specific activities proposed, such as housing development, housing management, and service delivery;

• If you or the project sponsors are current or past recipients of assistance under a HUD McKinney-Vento Act program, there must have been no delay in meeting applicable program timeliness standards unless HUD determines the delay in project implementation is beyond your or the project sponsor's control, no unresolved HUD finding, or no outstanding audit finding of a material nature regarding the administration of the program; and

• You and the project sponsors must be in compliance with applicable civil rights laws and Executive Orders, and must meet the threshold requirements of Section V of the General Section of the SuperNOFA.

(2) *Project eligibility.* HUD will review projects to determine if they meet the following eligibility standards. If HUD determines the following standards are not met by a specific project or activity, the project or activity will be rejected from the competition.

• The population to be served must meet the eligibility requirements of the specific program as described in the program regulations and you must provide evidence of eligibility specified in the application kit. The application must clearly establish eligibility pertaining to homelessness and disability status.

• Projects that involve rehabilitation or new construction must meet the accessibility requirements of Section 504 of the Rehabilitation Act of 1973, the design and construction requirements of the Fair Housing Act and the accessibility requirements of the Americans with Disabilities Act, as applicable.

The project must be cost-effective in HUD's opinion, including costs associated with construction, operations and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.

• For the Section 8 SRO program, only individuals meeting HUD's definition of homeless are eligible for assistance. Therefore, any individual occupying a unit at the time of application is not eligible for the SRO program and upon returning after having vacated their unit during the rehabilitation period is not eligible to receive rental assistance under the SRO Program since they do not meet the McKinney-Vento Act definition of homeless individual.

• For those projects proposed under the SHP innovative category: Whether or not a project is a considered innovative will be determined on the basis that the particular approach proposed is new and can be replicated.

• Applicant agrees to participate in a local HMIS system when implemented. Standards for participation in an HMIS will soon be published by HUD.

(3) *Project quality.* HUD will review projects to determine if they meet the following quality standards. The housing and services proposed must be appropriate to the needs of the persons to be served. HUD may find a project to be inappropriate if:

• The type, scale and general location of the housing or services do not fit the needs of the proposed participants. A S+C or SHP project renewal will be considered as having met this requirement through its previously approved grant application unless information to the contrary is received.

• A specific plan for ensuring that clients will be assisted to obtain the benefits of the mainstream health, social service, and employment programs for which they are eligible is not provided.

• The description of the project does not show how participants will be helped to access permanent housing and achieve self-sufficiency. A S+C project renewal will be considered as having met this requirement through its previously approved grant application.

• Renewal projects do not evidence satisfactory performance for their existing grant in HUD's opinion based upon the substantial achievement of their program goals as reflected in their most recent Annual Progress Report. (New projects funded for one year in 2001 are not subject to this requirement.)

• Renewal projects do not evidence that they have assisted clients to obtain the benefits of the mainstream health, social service, and employment programs for which they were eligible as evidenced in their most recent Annual Progress Report.

• An applicant that proposes a new project does not evidence satisfactory performance for their existing or prior grants based upon the substantial achievement of their program goals as reflected in their most recent Annual Progress Report.

(4) *Continuum of Care.* HUD will award up to 60 points as follows:

(a) *Process and Strategy.* HUD will award up to 20 points based on the extent to which your application demonstrates:

• The existence of a coordinated and inclusive community process, including organizational structure(s), for developing and implementing a CoC strategy which includes nonprofit organizations (such as veterans service organizations, organizations representing persons with disabilities, faith-based and other community-based organizations, and other groups serving homeless persons), State and local governmental agencies, public housing authorities, housing developers and service providers, law enforcement, hospital and medical entities, funding providers, local businesses and business associations, and homeless or formerly homeless persons; and

• That a well-defined and comprehensive strategy has been developed which addresses the components of a CoC system (*i.e.*, prevention, outreach, intake, and assessment; emergency shelter; transitional housing; permanent and permanent supportive housing) and that strategy has been designed to serve all homeless subpopulations in the community (*e.g.*, seriously mentally ill, persons with multiple diagnoses, veterans, persons with HIV/AIDS), including those persons living in emergency shelters, supportive housing for homeless persons, or in places not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

The CoC's statement on process and strategy must also include the following:

A description of how the Continuum will work with the appropriate local government entity to develop and implement a discharge policy for persons leaving publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons; and a description of the CoC's strategy and schedule for implementing an HMIS and its progress to date.

(b) *Gaps and Priorities.* HUD will award up to 15 points based on the extent to which your application:

(i) Describes the gap analysis performed, uses reliable information and sources that are presented completely and accurately; and

(ii) Proposes projects that are not inconsistent with the gaps analysis described in the CoC strategy, describes a fair project selection process, explains how gaps identified through the analysis are being addressed, and correctly completes the priority chart.

When HUD reviews a community's CoC to determine the points to assign, HUD will consider whether the community took its renewal needs into account in preparing its project priority list. (See discussion on renewals in Section III(A)(3) of this NOFA.)

(c) *Supplemental Resources.* HUD will award up to 15 points based on the extent to which your application incorporates mainstream resources and

demonstrates leveraging of funds requested under this program section of the SuperNOFA with other resources, including private, other public, and mainstream services and housing programs. To achieve the highest rating for this factor, applicants must evidence explicit Continuum-wide strategies to coordinate homeless assistance with mainstream health, social services and employment programs for which homeless populations may be eligible, and to use those benefits as appropriate and practicable to help offset supportive service costs of the programs that would otherwise be paid for with HUD funding. These include Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funding through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act, the Welfare-to-Work grant program, and Veterans Health Care. To the extent that such mainstream benefits supplement, and ideally reduce, HUD's coverage of supportive service costs, greater resources will be available for housing.

(d) *Emphasis on housing.* HUD will award up to 10 points based upon the relationship between funds requested for housing activities and funds requested for supportive service activities among projects assigned 40 need points (excluding S+C renewals). Points will be awarded on a sliding scale with the Continuums with the highest percentage of approvable requests for funds for housing activities receiving the highest points. HUD will count as housing activity all approvable funds for rental assistance and approvable funds for acquisition, rehabilitation, construction, leasing and operations when used in connection with housing. HMIS costs will be excluded from this calculation as either a housing or supportive service cost.

(5) *Need.* HUD will award up to 40 points for need. There is a three-step approach to determining the need scores to be awarded to projects:

(a) *Determining relative need:* To determine the homeless assistance need of a particular jurisdiction, HUD will use nationally available data, including the following factors as used in the Emergency Shelter Grants program: data on poverty, housing overcrowding, population, age of housing, and growth lag. Applying those factors to a particular jurisdiction provides an estimate of the relative need index for that jurisdiction compared to other jurisdictions applying for assistance under this program section of the SuperNOFA.

(b) *Applying relative need:* HUD will then apply that relative need index to the total amount of funding estimated to be competitively available under this program section of the SuperNOFA to determine a jurisdiction's pro rata need. However, in order to promote permanent housing for the homeless, if a CoC's number one priority project qualifies as an eligible, new permanent housing project, then the full amount of that project's housing eligible activities, up to the lesser of 100 percent of the CoC's preliminary pro rata need or $750,000, will be added to the final pro rata need amount for the Continuum. For this purpose, HUD will consider the same housing activities identified in Section D above as counting toward the permanent housing bonus. HUD also reserves the right to adjust pro rata need, if necessary, to address SHP project renewals.

(c) *Awarding need points to projects:* Once the pro rata need is established, it is applied against the priority project list in the application. Starting from the highest priority project, HUD proceeds down the list to award need points to each project. An eligible project will receive the full 40 points for need if at least one half of its requested amount falls within the pro rata need amount for that CoC. Thereafter, HUD proceeds further down the priority project list and awards 15 points for need to each project if at least one half of its requested amount falls within the ''second level'' of pro rata need amount for that CoC. The ''second level'' is the amount between the pro rata need and twice the pro rata need for theCoC. Remaining projects each receive 10 points. If projects are not prioritized for the Continuum, then all projects will receive 10 points for Need.

In the case of competing CoC applications from a single jurisdiction or service area, projects in the application that received the highest score out of the possible 60 points for CoC are eligible for up to 40 points under Need. Projects in the competing applications with lower CoC scores are eligible for only 10 points under Need.

(6) *Ranking.* HUD will add the score for CoC to the Need score to obtain a total score for each project. The projects will then be ranked from highest to lowest according to the total combined score.

(7) *Conditional Selection and Adjustments to Funding.*

(a) *Conditional Selection.* Whether a project is conditionally selected, as described in Section V (B) below, will depend on its overall ranking compared to others, except that HUD reserves the right to select lower rated eligible projects in order to meet the 30 percent overall permanent housing requirement. (See Section V (A)(8) for additional selection information.)

When insufficient funds remain to fund all projects in the competition having the same total score, HUD will first fund permanent housing projects if necessary to achieve the 30 percent overall permanent housing requirement. HUD will then break ties among the remaining projects with the same total score by comparing scores received by the projects for each of the following scoring factors, in the order shown: Need, Overall CoC score, CoC Process and Strategy, CoC Gaps and Priorities, and CoC Supplemental Resources. The final tie-breaking factor is the priority number of the competing projects on the applicable CoC priority list(s).

(b) *Adjustments to Funding.* The Secretary of HUD has determined that geographic diversity is appropriate to carrying out homeless assistance programs in an effective manner. HUD believes that geographic diversity can be achieved best by awarding grants to as many CoCs as possible. To this end, in instances where any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Northern Mariana Islands, the Virgin Islands, and American Samoa does not have at least one funded COC, HUD reserves the right to fund eligible project(s) receiving 40 Need points in the CoC with the highest total score in that jurisdiction. To qualify for funding, the total score for these first level projects on the CoC priority list must be at least 65 points. In the case of two or more CoCs with the same total score, HUD will use the tie-breaking rules described above. In addition, if the highest priority project passing threshold requirements within a CoC fails to meet the criteria for receiving 40 Need points, HUD reserves the right to reduce the total requested amount for that project to allow it to qualify for 40 Need points. Finally, if the total amount that would be awarded for first level projects in a CoC exceeds the final pro rata need amount for that COC by more than $200,000, the lowest priority first level project being selected for funding will be reduced to the amount necessary to ensure that the total sum being awarded for such projects does not exceed the final pro rata need amount by more than $200,000. HUD may otherwise adjust funding of applications in accordance with the provisions of Section VI(E) of the General Section of the SuperNOFA. In addition, HUD reserves the right to ensure that a project that is applying for, and eligible for,

selection under this competition is not awarded funds that duplicate activities.

(8) *Additional Selection Considerations.* HUD also will apply the limitations on funding described below in making conditional selections.

In accordance with the appropriation for homeless assistance grants in the Fiscal Year 2003 Appropriation Act for HUD, HUD will use not less than 30 percent of the total FY 2003 Homeless Assistance Grants appropriation, excluding amounts provided for renewals under the Shelter Plus Care Program, to fund projects that meet the definition of permanent housing. Projects meeting the definition of permanent housing for this purpose are: (1) New Shelter Plus Care projects, (2) Section 8 SRO projects, and (3) new and renewal projects under the Supportive Housing Program that are designated as either permanent housing for homeless persons with disabilities or Safe Havens projects having the characteristics of permanent housing for homeless persons with disabilities, including leases with the program participants, that, in addition, have been assigned at least 15 Need points, and which are submitted as part of either a ''consolidated'' or ''associated'' Continuum of Care application receiving at least 20 points under the Continuum of Care scoring factor. However, no Continuum of Care application may receive more than 30 percent of its pro rata need, up to $3 million, for ''second-level'' permanent housing projects assigned 15 Need points that are selected for funding under this procedure. (See Section V(A)(5)(c) for definition of ''second-level''.) As stated above, HUD will award no less than 30 percent of the total FY 2003 Homeless Assistance Grants appropriation, excluding amounts for Shelter Plus Care renewals, for permanent housing projects unless an insufficient number of approvable permanent housing projects are submitted. In order to meet this permanent housing funding requirement and stay within the total funding amount available, initially selected Supportive Service Only (SSO) and non-permanent housing projects may need to be de-selected to add an adequate number of permanent housing projects, even if they are lower scoring housing projects. As a result, within a Continuum, higher priority SSO and non-permanent housing projects may need to be de-selected to include lower priority permanent housing projects. This is because HUD will initially select projects (permanent housing, SSO and other non-permanent housing alike) until the 30 percent permanent housing requirement is met. Since this will likely exceed the total funding amount available for award, HUD will, if necessary, first proceed to de-select new SSO projects initially selected, starting with lowest scoring new projects and proceeding if needed to the lowest scoring new non-permanent housing projects initially selected. If the funding line is still exceeded, HUD will proceed to de-select SSO and non-permanent housing renewal projects until all selected projects are within the funding line.

In accordance with section 429 of the McKinney-Vento Act, HUD will award Supportive Housing funds as follows: not less than 25 percent for projects that primarily serve homeless families with children; not less than 25 percent for projects that primarily serve homeless persons with disabilities; and not less than 10 percent for supportive services not provided in conjunction with supportive housing. After projects are rated and ranked, based on the factors described above, HUD will determine if the conditionally selected projects achieve these minimum percentages. If not, HUD will skip higher-ranked projects in order to achieve these minimum percentages.

In accordance with section 463(a) of the McKinney-Vento Act, as amended by the Housing and Community Development Act of 1992, at least 10 percent of Shelter Plus Care funds will be awarded for each of the four components of the program: Tenant-based Rental Assistance; Sponsor-based Rental Assistance; Project-based Rental Assistance; and Section 8 Moderate Rehabilitation of Single Room Occupancy Dwellings for Homeless Individuals (provided there are sufficient numbers of approvable projects to achieve these percentages). After projects are rated and ranked, based on the factors described above, HUD will determine if the conditionally selected projects achieve these minimum percentages. If necessary, HUD will skip higher-ranked projects in order to achieve these minimum percentages.

In accordance with section 455(b) of the McKinney-Vento Act, no more than 10 percent of the assistance made available for Shelter Plus Care in any fiscal year may be used for programs located within any one unit of general local government. In accordance with section 441(c) of the McKinney-Vento Act, no city or urban county may have Section 8 SRO projects receiving a total of more than 10 percent of the assistance made available under this program. HUD is defining the 10 percent availability this fiscal year as $10 million for Shelter Plus Care and $10 million for Section 8 SRO. However, if the amount awarded under either of these two programs exceeds $100 million, then the amount awarded to any one unit of general local government (for purposes of the Shelter Plus Care program) or city or urban county (for the purposes of the SRO program) could be up to 10 percent of the actual total amount awarded for that program.

Lastly, HUD reserves the right to reduce the amount of a grant if necessary to ensure that no more than 10 percent of assistance made available under this program section of the SuperNOFA will be awarded for projects located within any one unit of general local government or within the geographic area covered by any one Continuum of Care. If HUD exercises a right it has reserved under this program section of the SuperNOFA, that right will be exercised uniformly across all applications received in response to this program section of the SuperNOFA.

(B) *Action on Conditionally Selected Applications.* HUD will notify conditionally selected applicants in writing. As necessary, HUD will subsequently request them to submit additional project information, which may include documentation to show the project is financially feasible; documentation of firm commitments for cash match; documentation showing site control; information necessary for HUD to perform an environmental review, where applicable; and such other documentation as specified by HUD in writing to the applicant, that confirms or clarifies information provided in the application. HUD will notify SHP, SRO, S+C and S+C/SRO applicants of the deadline for submission of such information. If an applicant is unable to meet any conditions for fund award within the specified timeframe, HUD reserves the right not to award funds to the applicant, but instead either to use them to select the next highest ranked application(s) from the original competition for which there are sufficient funds available; or to add them to funds available for the next competition for the applicable program.

(C) *Applicant Debriefing.* See Section VII(E)(2) of the General Section of the SuperNOFA.

VI. Application Submission Requirements

The application kit provides the application materials, including Form HUD–424 and certifications, that must be used in applying for homeless assistance under this SuperNOFA.

These application materials substitute for the forms, certifications, and assurances listed in Section II(H) of the General Section of the SuperNOFA (collectively, the ''standard'' forms).

In addition to the required narratives, the items that you must submit to HUD as part of the application for homeless assistance funding are the following:

(1) 2003 Application Summary Form

(2) Continuum of Care and Project Exhibits

(3) Gaps Analysis Form

(4) Project Priorities Form

(5) Project Leveraging Form

(6) HUD–424

(7) Applicant Certifications

(8) Consolidated Plan Certification(s)

The standard forms can be found in Appendix B to the General Section of the SuperNOFA. The remaining forms (*i.e.*, excluding such items as narratives), referred to as the non-standard forms, can be found in the Application Kit.

The application requires a description of the Continuum of Care system and the proposed project(s). To ensure that no applicant is afforded an advantage in the rating of the Continuum of Care element (described in Section V(A)(4) above), HUD is establishing a limitation of 25 pages, excluding required multiple page tables or charts but including any attachments, on the length of Exhibit 1 of any application submitted in response to this NOFA. HUD will not consider the contents of any pages exceeding this limit when rating the Continuum of Care element of any application. The application kit also contains certifications that the applicant will comply with fair housing and civil rights requirements, program regulations, and other Federal requirements, and (where applicable) that the proposed activities are consistent with the HUD-approved Consolidated Plan of the applicable State or unit of general local government. Projects funded under this SuperNOFA shall operate in a fashion that does not deprive any individual of any right protected by the Fair Housing Act (42 U.S.C. 3601–19), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 *et seq.*), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) or the Age Discrimination Act of 1975 (42 U.S.C. 6101).

There are three options for submitting an application under this program section of the SuperNOFA.

One: A ''Consolidated Application'' is submitted when a jurisdiction (or a consortium of jurisdictions) submits a single application encompassing a Continuum of Care strategy and containing all the projects within that strategy for which funding is being requested. Individual projects are contained within the one consolidated application. Grant funding may go to one entity which then administers all funded projects submitted in the application, or under this option, grant funding may go to all or any of the projects individually. Your application will specify the grantee for each project.

Two: ''Associated Applications'' are submitted when applicants plan and organize a single Continuum of Care strategy that is adopted by project sponsors or operators who choose to submit separate applications for projects while including the identical Continuum of Care strategy. In this case, project funding would go to each successful applicant individually and each would be responsible to HUD for administering its separate grant.

Three: A ''Solo Application'' is submitted when an applicant applies for a project exclusive of participation in any community-wide or region-wide Continuum of Care development process.

Options one and two are not substantively different and will be considered equally competitive. Applicants are advised that projects that are not a part of a Continuum of Care strategy will receive few, if any, points under the Continuum of Care rating factors.

VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications (See Section V of the General Section).

VIII. Appeals Process

Applicants may appeal the results of HUD's review and selection process if they believe a HUD error has occurred. Appeals must be in writing to the Assistant Secretary for Community Planning and Development and must state what HUD error the applicant believes has occurred.

IX. Environmental, Local Resident Employment, and Relocation Requirements

(A) Environmental Requirements

(1) *Finding of No Significant Impact.* A Finding of No Significant Impact (FONSI) with respect to the environment was made for this program section of the SuperNOFA, in accordance with HUD regulations at 24 CFR part 50 that implement section 102(2)(C) of the National Environmental Policy Act of 1969 (42 U.S.C. 4223). The FONSI is available for public inspection during regular business hours in the Department's Office of the Rules Docket Clerk, Office of General Counsel, Room 10276, Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410–0500.

(2) *Environmental Reviews.* All Continuum of Care assistance is subject to the National Environmental Policy Act and applicable related Federal environmental authorities. Section 208 of Public Law 106–377 (114 Stat. 1441, approved October 27, 2000) amended section 443 of the Stewart B. McKinney-Vento Homeless Assistance Act to provide that for purposes of environmental review, Continuum of Care projects shall be treated as assistance for special projects that are subject to section 305(c) of the Multifamily Housing Property Disposition Reform Act of 1994, and shall be subject to HUD's regulations implementing that section. The effect of this provision is that environmental reviews for Continuum of Care activities are to be completed by responsible entities (States or units of general local government) in accordance with 24 CFR part 58, whether or not the applicant is itself a State or a unit of general local government. Applicants (such as PHAs or nonprofit organizations) that are not States or units of general local government must request the unit of general local government to perform the environmental review. This statutory provision supersedes those portions of 24 CFR 582.230 and 583.230 that provide for automatic HUD environmental review in the case of applications from such entities. With this exception, conditional selection of projects under the Continuum of Care Program is subject to the environmental review requirements of 24 CFR 582.230, 583.230, and 882.804(c), as applicable. Recipients may not commit or expend any Continuum of Care assistance or nonfederal funds on project activities (other than those listed in 24 CFR 58.22(c), 58.34 or 58.35(b)) until HUD has approved a Request for Release of Funds and environmental certification from the responsible entity. The expenditure or commitment of Continuum of Care assistance or nonfederal funds for such activities prior to this HUD approval may result in the denial of assistance for the project under consideration.

(B) Local Resident Employment

To the extent that any housing assistance (including rental assistance) funded through this program section of the SuperNOFA is used for housing

rehabilitation (including reduction and abatement of lead-based paint hazards, but excluding routine maintenance, repair, and replacement) or housing construction, then it is subject to section 3 of the Housing and Urban Rehabilitation Act of 1968, and the implementing regulations at 24 CFR part 135. Section 3, as amended, requires that economic opportunities generated by certain HUD financial assistance for housing and community development programs shall, to the greatest extent feasible, be given to low- and very low-income persons, particularly those who are recipients of government assistance for housing, and to businesses that provide economic opportunities for these persons.

(C) Relocation

The SHP, S+C, and SRO programs are subject to the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA). These requirements are explained in HUD Handbook 1378, Tenant Assistance, Relocation and Real Property Acquisition. Any person or family who moves, even temporarily, as a direct result of acquisition, rehabilitation or demolition for a project that is assisted through one of these programs (whether or not HUD funded the acquisition, rehabilitation or demolition) is entitled to relocation assistance. Displacement that results from leasing a unit in a structure may also trigger relocation requirements. Relocation assistance can be expensive. To avoid unnecessary costs, it is important to provide occupants with timely information notices, including a general information notice to be sent at the time the application is submitted to HUD. HUD Handbook 1378 contains guideform information notices. The HUD field office can provide a copy of the handbook and copies of appropriate information booklets to be provided to occupants. Accordingly, if the site is occupied, the applicant should contact the HUD field office in the planning stage to obtain advice, including help in estimating the cost of required relocation assistance.

X. Authority

The Supportive Housing Program is authorized by title IV, subtitle C, of the Stewart B. McKinney-Vento Homeless Assistance Act (McKinney-Vento Act), 42 U.S.C. 11381. Funds made available under this program section of the SuperNOFA for the Supportive Housing Program are subject to the program regulations at 24 CFR part 583.

The Shelter Plus Care program is authorized by title IV, subtitle F, of the McKinney-Vento Act, 42 U.S.C. 11403. Funds made available under this program section of the SuperNOFA for the Shelter Plus Care program are subject to the program regulations at 24 CFR part 582.

The Section 8 Moderate Rehabilitation Program for Single Room Occupancy Dwellings for Homeless Individuals (SRO) is authorized by section 441 of the McKinney-Vento Act, 42 U.S.C. 11401. Funds made available under this NOFA for the SRO program are subject to the program regulations at 24 CFR part 882, subpart H.

APPENDIX A
CONTINUUM OF CARE HOMELESS ASSISTANCE PROGRAMS

ELEMENTS	SUPPORTIVE HOUSING	SHELTER PLUS CARE	SECTION 8 SRO
AUTHORIZING LEGISLATION	Subtitle C of Title IV of the McKinney-Vento Homeless Assistance Act	Subtitle F of Title IV of the McKinney-Vento Homeless Assistance Act	Section 441 of the McKinney-Vento Homeless Assistance Act
IMPLEMENTING REGULATIONS	24 CFR part 583	24 CFR part 582	24 CFR part 882
ELIGIBLE APPLICANT(S)	• State • Units of general local government • Special purpose units of government such as public housing agencies (PHAs) • Private nonprofit organizations • CMHCs that are public nonprofit organizations	• States • Unites of general local governments • PHAs	• PHAs • Private nonprofit organizations
ELIGIBLE COMPONENTS	• Transitional housing • Permanent housing for disabled persons only • Supportive services not in conjunction with supportive housing • Safe Havens • Innovative supportive housing	• Tenant-based • Sponsor-based • Project-based • SRO-based	• SRO housing
ELIGIBLE ACTIVITIES **See footnotes 1,2 and 3**	• Acquisition • Rehabilitation • New construction • Leasing • Operating costs • Supportive services • Homeless Mngt. Info. System (HMIS)	• Rental assistance	• Rental assistance
ELIGIBLLE POPULATIONS **See footnote 2**	• Homeless persons	• Homeless disabled individuals • Homeless disabled individuals & their families	• Homeless individuals
POPULATIONS GIVEN SPECIAL CONSIDERATION	• Homeless persons with disabilities • Homeless families with children	Homeless persons who: • Are seriously mentally ill • Have chronic problems with alcohol and/or drugs • Have AIDs & related diseases	N/A
INITIAL TERM OF ASSISTANCE	Minimum 2 years for SHP Minimum 1 year for HMIS	5 years: TRA, SRA, and PRA if no rehab 10 years: SRO, and PRA with rehab	10 years

Footnote 1: Homeless prevention activities are statutorily ineligible under these programs.

Footnote 2: Persons at risk of homelessness are statutorily ineligible for assistance under these programs.

Footnote 3: Acquisition, construction, rehabilitation, leasing, and operating costs for emergency shelters are statutorily ineligible for assistance under Shelter Plus Care and Section 8 SRO.

Continuum of Care Homeless Assistance Programs

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

OMB Approval No. 2506-0112 (exp. 6/30/2003)

The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public Reporting burden for this collection of information is estimated to average 44 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the Continuum of Care Homeless Assistance application does not request the submission of such information.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Continuum of Care Homeless Assistance: 2003 Competition SHP, S+C, and SRO Programs

General Instructions

Since 1987, the programs authorized under the McKinney-Vento Homeless Assistance Act have been a major source of Federal assistance to States, local governments, and nonprofit organizations for meeting the needs of homeless individuals and families. It is widely recognized and accepted that these and other programs designed to assist homeless persons are more effective and efficient when carried out through carefully planned and systematic local approaches, otherwise known as Continuum of Care systems. The application process under the 2003 Notice of Funding Availability (NOFA) gives heavy emphasis to programs that are designed and will be carried out under such systems. **Please give close attention to the NOFA since it is the document that controls the competition. If there is a conflict between information provided in the application kit and information provided in the published NOFA, the information in the published NOFA prevails.**

The homeless assistance application has two parts. The first is the process and outcome of the community-based homeless assistance plan – the Continuum of Care. The second consists of the exhibits for the specific program funds for which you are applying – Supportive Housing Program (SHP) New and Renewal, Shelter Plus Care (S+C) New and Renewal, and Section 8 Moderate Rehabilitation Single Room Occupancy Dwellings (SRO) Program.

Eligibility and Roles

Under each of the programs, there may be applicants and sponsors. An applicant will be responsible for the overall management and administration of the grant, including drawing down the grant funds, distributing them to the project sponsors, and reporting to HUD. Applicants can submit projects on behalf of project sponsors, who will actually carry out the proposed project activities. Applicants can also carry out their own projects. In these cases, the applicant is responsible for both administering/managing the grant (as the grantee) and carrying out the project (as the project sponsor).

Submitting Your Application

To HUD Headquarters. The original completed application (containing the original signed documentation) must be submitted to: Special Needs Assistance Programs Office, Room 7270, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410, Attention: Continuum of Care Programs.

To the Appropriate CPD Field Office. Two copies of the completed application must also be submitted to the Community Planning and Development Division of the appropriate HUD Field Office for the applicant's jurisdiction. Field Office copies must be received by the deadline date as well, but a determination that an application was received on time will be made **solely on receipt of the application submitted to HUD Headquarters in Washington**. The review and scoring will be based upon the contents of the submission received in HUD Headquarters.

See the General Section of this SuperNOFA for specific procedures governing the form of application submissions (e.g., mailed applications, express mail, or overnight delivery). **Please note that hand delivery is no longer permitted.**

The three ways to package an application under the NOFA are described below. Options one and two are developed from a single Continuum of Care strategy. They will be considered ***equally competitive*** and are not substantively different. A Solo Application, because it is not part of a single Continuum of Care strategy, will receive few, if any, points under the Continuum of Care rating criteria.

1. **A Consolidated Application** is developed from a **single Continuum of Care strategy** for a jurisdiction (or several jurisdictions) and contains funding requests for all the projects within that system. In a Consolidated Application there may be one applicant, which then administers all funded projects through project sponsors or multiple applicants that request funding.
2. **An Associated Application** is also developed from a **single Continuum of Care strategy**, but project funding is requested through individual applications and the applicant and project sponsor are the same entity.
3. **A Solo Application** is not connected to the community's Continuum of Care strategy, and the applicant and project sponsor are the same entity.

In both the Consolidated Application and the Associated Application there is a single Continuum of Care exhibit (Exhibit 1).

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Application Exhibits

There are six exhibits in the homeless assistance portion of the application. Exhibit 1 is a description of your community's Continuum of Care strategy, the process used to create that strategy, and the project priorities. Exhibits 2, 2R, 3, 3R and 4 correspond to the three programs (SHP – New, SHP – Renewal, S+C - New, S+C - Renewal and SRO) and are used to describe the projects for which funding is requested. The SHP – Renewal Exhibit is new and will contain information pertaining to previously funded supportive housing projects.

A completed application will include one Exhibit 1 (Continuum of Care) and any number of Exhibits 2 (SHP New), and 2R (SHP Renewal), 3 (S+C New), 3R (S+C Renewal) and 4 (SRO), depending on the number of projects and type of programs proposed for funding. For example, if you were proposing five SHP Renewal projects and one S+C New project, then you would submit one Exhibit 1, five Exhibits 2R and one Exhibit 3. No submission would be necessary for Exhibit 4 because funding is not being requested under the SRO program. (Refer to ***Assembling Your Application*** on page iii for full assembling instructions.)

Exhibit 1: Continuum of Care

Exhibit 1 is a description of your community's Continuum of Care strategy, the process used to create that strategy, and a list of projects in priority order. You should pay special attention to Exhibit 1: Continuum of Care and the associated selection criteria in the 2003 NOFA. Scoring high on Exhibit 1 will be the key to the success of an application in this competition.

Exhibits 2 and 2R: Supportive Housing Program (SHP)

The Supportive Housing Program is designed to develop supportive housing and services that will allow homeless persons to live as independently as possible. Eligible applicants for SHP are States, units of local government, other governmental entities such as public housing agencies (PHAs), public nonprofit community mental health associations, and private nonprofits. A private nonprofit organization is any organization with tax exempt status under Section 501(c)(3) of the IRS Code, or an organization with documentation that it meets the requirements for private nonprofit status listed in the Glossary on page iv.

There are no eligibility requirements for project sponsors; however, a sponsor and any partners that will assist with a project must have the experience and skills to carry out the project.

When applying for SHP assistance, you should submit one Exhibit 2 for each new project and/or one Exhibit 2R for each renewal project.

Exhibits 3 and 3R: Shelter Plus Care (S+C) Program

The S+C Program provides rental assistance for hard-to-serve homeless persons with disabilities in connection with supportive services funded from sources outside the program. S+C was designed to give an applicant maximum flexibility by allowing the rental assistance to be tenant-, sponsor-, or project-based (with or without rehabilitation) or for SRO units. Eligible applicants are States, units of general local government, and PHAs. Under the sponsor-based component, an applicant must subcontract with a private nonprofit organization (see Glossary for definition) or a community mental health agency established as a public nonprofit organization. Under the SRO component, non-PHA applicants must subcontract with a PHA. For new project requests, see Exhibit 3 for specific details. For renewal requests, see Exhibit 3R.

When applying for S+C assistance, you should submit one Exhibit 3 for each new project and/or one exhibit 3R for each renewal. A project may not include more than one component.

Exhibit 4: Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (SRO) Program

SRO housing contains units for occupancy by one person. These units may contain food preparation or sanitary facilities, or both. The SRO Program provides rental assistance on behalf of homeless individuals in connection with the moderate rehabilitation of SRO dwellings. Resources outside the program pay for the rehabilitation; however, the rental assistance covers operating expenses of the SRO housing, including debt service for rehabilitation financing. Eligible applicants are private nonprofit organizations which subcontract with PHAs (see Glossary for definition), and PHAs. Please note that States and units of local government are **not** eligible applicants for the SRO Program.

As an applicant, if you are a private nonprofit organization, you must subcontract with a PHA to administer the rental assistance. An application may contain multiple projects (multiple Exhibit 4's), but each project may not contain more than 100 assisted units.

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Scoring

HUD will review and rate all three programs using the same process. Two types of reviews will be conducted. One is a threshold review of each proposed project for the specific criteria identified in the NOFA. Projects that do not meet these requirements will be eliminated from the competition. In the other review, HUD will assign up to 60 points for the community's Continuum of Care (CoC) strategy and up to 40 points for that community's relative need for housing and services for homeless persons. The NOFA describes fully the criteria HUD will use to assign points and should be read carefully. Please note this year that there will not be a bonus of up to two (2) points for projects located within an Empowerment Zone/Enterprise Community (EZ/EC).

Applicants conditionally selected for funding under the SHP, SRO, or the SRO component of the S+C program will be required to provide additional information in the form of a Technical Submission at a later date.

Assembling Your Application

Please assemble your application as outlined below, with tabs marking each exhibit and project and all pages numbered sequentially. Be sure to complete the Application Summary Form using the Geographic Area Guide included with the application kit. Please also pay special attention to the HUD-424, the form that indicates who the applicant is for a project. (Project sponsors do not fill out an HUD-424 unless they are also the applicant for the project.) This form helps HUD determine if an organization is eligible to apply for a specific program and for which projects it will be the grantee. It is essential, therefore, that you complete and sign the form, along with the Applicant Certification and, where appropriate, submit private nonprofit documentation or community mental health association documentation, followed by the projects for which you will be the grantee. The law requires a Consolidated Plan Certification for ***each*** project.

For a Consolidated Application with one applicant, an Associated Application, or a Solo Application, assemble the application as shown below. For a Consolidated Application with multiple applicants, the first applicant should submit all the information in the order shown below. The second applicant would then insert its HUD-424 form, Applicant Certification, and, if applicable, private nonprofit documentation or community mental health association documentation followed by its project exhibit(s), Consolidated Plan Certification(s) and the required HUD Form-2880. For additional applicants, this order would be repeated.

Assembly order:

1. Application Summary Form
2. Exhibit 1: Continuum of Care
3. Certifications/Forms
   a. HUD-424 Form (signed by applicant)
   b. Applicant certifications (signed by applicant)
   c. Private nonprofit documentation [SHP, SRO, and S+C (SRA component) programs] – New Applicants
   d. Community mental health association documentation (for SHP public nonprofits only) – New Applicants
4. Project exhibits including a Consolidated Plan Certification, HUD Form 2880-Disclosure/Update Report, **and Special Project Certifications –** (a) Coordination and Integration of Mainstream Programs, and (b) Discharge Policy (as applicable).

Assembly Format:

1. Number all pages sequentially and insert tabs marking each exhibit. For Exhibit 1, Continuum of Care narrative, number pages from 1 up to 30 using letter suffixes where appropriate to indicate pages that do not count toward the 30 page limit as per the instructions for completing the Continuum of Care narrative. For example, the first page of a 4 page project leveraging chart would be numbered 23 while the next 3 pages of the chart would be numbered 23-A, 23-B, and 23-C.
2. Please use a two-hole punch to insert holes at the ***top*** of your application.
3. Please do not bind your application, since this impedes processing.

Deadline

It is critical that you check the NOFA published in 2003 for the deadline date. Please carefully review the NOFA for specific information on meeting the application submission deadline.

Glossary

Applicant. An entity that applies to HUD for funds. In order to be an applicant, you must submit a HUD-424. If selected for funding, the applicant becomes the grantee and is responsible for the overall management of the grant, including drawing grant funds and distributing them to project sponsors. The applicant may also be a project sponsor.

Applicant Certification. The form, required by law, in which an applicant certifies that it will adhere to certain statutory requirements, such as the Civil Rights Act of 1964.

Chronically Homeless Person. An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter during that time.

Consolidated Plan. A long-term housing and community development plan developed by State and local governments and approved by HUD. The Consolidated Plan contains information on homeless populations and can be a source of information for the Gaps Analysis Chart. The plan contains both narratives and maps, the latter developed by localities using software provided by HUD.

Consolidated Plan Certification. The form, required by law, in which a state or local official certifies that the proposed activities or projects are consistent with the jurisdiction's Consolidated Plan and, if the applicant is a State or unit of local government, that the jurisdiction is following its Consolidated Plan.

Continuum of Care. An approach that helps communities plan for and provide a full range of emergency, transitional, and permanent housing and service resources to address the various needs of homeless persons.

Current Inventory. An inventory of the community's existing beds and supportive services.

Homeless Management Information Systems (HMIS). An HMIS is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community's system of homeless services. An HMIS may also cover a statewide or regional area, and include several CoCs. The HMIS can provide data on client characteristics and service utilization.

Homeless Person. A person sleeping in a place not meant for human habitation or in an emergency shelter; a person in transitional or supportive housing for homeless persons who originally came from the street or an emergency shelter. For a more detailed discussion, see the Questions and Answers Supplement. The programs covered by this application are not for populations who are at risk of becoming homeless.

NOFA. Notice of Funding Availability, published in the *Federal Register* to announce available funds and application requirements.

Private Nonprofit Status (includes faith-based and community-based organizations). Private nonprofit status is documented by submitting either: a) a copy of the Internal Revenue Service (IRS) ruling providing tax-exempt status under Section 501(c)(3) of the IRS Code; or b) documentation showing that the applicant is a certified United Way agency; or c) a certification from a designated official of the organization that no part of the net earnings of the organization inures to the benefit of any member, founder, contributor, or individual; that the organization has a voluntary board; that the organization practices nondiscrimination in the provision of assistance; and that the organization has a functioning accounting system that provides for each of the following (mention each in the certification):

1. Accurate, current and complete disclosure of the financial results of each federally-sponsored project.
2. Records that identify adequately the source and application of funds for federally-sponsored activities.
3. Effective control over and accountability for all funds, property and other assets.
4. Comparison of outlays with budget amounts.
5. Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S. Treasury and the use of the funds for program purposes.
6. Written procedures for determining the reasonableness, allocability and allowability of costs.
7. Accounting records including cost accounting records that are supported by source documentation.

Public Nonprofit Status. Public nonprofit status is documented for community mental health centers by including a letter or other document from an authorized official stating that the organization is a public nonprofit organization.

Project Sponsor. The primary organization responsible for carrying out the proposed project activities. A project sponsor does not submit a HUD-424, unless it is also the applicant.

HUD Form 424. The information sheet required to be submitted by applicants requesting HUD Federal Assistance.

2003 Application Summary

This is the first page of your application. Remove this page and place it in the front of your application.

Continuum of Care (CoC) Name: _____

CoC Contact Person and Organization: _____

Address: _____

_____

Phone Number: _____ E-mail Address: _____

Continuum of Care Geography

Using the Geographic Area Guide, list the name and the six-digit geographic code number for *each* city and/or county participating in your Continuum of Care. Because the geography covered by your system will affect your Need score, it is important to be accurate. Enter the name of ***every listed*** city and/or county that makes up the geography for your Continuum of Care system and its assigned code. Leaving out a jurisdiction could reduce your pro rata need amount. Adding in a jurisdiction that is not really part of your system is likely to significantly reduce your score. Before completing, please read the NOFA guidance and page 2 of this application regarding geographically overlapping Continuum of Care systems.

Geographic Area Name	6-digit Code
example: Syracuse	**366376**
example: Onondaga County	**369067**

Geographic Area Name	6-digit Code

Reproduce this page to include additional names and codes.

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Exhibit 1:
Continuum of Care

Developing a Continuum of Care

HUD believes the best approach for alleviating homelessness is through a community-based process that provides a comprehensive response to the different needs of homeless individuals and families. To this end, HUD is encouraging localities to shape a comprehensive and coordinated housing and service delivery system called a Continuum of Care.

A Continuum of Care approach helps communities plan for and provide a balance of emergency, transitional, and permanent housing and service resources to address the needs of homeless persons so they can make the critical transition from the streets to jobs and independent living.

The fundamental components of a **Continuum of Care** system are:

- Homeless prevention
- Outreach and assessment to identify an individual's or family's needs and make connections to facilities and services.
- Immediate (emergency) shelter and safe, decent alternatives to the streets.
- Transitional housing with appropriate supportive services to help people reach independent living. Such services include job training and placement, substance abuse treatment, short-term mental health services, and independent living skills training.
- Permanent housing or permanent supportive housing arrangements.

While many homeless people will not need access to all components, each component must be present and coordinated within a community for a Continuum of Care to be viable. A Continuum of Care system serves the specific needs of all homeless subpopulations within the community. It is coordinated with as inclusive a group of community representatives as possible, such as nonprofit organizations (including faith-based and community-based organizations), State and local governmental agencies, public housing authorities (PHAs), service providers, local businesses and business associations, law enforcement, private funders and homeless or formerly homeless persons.

While the Continuum of Care approach can serve as a framework to bring homeless housing and services and their respective providers together, only the community—not HUD—can design a strategy that works best.

As part of the development and ongoing refinement of a Continuum of Care strategy, communities should assess the service and housing needs of homeless persons in their locality, inventory the existing resources available to serve them, and identify gaps. This assessment will help to ensure that the needs of all homeless persons will be met to the extent practicable.

If you are a service or housing provider for homeless persons and you are not currently involved in a Continuum of Care process, feel free to contact your local HUD Field Office to identify other organizations in your area that have established a Continuum of Care system and may be applying for funding.

Choosing a Geographic Area

The geographic area included in your Continuum of Care system may be composed of one or more cities or counties. The geographic area of one Continuum of Care system should not overlap any portion of the service area of any other system. If Continuum of Care systems geographically overlap to the extent that they are competing with each other, projects in the application that receive the highest score out of the possible 60 points for Continuum of Care will be eligible for up to 40 points under Need. Projects in the competing application with the less effective Continuum of Care system will be eligible for only 10 points under Need. In no case will the same geography be used more than one time in assigning Need points. The local HUD Field Office can help determine if any of the area covered by one Continuum of Care system is also likely to be claimed under another Continuum of Care in this competition.

In determining what jurisdictions to include in a Continuum of Care strategy, you should only include those jurisdictions that are fully involved in the development and implementation of the strategy. You should be aware that the larger the area included in a Continuum of Care strategy, the larger the pro rata need share that will be allocated to the strategy area. However, it would be a mistake to include jurisdictions that are not fully involved in the development and implementation of the Continuum of Care strategy, since this would adversely affect the Continuum of Care score. Because most rural counties have extremely small pro rata need shares, they are strongly encouraged to consider working with contiguous counties to develop a region-wide Continuum of Care strategy covering the combined service areas of these counties.

Continuum of Care Narrative

The Exhibit 1 submission for applicants involved in the same Continuum of Care strategy must be identical. The information will be in narrative and chart form, as indicated below.

To ensure that no applicant is afforded an advantage in the rating of the Continuum of Care Exhibit [described in Section V(A)(4) of the NOFA], HUD is establishing a limitation of 30 pages on the length of Exhibit 1. Except as indicated herein, all pages, including attachments, are counted towards the 30-page limitation. ***HUD will not consider the contents of any pages exceeding this limit when rating Exhibit 1: Continuum of Care of any application.***

1. Your Continuum of Care's accomplishments.

Briefly describe the specific accomplishments over the past 12 months in implementing your Continuum of Care strategy. (Please keep discussion to no more than half a page)

2. Your community's *planning process* for developing a Continuum of Care strategy.

In order to determine the quality and inclusiveness of your Continuum of Care (CoC) **planning process**, please provide the following:

a. ***Identify*** the lead entity (i.e., convenor or organization managing the overall process) for the CoC planning process.

b. ***Describe*** your community's CoC planning process, demonstrating that one well-coordinated process is in place with no overlapping or duplicative efforts.

c. ***List*** the dates and main topics of your CoC planning meetings held since June 2002, which should demonstrate that these meetings **(both plenary and committee)** are: (1) regularly scheduled; (2) held year round; and (3) not solely focused on developing an application in response to the NOFA.

d. ***List***, using the format on the following page:
(1) the specific names and types of organizations involved in your Continuum of Care (CoC) planning process, such as State and local government agencies, Public Housing Authorities (PHAs), nonprofit organizations, individual businesses or business associations, homeless or formerly homeless persons, and others, including law enforcement, hospital or medical facility representatives, and funders;
(2) the one or two subpopulation(s) the organization/entity primarily serves and whose interests they are specifically focused on representing; and
(3) each organization's level of participation in the planning process. High participation levels might include: steering committee member attends all monthly planning meetings, housing subcommittee member attends most CoC planning meetings, gaps analysis subcommittee chairperson attends all group meetings and most CoC planning meetings, etc. In order to obtain a higher competitive score for "participation", planning participants must attend most of the planning and/or committee meetings. In addition, if more than one geographic area is claimed on the 2003 Application Summary page, you must indicate which geographic area(s) each organization represents in your Continuum of Care planning process.
(***Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.***)

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
Example: Nonprofit Org.: ABC, Inc.	**City of Ajax**	**HIV/AIDS**	**Com. Chair attends all planning meetings**
State agencies: Local government agencies: Public Housing Authorities (PHAs): Nonprofit organizations: (includes Faith-Based organizations): Businesses / Business Associations: Homeless / Formerly homeless persons: Other: e.g.: Law Enforcement: Hospital/Medical: Funders:			

***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VETS), HIV/AIDS, Domestic Violence (DV), and Youth (Y).

3. Your community's Continuum of Care *goals* and *system* under development.

The key to developing a successful Continuum of Care is to continually assess the existing system and identify shortcomings or gaps, then establish a set of goals and carry out a series of action steps intended to address these shortcomings or gaps. With this in mind, please provide the following:

A. Chronic Homelessness Strategy/Goals

Chronic homelessness refers to an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time.

(1) **Past Performance**. In 2001, HUD established a goal of eliminating chronic homelessness within 10 years. HUD is beginning to track progress made toward this ambitious goal. Please tell us using no more than 2 pages: (a) the specific actions that your community has taken over the past year towards ending chronic homelessness; and (b) any remaining obstacles to achieving this goal.

(2) **Current Chronic Homelessness Strategy**. In order to keep HUD informed of your chronic homelessness strategy, please provide a brief summary of the community's strategy for ending chronic homelessness by 2012, including any updates to your strategy. As a part of this discussion, please include in this narrative the number of sheltered and unsheltered chronically homeless persons identified on the "CoC: Homeless Population and Subpopulations Chart" (see page 10). (***Your response is expected to be no more than 2 pages, however, none of it will count towards your 30-page limitation.***)

(3) **Future Goals**. Describe your specific future-oriented goals, and specific action steps for each to be undertaken over the next 18 months in carrying out a strategy to end **chronic** homelessness in your community. Specify the entity that has the lead responsibility for success or failure in carrying out each step and provide specific target dates for completion. Be sure to include among your goals/action steps each of the plans for housing and services mentioned in sections 3.E. and 3.F. Please use the following format. (Add to as needed for additional goals.)

Goal: End Chronic Homelessness ("What" are you trying to accomplish)	Action Steps ("How" are you to go about accomplishing it)	Responsible Person/Organization ("Who" is responsible for accomplishing it)	Target Dates (mo/yr will be accomplished)
Ex: Count unsheltered homeless to establish baseline	Annual street counts of unsheltered homeless persons	Emergency Shelter Commission	January 2004
Goal 1:			
Goal 2:			
Goal 3:			

B. Other Homelessness Goals Chart

(1) Please provide a summary of accomplishments made over the past year in addressing your community's other homelessness goals.

(2) In addition to the goals for ending chronic homelessness, please describe any other goals and specific action steps that your community has developed to address homelessness. Specify the entity that has lead responsibility for carrying out each step and specific target date for completion. Please use the following format.

Goal: Other Homelessness	Action Steps	Responsible Person/ Organization	Target Dates
Goal 1:			
Goal 2:			
Goal 3:			

C. Discharge Planning Policy

The McKinney-Vento Act requires that any governmental agency receiving funding may not receive HUD McKinney funds unless they develop and implement, to the extent practicable, policies for the discharge of persons from publicly funded institutions or systems of care. These institutions and systems of care include health care facilities, foster care or other youth facilities, and corrections programs and institutions. The purpose of developing and implementing discharge policies is to prevent persons being discharged from immediately becoming homeless.

Describe how your CoC will work with the appropriate local and State governments to ensure that a discharge policy for persons leaving publicly funded institutions or systems of care is being developed and implemented to prevent the discharge of persons from immediately resulting in homelessness.

D. Unexecuted Grants Awarded Prior to the 2002 Continuum of Care Competition

Homeless assistance awards are intended to rapidly help homeless individuals and families become more self-sufficient. It is expected that continuums will keep apprised of grants awarded to homeless providers in their jurisdiction(s) and become aware of projects that are not moving forward. Using the prescribed format, please provide a list of all HUD McKinney-Vento Act awards announced prior to 2002 that are not yet under contract (i.e. signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
Ex: MI23B901002	Michiana Homes, Inc.	TH for Homeless Families	$514,000
		Total	

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

E. Service Activity Chart

Using the format below, describe the fundamental service components of your Continuum of Care system currently in place, and any additional services being planned. Describe how homeless persons access or receive assistance under each component other than *Outreach*. ***(Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)***

Fundamental Components in CoC System -- Service Activity Chart
Component: ***Prevention*** Services in place: Please arrange by category (e.g., rental/mortgage assistance), being sure to identify the service provider. Services planned: How persons access/receive assistance:
Component: ***Outreach*** Outreach in place: (1) Please describe the outreach activities for homeless persons who are **living on the streets** in your CoC area **and** how they are connected to services and housing. (2) Describe the outreach activities that occur for other homeless persons. Outreach planned: Describe any planned outreach activities for (1) persons living on the streets; and (2) for other homeless persons.
Component: ***Supportive Services*** Services in place: Please describe how each of the following services are provided in your community (as applicable): case management, life skills, alcohol and drug abuse treatment, mental health treatment, AIDS-related treatment, education, employment assistance, child care, transportation, and other. Services planned: How homeless persons access/receive assistance:

F. Housing Activity Chart

How to Complete the Housing Activity Chart

Starting with the information on the 2002 Housing Activity Chart, please update that information and show all housing activity on the following chart for 2003. Please provide information on each facility concerning: (1) the location of the facility/voucher program, using HUD's geographic codes, (2) the target populations, and (3) each facility/voucher program under development.

Geo Code column: Indicate the Geographic Area Code (Geo Code) for the facility. Where there is only one geographic code for the Continuum, check the box and indicate that code in the first facility listing only. If the project is located in multiple jurisdictions, select the jurisdiction where the majority of the inventory is located.

Target Population columns:

Column A, Select the code that best represents your project: SM=only Single Males (18 years and over); SF=only Single Females (18 years and over); SMF=only Single Males and Females (18 years and over with no children); FC=Families with Children; YM=only unaccompanied Young Males (under 18 years), YF=only unaccompanied Young Females (under 18 years), YMF=unaccompanied Young Males and Females (under 18 years), and O=Others.

Column B, Indicate whether the facility serves these additional characteristics: DV=only Domestic Violence victims, VET=only Veterans, and AIDS=only persons with HIV/AIDS.

Current Inventory: List all facilities and voucher programs that are currently operating.

Under Development: List all the projects that are fully funded but are not yet serving homeless people.

(Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Fundamental Components in CoC System -- Housing Activity Chart

Component: *Emergency Shelter*

Provider Name	Facility Name	Geo Code ☐*	Target Population		Bed Capacity			
					Individuals		Families with Children	
Current Inventory			A	B	2002	2003	2002	2003
Ex: Homeless Help, Inc.	Donovan's Shelter	180084	SF	DV	25	30		
Ex. Jacob's House	Voucher Program	090102	FC				42	54
			Subtotal					
Under Development								
Ex: Michael's House, Inc.	Haven Place		SF					27
				Subtotal				

Component: *Transitional Housing*

Provider Name	Facility Name	Geo Code ☐*	Target Population		Bed Capacity			
					Individuals		Families with Children	
Current Inventory			A	B	2002	2003	2002	2003
EX: Alpha, Inc.	A New Beginning	180084	SM	VET	18	23		
			Subtotal					
Under Development								
				Subtotal				

Component: *Permanent Supportive Housing***

Provider Name	Facility Name	Geo Code ☐*	Target Population		Bed Capacity			
					Individuals		Families with Children	
Current Inventory			A	B	2002	2003	2002	2003
EX: Lazarus, Inc.	Home At Last	180084	SM		35	50		
			Subtotal					
Under Development								
				Subtotal				

***CoCs** that list only one geographic code in their Application Summary sheet may check this box and should identify the Geographic Code. All other CoCs must identify the location of each facility by the geographic code.

****Permanent Supportive Housing** is Shelter Plus Care (S+C), Section 8 SRO and Supportive Housing Program-Permanent Housing component (SHP-PH). It also includes any permanent housing projects dedicated exclusively to serving homeless persons such as public housing units that have been dedicated to housing homeless persons.

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

4. Instructions for Continuum of Care Housing Gaps Analysis and Homeless Population Charts

Housing Gaps Analysis Chart

This required chart summarizes the information from the Fundamental Components in the CoC System -- Housing Activity Chart and represents the CoC's judgment as to the need for additional emergency, transitional housing and permanent supportive housing resources. The estimated unmet need is based upon the status of the inventory at a point-in-time (one-day) and takes into account both existing beds and funded new beds that are not yet ready for occupancy but are under development.

Include this required chart with your Continuum of Care narrative in your Exhibit 1 submission.

1. **Complete the first column "Current Inventory in 2003."**
   Enter the number of existing beds serving the community in 2003. This inventory includes only beds currently available for occupancy. The completion of the "Current Inventory in 2003" for emergency shelter, transitional housing, and permanent supportive housing beds must be carried over from the subtotals shown under "Current Inventory" in each of the three housing component areas contained in the Fundamental Components Housing Activity Chart.
2. **Complete the second column "Under Development in 2003."**
   Enter the number of funded new beds not ready for occupancy but under development in 2003.
   The completion of "Under Development in 2003" must be carried over from the subtotals shown under "Under Development" in each of the three housing component areas contained in the Fundamental Components Housing Activity Chart.
3. **Complete the third column "Unmet Need/Gap."**
   Enter the number of beds the CoC determines to be the unmet remaining need for each category. This number should represent the need for additional beds after the current inventory and under development inventories are considered. This represents the Continuum of Care's judgment on the need for additional beds under each category.

Homeless Population and Subpopulations Chart

Completing Part 1: Homeless Population. This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The counts must be from: **(A)** administrative records, **(N)** enumerations, **(S)** statistically reliable samples, or **(E)** estimates. The quality of the data presented in each box must be identified as: **(A), (N), (S) or (E)**.

Completing Part 2: Homeless Subpopulations. This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The numbers must be from: **(A)** administrative records, **(N)** enumerations, **(S)** statistically reliable samples, or **(E)** estimates. The quality of the data presented in each box must be identified as: **(A), (N), (S) or (E).**

Sheltered Homeless. Count adults, children and youth residing in shelters for the homeless. "Shelters" include all emergency shelters and transitional shelters for the homeless, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless. **Do not count:** (1) persons who are living doubled up in conventional housing; (2) formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units; (3) children or youth, who because of their own or a parent's homelessness or abandonment, now reside temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and (4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

Unsheltered Homeless. Count adults, children and youth sleeping in places not meant for human habitation. Places not meant for human habitation include streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g. subway tunnels, railroad car), all-night commercial establishments (e.g. movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places.

5. Methods used to Collect Information for the Housing Gaps Analysis and Homeless Population/Subpopulations Charts

In order to assess the quality of the data identified by your community, please provide the following:

a. **For Housing Gaps Analysis Chart** identify the data source (e.g., City Shelter Survey), and the methods (e.g., mail survey) for filling out the "Current Inventory in 2003" and "Under Development in 2003" columns. Briefly describe the basis for the community's determination as to the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing for the homeless.

b. **Provide your community's definition of emergency shelter and transitional housing.**

c. **For the Part 1 Homeless Population and Subpopulations Chart** indicate the specific **point-in-time** date of data collection (e.g., March 30, 2003) for both the "sheltered" and "unsheltered." This must be only a one-day/night count. Describe your community's process and methods for collecting the data, including the reason(s) your community chose those methods. If your community conducts an enumeration of persons at least annually or uses administrative data from outreach programs to those living on the street, please provide a description of the lead agency/contact person and the process for data collection and coverage in the community.

d. **For the Part 2 Homeless Population and Subpopulations Chart** indicate the methods for determining homeless subpopulations in general **and** the chronic homeless in particular.

e. **Describe your community's plans** for conducting an annual update of the Fundamental Components in the CoC System Housing Activity Chart.

f. **Describe your community's process** for conducting regular point-in-time counts (not less than once every three years) of the "sheltered" and "unsheltered" categories in order to complete Part 1 and 2 of the Homeless Population and Subpopulations Chart **and** the collection methods you plan to use.

Continuum of Care: Housing Gaps Analysis Chart

		Current Inventory in 2003	Under Development in 2003	Unmet Need/ Gap
		Individuals		
Example	**Emergency Shelter**	**100**	**40**	**26**
Beds	Emergency Shelter			
	Transitional Housing			
	Permanent Supportive Housing			
	Total			
		Persons in Families With Children		
Beds	Emergency Shelter			
	Transitional Housing			
	Permanent Supportive Housing			
	Total			

Continuum of Care: Homeless Population and Subpopulations Chart

Part 1: Homeless Population	**Sheltered**		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Example:	**75 (A)**	**125 (A)**	**105 (N)**	**305**
1. Homeless Individuals				
2. Homeless Families with Children				
2a. Persons in Homeless Families with Children				
Total (lines 1 + 2a)				

Part 2: Homeless Subpopulations	**Sheltered**	**Unsheltered**	**Total**
1. Chronically Homeless			
2. Seriously Mentally Ill			
3. Chronic Substance Abuse			
4. Veterans			
5. Persons with HIV/AIDS			
6. Victims of Domestic Violence			
7. Youth			

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

6. Homeless Management Information System (HMIS). (***Your response to this item will not count towards your 30-page limitation.***)

Congress has established a national goal that all communities should be collecting an array of data on the homeless, including unduplicated counts of the homeless, their use of services and the effectiveness of local assistance systems. In order to achieve this objective, HUD has encouraged communities to develop a Homeless Management Information System (HMIS).

a. Describe in a brief narrative your Continuum of Care (CoC) strategy to implement an HMIS, providing a schedule for implementation and describing the progress you have made to date, including obtaining the participation of emergency shelter, transitional housing and McKinney-Vento permanent supportive housing providers.

b. Please check one of the following which best reflects the status of your CoC in having a Continuum-wide HMIS (see Section O of the "Questions and Answers" supplement to the application before completing):

____ The CoC has not yet considered implementing an HMIS.
____ The CoC has been meeting and is considering implementing an HMIS.
____ The CoC has decided to implement an HMIS and is selecting needed software and hardware.
____ The CoC has implemented a Continuum-wide HMIS.
____ The CoC has implemented, but is seeking to update or change its current HMIS.
____ The CoC has implemented, but is seeking to expand the coverage of its current HMIS system.

c. **If your CoC has already implemented or is seeking to update or expand its HMIS system**, identify in the table below how many of the Current Inventory in 2003 beds listed on your Housing Gaps Analysis chart are included in the CoC's HMIS and are currently providing data on clients into the system. For each Current Inventory in 2003 Housing Activity category, indicate the number of beds that are providing client level data into the HMIS and the percent of coverage for that category. For example: there are 100 beds in the Current Inventory in 2003 for the Individuals/Emergency Shelter category and client level data into the HMIS are provided for 60 of these beds. Place 60 beds/60 percent in the following chart for the Individuals/Emergency Shelter category.

	Current Inventory in 2003 Beds/Percentage Providing Client Data into HMIS	
	Individuals	**Families**
Emergency Shelter	_____/_____	_____/_____
Transitional Housing	_____/_____	_____/_____
Permanent Supportive Housing	_____/_____	_____/_____

7. Priorities.

Having now assessed the need in your community and having compared it to your existing Continuum of Care system, please provide the following:

a. Using your gaps analysis findings, complete the ***Continuum of Care: Project Priorities*** chart that follows according to the instructions provided. (Refer to the chart for specific instructions and examples.)

b. Describe the methods you use to determine whether projects up for renewal are: (1) performing satisfactorily and (2) effectively addressing the need(s) for which they were designed.

c. Describe how each project proposed for funding will fill a gap in your community's Continuum of Care system. ***(Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)***

d. Demonstrate how the project selection and priority placement processes were conducted **fairly and impartially**, and gave equal consideration to projects sponsored by nonprofit organizations. In doing so, (1) specify your open solicitation efforts for projects; (2) identify the objective rating measures applied to the projects and demonstrate that participants on the review panel or committee are unbiased; and (3) explain the voting system used. Finally (4), if written complaints concerning the process were received during the last 12 months, please briefly describe them and how they were resolved.

8. Supplemental Resources.

HUD funding is limited and, therefore, can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. This being the case, please provide the following:

A. **Project Leveraging.** Fill out the ***Continuum of Care: Project Leveraging*** chart. (See instructions with chart).

B. **Enrollment and Participation in Mainstream Programs.**

Describe your Continuum of Care-wide strategy currently in place to **systematically**:

(1) **IDENTIFY ELIGIBILITY** of homeless persons for mainstream programs.

(2) **HELP ENROLL** them in the following programs for which they are eligible: SSI, TANF, Medicaid, Food Stamps, SCHIP, Workforce Investment Act, Veterans Health Care.

(3) **ENSURE THEY RECEIVE** assistance under each of the programs for which they are enrolled.

C. **Participation in Mainstream Programs and Employment.**

In order for HUD to assess the results of your continuum's effort in implementing this strategy, please complete the following chart. The source of information is from the most recent Annual Progress Report (APR) for **all** SHP and SPC renewals being submitted in **this year's** competition.

Instructions for filling out the Participation in Mainstream Programs and Employment chart:

Column 1 – *Income Source.* Use these income sources from the APR (Question 11).

Column 2 –*Adults Who Exited (All Renewals).* For each SHP and SPC renewal being submitted in this year's competition, use APR Question 2C (*Number who left the program during the operating year*). For **each** APR, add the *Number of Singles Not in Families* and the *Number of Adults in Families.* The total represents the number of adults who exited the project during the operating year. Add the total from each renewal's APR to get the total number of adults in the CoC who left the projects during the operating year.

Column 3 – *Source of Income at Entry.* Using the information in each project's APR Question 11C (*Income Sources at Entry*), add the total number of exiting adults who, upon entry to the project, already had each source of income.

Column 4 – *% with Income at Entry.* Divide Column 3 by Column 2, multiply by 100 and round.

Column 5 – *Source of Income at Exit.* Using the information in each project's APR Question 11D (*Income Sources at Exit*), add the total number of adults who, upon exiting the project, had each source of income.

Column 6 – *% with Income at Exit.* Divide Column 5 by Column 2, multiply by 100 and round.

Column 7 – *Entry / Exit Difference.* Subtract Column 4 from Column 6.

IMPORTANT: If you are not submitting any renewals in this year's competition, provide the chart using the most recent APR for all currently operating SHP and SPC projects in your continuum.

Participation in Mainstream Programs and Employment Chart

What is the total number of projects represented in this chart? _____

1 Income Source	2 Adults Who Exited (All Renewals)	3 Source of Income at Entry	4 % w/ Income at Entry (Col 3÷Col 2)	5 Source of Income at Exit	6 % w/ Income at Exit (Col 5÷Col 2)	7 Entry/Exit Difference (Col 6 – Col 4)
a. SSI	854	129	15.1%	174	20.4%	5.3
e. TANF	854	91	10.7%	126	14.8 %	4.1
a. SSI						
e. TANF						
h. Employment Income						
k. Medicaid						
l. Food Stamps						
n. No Financial Resources						

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

D. **Use of Other Mainstream Resources.** Using the following format, describe how the identified mainstream resources are currently (within the past 2 years) being used to assist **homeless persons (see definition of "homeless person" in Glossary)**. "Prevention" activities are *not* to be included. **Please ensure that there is no overlap between the resource funds listed on your Project Leveraging Chart and the uses/projects described below.** ***(Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)***

Mainstream Resources	Use of Resource in CoC System for Homeless Persons (e.g., rehab of rental units, job training, etc.)	Specific Project Name	$ Amount or number of units/beds provided within last 2 years specifically for the homeless
CDBG			
HOME			
Housing Choice Vouchers (only if "priority" is given to homeless)			
Public Housing (only if units are dedicated to homeless)			
Mental Health Block Grant			
Substance Abuse Block Grant			
Social Services Block Grant			
Welfare-to-Work			
State-Funded Programs			
City/County Funded Programs			
Private			
Foundations (Identify by name)			

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Instructions for Continuum of Care: Project Priorities

A priority ordering of all projects proposed for each community in the Continuum of Care strategy should be included on the Project Priority chart whether submitted through Consolidated or Associated Applications. The projects that communities rank as higher priorities will receive the most points under the "Need" criterion. ***This required chart must be identical for all Associated Applications requesting funding under the same Continuum of Care system.*** If you do not provide a Project Priorities Chart in Exhibit 1, all proposed projects may lose up to 30 points of the 40-point Need total. There should be ***only one project per line.*** Projects submitted in response to the 2003 NOFA should fill gaps identified as priorities for funding as determined by your community's gaps analysis.

1. In the ***first column***, enter the name of the ***applicant***, the entity that is responsible for the overall management of the grant. This entity becomes the grantee if the project is selected for funding. (*You must submit a HUD-424*).
2. In the ***second column***, enter the ***project sponsor*** that will carry out the project and the ***project name***.
3. The ***third column*** is the numeric priority that your Continuum of Care community has assigned to each project. For your convenience, this column has been pre-filled, with number 1 as the highest priority and number 12 as lowest. Please reproduce this ***required*** chart if you need additional space to accommodate more projects, renumbering as necessary.
4. In the ***fourth column***, enter the requested amount of project funding for each project.
5. In the ***fifth column***, enter the requested term of your project in years.
6. In the ***sixth column***, enter the **component/type of** each project. Codes for the project components/type are:
   SHP new and renewal—Transitional Housing **(TH)**, Permanent Housing for Persons with Disabilities **(PH)**, Supportive Services Only **(SSO)**, Safe Haven **(SH)**, Homeless Management Information Systems **(HMIS)**, and Innovative Supportive Housing **(IH)**
   Shelter Plus Care new and renewal—Tenant-based Rental Assistance **(TRA)**, Sponsor-based Rental Assistance **(SRA)**, Project-based Rental Assistance **(PRA)**, Project-based Rental Assistance with Rehabilitation **(PRAR)**, and Section 8 Moderate Rehabilitation Single Room Occupancy rental assistance **(SRO)**.
7. At the bottom of the chart, fill in the total requested amount for the projects in the chart. (If multiple pages are being submitted, provide only a grand total at the end of the last page.)
8. ***Place all Shelter Plus Care renewal projects as the last entries in the chart. They are not prioritized with the other programs because they are being funded non-competitively; however, the law requires that they be a part of the national competition.***
9. ***The tiering of projects on your priority list is no longer permitted.***

Instructions for Renewals

Communities wishing to seek funding for project renewals (for expiring HUD projects other than S+C renewals) need to include such projects in their priority list. The purpose of renewal funding is to provide continued assistance to homeless persons, provided that the grantee can demonstrate success in achieving program objectives. A project whose HUD grant will expire during calendar year 2004 may request renewal funding if it previously received HUD McKinney-Vento Act funds for one of the following:

- Supportive Housing Program (SHP)
- SHP Renewal
- Shelter Plus Care (S+C) Program
- S+C Renewal

When developing priority lists, your community may wish to pay particular attention to the funding needs of current McKinney-Vento homeless assistance projects that will not have sufficient funds to continue operating throughout 2004. If your community is unsure as to when its grants are eligible for renewal funding, please contact your local HUD Field Office. ***Note: Only the current grantee (the entity that has executed the current grant agreement with HUD) can apply for renewal of its project, i.e., must be the applicant and submit a HUD-424.***

Continuum of Care: Project Priorities

(This entire chart will count as only one page towards the 30-page limitation)

(1) Applicant	(2) Project Sponsor and Project Name	(3) Numeric Priority	(4) **Requested Project Amount	(5) Term of Project	(6) Program and Component/Type*				
					SHP new	SHP renew	S+C new	S+C renew	SRO new
Example: ABC Nonprofit	ABC Nonprofit/ Sarah's House	1	$1,026,000	3 (yrs)	PH				
Example: XYZ County	AJAY Nonprofit/ Spencer's Place	2	$800,000	5 (yrs)			TRA		
		1							
		2							
		3							
		4							
		5							
		6							
		7							
		8							
		9							
		10							
		11							
		12							
	**Total Requested Amount:								

***Place the components/type for each project under column 6.**

The Requested Project Amount **must not exceed the amount entered in the project budget in Exhibits 2, 3, and 4. If the project budget exceeds the amount shown on the priority list, the project budget **will be reduced** to the amount shown on the priority list.

Please Note:

(1) **Place all Shelter Plus Care renewal projects as the last entries on the Chart.**

(2) For all Shelter Plus Care and SRO projects, please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002 Federal Register.

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Instructions for Continuum of Care: Project Leveraging

Complete only one chart for the entire Continuum of Care and insert in Exhibit 1. Provide information ***only*** for contributions for which you have a ***written commitment in hand at the time of application***. A written agreement could include signed letters, memoranda of agreement, and other documented evidence of a commitment. Leveraging items may include any written commitments that will be used towards your cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are **one-time only** and cannot be claimed by more than one project (e.g., the value of donated land, buildings or equipment claimed in 2002 and prior years for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions). The written commitments must be documented on letterhead stationery, signed by an authorized representative, dated **and** in your possession prior to the deadline for submitting your application, and must, at a minimum, contain the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and, the date the contribution will be available. The ***documentation will be required at Technical Submission*** if a project is conditionally selected. If you ***do not*** have in hand at the time of application submission a written agreement for a contribution that will be used in your project, ***do not*** enter the contribution. **Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).**

1. In the ***first column***, enter the project priority number.
2. In the ***second column***, enter the name of the project.
3. In the ***third column***, identify the type of contribution being leveraged by the proposed project. Types of contributions could include cash, buildings, equipment, materials, and services, such as transportation, health care, and mental health counseling.
4. In the ***fourth column***, enter the name of the source or provider from whom the contribution is being leveraged. The contribution may be leveraged through Federal, State, local, or private sources, including mainstream housing and social service programs.
5. In the ***last column***, enter the value of the contribution. Donated professional services should be valued at the customary rate; volunteer time should be valued at $10 per hour. Donated buildings should be valued at their fair market value or fair rental value minus any charge to the SHP, S+C, or SRO program.
6. At the bottom of the chart, fill in the total amount. (If multiple pages are being submitted, provide only a grand total at the end of the last page.)

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Continuum of Care: Project Leveraging

(Complete only one chart for the entire Continuum of Care and insert in Exhibit 1. ***This entire chart will count as only one page towards the 30-page limitation***)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
3	Example: Sarah's House	Child Care	Spotsville Co. Department of Social Services	$10,000
			TOTAL	

Please enter the value of the contribution for which you have a written commitment at time of application submission.

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Exhibit 2 and 2R: Supportive Housing Program (SHP)

The following information pertains to Exhibit 2 (SHP New) and Exhibit 2R (SHP Renewal). **Exhibit 2R is new this year.** It was developed for renewal projects since the majority of CoC applications are for SHP renewal projects. Since HUD has prior history working with these applicants/grant recipients, this streamlined exhibit was developed for ease in filling out the application. The Project Components and SHP Guidance sections apply to both exhibits.

Program Components/Type

The Supportive Housing Program promotes the development of supportive housing and services that help homeless persons transition from homelessness to living as independently as possible. Each project submitted under SHP must be classified as one of the program components described below.

Transitional Housing facilitates the movement of homeless individuals and families to permanent housing within 24 months. This temporary housing is combined with supportive services to enable homeless individuals and families to live as independently as possible. Supportive services—which help promote residential stability, increased skill level and/or income, and greater self-determination—may be provided by the organization managing the housing or coordinated by that organization and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

Permanent Housing for Persons with Disabilities is long-term housing for this population. Basically, it is community-based housing and supportive services as described above, designed to enable homeless persons with disabilities to live as independently as possible in a permanent setting. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

Supportive Services Only projects provide services designed to address the special needs of the homeless persons. Projects are classified as this component **only** if the project sponsor **is not also providing or operating the housing for the same persons receiving the services**. Eligible activities for Supportive Services Only projects are acquisition, rehabilitation, leasing, and, of course, supportive services. (Applicants **cannot** request funds for new construction or operations.) Supportive services only projects may have one or more structures at a central site or at scattered sites where services are delivered; or services may be delivered independent of a structure, such as street outreach.

Safe Haven projects must meet the following criteria: (1) have **no** limit on length of stay; (2) serve hard to-reach homeless persons who have severe mental illness, are on the streets, and have been unable or unwilling to participate in supportive services; (3) provide 24-hour residence for an unspecified duration; (4) provide private or semiprivate accommodations; and (5) have overnight occupancy limited to 25 persons. A safe haven may also provide supportive services to eligible persons who are not residents, on a drop-in basis. **A Safe Haven project that has the characteristics of the SHP/Permanent Housing component and requires participants to execute a lease agreement may now be classified as permanent supportive housing.**

For many persons with mental illness who have been living on the streets, the transition to self-sufficiency is best made in stages, starting with a small, highly supportive environment where an individual can feel at ease, out of danger, and subject to no immediate service demands. Safe Havens do not require participation in services and referrals as a condition of occupancy. Rather, it is hoped that after a period of stabilization in a safe haven, residents will be more willing to participate in services and referrals, and will eventually be ready to move to more traditional forms of housing. Safe Havens can serve as an entry point to the service system and provide access to basic services such as food, clothing, bathing facilities, telephones, storage space, and mailing addresses.

Homeless Management Information System (HMIS) is now a separate component/type for new and renewal dedicated HMIS projects in the 2003 CoC competition. There is also a separate budget activity for specifying costs in dedicated HMIS projects and in SHP projects including HMIS costs as a share of their participation in an HMIS. SHP may be used to pay the costs of implementing and operating an HMIS. Eligible HMIS costs are: equipment, software, computer services, personnel to manage and operate the system, training, and staff that analyze the data and prepare reports for providers, the CoC, and HUD.

Innovative Supportive Housing enables the applicant to design a supportive housing project for homeless persons that is outside the scope of the other SHP components. A project is innovative when the particular approach is new to the area and can be replicated in other communities. The project must be determined by HUD to be innovative or it will be rejected from the competition. The project must also be for eligible SHP activities.

Project Definition

Under SHP, a "project" may be either for supportive housing, supportive services only or HMIS. For a supportive housing project, one project sponsor provides housing in one or more structures and delivers services, or arranges with other organizations to deliver services, to the residents. For a Supportive Services Only project, one sponsor delivers services to homeless persons, but the sponsor *does not* provide housing to the same persons receiving the services. Supportive services can be delivered from a structure(s) or they can be delivered independent of a structure(s), such as street outreach. The following are examples of SHP projects:

Example 1: Project sponsor Serenity House will provide 10 units of permanent housing to homeless persons with serious mental illness. The project sponsor is requesting funding for rehabilitation, supportive services, and operations. The supportive services will be provided by the local day treatment center. This is one project and is classified under the permanent housing component.

Example 2: Project sponsor Greenville Nonprofit proposes to acquire, rehabilitate, and operate a transitional housing facility for homeless women and children. Services will be coordinated by Greenville Nonprofit but delivered by a local charitable organization and a health clinic. This is one project and is classified under the transitional housing component.

Example 3: Project sponsor Health Care, Inc., currently owns a van from which it does outreach and provides health care services to homeless persons and families on the streets and in emergency shelters. Health Care proposes to expand its service level to serve more people and to provide immunizations and help refer homeless persons to appropriate housing. The expansion is one project and is classified under the supportive services only (SSO) component. SHP funds may be requested for the expansion only; the project sponsor would continue to provide funding for the current activities from other sources.

Example 4: Project sponsor Second Chance is part of a CoC which has decided to implement a community-wide Homeless Management Information System (HMIS). The CoC has determined that Second Chance will propose a dedicated HMIS project. The project's funds will be used to purchase HMIS software and computers and to pay the salary of HMIS staff. (See the "Question and Answer" supplement to the application for further information on funding for HMIS activities.)

SHP Guidance

Eligible and Ineligible Activities and Limitations. There are eight activities that can be funded under SHP. They are acquisition, rehabilitation, new construction, leasing, operating costs, supportive services, HMIS and administrative costs. This year, HMIS will be classified as its own eligible SHP activity rather than as a supportive service. See the "Questions and Answers" supplement to the application for additional discussion on this topic. Specific activities that are ***not eligible*** by law under the six program components/type include:

- Operating costs or new construction for supportive service only projects.
- Support for an existing project except as noted in section E of this exhibit and renewals.
- Support for permanent housing for non-disabled persons.
- Rehabilitation of a structure owned by a primarily religious organization, except in accordance with the requirements of 24 CFR 583.150(b)(2).
- New construction or rehabilitation of a structure prior to an executed grant agreement with HUD. Lack of an environmental clearance in such a case would necessitate withdrawal of HUD funds from the project.
- Acquisition and rehabilitation, or new construction that exceeds statutory funding limitations. (See section K of this exhibit for the specific limits.)
- Homeless prevention activities.
- Planning costs for HMIS.

Match. SHP funds provided for acquisition, rehabilitation, and new construction must be matched by the recipient with an equal amount of funds from other sources. In addition, any applicant requesting SHP funds for operating costs for supportive housing must provide a cash contribution of at least 25 percent of the total operating costs. Any applicant requesting SHP funds for supportive service activities funds must provide a cash contribution of at least 20 percent of the total supportive services costs. HMIS activities must also have a cash contribution of at least 20 percent of the total HMIS costs.

Relocation and Environmental Issues. SHP projects are subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act and additional relocation requirements in Section 583.310 of the SHP regulations. In addition, the use of SHP funds for acquisition, rehabilitation, new construction and, in some cases, leasing triggers 24 CFR Part 58, Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities, for recipients who are private nonprofit organizations or public housing authorities. Projects are also subject to the Lead-Based Paint Poisoning Prevention Act and are, therefore, subject to 24 CFR Part 35. Because Lead-Based Paint requirements can be complex, please contact your local HUD Field Office for guidance during the planning stages of your project.

Renewal Projects

The purpose of renewal funding is to provide operating, leasing and supportive services for previously approved grantees in order to ensure continued assistance to homeless persons. ***Note: Only the current grantee (the entity that has executed the current grant agreement with HUD) can apply for renewal of its project, i.e., must be the applicant and submit a HUD-424.***

A project may request one, two or three years of renewal funding if it previously received HUD McKinney-Vento Act funds under the Supportive Housing Program, including those previously renewed, **and** will expire during calendar year 2004. Since renewal projects may request renewal funds only for continuing a previously approved project at the ***same level of housing and/or services*** provided in the previous grant, renewal project budgets should be based upon the **average of the term activities of the previous grant award.** Renewal projects proposing both to renew the existing project and expand the number of units or number of participants receiving services must submit a new project proposal for the expansion portion of the project. HMIS activities being renewed should be included on the HMIS budget chart.

Exhibit 2: Supportive Housing Program - New

Section A. Project Narrative

Section A is a description of your proposed project. Please respond to the items in Section A according to the following:

- ***New project applicants for TH, PH, Safe Havens, or Innovative components*** - answer items 1-6, and 8 (if applicable).
- ***New project applicants for the SSO component*** - answer items 1, 2, 4, 5, 6 and 8 (if applicable).
- ***New project applicants for dedicated HMIS projects - answer items 1 and 7.***

1. **Project summary**. Please provide the following:
   a. Applicant **and** sponsor names
   b. Program component
   c. Total SHP request and the percent of this request for housing activities. SHP housing activities include acquisition, rehabilitation, and new construction; leasing of housing; and operations for supportive housing.
   d. The type of housing (e.g., apartments, group home) proposed, if applicable
   e. The population(s) to be served (N/A for dedicated-HMIS projects)
   f. Grant term of the proposed project (**2 year minimum**, except for dedicated HMIS projects)
2. **Homeless population to be served**. Briefly describe the following:
   a. Their characteristics and need for housing and supportive services.
   b. Where they will come from. Indicate percentage coming from: (e.g., streets, emergency shelters, transitional housing for homeless persons who came from street/shelters, or other). "Other" must be clearly explained.
   c. The outreach plan to bring them into the project.
3. **Housing where participants will reside**. For applicants requesting SHP funds for Transitional Housing, Permanent Housing for Persons with Disabilities, Safe Havens, or Innovative Supportive Housing components, demonstrate each of the following:
   a. How the TYPE (e.g., apartments, group home) **and** SCALE (e.g., number of units, number of persons per unit) of the proposed housing will fit the needs of the participants.
   b. That the basic COMMUNITY AMENITIES (e.g, medical facilities, grocery store, recreation facilities, schools, etc.) will readily be ACCESSIBLE (e.g., walking distance, bus, etc.) to your clients.
   c. For transitional housing component only: the residents' length of stay.
   d. For permanent housing for persons with disabilities component where **more** than 16 persons will reside in a structure: describe what local market conditions necessitate the development of a project of this size and how the housing will be integrated into the neighborhood.
   e. For innovative supportive housing component projects only: how the project represents an approach that is new to the area, is a sensible model for others, and can be replicated in other communities.
4. **Supportive services the participants will receive**. Demonstrate for each of the following:
   a. How the TYPE (e.g., case management, job training) **and** SCALE (e.g., the frequency and duration) of the supportive services proposed will fit the needs of the participants.
   b. WHERE the supportive services will be provided **and** what TRANSPORTATION will be available to participants to access those services.
   c. The details of your plan to ensure that all homeless clients will be individually assisted to identify, apply for and obtain benefits under each of the following mainstream health and social services programs for which they are eligible: SSI, TANF, Medicaid, Food Stamps, SCHIP, Food Stamps, Workforce Investment Act and Veterans Health Care programs.
5. **Accessing permanent housing**. Describe specifically how participants will be assisted **both** to OBTAIN **and** REMAIN in PERMANENT HOUSING.

6. **Self-sufficiency**. Describe specifically how participants will be assisted **both** to increase their INCOMES **and** to maximize their ability to LIVE INDEPENDENTLY.

7. **Homeless Management Information System.** Describe the following:
   a. How the CoC's homeless needs will be assessed, resources allocated and services coordinated more efficiently and effectively through the introduction of a new or expanded CoC-wide HMIS.
   b. **For all dedicated HMIS projects** (New, Expansion, and Updated) demonstrate that at least 50 percent of the beds (emergency, transitional and McKinney-Vento permanent housing) listed in the "Current Inventory in 2003" categories in the Fundamental Components in the CoC System – Housing Activity Chart will be included in the CoC-wide HMIS.
   c. Name the lead agency designated to oversee the HMIS project.
   d. Provide the timetable for implementing the new or expanded HMIS.
   e. Demonstrate that no State or local government funds would be replaced with the funding being requested of HUD for this project.

8. **Discharge Policy.** For State and local government applicants who submitted a Discharge Policy certification within their 2001 or 2002 application, please describe any policies and protocols subsequently developed or implemented affecting the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in your jurisdiction. Indicate how these changes have or will prevent such discharges from immediately resulting in homelessness for such persons. (You may submit a single response for all projects for which you are the applicant. Be sure a copy is inserted with each project.)

Section B. Experience Narrative

Section B is a description of the experience of all the organizations involved in carrying out the project. (Refer to section V(A)(1) of the NOFA for the Applicant and Sponsor Eligibility and Capacity Standards.)

Please describe the following:

1. The specific type and length of experience of ***all organizations*** involved in implementing the project, including the project sponsor, housing and supportive service organizations, and any key subcontractors. Describe experience directly related to carrying out the project and experience working with homeless people.
2. If your project structure will be constructed or rehabilitated, please describe experience in these areas and/or experience in contracting for and overseeing the rehabilitation or construction of housing.
3. List ***all*** HUD McKinney-Vento Act grants, other than ESG, received after 1997, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date. Only list HUD-issued grant numbers. If you are unclear about the HUD grant number assigned to any project, please contact your HUD field office for assistance.

Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
Example: 1999	CA16B900-060	$500,000	$375,412

4. Please explain any delays in implementing any of the grants listed in (3) above which exceed the SHP timeliness standards described in Section IV (D) of the Notice of Funding Availability (NOFA).
5. Identify any unresolved HUD findings, or outstanding audit findings related to any of the grants listed in (3).

Section C. Project Information (please type or print)

Project Name:	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state, & zip):	
Project Sponsor's Name:	Proj. Congressional District(s):
Sponsor's Address (street, city, state, & zip):	Project 6-digit Geographic Code:
Authorized Representative of Project Sponsor (name, title, phone number, & fax):	

Section D. Program Components/Type

Please check the box that best classifies the project for which you are requesting funding. Check only **one** box. The components/type are:

- ☐ Transitional Housing
- ☐ Permanent Housing for Persons with Disabilities
- ☐ Supportive Services Only
- ☐ Safe Havens ☐ Check here if your Safe Haven project has the characteristics of SHP/Permanent Housing (see page 18 of Exhibit 2) and will require participants to execute a lease agreement.
- ☐ HMIS
- ☐ Innovative Supportive Housing (check this box only if your project cannot be classified under any other component)

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Section E. Existing Facilities and/or Activities Serving Homeless Persons *(To be completed for new projects only; renewal projects see Exhibit 2R.)*

1. Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing?
   - ☐ Yes (Check one or more of the activities below that describe your proposed project, then proceed to section F.)
   - ☐ No (Skip to section F.)

2. Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the four purposes listed below. SHP cannot be used to fund ongoing activities. My project will:
   - ☐ Increase the number of homeless persons served.
   - ☐ Provide additional supportive services for residents of supportive housing and/or homeless persons not residing in supportive housing.
   - ☐ Bring existing facilities up to a level that meets State and local government health and safety standards. Please explain.
   - ☐ Replace the loss of nonrenewable funding from private, Federal, or other sources (except from the State or local government), which will cease on or before the end of the current calendar year. By law, no SHP funds may be used to replace State or local government funds previously used, or designated for use, to assist homeless persons [see 24 CFR 583.150(a)].

   If this box is checked, you must fully describe the following in order to be eligible for funding:
   a. The source of the nonrenewable funding, indicating that it is not under the control of the State or local government.
   b. Why it is nonrenewable.
   c. When it will cease.
   d. Document the specific steps you took to obtain other funding, why there are no other sources of funding and why, without the SHP assistance, the activity will cease.

Section F. Number of Beds, Participants, and Supportive Services

Section F is composed of three charts:

Chart 1 is for recording the number of beds/bedrooms in the project. Do not complete Chart 1 if the project is for supportive services only (SSO).

Chart 2 is for recording the number of participants to be served. Information on ***all*** projects should be entered in this section except for dedicated HMIS projects.

Chart 3 is for recording the supportive services proposed for your homeless clients. Do not include costs for HMIS activities as these costs should be included in Section G.

Complete Chart 1 and Chart 2 based on the following instructions.

1. In the ***first column***, please enter the requested information for all items at a point in time (a given night). You should only fill out this column if you checked "Yes" in section E. If you checked "No" in section E enter "N/A" in this column.
2. In the ***second column***, enter the new number of beds and persons served at a point in time if this project is funded. If this is a renewal project, enter "N/A" in this column.
3. In the ***third column***, enter the projected level (columns 1 and 2 added together) that your project will attain at a point in time.
4. In the ***fourth column***, enter the number of persons to be served over the grant term.

Chart 1: Beds

Beds	Current Level (if applicable)	New Effort or Change in Effort	Projected Level (col. 1 + col. 2)
Number of Bedrooms*			
Number of beds*			

*Do not complete information on the number of bedrooms and beds for Supportive Services Only (SSO) projects. In those instances, enter "N/A" in the appropriate cells.

Chart 2: Participants

Participants	Current Level (if applicable)	New Effort or change in Effort	Projected Level (col. 1 + col. 2)	No. Projected to be served over the grant term
Number of families with children				
Of persons in families with children a. number of disabled				
b. number of other adults				
c. number of children				
Of single individuals not in families				
a. number of disabled individuals				
b. number of other individuals				

Note that, if your project is funded, you will be held responsible for achieving the numbers you enter in Section F.

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Chart 3: Supportive Services

If your new project is requesting the use of SHP funds for any supportive services, please complete Chart 3 on the following page for your project's supportive services budget. If you need additional space for more services, you may reproduce this chart.

In the first column, the supportive service activity is given. Please enter the quantity for each supportive service that will be provided in your project (see example below). Any other eligible supportive service and quantity that will be paid for using SHP funding that is not listed on the chart may be added under "other service activity". For staff positions please include the job title and quantity (or FTE-full time equivalent); for supportive services (such as transportation services) please include the type (e.g., bus tokens) and quantity. Please ensure that the total SHP dollars requested match the amount you entered in the "SHP Request" column on Line 6, Supportive Services, in your Project Budget in Section K.

In the second column, enter the amount of SHP funding requested for each eligible supportive service that will be provided in your project.

In the third column, enter the estimated number of persons that will be served at a point in time.

Supportive services are designed to address the special needs of the homeless persons to be served by the project. Services may be provided directly by the project sponsor and/or through an arrangement with public or private service providers, including the grantee. By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee must make a cash payment for at least 20% of the project's total supportive services budget annually.

SHP supportive service funds may be used to pay for the actual costs of supportive services and other costs directly associated with providing such services (see the SHP Rule at Section 583.120). Eligible supportive services include, but are not limited to: child care, employment assistance, outreach, outpatient health services, case management, food, housing placement assistance, life skills, and other services. Transportation associated with the delivery of supportive services (e.g., money for bus tokens to go to mental health counseling; the purchase of a van to transport homeless children to daycare) is also an eligible supportive service cost.

If a project sponsor's staff will deliver a service, only the staff time directly related to the delivery of that service to the project is eligible for SHP supportive services funding. For example, the project sponsor, ABC, Inc., will use 25% of its substance abuse counselor's time for recovery planning for residents of its transitional housing program. The remainder of the counselor's time will be spent counseling persons in another program. Using this example, only 25% of the counselor's salary may be paid for with SHP supportive service funds.

Example:

Supportive Service Costs	SHP Dollars Requested (2 or 3 years)	Est. No. of Persons Served (point in time)
Service Activity: Case Management **Quantity: 2 FTE @ $25,000 per year**	$100,000	60
Service Activity: Education—job training **Quantity: 20 slots per year**	$ 50,000	40

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Chart 3: Supportive Services

Supportive Service Costs	SHP Dollars Requested (2 or 3 years)	Est. No. of Persons Served (point in time)
Service Activity: Outreach **Quantity:**		
Service Activity: Case Management **Quantity:**		
Service Activity: Life Skills (outside of case management) **Quantity:**		
Service Activity: Alcohol and Drug Abuse Services **Quantity:**		
Service Activity: Mental Health and Counseling Services **Quantity:**		
Service Activity: HIV/AIDS Services **Quantity:**		
Service Activity: Health Related and Home Health Services **Quantity:**		
Service Activity: Education and Instruction **Quantity:**		
Service Activity: Employment Services **Quantity:**		
Service Activity: Child Care **Quantity:**		
Service Activity: Transportation **Quantity:**		
Service Activity: Transitional Living Services **Quantity:**		
Other Service Activity: (please specify *) **Quantity:**		
Total Supportive Services Costs**		
Total SHP Dollars Requested***		

**If not specified, the costs will be removed from the budget.*

***The total supportive service costs entered here should equal the amount shown in the "Total Budget" column, Line 6, of the Project Budget portion of Section K.*

** **SHP dollars requested must equal the amount shown in the"SHP Request" column, Line 6, of the Project Budget portion of Section K.*

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Section G. HMIS Budget for Dedicated and Shared HMIS Projects

Complete the entire HMIS Budget Chart for a dedicated HMIS project. A project for shared HMIS costs with other projects need *only* complete the "Total" lines of the chart. In the personnel section, the number of staff positions in Full-Time Equivalents (FTEs) should be present for each category, where appropriate.

Example:

Personnel	**SHP Dollars Requested (1, 2, or 3 years)**
Project Management /Coordination 1 – Staff x .5 FTE @ $56,000/annual x 3 years = $84,000	$84,000
Administrative Support Staff 1 – Staff x .5 FTE @ $16,000/annual x 3 years = $24,000	$24,000

Chart: HMIS Budget

Cost Item	SHP Dollars Requested
Equipment	**Total**
Central Server(s)	
Personal Computers and Printers	
Networking	
Security	
Software	**Total**
Software/User Licensing	
Software Installation	
Support and Maintenance	
Supporting Software Tools	
Services	**Total**
Training by Third Parties	
Hosting/Technical Services	
Programming: Customization	
Programming: System Interface	
Programming: Data Conversion	
Security Assessment and Setup	
On-line Connectivity (Internet Access)	
Facilitation	
Disaster and Recovery	
Personnel	**Total**
Project Management/Coordination	
Data Analysis	
Programming	
Technical Assistance and Training	
Administrative Support Staff	
HMIS Space and Operations	**Total**
Space Costs	
Operational Costs	
Total HMIS Costs*	
Total SHP Dollars Requested**	

****The total HMIS costs entered here should equal the amount shown in the "Total Budget" column, Line 8, of the Project Budget portion of Section K.*

*****SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 8, of the Project Budget portion of Section K.*

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Section H. Operations Budget

Complete the Chart on the following page for your new project's total operations budget. ***Please remember operating costs are ineligible for Supportive Services Only projects.***

In the first column, the operating cost activity is given. You must enter the quantity (if applicable) for each operating item that will be paid for using SHP funds. Add any other eligible operating costs that will be paid for using SHP funding that is not listed on the chart. For staff positions, please include the job title, salary, % of time allocated for the position, and fringe benefits. Please ensure that the total SHP dollars requested match the amount you entered in the "SHP Request" column on Line 7, Operations, in your Project Budget in Section K.

In the second column, enter the amount of SHP funding requested (2 or 3 years) for each eligible operating cost that will be needed in your project.

Operating costs are those costs associated with the day-to-day operation of supportive housing. Operating costs differ from supportive service costs in that operating costs support the function and the operation of the housing project. Examples of SHP operating costs include utilities, maintenance, security and salaries of staff not delivering services, such as the project manager or executive director, and indirect operating costs that meet the standards of OMB Circulars A-87 and A-122.

If requesting SHP operating funds, only the portion of the costs directly related to the operation of the housing project are eligible. For example, if a project sponsor's executive director will spend 10% of his/her time providing management to the housing project, then (up to) 10% of his/her salary can be charged as an SHP operating expense. As another example, in cases of shared utilities, SHP operating funds may pay only for the portion of the utilities associated with the housing project based on the square footage of the project's space. If the housing project occupies 25% of the building's space, then (up to) 25% of the monthly utility bill can be paid for using SHP operating funds.

SHP operating funds **may not** be used to pay for the following costs:

a. Operating costs of a supportive services only facility;
b. Administrative expenses such as audits and preparing HUD reports;
c. Rent of space for supportive housing and/or supportive services (see Real Property Leasing);
d. The payment of principal and interest on a loan for a facility currently being used as supportive housing and/or for the delivery of services; and
e. Depreciation, because it does not constitute an incurred cost that requires a cash outlay.

SHP funds can be used to pay up to 75% of the total operations budget for the housing project. This means that the project sponsor must make a cash payment for 25% of the project's operating budget annually.

Example:

Operating Costs	SHP Dollars Requested (2 or 3 years)
Utilities	$32,000
Maintenance Engineer (salary, % time, fringe benefits) $40,000/annually .20 x .15 fringe benefits x 2 years = $18,400	$18,400

Chart: Operating Costs

Identify the day-to-day costs of operating supportive housing that will be paid for using SHP funding during the requested term of the project.

Operating Costs	SHP Dollars Requested (2 or 3 years)
Maintenance, Repair	
Staff (position, salary, % of time, fringe benefits)	
Utilities	
Equipment (lease/buy)	
Supplies (quantity)	
Insurance	
Furnishing (quantity)	
Relocation (no. of persons)	
Food	
Other operating costs (please specify*)	
Other operating costs (please specify*)	
Total Operating Costs Budget**	
Total SHP Dollars Requested ***	

**If not specified, the costs will be removed from the budget.*
***The total operating costs entered here must equal the amount shown in the "Total Budget" column, Line 7 of the Project Budget portion of Section K.*
****Total SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 7, of the Project Budget portion of Section K.*

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Section I. Leasing

SHP funds may be used to lease space for supportive housing or supportive services. If you are requesting SHP leasing funds, fill out the appropriate tables that follow. Housing and service space may be in the form of scattered-site leased units, or within a structure. The structures to be leased may be structures currently configured for, or structures to be converted to provide, supportive housing and/or supportive services. **Under no circumstances may SHP leasing funds be used to lease units or structures owned by the project sponsor, the selectee, or their parent organizations. This includes organizations which are members of a general partnership where the general partnership owns the structure.**

A. Leased Unit(s) for Housing and/or Services

If you propose to lease units in more than one metropolitan or non-metropolitan area, fill in the appropriate number of tables for each area with a different FMR or actual rent. Please reproduce this Chart as needed to accommodate projects using more than one FMR or actual rent.

Enter the number of unit(s) by the bedroom size to be leased and the lower of the actual rent or the FMR as published in the Federal Register on September 30, 2002. (FMRs may be found using this WEB site: http://www.huduser.org/datasets/fmr.html) The space to be leased may be scattered-site (e.g., one-bedroom apartments in five different apartment complexes) or contained within a structure (e.g., a group home with six bedrooms).

Multiply the number of units by the FMR or actual rent, whichever is lower, by the length of the grant (# of units x FMR or actual rent x months based on grant term) and enter the result in the total column.

Please note that the FMR for a single room occupancy (SRO) unit is equal to 75% (0.75) of the 0-bedroom FMR. The FMRs for unit sizes larger than 4-bedrooms are calculated by adding 15% to the 4-bedroom FMR for each extra bedroom. For example, the FMR for a 5-bedroom unit is 1.15 times the 4-bedroom FMR, and the FMR for a 6-bedroom unit is 1.30 times the 4-bedroom FMR.

If your project has been approved for **exception rents**, use those amounts when completing these charts **AND submit your current approval letter** with this document.

Chart A should be filled out only if you will lease individual units or structures that are currently configured for housing and/or services and, therefore, an FMR or actual rent can be used. ***If you have negotiated an actual rent (s) which is lower than the FMR, please use that amount instead of the FMR. The actual rent may not exceed the FMR.***

Chart A:

Name of metropolitan or non-metropolitan FMR area:

Address (indicate if scattered site):

Size of units	No. of units	FMR or actual rent	No. of months	Total (d)
1. SRO	x			
2. 0 bdrm	x			
3. 1 bdrm	x			
4. 2 bdrm	x			
5. 3 bdrm	x			
6. 4 bdrm	x			
7. 5 bdrm	x			
8. 6 bdrm	x			
9. Other	x			
10. Totals				$

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

B. Leased Structure(s) for Housing and/or Services

If you will lease a structure or portion of a structure for housing and/or services, fill out Chart B below using a monthly leasing cost that is comparable to and no more than the rents being charged for similar space in the area. This applies to structures already configured for housing and for those that will be converted. **If your project has more than one structure, reproduce Chart B and fill it out starting with structure 2.**

Multiply the monthly leasing costs by the number of months requested for funding and enter the result in the total column.

Chart B should be filled out only if you will lease a structure or portion of a structure for which an FMR is **not** applicable.

Chart B:

Structure 1	Monthly Leasing Cost	Number of Months	Total
	$ x	=	$

Address:

Section J. Homeless Veterans

1. Are veterans the primary target population?

Yes ☐ No ☐

Section K. Budget

Section K consists of two budgets—a project budget and a structure budget. Please refer to the budgets for specific instructions.

When developing your budget(s), please keep in mind that each structure can receive the maximum amount of funds according to the following per-structure limits:

For acquisition and/or rehabilitation, the SHP request for these activities ***combined*** is limited by law to between $200,000 and $400,000 depending on whether the structure is in a HUD-identified high-cost area for acquisition and rehabilitation. Contact your local HUD Field Office to determine if your project is in a high-cost area, and, if so, which of the following percentages or limits apply:

- 100% to 119%, the limit is $200,000
- 120% to 139%, the limit is $250,000
- 140% to 159%, the limit is $300,000
- 160% to 174%, the limit is $350,000
- 175% and up, the limit is $400,000

For new construction, the SHP request is limited by law to $400,000 per structure, regardless of where the structure is located. If you propose to acquire land in tandem with new construction, the $400,000 limit applies to both activities combined. Please note that you can apply for funding to construct and/or operate supportive housing; however, by law you cannot request either of these activities for supportive services only projects.

If you request funds for acquisition, rehabilitation, or new construction, the law requires that you **match** the requested amount with an equal amount of cash for the activities. Documentation of matching funds is not required in this application; however, you will be asked to submit it at a later date.

Project Budget (*complete all 3 columns*)

Enter the amount of SHP funds requested by line item in the "SHP Request" column. Dedicated HMIS projects may request funding for either one, two, or three years. **All other projects may be for a grant term of 2 or 3 years only. If the grant term is not provided, HUD will consider that the project has a three (3) year grant term.** The term you select must be the same for leasing, supportive services, and operations. *In the **"Applicant Cash" column, enter the amount of other** cash that will be contributed to the project. This amount plus the SHP request must equal the "Total Budget" amount for the project, as shown in the last column.*

If your project contains one structure or no structures, this is the only budget you need to fill out. If your project contains multiple structures, please add up the SHP structure budgets *on the next page* and enter those totals below.

HUD will review this chart in relation to the proposed activities and the number of persons to be served to determine whether the project is cost-effective (which is a threshold criterion).

Part I. Indicate grant term. Please circle one: 1 2 3 year(s)

Part II. Complete the Project Budget

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Acquisition			
2. Rehabilitation			
3. New Construction			
4. Subtotal (lines 1 through 3)	*		
5. Real Property Leasing			
6. Supportive Services	**		
7. Operations	***		
8. HMIS	**		
9. SHP Request (subtotal lines 4 through 8)			
10. Administrative Costs (up to 5% of line 9)	****		
11. Total SHP Request (total lines 9 and 10)			

* By law, SHP funds can be no more than 50% of the total acquisition, rehabilitation, and new construction budget.

** By law, SHP funds can be no more than 80% of the **total** supportive services and HMIS budget.

*** By law, SHP can pay no more than 75% of the **total** operating budget.

**** Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. ***State and local government applicants*** and project sponsors ***must*** work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different). Please refer to Section IV (C) (3) of the NOFA. If selected for funding, all applicants ***will be required*** to submit a plan for distributing administrative funds as part of the technical submission.

NOTE: The total SHP Request on line 11 cannot exceed the dollar amount on the Priority Chart for the project.

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Structure Budget for Projects With More Than One Structure

If your project contains only one structure or no structures, please fill out ***only*** the project budget *on the previous page*. If, however, your project contains more than one structure, fill out the information requested below for the number of structures your project proposes. Do not fill out structure budgets for scattered site leasing projects unless SHP funds for rehabilitation are being requested. For each structure budget, enter the amount of SHP funds requested by line item in the first column. For leasing, supportive services, and operations, the amounts you enter should be for **two or *three years***, which is the SHP grant term. The term you select must be the same for leasing, supportive services, and operations. In the second column, enter the total cost for each line item, which is the SHP request ***plus*** all other funds needed to pay for each line item, again, for **two or *three years***. For your convenience, four structure budgets are provided below. You may reproduce this page if your project will have five or more structures; however, please attach the additional structure budgets to this page and label them appropriately starting with structure E. Enter administrative costs only on the Project Budget.

Structure A
Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing		
5. Supportive Services		
6. Operations		
7. Total		

Structure B
Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing		
5. Supportive Services		
6. Operations		
7. Total		

Structure C
Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing		
5. Supportive Services		
6. Operations		
7. Total		

Structure D
Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing		
5. Supportive Services		
6. Operations		
7. Total		

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Section L. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)
   - ☐ Chronically Homeless
   - ☐ Severely Mentally Ill
   - ☐ Chronic Substance Abusers
   - ☐ Dually Diagnosed
   - ☐ AIDS or Related Diseases
   - ☐ Victims of Domestic Violence
   - ☐ Youth
   - ☐ Women with Children
   - ☐ Veterans

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)
   - ☐ Yes
   - ☐ No

3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)
   - ☐ Yes
   - ☐ No

4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?
   - ☐ Yes
   - ☐ No

   If "yes," please provide the name of the military installation:_____

Exhibit 2R: Supportive Housing Program –Renewals

This exhibit is for Supportive Housing Program (SHP) renewal projects only. It consists of instructions and items you need to respond to for your renewal project. The material has been organized as follows: (1) assembly order of all information and documents needed to apply for SHP renewal; (2) instructions on how to fill out the form; and (3) the forms to fill out. Please respond to all items and assemble your application as directed below.

Renewal Application Information Assembly Order	Where to Find
HUD-424 (For grantees only)	Application Kit, following Q and A Supplement
Project Information	See Section A, items 1-4
Supportive Services Chart	See Section B
Operating Costs Chart	See Section C
HMIS Budget (only for dedicated projects)	See Section D
Required Attachments:	**All Found in Application Kit, Following Q and A Supplement**
1. Applicant Certification	
2. Special Project Certification for Coordination and Integration of Mainstream Programs	
3. Discharge Planning Certification for State and Local Gov't. Applicants	
4. Consolidated Plan Certification	
5. Disclosure of Lobbying Activities	
6. Applicant/Recipient Disclosure/Update Report	
7. Acknowledgement of Applicant Receipt	

Section A. Project Information Instructions

Items 1-3 a, b, and c - Self-explanatory.

Items 3 d and e - Attach responses from most recent APR for Questions 11 (Monthly Income at Entry and at Exit) and 16 (Overall Program Goals). If little or no progress, provide an explanation and specific plans for improvement.

Item 4 - Fill out project budget for the proposed activities in which you are requesting funds, including the cash match resources and the total project budget.

Section B. Supportive Services Chart Instructions

Please fill out the Supportive Services Renewal Chart and add lines to the chart, as needed.

In the first column, fill in the supportive service expense. For staff positions, please include the job title and quantity (or FTE-full time equivalent); for supportive services, such as transportation, please include the type (e.g., bus tokens) and quantity. An example is provided below. In the year 1 column, enter the amount needed to pay for the service in the first year. If the grant is multi-year, enter the funds needed for Year 2, and if applicable, Year 3. In the last column, total the amount of funds needed for the full grant term.

By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee must make a cash payment for 20% of the project's supportive services budget annually. For Year 1 of your grant term, documentation of firm commitments of the cash resources will be required prior to grant execution. For Years 2 and 3, if applicable, a grantee needs only to certify that cash resources will also be provided. **Please note that the match requirement for Year 2 and Year 3 must be met by the end of each of those years.**

EXAMPLE:

Supportive Service Expense	Year 1	Year 2	Year 3	Total
Service Category: Transportation **Quantity:** 1 - 15 Passenger Van @ $37,500 Gasoline/Maintenance/Repair @ $3,000/annual x 3 years = $9,000 Supportive Services Van Driver .5 FTE @ $20,000/annual x 3 years = $30,000 Staff Fringe/Benefits .5 FTE @ $3,000/annual x 3 years = $4,500	$52,000	$14,500	$14,500	$81,000

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Please note that percentages are used during the application process to project the estimated staff time associated with an SHP grant position(s). Applicants are reminded that all staff salary payments must be based **on actual, incurred costs** that are supported by signed and dated timesheets.

Section C. Operating Costs Chart Instructions

Please fill out the Operating Costs Renewal Chart and add to the chart as needed.

Operating costs are those costs associated with the day-to-day operation of supportive housing. Operating costs differ from supportive service costs in that operating costs support the function and the operation of the housing project. If requesting SHP operating funds, only the portion of the costs directly related to the operation of the housing project are eligible. For example, in cases of shared utilities, SHP operating funds may only pay for the portion of the utilities associated with the housing project based on the square footage of the project's space. If the housing project occupies 25% of the building's space, then (up to) 25% of the monthly utility bill can be paid for using SHP operating funds.

In the Year 1 column of the form, enter the total amount of funds to be used to pay for the first year expenses. If the grant is a multi-year grant, enter the total funds to be used for the second and third years, if applicable. In the last column, total the amount of funds needed to help pay for the identified operating expense for the grant term.

For Year 1 of your grant term, documentation of firm commitments of the cash resources will be required prior to grant execution. **Please note that the match requirement for Year 2 and Year 3, if applicable, must be met by the end of each of those years.**

EXAMPLE:

Operating Expense	Year 1	Year 2	Year 3	Total
Furnishings 10 – single beds @ $150 = $1,500 10 – 3-drawer dressers @$300 = $3,000 10 - bed linens/blanket/pillows @$150 = $1,500	$3,000	$3,000		$6,000

Please note that percentages are used during the application process to project the estimated staff time associated with SHP funded position(s). Applicants are reminded that all staff salary payments must be based on **actual, incurred costs** that are supported by signed and dated timesheets.

Section D. HMIS Budget Instructions – Dedicated Projects and Shared Costs

Complete the entire HMIS Budget Chart for a dedicated HMIS project. A project for shared HMIS costs with other projects need *only* complete the "Subtotal" lines of the chart. HMIS costs are those costs associated with the implementation of an HMIS. If requesting SHP HMIS funds, only the portion of the costs directly related to the HMIS is eligible. In the personnel section, the number of staff positions in Full-Time Equivalents (FTEs) should be present for each category, where appropriate.

EXAMPLE:

Personnel	Year 1	Year 2	Year 3	Total
Project Management / Coordination 1- .5 FTE @$56,000/annual x 3 years =$84,000 Data Analysis 1- .25 FTE @$28,000/annual x 3 years=$21,000 Administrative Support Staff 1- .5 FTE @$16,000/annual x 3 years =$24,000	$43,000	$43,000	$43,000	$129,000

In the Year 1 column of the form, enter the total amount of funds to be used to pay for the first year expenses. If the grant is a multi-year grant, enter the total funds to be used for the second and third years, if applicable. In the last column, total the amount of funds needed to help pay for the identified operating expense for the grant term.

For Year 1 of your grant term, documentation of firm commitments of the cash resources will be required prior to grant execution. **Please note that the match requirement for Year 2 and Year 3, if applicable, must be met by the end of each of those years.**

Section A. Project Information

1. **Basic Identification**
   a. Grantee Name:
   b. Project Name:
   c. Sponsor Name:
   d. Address:
   e. Telephone:
   f. Fax Number:
   g. Contact Person:
   h. Project Congressional District:
   i. Project 6-digit Geographic Code:
   j. Project Number of Grant Being Renewed:_____
   k. Component/Type: (please check one) TH☐ PH☐ SSO☐ SH☐ HMIS☐ IH☐
   l. Grant Term: (please check one) 1 ☐ 2 ☐ 3 ☐

2. **Number of Participants/Number of Beds**
   a. Subpopulations served (check all that apply): Chronically Homeless☐ Veterans ☐ Seriously Mentally Ill ☐ Substance Abuse ☐ Dually Diagnosed ☐ HIV/AIDS ☐ Youth ☐ Domestic Violence ☐
   b. Veterans are the primary target population: ☐ Yes ☐ No
   c. Project is in a rural area: ☐ Yes ☐ No
   d. Sponsor is a religious/faith-based organization: ☐ Yes ☐ No
   e. Number of beds in project (specify a number): _____
   f. Number of persons in families served (at a point in time): _____
   g. Number of single individuals served (at a point in time): _____
   h. Number of persons in families and single individuals who are disabled (at a point in time): _____

3. **Performance**

a. Are there any significant changes in the project since the last funding approval: ☐ Yes ☐ No
If "yes", briefly describe the changes.

b. If one or more extensions have been provided for your current grant, please indicate: _____
- If not applicable, indicate here: _____
- The number of extensions approved: _____
- The extension period (e.g., two months, one year): _____
- The reasons why the extension(s) was necessary:

c. If not operating at full capacity, please explain the reasons.

d. APR questions 11 and 16 are attached (required): ☐ Yes ☐ No

e. Additional explanation for questions 11 and 16 is attached: ☐ NA ☐ Yes ☐ No

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

4. **Project Budget**

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Real Property Leasing			
2. Supportive Services	*		
3. Operations	**		
4. HMIS	*		
5. SHP Request (subtotal lines 1 through 4)			
6. Administrative Costs (up to 5% of line 5)	***		
7. Total SHP Request (total lines 5 and 6)			

* By law, SHP funds can be no more than 80% of the **total** supportive services and HMIS budget.

** By law, SHP can pay no more than 75% of the **total** operations budget.

*** Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. ***State and local government applicants*** and project sponsors ***must*** work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different).

NOTE: The total SHP Request on line 7 cannot exceed the dollar amount on the Priority Chart for the project.

Section B. Supportive Services Chart – Renewal Projects

Supportive Service Expense	Year 1	Year 2	Year 3	Total
1. Service Category: Quantity:				
2. Service Category: Quantity:				
3. Total Supportive Services Budget				
4. SHP REQUEST				
5. Selectee's Match (Line 3 minus Line 4)				

Section C. Operating Costs Chart – Renewal Projects

Operating Expense	Year 1	Year 2	Year 3	Total
1. Maintenance/Repair				
2. Staff (position, salary, % time, fringe benefits)				
3. Utilities				
4. Equipment (lease/buy)				
5. Supplies (quantity)				
6. Insurance				
7. Furnishings (quantity)				
8. Other Operating Costs* (amounts/ quantities)				
9. Total Operating Budget				
10. SHP REQUEST				
11. Selectee's Match (Line 9 minus line 10)				

***If not specified, the costs will be removed from the budget.**

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Section D. HMIS Budget – Renewal Projects

Cost Item	Year 1	Year 2	Year 3	Total
Equipment				
Central Server(s)				
Personal Computers and Printers				
Networking				
Security				
Subtotal				
Software				
Software/User Licensing				
Software Installation				
Support and Maintenance				
Supporting Software Tools				
Subtotal				
Services				
Training by Third Parties				
Hosting/Technical Services				
Programming: Customization				
Programming: System Interface				
Programming: Data Conversion				
Security Assessment and Setup				
On-line Connectivity (Internet Access)				
Facilitation				
Disaster and Recovery				
Subtotal				
Personnel				
Project Management/Coordination				
Data Analysis				
Programming				
Technical Assistance and Training				
Administrative and Support Staff				
Subtotal				
HMIS Space and Operations				
Space Costs				
Operational Costs				
Subtotal				
Total HMIS Budget				
SHP Request				
Selectee's Match				

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Definitions for Supportive Services In HUD's Homeless Assistance Programs

Applicants are advised that the supportive services proposed to be provided must be appropriate to the design of their project and the needs of participants. In addition, no SHP funds may be used to replace state or local funds previously used, or designated for use, to assist homeless persons

Alcohol and Drug Abuse Services are those activities that are primarily designed to prevent, deter, reduce, or eliminate substance abuse or addictive behaviors. Treatment services may include intake and assessment; treatment matching and planning; behavioral therapy and counseling appropriate to the client and the severity of the problem; substance abuse toxicology and screening; clinical and case management; outcome evaluation; and self-help and peer support activities.

Case Management Services are services or activities for the arrangement, coordination, monitoring, and delivery of services to meet the needs of individuals and families. Component services and activities may include individual service plan development; counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.

Counseling Services (See Mental Health and Counseling Services)

Child Care Services for children (including infants, pre-schoolers, and school age children) are services or activities provided in a setting that meets applicable standards of state and local law, in a center or in a home, for a portion of a 24-hour day. Component services or activities may include a comprehensive and coordinated set of appropriate developmental activities for children, recreation, meals and snacks, transportation, health support services, social service counseling for parents, and plan development.

Education and Instructional Services are those training services provided to improve knowledge, daily living skills, or social skills. Services may include instruction or training in (but not limited to) such issues as consumer education, health education, education to prevent substance abuse, community protection and safety education, literacy education, English as a second language, and General Educational Development (GED). Component services or activities may include screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; and referral to community resources.

Employment Services are those services or activities provided to assist individuals in securing employment; acquiring or learning skills that promote opportunities for employment, advancement, and increased earning potential; and in retaining a job. Component services or activities may include employment screening, assessment, or testing; structured job skills and job seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling or job coaching; transportation; and referral to community resources.

Health Related and Home Health Services are those in-home or out-of-home services or activities that provide direct treatments or are designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; providing directly or assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; provision of appropriate medication; and providing follow-up services as needed.

HIV/AIDS Services include HIV/AIDS primary and secondary prevention services, HIV/AIDS counseling and testing, primary care, provision of HIV/AIDS anti-retroviral and other medications, rehabilitative, and supportive services for persons affected and infected with HIV.

Housing Services are those services or activities designed to assist individuals or families in locating and obtaining suitable housing. Component services or activities may include tenant counseling; assisting individuals and families to understand leases, secure utilities, make moving arrangements; representative payee services concerning rent and utilities; and mediation services related to neighbor/landlord problems that may arise.

Information and Referral Services are those services or activities designed to provide information about services provided by public and private service providers and a brief assessment of client needs (but not diagnosis and evaluation) to facilitate appropriate referral to these community resources.

Legal Services are those services or activities provided by a lawyer or other person(s) under the supervision of a lawyer to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity, and legal separation. Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.

Life Skills training provides critical life management skills that may never have been learned or have been lost during the course of mental illness, substance use, and homelessness. They are targeted to assist the individual to function independently in the community. Component life skills training includes the budgeting of resources and money management, household management, conflict management, shopping for food and needed items, nutrition, the use of public transportation, and parent training.

Mental Health and Counseling Services are those services and activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or symptom management. Component services may include crisis interventions; individual, family or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.

Outreach Services include extending services or assistance in order to provide basic materials, such as meals, blankets, or clothes, to homeless persons; or to publicize the availability of shelters and programs to make homeless persons aware of various services and programs.

Transitional Living Services are those services and activities designed to help make the transition from homelessness to stable housing. Component services or activities may include supervised practice living, budgeting, one-time payments associated with establishing tenancy, food planning and preparation, and post-foster care services for homeless persons.

Transportation Services are those services or activities that provide and arrange for the travel, including travel costs, of individuals in order to access treatment, medical care, services, or employment. Component services or activities may include special travel arrangements such as special modes of transportation and personnel to accompany or assist individuals or families to utilize transportation.

Other Services are services that are appropriate, and do not fall within the definitions of the preceding services. If this category is used, the services should be defined.

Exhibit 3:

Shelter Plus Care Program (S+C) - New

This Exhibit 3 is for **new** Shelter Plus Care projects only. Eligible applicants for this program are States, units of local government and Public Housing Authorities. If you are requesting renewal funds for an existing S+C project, **do not** use Exhibit 3. You must complete Exhibit 3R instead.

Program Components

Shelter Plus Care (S+C) components were created by statute and designed to give applicants flexibility in devising appropriate housing and supportive services for homeless persons with disabilities. Assisted units may be of any type, from group homes to apartments to SRO units. You may design a program that has participants first living in a group setting with intensive supportive services, then moving to another setting but retaining the rental assistance during the term of the grant, as long as they stay within a S+C unit.

Participants in S+C units receive supportive services. These services may be provided by the applicant, funded by the applicant but provided by a third party, or both funded and provided by a third party. Rental assistance provided through the S+C program must be matched in the aggregate on a dollar for dollar basis by the recipient with supportive services.

Tenant-based Rental Assistance (TRA) provides rental assistance that permits participants to choose their own housing. Participants retain the rental assistance even if they move. To help you provide supportive services or for purposes of controlling housing costs, you may require participants to live in a particular structure for the first year of assistance or to live in a particular area for the entire rental assistance period.

Sponsor-based Rental Assistance (SRA) provides rental assistance through contract(s) between the grant recipient and nonprofit organization(s), called a sponsor. The nonprofit organization may be a private nonprofit organization or a community mental health center established as a public nonprofit organization. The assisted units must be owned or leased by the sponsor. After a grant is awarded, should the sponsor lose its capacity to own or lease the assisted units, the grantee must identify an alternate sponsor in order to continue to serve the original number of persons proposed to be served.

Project-based Rental Assistance (PRA) provides rental assistance through a contract with a building owner(s). An applicant must enter into a contract with the building owner(s) for the full five-or ten-year period of assistance. The building owner must agree to accept eligible S+C participants to live in an assisted unit for this time period. Under PRA, applicants may assist units that will be rehabilitated or existing units that do not need to be rehabilitated. If the units are rehabilitated to meet the requirements specified below, the applicant may request 10 years of rental assistance. Otherwise, assistance will be for a period of five years.

To qualify as a rehabilitated unit and be eligible for 10 years of assistance, the rehabilitation must:

- equal at least $3,000 per unit, including the prorated share of rehabilitated common areas;
- be necessary in order to make the unit decent, safe, and sanitary;
- be funded from other sources; and
- be completed within 12 months of grant award.

SRO-based Rental Assistance (SRO) provides rental assistance in an existing or reconfigured single room occupancy (SRO) setting. The units to be assisted must be in need of moderate rehabilitation. The rental assistance includes an allowance to pay for debt service to retire the cost of the moderate rehabilitation over the ten-year grant period. This component is designed to bring more standard SRO units into the local housing supply and to use those units to assist homeless persons with disabilities. The SRO units may be in a rundown hotel, a vacant motel, a YMCA, or even a large, abandoned house.

HUD enters into an annual contributions contract with the PHA recipient or subcontractor in connection with the moderate rehabilitation of SRO dwelling units. PHAs make Section 8 rental assistance payments to participating owners (i.e., landlords) on behalf of homeless, disabled individuals who rent the rehabilitated dwellings. The rental assistance payments cover the difference between the tenant contribution and the unit's rent, which must be within the fair market rent (FMR) established by HUD. To be eligible for assistance, a unit must receive a minimum of $3,000 of rehabilitation to meet housing quality standards (HQS), including the prorated share of work on common areas or systems.

Persons With Disabilities

To be eligible to participate in a Shelter Plus Care funded project, a person must be both homeless and disabled. In the case of a homeless family, at least one adult member must be considered disabled.

Persons with disabilities are those who have a disability that:

- Is expected to be of long-continued and indefinite duration;
- Substantially impedes his or her ability to live independently; **and**
- Is such a nature that the disability could be improved by more suitable housing conditions. The disability may be a physical, mental, or emotional impairment, including an impairment due solely to alcohol or drug abuse.

Several disabilities are specifically targeted by the S+C Program. These targeted disabilities are:

- Serious mental illness
- Chronic alcohol and/or other drug abuse
- AIDS or related diseases

The disability may also be developmental. A severe, chronic developmental disability is characterized as

- Being caused by mental or physical impairment;
- Manifested before the person is 22 years old;
- Likely to continue indefinitely;
- Reflecting a need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; and
- Resulting in substantial functional limitations in at least three of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

S+C Tips

In developing your application, we want to help you avoid problems that could hamper your ability to qualify. Here are circumstances to avoid:

- If a structure you plan to use in your project is currently occupied, you should be aware of the complex relocation requirements that will apply. Contact your HUD Field Office Relocation Specialist or an experienced governmental relocation agency, in the planning stage of your project to ensure that you have addressed this issue properly.
- Environmental problems can be very expensive and time-consuming. Factors to consider are the presence of lead-based paint (particularly if you are proposing to serve families with children) and asbestos.
- Activities that are not eligible for assistance include:
    - Assistance for non-disabled participants
    - Assistance for transitional housing

S+C Component Comparisons

Element	TRA	SRA	PRA	SRO
Entity Administering Rental Assistance	Recipient or other entity under contract to recipient	Recipient, nonprofit sponsor(s) or other entity under contract to recipient	Recipient or other entity under contract to recipient	PHA
Type of Housing	Variety of types ranging from group homes to independent living units	Variety of types ranging from group homes to independent living units	Variety of types ranging from group homes to independent living units	SRO dwelling units
Living Requirements	Participants choose; recipient may require participant to live in a particular structure in first year and within a particular area in all years	Must live in structure owned or leased by sponsor	Must live in unit in particular property that is assisted	Must live in SRO structure
Eligible Participants	Homeless adults with disabilities and their families, if any	Homeless adults with disabilities and their families, if any	Homeless adults with disabilities and their families, if any	Homeless individuals with disabilities
Housing Quality Standards	24 CFR 982.401	24 CFR 982.401	24 CFR 982.401	24 CFR 882.803(b)
Rehabilitation	Not required	Not required	$3,000 minimum per unit for 10 years of assistance	$3,000 minimum per unit required
Term of Assistance	5 Years	5 Years	5 Years without rehabilitation; 10 Years with rehabilitation	10 Years
Unit (Contract) Rent	Reasonable rent	Reasonable rent	Reasonable rent	Rent calculated by PHA; limited by Sec 8 SRO Mod. Rehab. FMR

Renewal Grants

If you are requesting renewal funds for an existing S+C project, **do not** use Exhibit 3. You must complete Exhibit 3R instead.

Section A. Project Narrative

Section A is a description of your proposed project. Please respond to **all** of the items in this section. Submit a separate Exhibit 3 for each priority project. A project may include no more than one component (i.e., TRA, SRA, PRA without rehab, PRA with rehab, SRO) and may be carried out by no more than one project sponsor.

1. **Project summary**. Please provide the following:
   a. Applicant **and** sponsor (if appropriate) names
   b. Program component
   c. Total S+C request
   d. The type of housing and number of units proposed
   e. The population to be served
2. **Homeless population to be served.** Briefly describe the following:
   a. Their characteristics and needs for housing and supportive services.
   b. Where they will come from. Indicate percentage coming from: streets, emergency shelters, transitional housing for homeless persons who came from street/shelters or other. Clearly explain "other."
   c. The outreach proposed to bring them into the project.
3. **Discharge planning changes.** For State and local government applicants who submitted a Discharge Policy certification in the FY 2002 application, please describe any policies and protocols subsequently implemented or developed effecting the discharge of persons from publicly funded institutions or systems of care (e.g. health care facilities, foster care or other youth facilities or correction programs and institutions) in your jurisdiction. Indicate how these changes have or will prevent such discharges from immediately resulting in homelessness for such persons. (You may provide a single response, a copy of which may be included in each of your project applications).
4. **Housing where participants will reside.** Demonstrate for each of the following:
   a. How the TYPE (e.g., apartments, group home) **and** SCALE (e.g., number of units, number of persons per unit) of the proposed housing will fit the needs of the participants.
   b. That the basic COMMUNITY AMENITIES (e.g., grocery store, medical facilities, recreation) will be readily ACCESSIBLE (e.g., walking distance, near bus line) to your clients.
   c. For TRA projects, if participants are required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years or to live a particular area for the entire period of participation, how and why the project will implement this requirement.
5. **Supportive services the participants will receive.** Demonstrate for each of the following:
   a. How the TYPE (e.g., case management, job training) **and** SCALE (e.g., the frequency and duration) of the supportive services proposed will fit the needs of the participants.
   b. WHERE the supportive services will be provided **and** what TRANSPORTATION will be available to access those services.
   c. The details of your plan to ensure that all homeless clients in this project will be systematically assisted to identify, apply for and obtain benefits under all of the following mainstream health and social services programs for which they are eligible: TANF, Medicaid, State CHIP, SSI, Food Stamps, Work Force Investment Act and Veterans' Health Care programs.
6. **Self-sufficiency.** Describe specifically how participants will be assisted **both** to increase their INCOMES and to maximize their ability to LIVE INDEPENDENTLY.

Section B. Experience Narrative

Section B is a description of the experience of all organizations involved in carrying out the proposed project. (Refer to section V(A)(1) of the NOFA for Project Applicant and Sponsor Eligibility and Capacity Standards.) Please describe on preferably not more than 3 typed pages:

1. The specific type and length of experience of **all organizations** involved in implementing the proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to their role in the proposed project as well as their overall experience working with homeless people. This should include experience contracting for and overseeing the rehabilitation of housing, as applicable, and experience administering rental assistance.
2. List ***all*** HUD McKinney grants, other than ESG, received after 1997, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date.
3. Please explain any delays in implementing any of the grants listed in (2) above which exceed applicable program timeliness standards.
4. Identify any unresolved HUD findings, or outstanding audit findings related to any of the grants listed in (2) above.

Section C.1. Component Selection

Select the S+C component which describes your project (check only one box)

☐ TRA ☐ SRA ☐ PRA without Rehab ☐ PRA with Rehab ☐ SRO

Section C.2. Project Information (please type or print)

Project Name:	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state, & zip):	
Project Sponsor's Name (for SRA projects):	Proj. Congressional District(s):
Sponsor's Address (street, city, state, & zip) (for SRA projects):	Project 6-digit Geographic Code:
Authorized Representative of Project Sponsor (name, title, phone number, & fax) (for SRA projects):	

Section D. Targeted Disabilities

In each category shown in the chart below, estimate, ***when the program is fully operational***, the number of proposed participants expected to receive rental assistance at a point in time. Include each participant only once, in either Part 1or Part 2. Part 1 should only include persons with disabilities who will not have family members living with them. *Do not double count.*

Part 1: Individual Participants not in Families	**Number of Participants**
Persons with: Serious Mental Illness	
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
(a) Total Participants: (not in families)	
Part 2: Participants in Families	
Persons with: Serious Mental Illness	
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
(b) Total Participants: (in families)	
(c) Number of other Family Members Living with Participants	
Total Persons Served from Parts 1 and 2 [(a) + (b) +(c)]	

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Section E. Major Milestones

Please complete the chart by entering the number of months planned from grant execution to the following milestones:

First Unit Occupied	Supportive Services Begin	Last Unit Occupied
months	months	months

Section F. Budget

Fill out the information requested for the S+C component you are requesting funding for. Make certain that **only one** component (TRA, SRA, PRA without rehab, PRA with rehab, and SRO) budget is completed in this section. **Requested subsidy cannot exceed current FMR unless an Exception Rent approval letter is attached.**

F.1. Tenant-based Rental Assistance (TRA) Project Budget

Applicants requesting TRA must complete the chart below showing the number of units expected to be used in your program. Multiply the applicable existing fair market rents (FMRs) as published in the Federal Register (FR) on September 30, 2002, by the number of units of a given size by 60 months. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.] The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each single room occupancy SRO unit is equal to 75 percent of the 0-bedroom FMR.

Complete a separate chart for each jurisdiction that has a different FMR.

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units X	FMR $ X	Number of Months	Total Amount Requested = $
SRO			60	
0 Bedroom			60	
One Bedroom			60	
Two Bedroom			60	
Three Bedroom			60	
Four Bedroom			60	
Other: (specify)			60	
Total TRA Assistance				$

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

F.2. Sponsor-based Rental Assistance (SRA) Project Budget

A. Nonprofit Status: Nonprofit organizations must attach to this section one of the following:

- Private nonprofit organizations must submit a copy of their IRS ruling, providing tax-exempt status under Section 501 C (3) of the IRS Code of 1986, as amended, or documentation of nonprofit status as described in the Glossary on page iv.
- Public nonprofit community mental health centers must attach a letter or other document acceptable to HUD from an authorized official stating that the organization is a public nonprofit organization.

B. Housing Description. Complete the chart below indicating the address of the specific structure(s) to be used, the number of units by bedroom size in each, and whether it is or will be owned or leased by the nonprofit entity.

Address (street, city, State & zip)	Number of Units by Size							Owned / Leased (check one)	
	SRO	0	1	2	3	4	>4		

Reminder: You may only have one sponsor per project.

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

C. Grant Amount. In the following chart, show the number of units by size expected to be owned or leased by the sponsor. Multiply the applicable existing FMRs as published in the Federal Register (FR) on September 30, 2002, by the number of units of a given size by 60 months. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.]

The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each SRO unit is equal to 75 percent of the 0-bedroom FMR. ***Complete a separate chart for each jurisdiction that has a different FMR.***

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units X	FMR $	Number of Months X	Total Amount Requested = $
SRO			60	
0 Bedroom			60	
One Bedroom			60	
Two Bedroom			60	
Three Bedroom			60	
Four Bedroom			60	
Other: (specify)			60	
Total SRA Assistance				$

F.3. Project-based Rental Assistance (PRA) Project Budget

A. Site. In the chart below, indicate the address of the property to be assisted and whether or not rehabilitation that meets the requirements specified in 24 CFR 582.100(b) is to be completed.

Address: (street, city, State &zip)	Rehabilitation	
	Yes	No

B. Grant Amount. For each property, complete a separate copy of the appropriate chart below showing the number of units by size, expected to be assisted at this property. Multiply the applicable existing FMRs as published in the Federal Register (FR) on September 30, 2002, by the number of units of a given size by the number of months. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.] If the units will be rehabilitated and your project qualifies for 10 years of rental assistance, complete chart 2. Otherwise, complete chart 1.

The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each SRO unit is equal to 75 percent of the 0-bedroom FMR.

Chart 1. PRA Units without Rehabilitation

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units	X	FMR $	X	Number of Months	Total Amount Requested = $
SRO					60	
0 Bedroom					60	
One Bedroom					60	
Two Bedroom					60	
Three Bedroom					60	
Four Bedroom					60	
Other: (specify)					60	
Total PRA without Rehab						**$**

Chart 2. PRA Units with Rehabilitation

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units	X	FMR $	X	Number of Months	Total Amount Requested = $
SRO					120	
0 Bedroom					120	
One Bedroom					120	
Two Bedroom					120	
Three Bedroom					120	
Four Bedroom					120	
Other: (specify)					120	
Total PRA with Rehab						**$**

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

F.4. Single Room Occupancy Moderate Rehabilitation (SRO) Rental Assistance

A. Project Site. Complete a separate F.4. ***for each site*** included under the SRO component of the S+C Program.

Name (if any) & Address of Site: (street, city, State & zip)

B. Grant Amount. Complete the chart below showing the number of units to be assisted. Note that the FMR for Mod Rehab SRO = Existing FMR for 0-bedroom units x 0.75 x 1.20. The Mod Rehab SRO FMR entered below should be a whole number - round before multiplying. If 0.5 or above, round to the next higher whole number. You may not request assistance for more than 100 units per site. Use the existing FMRs published in the Federal Register (FR) on September 30, 2002. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.]

Name of metropolitan or nonmetropolitan area for the FMR used.

Dwelling Units	Number of Units	X	Mod. Rehab SRO FMR $	X	Number of Months	=	Total Amount Requested
SRO					120		$

C. Certification Requirement for Non-PHA Applicants. Non-PHA applicants must submit the following letter from the PHA that will administer the rental assistance.

(Date)

I, (name and title), authorized to act on behalf of (name of PHA), certify that this agency qualifies as a Public Housing Agency as specified in 24 CFR 882.102, is legally qualified and authorized to carry out this proposed project, and that if (name of applicant) is selected for an SRO award, this agency will administer the rental assistance.

(Signature of PHA official) (PHA number)

D. Project Costs. (1) List below an estimate of the costs of developing the project.

Total Rehabilitation Costs (Eligible and Ineligible)	$
Acquisition	$
Other Costs (Eligible & Ineligible, e.g., furniture)	$
Total	**$**

(2) List, on a separate sheet, any commitments from public and private sources that you are able to provide at this time to help cover the costs of developing the project.

Section G. Homeless Veterans

1. Are veterans among the homeless subpopulation(s) your project will specifically target and intend to serve?

☐ Yes ☐ No

2. If your answer to question #1 is yes, are veterans the primary target population of your proposed project?

☐ Yes ☐ No

Section H. Chronically Homeless

Are chronically homeless persons among the homeless subpopulation(s) your project intends to serve?

☐ Yes ☐ No

Section I. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)

☐ Yes
☐ No

2. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)

☐ Yes
☐ No

3. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?

☐ Yes
☐ No

If "yes," please provide the name of the military installation:_____

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Exhibit 3R:
Shelter Plus Care Program (S+C) - Renewal

Renewal Eligibility and Process

This Exhibit 3R is for Shelter Plus Care (S+C) **renewal** projects only. If you are requesting funds for a **new** S+C project, **do not** use Exhibit 3R. You must complete Exhibit 3 instead. Submit a **separate** Exhibit 3R for **each** renewal project. (A renewal project may include no more than one component (i.e., TRA, SRA, PRA, and SRO) and may be carried out by no more than one project sponsor.)

The FY 2003 HUD Appropriations Act permits the noncompetitive renewal of eligible S+C program grants for one-year terms. You are eligible to apply for renewal funding if your current Shelter Plus Care grant agreement is expiring in calendar year 2004 or if your grant has been extended beyond its original five-year term but you are projected to run out of funds in 2004. You may request up to the amount determined by multiplying the number of units under lease at the time of your application for renewal funding by the applicable current Fair Market Rent(s) by 12 months. However S+C grants that have been awarded one year of renewal funding in the FY 2002 competition, may only request for renewal this year the number of units funded in that competition. Upon renewal, the unspent balance of funds at the end of the previous grant period will be recaptured. The one-year term of non-competitively awarded S+C renewal projects awarded in 2001 and 2002 may not be extended.

Your S+C renewal application must be submitted to HUD in accordance with the NOFA requirements. Since these renewals must meet the expressed Congressional intent not to divorce S+C renewals from the accountability requirements that are needed to preserve the financial integrity of the projects, and to ensure that these projects continue to meet the needs of homeless people, all S+C renewals must be included as part of a community's Continuum of Care (CoC) submission. Therefore, S+C renewals must be given consideration as part of the local CoC planning process and, if approved for submission by the CoC, must be listed as the last entries on the CoC's Project Priority Chart.

Section A. Project Narrative

Section A is a description of the existing project that you are submitting for renewal. You should include any changes resulting from amendments made to the project.

Project summary. Please provide the following:

a. Grantee Name
b. Program component
c. Total S+C request
d. The type of housing and number of participants originally proposed and ultimately served
e. The population to be served

Section B. Performance

1. Are there any significant changes in the project since the last funding approval: Yes ☐ No ☐
   If "yes" briefly describe the changes.

2. Are all units funded with S+C funds occupied? Yes ☐ No ☐
   If not, please explain the reasons.

3. Attach responses from most recent APR for Questions 11 (Monthly Income at Entry and at Exit) and 16 (Overall Program Goals). If little or no progress, provide an explanation and specific plans for improvement.

Section C.1. Component

Select the S+C component which describes your existing project (check only one box)

☐ TRA ☐ SRA ☐ PRA without Rehab ☐ SRO

Section C.2. Project Information

Project Name:	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state, & zip):	
Project Sponsor's Name (for SRA only):	Proj. Congressional District(s):
Sponsor's Address (street, city, state, & zip) (for SRA only):	Project 6-digit Geographic Code:
Authorized Representative of Project Sponsor (name, title, phone number, & fax) (for SRA only):	**Grant being renewed -- Grant Number:**

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Section D. Targeted Disabilities

In each category shown in the chart below indicate the number of participants receiving rental assistance at the time of your application. Include each participant only once, in either Part 1 or Part 2. Part 1 should only include persons with disabilities who do not have family members living with them. *Do not double count.*

Part 1: Individual Participants not in Families Persons with: Serious Mental Illness	**Number of Participants**
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
(a) Total Participants: (not in families)	
Part 2: Participants in Families Persons with: Serious Mental Illness	
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
(b) Total Participants: (in families)	
(c) Number of other Family Members Living with Participants	
Total Persons Served from Parts 1 and 2 [(a) +(b) + (c)]	

Section E. Renewal Grant Budget

Complete this budget section for the TRA, SRA, PRA or SRO project you are submitting for renewal. ***Remember that a separate Exhibit 3R must be submitted for each project.***

1. **Need for Renewal**
   To determine if a renewal grant is needed for your project, please complete the following chart **(skip to Question 2 if awarded a one-year renewal in 2002) :**

   A. S+C Funds Originally Awarded $_____
   B. Expenditure projected through 2004 $_____
   C. Difference (A minus B) $_____

If balance remains after the funds projected to be spent by the end of calendar year 2004 ("B" above) are subtracted from the amount awarded for your existing grant ("A" above), a renewal grant is not needed at this time. Instead, a grant extension should be requested from the appropriate HUD Field Office.

2. Renewal Budget

The amount of rental assistance requested for a renewal may not exceed the number of S+C units currently under lease times the applicable current FMR(s) times 12 months, except that for S+C grants having been awarded one-year of renewal funding in 2002, the number of units requested for renewal this year may not exceed the number of units funded in 2002. If you received a one-year S+C renewal grant in 2002, please provide the number of units approved for funding that year: _____.

In the following chart for TRA, SRA or PRA renewals, show the number of units, by size, to be owned or leased during the one-year renewal period. Multiply the applicable existing FMRs as published in the Federal Register on September 30, 2002, by the number of units of a given size by 12 months. The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each SRO unit is equal to 75 percent of the 0-bedroom FMR. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.] ***Complete a separate chart for each jurisdiction that has a different FMR..***

Requested subsidy cannot exceed current FMR unless an Exception Rent approval letter is attached.

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units	X	FMR $	X	Number of Months	Total Amount Requested = $
SRO					12	
0 Bedroom					12	
One Bedroom					12	
Two Bedroom					12	
Three Bedroom					12	
Four Bedroom					12	
Other: (specify)					12	
Total Assistance						$

In the following chart for S+C/SRO renewals, show the number of units to be owned during the one-year renewal period. Multiply the number of units by the current contract rent (at time of expiration) by 12 months.

SRO Renewals Only

Dwelling Units	Number of Units	X	Contract Rent	X	Number of Months	Total Amount Requested = $
					12	$
Total Assistance						$

If your project was completed in stages, you need to submit a separate exhibit for each distinct stage.

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Section F. Homeless Veterans

1. Are veterans among the homeless subpopulation(s) your project will specifically target and intend to serve?

   ☐ Yes ☐ No

2. If your answer to question #1 is yes, are veterans the primary target population of your proposed project?

   ☐ Yes ☐ No

Section G. Chronically Homeless

Are chronically homeless persons among the subpopulation(s) your project intends to serve?

☐ Yes ☐ No

Section H. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. The project is in a rural area:

   ☐ Yes ☐ No

2. The sponsor is a religious/faith-based organization:

   ☐ Yes ☐ No

Exhibit 4: Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program

Eligible applicants for this program are non profit organizations and Public Housing Authorities.

Under the SRO Program, a "project" is a single site containing no more than 100 assisted units. A separate Exhibit 4 should be submitted for each new project. (Moderate Rehabilitation SROs will be renewed under a separate, non-competitive process.) In calculating your rental assistance amount, please use the Fair Market Rents (FMR) published in the Federal Register on September 30, 2002. You may obtain a copy of the applicable FMRs from your local HUD Field Office, which can also provide guidance on how to determine if your proposed project will be financially feasible. While housing providers should help residents to locate appropriate services, including services offered by the housing provider, to the extent possible, HUD encourages providers to develop housing programs which do not require participation in specific services as part of their tenancy requirements.

SRO Tips

In developing Exhibit 4, please avoid problems that could hamper your ability to qualify for SRO funding. Here are a few tips that may help:

- No single project may contain more than 100 assisted units. A separate Exhibit 4 should be submitted for each site.
- The structure to be assisted must require a minimum of $3,000 per unit of rehabilitation to meet Housing Quality Standards (HQS), including its prorated share of work on common areas or systems.
- For the FY 2003 competition, the per unit cost limitation for rehabilitation work is $19,000.
- If a structure you plan to use in your project currently has occupants, you need to be aware that there are relocation requirements. These occupants cannot return to units assisted by this project following rehabilitation. Because these requirements are complex, please contact your HUD Field Office Relocation Specialist or an experienced government relocation agency in the planning stage of your application.
- If you are a private nonprofit organization, you will need to subcontract with a PHA to administer the rental assistance.

Section A. Project Narrative

Section A is a description of your proposed project and is not intended to address only those portions of the site that will receive SRO funding. Please respond to **all** of the items in this section.

1. **Project summary**. Please provide the following:
   a. Names of applicant and sponsor (if appropriate)
   b. Program component
   c. Total SRO request
   d. The type of housing and number of units proposed
   e. The population to be served
   f. A photograph of the building to be assisted with the address (street, city, zip)

2. **Homeless population to be served**. Briefly describe the following:
   a. Their characteristics and needs for housing and supportive services.
   b. Where they will come from. Indicate percentage coming from: streets, emergency shelters, transitional housing for homeless persons who come from street/shelters or other. Clearly explain "other."
   c. The outreach proposed to bring them into the project.

3. **Housing where participants will reside**. Demonstrate for each of the following:
   a. How the TYPE (e.g., apartments, group home) **and** SCALE (e.g., number of units) of the proposed housing will fit the needs of the participants.
   b. That the basic COMMUNITY AMENITIES (e.g. grocery store, medical facilities, recreation) will be readily ACCESSIBLE (e.g., walking distance, near bus line) to your clients.
   c. The rehabilitation proposed for the property and the responsibility you and any other organizations will have in operating and maintaining the property.

4. **Supportive services the participants will receive.** Demonstrate each of the following:
   a. How the supportive service needs of participants will be ASSESSED and TRACKED.
   b. How the TYPE (e.g., case management, job training) **and** SCALE (e.g., the frequency and duration) of the supportive services will fit the needs of the participants
   c. WHERE the supportive services will be provided **and** what TRANSPORTATION will be available to the participant to access those services
   d. The details of your plan to ensure that all homeless clients in this project will be systematically assisted to identify, apply for and obtain benefits under all of the following mainstream health and social services programs for which they are eligible: TANF, Medicaid, State CHIP, SSI, Workforce Investment Act, Food Stamps and Veterans' Health Care programs.

5. **Self-sufficiency.** Describe specifically how participants will be assisted **both** to increase their INCOMES **and** to maximize their ability to LIVE INDEPENDENTLY.

Section B. Experience Narrative

Section B is a description of the experience of all the organizations involved in carrying out the proposed project. (Refer to section V(A)(1) of the NOFA for Project Applicant and Sponsor Eligibility and Capacity Standards.) Please describe on preferably not more than 3 typed pages:

1. The specific type and length of experience of ***all organizations*** involved in implementing the proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to their role in the proposed project as well as their overall and experience working with homeless people.
2. Describe experience contracting for and overseeing the rehabilitation of housing, and experience administering rental assistance.
3. List ***all*** HUD McKinney-Vento grants, other than ESG, received after 1997, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date.
4. Please explain any delays in implementing any of the grants listed in (3) above which exceed applicable program timeliness standards.
5. Identify any unresolved HUD findings, or outstanding audit findings, related to any of the grants listed in (3) above.

Section C. Project Information (please type)

Project Name	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state & zip)	
Project Sponsor's Name:	Project Congressional District(s):
Sponsor's Address (street, city, state & zip)	Project 6-digit Geographic Code:
Authorized Representative of the Project Sponsor (name, title, phone number, & fax):	

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Section D. Budget

1. **Rental Assistance Award Amount.**

Please complete the chart below showing the number of units to be assisted, the applicable fair market rent (FMR) as published in the Federal Register (FR) on September 30, 2002, and the total amount of rental assistance requested. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002 FR Notice.] Note that the FMR for Moderate Rehabilitation SRO = Section 8 Existing Housing FMR for a 0-bedroom unit X 0.75 X 1.20. The Mod Rehab SRO FMR entered below should be a whole number – round before multiplying. (If 0.5 or above, round to the next higher whole number.) Also note that if there is no rehabilitation financing to be amortized, the rental assistance is limited to 75% of a 0-bedroom FMR. Please remember that you cannot request assistance for more than 100 units per project.

Name of metropolitan or non-metropolitan area for the FMR used:

Dwelling Units	Number of Units	X	Mod. Rehab. SRO FMR $	X	Number of Months	=	Total Amount Requested
SRO					120		

2. **Project Costs.**

a. Please list below an ***estimate*** of the costs of developing the project.

Total Rehabilitation Costs (eligible and ineligible)	$
Acquisition	$
Other Costs (eligible and ineligible, e.g., furniture)	$
Total	$

b. Please list below (or on a separate sheet) any commitments from public and private sources that you might be able to provide to help cover the costs of ***developing*** the project. Firm financing commitments will need to be provided at a later date.

Source	Amount
Total Funds	

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

Section E. PHA Certification Requirements for Nonprofit Applicants

If the applicant for this project is a private nonprofit organization, please include in this exhibit the following letter from the PHA that will administer rental assistance:

(Date)

I (name and title), authorized to act on behalf of (name of PHA), certify that this agency qualifies as a Public Housing Agency, as specified in 24 CFR 882.102, is legally qualified and authorized to carry out this proposed project, and that it (name of applicant) is selected for an SRO award, this agency will administer the rental assistance.

(Signature of PHA official) (PHA number)

Section F. Homeless Veterans

Are veterans the primary target population?

☐ Yes ☐ No

Section G. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)

☐ Chronically Homeless
☐ Severely Mentally Ill
☐ Chronic Substance Abusers
☐ Dually Diagnosed
☐ AIDS and Related Diseases
☐ Victims of Domestic Violence
☐ Veterans

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)

☐ Yes
☐ No

3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)

☐ Yes
☐ No

4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?

☐ Yes
☐ No

If "yes," please provide the name of the military installation:_____

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

QUESTIONS AND ANSWERS

A Supplement to the 2003 Continuum of Care Homeless Assistance NOFA and Application

Office of Community Planning and Development
U.S. Department of Housing and Urban Development

2003

Table of Contents

A. Major Changes for 2003

B. Common Mistakes

C. Eligible Persons to be Served

D. SHP Administrative Costs

E. Match Requirements

F. Application

G. Continuum of Care Geography

H. Housing Gaps Analysis/Homeless Populations

I. Project Priorities

J. Pro Rata Need and Need Scores

K. Serving Veteran Needs

L. Projects

M. Permanent Housing Requirement

N. Renewal Funding

O. Homeless Management Information Systems (HMIS)

P. Strategies For Accessing Mainstream Assistance Programs

Q. Strategies for Discharge Planning

Questions and Answers
A Supplement to the 2003 Continuum of Care Homeless Assistance NOFA and Application

To assist you in preparing your 2003 Continuum of Care (CoC) Homeless Assistance application, HUD developed the following questions and answers. For your convenience, they are grouped together by topic headings.

HUD Headquarters will hold satellite training conferences to answer other questions you may have. In addition, many HUD field offices will hold training sessions on the NOFA and the application. Please contact your local HUD field office to learn more about these training opportunities. A listing of the HUD Area and State Offices is provided as an appendix to the NOFA.

A. Major Changes for 2003

CONTINUUM OF CARE CHANGES: There have been modifications to the Exhibit 1 questions, and changes to the number of points assigned to various scoring factors:

- **The "Gaps and Priorities" scoring has been reduced from 20 to 15 points.**
- **The "Housing Emphasis" scoring has been increased from 5 to 10 points.**
- **There will be no points added this year for EZ/ECs.**
- **Goals and System Development: This section requests information about your performance in reaching your chronic homelessness goals and other system goals. You are also required to describe your discharge planning policy and list your continuum's unexecuted HUD grants.**
- **The definition for chronic homelessness is included in the application.**
- **Housing Activity Chart: This chart includes the information used in the 2002 competition with an update for this year's competition to reflect the changes in your housing activities. You will also include geo codes and target population codes for each facility/program.**
- **Gaps Analysis: Last year's Gaps Analysis Chart is now two separate charts. The first chart, Housing Gaps Analysis, shows the housing gaps reflecting your current inventory and the inventory under development for this year. The second chart is the "Homeless Populations and Subpopulations Chart." For the first time, you will be showing an estimate of the chronic homelessness population for your community.**
- **Mainstream Program and Employment Chart: This new chart uses information collected from the Annual Progress Report (APR) of renewal grantees to show how homeless participants are accessing mainstream programs.**
- **Permanent Housing Bonus: In order to encourage the development of permanent housing units, the pro rata need bonus has been increased from $500,000 to a maximum of $750,000 for a number one priority project that qualifies as an eligible new project. Only the housing activities of the new project count toward the bonus. Housing activities include: rental assistance, acquisition, new construction, rehabilitation, leasing, and operating costs.**
- **The page limit has been increased to 30 pages for Exhibit 1: Continuum of Care.**

PROJECT CHANGES:

- **Term for New SHP Projects: Starting with this year's competition, the minimum term for new SHP projects must be two years.**

- **SHP Renewal Exhibit: A streamlined SHP Renewal exhibit is included in this year's application since most submitted projects are SHP renewals.**

- **HMIS Categorization: Dedicated HMIS projects should be classified as HMIS projects in the application where the type and component of the project is requested. This year, there is an HMIS budget line item for HMIS activities, separate from supportive services.**

- **HMIS Participation: All grantees receiving 2003 funds will be required to participate in a local HMIS system when such a system is implemented.**

- **Calculating SHP Renewal Budgets: Beginning in 2002, the limit for an SHP renewal request became the average annual amount of the term activities of the grant being renewed. Term activities are leasing, supportive services, and operations. Applicants may request up to 5% of each project award for administrative costs.**

CHANGES IN APPLICATION DELIVERY PROCEDURES:

- **Because of enhanced security procedures in the HUD Headquarters building, submission procedures have been changed. (See specific NOFA instructions.)**

B. Common Mistakes

1. **What experiences can you share from past competitions to help me avoid making mistakes?**

Here is a list of common errors. Please read carefully the application and the NOFA for further clarification, or contact your HUD field office. Common mistakes include:

EXHIBIT 1

- using prior application forms, which do not incorporate new requirements;
- not explaining the method for collecting the data in the Gaps Analysis chart;
- in preparing Exhibit 1, not ensuring that the individual sections are consistent with each other and complete;

EXHIBITS 2, 2R, 3, 3R, & 4

- inserting the wrong HUD-424 for the applicant, especially if your project is a renewal;
- the project budget request in the exhibit exceeds the Project Priorities chart amount;
- not describing the new portion of an existing homeless assistance project where funds are being requested for an expansion of the project;
- incorrect renewal grant numbers;
- incorrect renewal amount request;
- not directly responding to all applicable questions in the project narrative;
- not requesting an extension of the current grant term before renewal application submission to ensure the project being requested expires in 2004;
- not indicating the grant term;
- not filling out the budget section completely; for example: -- SHP budget lacks applicant cash match; mathematical mistakes; not reflecting statutory match requirements; incorrect FMRs used.

C. Eligible Persons to be Served

1. Who can receive assistance from the projects proposed in an application?

A person must be homeless in order to receive assistance under the SHP, S+C, and Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) programs. Other restrictions may also apply, depending upon the program.

A person is considered homeless only when he/she resides in one of the places described below:

a. in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
b. in an emergency shelter;
c. in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelter;
d. in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution;
e. is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or
f. is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and he/she lacks the resources and support networks needed to obtain housing.

2. Can a project serve persons at risk of becoming homeless?

No. By law, only those persons who are homeless may be served by the programs under the NOFA. If your organization wants to serve persons at risk of becoming homeless, persons who are "doubled up," or persons who are "near homelessness," it would need to use another source. HUD administers the Emergency Shelter Grants (ESG) program that can fund homelessness prevention activities. A variety of other programs, such as Section 8, Community Development Block Grant (CDBG) and HOME, serve low-income persons who may be at risk of becoming homeless due to poor housing conditions, overcrowding or other reasons. Contact your local HUD field office for more information on these and other programs.

3. Can a project serve a person being discharged from a State mental health institution in a state that requires housing to be provided upon the person's release?

If your State has a policy requiring housing as part of a discharge plan, HUD does not consider those persons homeless since they will be placed in housing arranged by the State. Contact your State department of mental health or similar State agency for information on its discharge policy. If your State does not require housing as part of discharge planning, then those persons being discharged may be served as long as they will be homeless as described in Question #1 of this section.

As a condition for award in the competition, any governmental entity serving as an applicant must agree to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. This condition for award, in the form of a certification and required by law, is intended to emphasize that States and units of general local government are primarily responsible for the care of these individuals, and to forestall attempts to use scarce McKinney-Vento Act funds to assist such persons in lieu of State and local resources.

4. Can a project serve a homeless youth after he/she becomes a ward of the state, or serve runaway youths?

Project funding may not substitute for the assistance a State is required to provide a youth while in foster care. Project funding can, however, be used to supplement the State's assistance by providing a needed service that is not required to be provided by the State as part of its foster care system. Youth who run away from home are considered homeless if they are residing in those places listed under the criteria in Question #1 of this section, are without resources and support, and are not considered wards of the state.

5. Can a homeless person moving into permanent housing receive services under SHP for an extended period of time?

The person may receive supportive services for the term of the grant if he/she is living with a disability. If the person is not disabled, however, he/she may receive services for only up to six months after moving into permanent housing.

6. Who does HUD consider to be chronically homeless?

A chronically homeless person is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter during that time.

D. SHP Administrative Costs

1. What is the requirement regarding splitting SHP administrative costs?

This requirement is applicable only to States and units of general local governments who are the applicants for SHP funding for individual projects that will be operated by nonprofit organizations. If SHP funds for administrative costs are awarded to a State or unit of general local government where the projects will be operated by nonprofit organizations, some of these funds must be passed on to the nonprofit organization(s). As stated in the NOFA, this requirement is NOT applicable to the SRO and S+C programs, nor does it apply to applicants that are non-government entities.

2. How much of SHP administrative funds referred to in Question #1 of this section must be passed on to the nonprofit organization(s) who will operate the homeless assistance project(s)?

Administrative funds provided as part of the SHP grant should be split with the nonprofit organization(s) in proportion to the administrative burden borne by them for the SHP project(s). However, HUD will consider States or units of general local government that pass on at least 50 percent of the administrative funds as having met this Congressionally-mandated requirement.

E. Match Requirements

1. Under the SHP, what is the operating cost match requirement? Is this a cash match?

SHP funds may be used to pay for up to 75 percent of the total operating costs of supportive housing for all years of the grant term (this change is not applicable to grants awarded prior to calendar year 2000). For example, if the annual operating costs are $100,000, SHP funds may be used to pay up to $75,000, or 75 percent, of these costs in each year of the grant term and the grantee would be required to pay $25,000, or 25 percent, each year.

The operating costs match to be paid by the grantee is a cash match. Documentation of firm commitments of cash resources for the first year of the grant term and certification that cash resources will be provided in the second and third year of the grant term, if applicable, must be submitted as part of the technical submission application (the form and content requirements of the cash match documentation and certification are explained in the applicable exhibits of the SHP Technical Submission document). In addition, the cash match must be verified in the Annual Progress Report. Donated or in-kind contributions do not count toward meeting this match.

2. Is the SHP operating costs match requirement applicable to projects submitted for renewal funding?

Yes. Projects submitted for renewal are allowed to request up to 75 percent of the actual operating costs of supportive housing for all years of the grant term. However, renewal applicants may not request SHP funds to replace State or local government funds being used in the project.

3. What is the supportive services match requirement for SHP? Is this a cash match?

The 2003 HUD Appropriation Act specifies a 25 percent match of SHP supportive service funding (i.e., for every $100 in SHP funds, the applicant must provide $25 toward supportive services). Another way to look at this is that the SHP request can be no more than 80 percent of the total budget for the supportive services line item (i.e., 80% of the $125 (total budget) in the above example equals $100). If you do not indicate in your SHP application budget that you are supplying the full match required, your SHP request will be reduced so that it is no greater than 80 percent of your total supportive services budget.

The supportive services match to be paid by the grantee is a cash match. Documentation of firm commitments of cash resources for the first year of the grant term and certification that cash resources will be provided in the second and third year of the grant term, if applicable, must be submitted as part of the Technical Submission (the form and content requirements of the cash match documentation and certification are explained in the applicable exhibits of the SHP Technical Submission). In addition, the cash match must be verified in the Annual Progress Report. Donated or in-kind services do not count toward meeting this match.

4. What if we have a renewal project that is requesting supportive services funds? Do those funds need to be matched?

Yes. A renewal project requesting supportive services funds must also meet the match requirement as described in question #3 of this section.

F. Application

1. Is there a firm page limit for Exhibit 1, the CoC narrative?

Yes. Applicants must limit the number of pages in Exhibit 1 to 30 pages, including attachments. HUD will not review the pages exceeding the 30 page limit when rating Exhibit #1. In fairness to larger CoCs, and as noted in the application kit, only the first page of multiple page project priority and leveraging charts, and the first page of the response to items 2.D, 3.E, 3.F, 7.C, and 8.D will count toward the 30 page limit.

2. Is there a formatting requirement for the written commitments claimed on the Project Leveraging chart?

The written commitment must be documented on letterhead stationery, signed and dated by an authorized representative, and must, at a minimum, contain the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and, the date the contribution will be available.

Written commitments are not submitted at the time of application. However, they must be submitted for verification by HUD prior to grant agreement execution. Only the value of contributions to a project for which the applicant has a written commitment at the time of application will be counted toward points for leveraging of other resources.

An additional change you should be aware of when filling out the leveraging chart is that the instructions now say that the value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project. For example, the value of donated land buildings or equipment claimed in 2002 or before for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions.

3. Each Exhibit 1, CoC, must be identical for each associated application under a continuum. Would HUD accept the associated applications from a given community if just one of the associated applications contained the entire Exhibit 1, with the other associated applications simply cross-referencing that exhibit?

Yes. HUD will accept associated applications in which Exhibit 1 has been submitted in this way. However, for the application containing the complete Exhibit 1, please state at the beginning of that exhibit: "This is an associated application. Exhibit 1: CoC is being submitted in its entirety only in this application. The applications of all other associated applicants for this same continuum, as listed below, will cross-reference and adopt this exhibit." (List the names of all other associated applicants.)

For each of the associated applications not containing the complete Exhibit 1, please state: "This is an associated application. By agreement between all associated applicants, Exhibit 1: CoC has been submitted in its entirety only in the application from (state applicant's name). We adopt that Exhibit 1 and agree to follow it if our application is selected for funding."

4. If my application is received at the HUD Field Office by the deadline, but not at HUD Headquarters in Washington, D.C., is my application considered "on time" and will it be considered for funding?

No. The determination of an "on time" application is made at HUD Headquarters in Washington, D.C. Your application must arrive by the deadline at HUD Headquarters in order for it to be considered for funding. HUD is constrained by the HUD Reform Act not to accept any applications that arrive after the deadline. (See NOFA for specific application delivery instructions.)

In addition, as stated in the NOFA, reviews will be based solely upon the contents of the application submitted to HUD Headquarters. Application materials submitted to the HUD Field Office and not to Headquarters, even if submitted prior to the deadline, will not be considered in the review of the CoC or of individual projects.

5. The NOFA says that HUD will perform a "threshold" review of my application. What does this mean? What should I be aware of when preparing my application?

HUD reviews your application to ensure that the applicant is eligible to apply for the program it selected and has the requisite capacity to carry it out. It also reviews the capacity of all other organizations involved with the proposed project. It is imperative, therefore, to demonstrate that applicants and any sponsors or other organizations involved have sufficient capacity. Be sure to answer all of the questions under the Experience Narrative section(s) of the program exhibit(s). It is also imperative that nonprofit applicants include documentation demonstrating their eligibility.

HUD also reviews your project exhibit to ensure that your project will only serve homeless people (see Section C, question #1, of this supplement), that what you propose is eligible, and, in the case of projects other than SHP renewals and S+C renewals, that your project meets threshold quality standards. You can help ensure that your project passes the quality review by completely answering all of the applicable Project Narrative questions in the program exhibit. These questions relate directly to the NOFA threshold standards so it is important that you address each and every applicable factor in the Project Narrative(s) and complete the charts for the program for which you are applying.

After consultations with HHS, the individual project quality threshold review criteria have been modified to obtain better information on the nature of the supportive services being proposed by the applicant (i.e., supportive service requests must be cost-effective). In addition, performance review standards have been included for renewal projects and can be used as the basis for rejecting poorly performing projects. Finally, all projects, including renewals (except S+C renewals), must submit a specific plan for ensuring that clients will individually be assisted to obtain the benefits of the mainstream assistance programs for which they are eligible.

Under SHP and S+C, renewal projects are considered to have met most of the threshold requirements through their previously approved grant applications. However, threshold reviews will be done on renewal projects to determine: (1) the eligibility of proposed activities; (2) the eligibility of the population to be served; and (3) the capacity of the applicant and project sponsor, including specific progress data contained in the APR.

G. Continuum of Care Geography

1. What options do communities have in deciding the area to be covered by a CoC?

The primary consideration is to design a system that will most effectively meet the needs of the homeless population. Remember, the single most important factor in receiving funding under this competition is the strength of the CoC as measured against the CoC criteria in the NOFA.

Organizations within any locality may decide to: (a) create a CoC system within its own local boundaries; (b) join nearby communities in creating a multi-county or regional CoC system that fully involves all the communities included and serves the territory of the combined communities; (c) join with the State government or a Statewide organization in creating a Statewide CoC system; or (d) join with the State government or a Statewide organization in developing a CoC system for a specific community and/or county, or an entire region.

Local communities are strongly discouraged from attempting to divide up the geographic area of a locality and developing separate CoC systems with separate applications for each portion of the locality. Such an approach undercuts the concept of CoC because your strategy should be community-wide, comprehensive and inclusive.

2. What options do State governments and Statewide organizations have in deciding the areas to be included in a CoC?

Statewide applicants may:

a. include the entire area of the state not covered by local CoC strategies in a single application which describes the Statewide CoC system for that entire area;

b. include a part of the area of the State not covered by local CoC systems in a single application which describes the CoC system for that area, which could include one or more counties not covered by local CoC systems; or,

c. submit two or more applications, each representing a separate CoC system developed by the State or a Statewide organization and its local partners for different sub-State areas not covered by local CoC systems. Each sub-State area could cover a single county or multi-county area.

The area proposed by a State government or Statewide agency should only include those counties and communities that are fully involved in the development and implementation of the CoC strategy with the State. This involvement should be described in Exhibit 1 of the application.

3. How can a rural community maximize its opportunity for project funding under the NOFA?

Because of their small demographic numbers, rural areas generally will have small pro rata need amounts. In order to maximize its funding potential, a rural area may wish to form a regional CoC system encompassing several contiguous counties. A single pro rata need figure for the combined geography will be calculated by adding the pro rata need figures together for each county. However, all geographic areas included in the regional CoC system need to be actively involved in the development and implementation of the CoC system and this involvement must be described in the CoC narrative.

4. My community is involving the State in its CoC system. Should the community describe its coordination with the State in the community's Exhibit 1? What about the Statewide application, if there is one?

Both the community and the Statewide applications should describe the coordination that has occurred in their respective applications. State support of a local CoC system can be a factor in the success of the local system. However, neither application should include the other as a jurisdiction covered by the other's strategy when describing the geographic area covered by their respective systems.

5. What if a Statewide or regional applicant wants to propose a project in a locality covered by a separate CoC strategy?

When a Statewide or regional entity wants to carry out a project within an area covered by a separate CoC strategy, that project must be included in the application submitted by the local community with the Statewide or regional entity listed as project sponsor and/or applicant. Since such a project would be proposed to fill a gap in a community's strategy, it would be listed only in the local community's CoC priority listing (NOT the Statewide or regional organization's) and would receive a Need score based on the priority listing in that local community's strategy. However, a single HMIS project may cover the implementation of an HMIS across multiple CoCs.

H. Housing Gaps Analysis/Homeless Population and Subpopulations Charts

1. Why were changes made to the Gaps Analysis Chart?

Starting in 2001, HUD began streamlining the Gaps Analysis Chart in response to feedback from CoC planners concerning the burden and utility of the data being collected. We eliminated the priority levels and made the supportive services section optional. A recent Urban Institute study of the Continuum of Care process confirmed the burdens of collecting the needs data and reiterated local concerns about the usefulness of the data being collected and meaningfulness of several elements of the chart.

For 2003, we have limited the Gaps Analysis process to the housing components of the CoC. Summary data from the Fundamental Components of the CoC System (Housing Activity) are used to complete the Housing Gaps Analysis Chart and unmet shelter and housing needs are based upon the CoC's judgment.

To get better and more consistent data on the size and characteristics of the homeless population, we have integrated elements of the 2002 homeless count table and the homeless subpopulation Gap Analysis table into a new Homeless Population and Subpopulation Chart.

Your local or State government planning agencies have information on how to do a survey, as well as the benefits of various survey designs. In addition, HUD, through the Interagency Council on the Homeless, published the manual, Practical Methods for Counting Homeless People, which also describes data collection methods and sources. You may order a copy of this manual by contacting the Urban Institute's publications office on 202-261-5687. The cost is $13.50 and includes shipping and handling charges.

I. Project Priorities

1. Why is HUD asking communities to prioritize their projects on the Project Priority chart in Exhibit 1? Who sets the priorities in a community?

Prioritizing projects should be a logical outcome of the development of a community's CoC strategy and driven by the community's gaps analysis. This means that all organizations in the process have a voice in determining the community's priorities for funding. Priorities should be established through a fair and rational process using objective criteria. Selecting the entity (or entities) that facilitates or leads the selection process is completely up to the community. Different entities will take the lead in different communities.

As stated in the application and the NOFA, HUD expects your community's CoC strategy to be developed by and coordinated with an as inclusive group as possible. Organizations involved in this process should include nonprofit organizations as well as community and faith-based entities, government agencies, public housing authorities, housing developers and service providers, businesses and business associations, law enforcement agencies, hospitals, funding providers, and homeless and formerly homeless persons. These and other organizations should represent and address the specific needs of each homeless sub-population: the jobless, veterans, persons with serious mental illnesses, persons suffering from substance abuse, persons living with HIV/AIDS, victims of domestic violence, runaway youth and others.

2. **What if our community decides it is unable to prioritize individual projects? Can we just submit one large request for funding and decide later how to divide the request into projects based on an RFP (Request for Proposals) or similar process?**

No. The decision-making process for deciding the types of projects to include on the Project Priorities chart, and each project's priority for funding, must be completed prior to submission. A community cannot undertake an RFP or similar process after submission. If a Project Priorities chart is not submitted, all projects are likely to receive the lowest points for Need. Moreover, the CoC score will also be adversely affected by the absence of priorities.

3. **What happens if the dollars requested on the Project Priorities chart do not match the dollars requested in the project budget?**

If the project budget shows a higher dollar request than the Project Priorities chart, that amount will be reduced to match the Project Priorities chart. If the dollars requested in the project budget are lower than those shown on the Project Priorities chart, then the lower of the two amounts will be considered by HUD to be the requested amount.

4. **What happens if the grant term requested on the Project Priorities Chart does not match the grant term requested in the project budget?**

The grant term circled on the project budget will be used. Keep in mind that new SHP projects must have at least a two-year grant term.

J. Pro Rata Need and Need Scores

1. **What is "pro rata need"?**

Pro rata need is the term used to describe the relative portion of national homeless assistance need assigned to a community or group of communities in HUD's CoC competition. The "pro rata need amount" is the expression of relative homeless assistance need in dollar terms for use in scoring the "need" rating factor within a CoC competition.

2. **How is the pro rata need amount determined for a community?**

There are several steps HUD uses to reach the final pro rata need amount for each community, as described below:

Step 1 - Preliminary pro rata need: Prior to application submission, HUD calculates a "relative need index" for each CDBG-entitled city and county and each non-CDBG-entitled county in the country. HUD uses the same indices of need in computing each community's index that is used in determining the formula amounts under the CDBG and ESG programs. Each city's and county's need index is then applied against the total amount of funding available nationally in each year's CoC competition to determine the preliminary pro rata need amount for each geographic area.

Following application submission, HUD assigns each city and county identified as participating in a CoC system in all submitted applications its preliminary pro rata need amount. HUD then aggregates the preliminary pro rata need numbers for all the geographic components participating in each CoC.

Step 2 - Renewal-adjusted pro rata need: Each CoC system's preliminary pro rata need amount will then be compared to the SHP project renewal need identified by that CoC in its Project Priorities chart. Only SHP renewal projects eligible for submission in the competition will be counted for this purpose. Similarly, only that portion of submitted renewal requests that are for activities that may be renewed

will be counted (i.e., a proposed expansion of a renewal project is not eligible as a renewal and must be presented as a new project and be shown separately on the Project Priorities chart).

When the total one-year renewal need amount of all eligible SHP renewals submitted in the competition exceeds the preliminary pro rata need amount for that CoC, an amount equal to the difference will be added to the CoC's preliminary pro rata need amount. The net effect of this will be that sufficient funds will be provided to every Continuum of Care so that all of their eligible SHP renewals can be funded for one year if they are successful in this year's funding round and if they are placed as top priorities in the application. However, if the total one year amount of eligible SHP renewals in a CoC is equal to or less than that CoC's preliminary pro rata need, no upward adjustment will be made to their pro rata need.

Note: If a Continuum of Care has a total one-year SHP renewal request greater than its preliminary pro rata need AND that CoC requests more than one year of assistance for one or more of its SHP renewals, this may likely result in at least one of their lower priority renewal requests not being funded due to insufficient pro rata need. If you are in this situation, you are urged to limit the term of your SHP renewal request(s) to one year.

No renewal adjustment will be made to a CoC's preliminary pro rata need amount for eligible S+C renewals being funded non-competitively for one year from the separate McKinney-Vento Act account set up for this purpose since their funding does not count against a CoC's pro rata need.

Step 3 - Permanent housing pro rata need bonus: Again this year, HUD will add a bonus amount on top of the renewal-adjusted pro rata need amount for any CoC system that identifies a new permanent housing project passing all threshold requirements as its number one priority project. In such instances, the full amount of such a project's eligible housing activities, up to the lesser of 100 percent of the CoC's preliminary pro rata need or $750,000, will be added to the renewal-adjusted pro rata need amount for that CoC system. Please see Section M, question #3, for examples of the application of the permanent housing bonus.

The dollar amount determined after application of each of these steps, as applicable, is referred to as the "final pro rata need amount."

3. Why does my CoC's final pro rata need amount vary from one year to the next?

As can be seen from the discussion above, final pro rata need is influenced by a number of variables that include: updated census data in the formula used to assign PRN; the total amount of dollars available for the competition nationally; the amount of eligible one-year SHP renewal need identified by your CoC system; and, whether or not your CoC system seeks a permanent housing bonus.

4. How is "pro rata need" used?

HUD takes each CoC community's final pro rata need amount and applies it against the requested amount (as adjusted where necessary) of each project on the community's Project Priority chart. Starting with project priority #1 and proceeding down the chart, skipping individual projects rejected during the threshold review, projects whose requested amounts fall fully within the applicant's CoC pro rata need amount, as adjusted ("first level"), or those where more than one-half the requested amount falls within this "first level" receive the full 40 points available for Need. Continuing down the list, those projects whose requested amounts fall fully within the "second level" (two times the pro rata need amount, as adjusted), or those where more than one-half the requested amount falls within the "second level" receive 15 points. Any remaining projects on the priority list each receive 10 points.

There are only two exceptions to the above procedures. The first exception will occur if the first non-rejected project on any CoC system's priority list fails to meet the criteria for receiving 40 points. In

such instances, in order to achieve greater geographic diversity, the total requested amount for the first non-rejected priority project will be reduced to the applicant's CoC final pro rata need amount and assigned 40 points.

The second exception will occur if the total amount that would be awarded for "first level" projects in any CoC following the above procedures exceeds the final pro rata need amount for that CoC by more than $200,000. In such instances, the lowest priority "first level" project being selected will be reduced to the level necessary to ensure that the total amount being awarded for such projects does not exceed the final pro rata need amount by more than $200,000.

5. **If five different cities/counties develop a single CoC system, will the pro rata need figures of the five jurisdictions be added together?**

Yes. A single final pro rata need figure for the combined geography of the five jurisdictions will be calculated by adding the five separate Need figures. The combined figure will then be used to determine the number of projects on the single Project Priorities chart that will receive 40, 15 and 10 points for Need, as described above. To ensure that the full Pro Rata Need is received, be sure to include all the geography of participating cities/counties on the Application Summary.

6. **Given the situation in the previous question, do the projects then have to be located in all five jurisdictions proportionally?**

No. The projects do not have to be located in all five jurisdictions nor do they have to be located proportionally. However, the single CoC system must be designed to address the problem of homelessness in all five jurisdictions, and it must be clear in the application the various CoC organizations in all five jurisdictions are actively working together in planning and implementing the CoC. Otherwise, the very important CoC score, which represents up to 60 points, will be adversely affected.

K. Serving Veteran Needs

1. **The NOFA mentions veterans groups. How should veterans organizations be involved in the CoC?**

Your community process for developing and implementing a CoC system should be comprehensive and inclusive. This means the needs of all homeless sub-populations in your community should be represented in your CoC planning process and project implementation. Because studies show that a significant segment of the homeless population are veterans, it's especially important to involve veterans organizations so that the needs of homeless veterans are addressed appropriately and effectively.

2. **Is there any guidance available on developing programs to address the needs of homeless veterans?**

In 2002, HUD has released two new technical assistance resources addressing the needs of homeless veterans. The first report, A Place at the Table: Homeless Veterans and Local Homeless Assistance Planning Networks, is designed to help organizations serving homeless veterans to more effectively participate in the homeless assistance program planning networks in their communities and, in particular, to access resources through the Continuum of Care planning process.

The second report, Coordinating Resources and Developing Strategies to Address the Needs of Homeless Veterans, provides information on promising practices for effectively coordinating HUD funding with other resources in order to address the special needs of homeless veterans. Both reports

can be found at the HUD homepage at http://www.hud.gov/homeless/index.cfm under homeless vets. Printed versions of these 2 reports will be available from Community Connections at 1-800–998-9999.

L. Projects

1. What is the extension policy for SHP grants?

For SHP grants expiring in a given calendar year, grantees that will have SHP or other funds to carry them beyond that calendar year have the option of extending their grant term for up to one year subject to HUD approval. Grant terms may be extended if:

(1) the renewal project fails to receive funding in a competition and wants to become eligible to apply again in the next competition;
(2) the grantee of a project currently eligible for renewal fails to apply in a competition but wants to be eligible to apply in the next competition; or
(3) there is an overabundance of renewal requests in the community in a particular year.

Grant terms may not be extended for more than one year. In addition, extensions for less than a year are acceptable if an entire year is not needed to carry the term into the next calendar year. For example, if a grant term ends in November 2002, it need only be extended for 2 months to carry the grant term into January 2003.

To obtain an extension, grantees must request that their local HUD field office process a grant agreement amendment. Such requests must be submitted before the application deadline. With the request for an amendment, grantees must submit information to the field office demonstrating how they fit one of the criteria above and that they have the financial resources to carry out the project fully in accordance with all of the provisions of their grant agreement during the extension period. (See Section N, question #8, regarding funding sources that may be used to continue a project.)

Please note that if a project fails to be renewed in a competition, it would not be eligible to apply for renewal again in the next competition unless the grantee submits a request for and receives an extension of the project's term.

2. If my project has several structures and we are also providing supportive services, including outreach, how would I include the supportive service on the budget sheets?

New projects will be including a structure budget for each of the structures in your project. If supportive services are also included, then spread the services among the structure budgets so that the structure budgets add up to the total budget.

3. May SHP funds be used in public housing facilities?

Yes. An SHP project may use public housing units only after the PHA disposes of the units, through deed or lease, to the SHP grantee and obtains HUD approval of the disposition. After the disposition, these units can receive no public housing capital or operating subsidy.

4. In the 2003 HUD Appropriations Act, Congress has included a provision to ensure the timely implementation of projects awarded funding in the CoC competition. Does this affect my project?

Recipients conditionally awarded funds in the 2003 CoC funding round must have a fully executed grant agreement or, in the case of the Section 8 Moderate Rehabilitation SRO Program, Annual Contributions Contract, by September 30, 2005. If a grant agreement or ACC is not executed by that date, the award will be withdrawn. These funds will remain available for expenditure for five years from that date.

5. If a grantee has money left over after the term of their SHP grant, can the grant be extended in order to spend the remaining money?

SHP projects cannot be extended merely to spend the remaining grant funds. However, if a grant is extended into the next calendar year so that it can become eligible to apply for renewal in the next competition, grant funds remaining from the current term may be used as a source of funding to continue the project during the extension.

6. In the application for SHP, under Section D of Exhibit 2, when would it be appropriate to use the "New" exhibit?

You would use the "new" SHP exhibit in the following situations:

- if you were proposing a brand new project that has not provided services or supportive housing for homeless persons;
- if you are making an addition to an existing non-SHP funded project (only the addition is considered eligible for funding);
- if you are making an addition to an existing SHP funded project (only the addition is considered eligible for funding; see Section N, question #4, regarding how to apply for renewal and expansion of the same project);
- if you are bringing your project up to code (only activities which are code-related are eligible);
- if you are replacing non-renewable Federal or private funds in an existing project; or
- if you are re-starting an SHP project which received SHP funding in the past, but the SHP funding ended when the project term expired, and the project did not continue to provide services or supportive housing for homeless persons.

7. Do new and renewal SHP project applicants use identical forms?

No. There are two exhibits for SHP projects this year. The new projects will use the first exhibit (2) and the renewals will use the second exhibit (2R).

8. Are there any new Lead-Based Paint or Environmental review requirements this year?

No. However, the changes made in 2001 were so important that they are worth repeating here.

The changes in the Lead-Based Paint regulations, which became effective for recipients of funding in the 2001 competition, are extensive. The regulations set hazard reduction requirements that give much greater emphasis than existing regulations on reducing lead in house dust. Scientific research has found that exposure to lead in dust is the most common way young children become lead poisoned. Therefore, the new regulation requires dust testing after paint is disturbed to make sure the home is lead-safe. Specific requirements depend on whether the housing is being disposed of or assisted by the Federal Government, and also on the type and amount of financial assistance, the age of the structure, and whether the dwelling is rental or owner-occupied. For additional information, contact your local Field Office.

In regard to environmental reviews, an important statutory change now provides that for recipients who are private nonprofit organizations or public housing authorities (PHA), the environmental review may be performed by responsible entities (units of general local government in whose jurisdiction the activity is located or States) in accordance with 24 CFR Part 58 - "Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities" whether or not the grantee is itself a unit of local government or State.

If a responsible entity is either unwilling or unable to perform an environmental review for grantees who are public housing agencies or private nonprofit organizations (Section 58.11), or if HUD determines that the responsible entity should not perform the environmental review on the basis of performance, timing or compatibility of objectives, HUD may designate another responsible entity to conduct the review under Part 58 or may itself conduct the environmental review based on Part 50.

9. State and local governments funded in previous competitions were required to certify that they would develop policies and protocols for people being discharged from publicly funded institutions. How do State and local grantees report on our efforts toward implementing the requirements of that certification?

Project applicants who are State or local governments awarded funds in previous competitions are asked in the Project Narrative, Section A, to provide a description of any policies and protocols they have developed/implemented regarding discharges from publicly funded institutions. They should also indicate how these changes have or will prevent such discharges from resulting in homelessness for discharged persons. A copy of the description should be placed in each submitted project.

10. Can Section 8 project-based assistance (PBA) or Section 8 tenant-based assistance (TBA) be used in a SHP funded transitional housing program?

No. HUD will not fund **new** projects mixing Section 8 assistance in SHP-funded transitional projects. Experience with such funding has resulted in many complex operating issues when the two subsidy streams are combined. Section 8 is intended to be a permanent housing resource and should be integrated into the CoC in that manner.

11. If my project is a new "Supportive Services Only" project, do I still have to answer all of the narrative questions in the Project Narrative, including the questions related to housing?

Applicants for the Supportive Services Only component of the SHP must answer all items in Exhibit 2, Section A, Project Narrative, except item #3 and #7.

M. Permanent Housing Requirement

1. What exactly is the 30 percent permanent housing requirement in this year's competition?

The FY 2003 HUD Appropriations Act specifies that S+C renewal grants awarded this year shall be funded from the appropriation. The Act stipulates that after funding the S+C renewals, 30 percent must be awarded to permanent housing projects. The 30 percent requirement applies to the competition overall, not to individual applications. In other words, HUD is not requiring each community to submit 30 percent of its projects as permanent housing. However, in order to meet this statutory requirement, HUD may have to skip over higher scoring non-permanent housing projects in order to fund lower scoring permanent housing projects or, within a continuum, skip over higher priority non-permanent housing projects in order to fund lower priority permanent housing projects. In order to reduce the chances that one of your non-permanent housing projects will be skipped over for funding, every effort should be made to improve your CoC narrative.

Certain projects in the Safe Haven component of the Supportive Housing Program may now be included in the definition of permanent housing for the purpose of determining compliance with the 30 percent permanent housing requirement. Projects now meeting the definition of permanent housing for this purpose are projects under the following programs:

- S+C (new);
- Section 8 SRO; and
- the SHP/Permanent Housing component (new and renewal);
- Safe Haven projects which have the characteristics of the permanent housing component of SHP, including a lease with the resident.

You should be careful in your application to establish that your Safe Haven project qualifies as permanent housing.

2. If HUD finds that it must select for funding lower rated permanent housing projects and, consequently, must skip over non-permanent housing projects above the funding line to meet the 30 percent permanent housing requirement, how will it be done?

Should it be necessary to skip over non-permanent housing projects for funding in order to achieve the 30% requirement, HUD will first skip over new non-permanent housing projects when making project selections in order to meet the 30 percent requirement. If the 30 percent requirement has not been met after skipping over the new non-permanent housing projects, then HUD will skip over non-permanent housing renewal projects. In skipping over new non-permanent housing projects, HUD will begin with the lowest rated (eligible) fundable new non-permanent project at the projected funding line and continue up the rankings until the 30 percent requirement is met. If it is necessary to skip over non-permanent housing renewal projects, HUD will proceed in the same way.

If it becomes necessary to select for funding lower rated permanent housing projects below the funding line as to achieve the 30% permanent housing requirement, these permanent housing projects, in order to be eligible for funding for this purpose, must have been assigned at least 15 Need points and be submitted as part of either a "consolidated" or an "associated" Continuum of Care application that received at least 20 points under the Continuum of Care scoring factor. However, no Continuum of Care application may receive more than 30% above its final pro rata need amount, up to $3 million, for permanent housing projects assigned only 15 Need points ("second-level" projects) that are selected for funding under this procedure.

3. How does the "incentive" for first priority NEW permanent housing projects work?

To help ensure that the 30 percent permanent housing requirement is met and to promote permanent housing generally, an incentive is provided in this year's competition. If a CoC's number one priority project qualifies as an eligible, new permanent housing project, then the full amount of that project's eligible housing activities, up to the lesser of 100 percent of that CoC's preliminary pro rata need or $750,000, will be added to the renewal-adjusted pro rata need amount for the continuum. The project must be specified as the number one priority on the continuum's priority chart and it must be a new project, not a renewal. The project must also be found eligible by passing the project threshold review.

Example #1: A new S+C project is proposed as the number one priority with eligible activities totaling $800,000. The continuum has a preliminary pro rata need amount of $750,000. If this project passes threshold eligibility review, $750,000 of the $800,000 in eligible activity costs for this number one priority project will be added to the initial $750,000 pro rata need amount resulting in a final pro rata need for the continuum of $1,500,000.

Example #2: A new SHP permanent housing project is proposed as the number one priority with eligible housing activities totaling $350,000. The continuum has a preliminary pro rata need amount of $300,000. If it passes threshold eligibility review, one hundred percent of the CoC's preliminary pro rata need ($300,000) of the $350,000 in eligible housing activity costs for this number one priority project will be added to the initial $300,000 resulting in a final pro rata need amount for the continuum of $600,000.

Example #3: A new Safe Haven permanent housing project is proposed as the number one priority with an SHP request for $500,000. The project has a request for $250,000 in acquisition and rehabilitation, and $250,000 in supportive services. The pro rata need for this community is $800,000. In this case, only the eligible housing activity costs ($250,000) will be added to the pro rata need ($800,000) to give a final pro rata need of $1,050,000.

4. Since the law calls for 30 percent of the appropriation for the homeless assistance funds to be used for permanent housing, should our community rank the permanent housing projects at the top of the Project Priorities chart to ensure they are funded?

There is no mandate to adjust your priority list. However, non-permanent housing projects on your priority list may not receive funding if a lower ranked permanent housing project must be funded in order to comply with the statutory requirement.

N. Renewal Funding

1. What is a renewal grant?

A renewal grant is a grant that continues assistance to a project that received funding in the past. For the 2003 competition, a grantee may request renewal funding if it was previously funded under one of the following programs and its grant will expire in calendar year 2004. The following are eligible:

a. SHP projects, including those renewed before, that are expiring in 2004;
b. S+C projects expiring in 2004 that will have insufficient funds to continue operating throughout 2004, or S+C projects having been previously extended but which are projected to run out of funds in 2004.

2. Who can apply for a renewal?

Only the current grantee (the entity that has executed the grant agreement with HUD) can be an applicant for a renewal. In order to identify the current grantee as the applicant in this year's competition, a HUD-424 must be included as part of the application. If in doubt, please check with your local HUD field office. Please note that project sponsors and other entities that are not the grantee cannot apply for renewal. The law allows only the grantee to apply.

3. A current SHP grantee decides to add new activities or expand the level of an existing approved activity to its existing SHP funded project (i.e., expand the project) and submits an application requesting funding for these new activities. Would this be considered a renewal grant?

No. In order to be considered an SHP renewal, a project must not include either a new activity or an expansion of an existing activity. An expansion of an existing project is considered a new effort and would be submitted as a new project.

4. Do I have to submit separate project applications to both renew and expand my SHP project?

Yes. If a project is eligible for renewal and the grantee wants to apply for funds to both renew the existing project and to add new activities or expand existing activities to the same project, a separate Exhibit 2, Project Narrative, must be submitted for each. That is, an Exhibit 2 should be submitted requesting the renewal of the existing project and another Exhibit 2 should be submitted requesting funding for only the additional new or expanded activities. In addition, both projects should be listed as separate priorities on the Project Priorities chart in Exhibit 1.

5. How do I determine if my project is eligible for SHP renewal?

To be eligible for an SHP renewal, your current HUD grant must expire during calendar year 2004. A grant is expiring in calendar year 2004 if its term ends during that year. Many grants begin with acquisition, rehabilitation, or new construction which must be completed before term activities can begin. Term activities are those that are funded for a period of time specified in the NOFA, grant agreement, or HUD renewal guidance under which the grant was funded – such as one, two or three years. Term activities are leasing, operations, and supportive services. Note: The term of a grant does not begin until the grantee begins to serve participants.

The term ends when the specified time period for the grant elapses. For example, a 1999 SHP grant was awarded a three-year term. The term ends three years from the time the grantee first serves participants and draws SHP funds for leasing, operations or supportive services, not three years from the first draw of SHP funds for any other approved activity.

However, if a grant term has been extended the term ends when the period of extension expires as indicated in the grant agreement amendment. If the grant whose term was extended is subsequently renewed, the renewal grant term begins when the extension period expires.

Contact your local HUD field office to confirm whether your project is eligible for renewal in this competition. Your discussions with the field office should clarify the terms of any extensions, as well as any amendments that have been executed. Any minor changes (less than 10% shift of funds from one activity to another) should be part of your discussion.

6. How much money can I request for my SHP renewal?

The amount an applicant may request for activities eligible for renewal in an existing project (i.e., leasing, operations, supportive services) is based on the average annual amount of the grant being renewed as approved by HUD for these activities in the existing grant's Technical Submission. Renewal funds can only be requested for continuing a previously approved project at the same level of housing and/or services provided in the previous grant. The amount requested for operations may not exceed 75 percent of the total operations budget and the amount requested for supportive services may not exceed 80 percent of the total supportive services budget (see Section E of this supplement regarding match requirements for these activities).

7. Are there any performance standards my renewal grant will have to meet in order to be funded?

Yes. Performance review standards have been included as part of the threshold review of all renewal projects. Renewal projects must evidence satisfactory performance for their existing grant, in HUD's opinion, based upon the substantial achievement of their program goals as reflected in their most recent Annual Progress Report. Renewal projects must also evidence, consistent with the certification required of them that they are coordinating and integrating their program with mainstream resources, that they have assisted clients to obtain the benefits of the mainstream health, social service, and employment programs for which they were eligible. The failure to achieve a satisfactory level of performance for either of these factors may be used as the basis for rejecting the project.

If an APR has not been submitted, a written response describing progress toward goals and coordination of mainstream resources may be submitted.

8. If my application for renewal of an SHP project is not funded in a competition, what sources of funds can I use to continue my project?

To continue an SHP project that was unsuccessful in seeking renewal in a prior competition, you may use any type of funds – Federal, State, local, or private funds – and still compete in the next competition. While normally the use of State or local government funds in a project would prevent future Federal funding, HUD does allow the use of State or local government funds as interim or emergency funding when they are used to continue an SHP project which was unsuccessful in seeking a renewal.

9. Are there any instances in which the scope of an SHP project may be reduced when it is renewed?

Yes. You may proportionately reduce or eliminate elements of the project and the SHP request. However, be aware that this project, as well as all projects, must meet all project threshold requirements as identified in the NOFA.

If the scope of a project is reduced, clearly indicate and fully describe in Section A, Project Narrative, in the application the following: Why it is necessary to reduce the scope of the project; which elements (housing units, services, etc.) of the project will remain and which will be reduced or eliminated; the number of persons served compared to the number in the original grant; and how the proportionate reduction in SHP funds was calculated.

10. Can a CoC decide not to request renewal funds for existing projects, or to give these projects a relatively low priority ranking?

Yes. The need for the continuation of previously funded projects should be considered in the local needs analysis process and a decision should be made locally on the priority to assign to the continuation of a project. HUD does not require that existing projects be renewed or given a higher priority than other projects. However, HUD is very concerned that the ongoing housing needs of persons currently being served by existing projects be taken into account as part of the decision-making process. The CoC should review each project at the time it seeks renewal to determine if the project is performing satisfactorily and is meeting the needs of persons it proposed to serve or whether local needs have changed and other subpopulations or types of assistance should be given preference.

11. What level of detail is needed to complete the Supportive Services and Operations Charts for renewal projects?

The charts enable you to include detailed information you already have available for renewal projects at the time of application, rather than at second submission. Requesting the detail normally included in the Technical Submission package streamlines your planning and eliminates duplication of effort following the conditional award.

12. How do I determine if my project is eligible for a S+C renewal?

Any S+C project whose grant term is expiring in calendar year 2004 and which is projected to run out of rental assistance funds in 2004 is eligible for renewal. (In addition, S+C grants that received an extension previously but which are projected to run out of funds in 2004 are also eligible.) The effective date of the grant (the date the agreement is executed by HUD) is the date used to determine whether the grant (including all of its TRA, PRA and SRA, and SRO component projects) is expiring.

It is entirely possible that within a single grant, one component project may have sufficient funds remaining to continue providing rental assistance beyond 2004 while another component project must be submitted for renewal. Therefore, the status of every S+C component project within an expiring grant should be analyzed separately to determine whether it can be extended or should be submitted for renewal.

HUD has developed procedures for extending the grant term for S+C projects expiring in calendar year 2004 with sufficient funds to carry the project into calendar year 2005. This extension process is independent from the CoC competition. In such a case, contact your HUD field office for information on seeking an extension of your project.

13. Is the special funding of Shelter Plus Care renewals going to continue in the 2003 competition and what will the requirements be for submission of these renewal applications?

Under the 2003 HUD Appropriations Act, eligible Shelter Plus Care Program grants whose terms are expiring in FY2004 and Shelter Plus Care Program grants that have been extended beyond their original five-year terms but which are projected to run out of funds in FY 2004 will be renewed for one-year provided that they are determined to be needed by the Continuum of Care and meet other programmatic and financial standards. In order to meet the Congressional intent that only Shelter Plus Care renewals determined to be needed by the Continuum of Care are funded, all Shelter Plus Care renewals must be submitted as part of a community's Continuum of Care submission and be included on the priority list. Therefore, S+C renewals must be given consideration as part of the local CoC planning process and, if approved for submission by the CoC, must be listed as the last entries on the CoC's Project Priority Chart. (Even though the selection for funding of eligible Shelter Plus Care projects is non-competitive, a Shelter Plus Care renewal application should be submitted by the deadline and in accordance with the other submission requirements described in the NOFA.)

Exhibit "3R" is for Shelter Plus Care renewal projects only. Submit a separate Exhibit 3R for each renewal project. (A renewal project may include no more than one component [i.e., TRA, SRA, PRA] and may be carried out by no more than one project sponsor.)

You may request up to the amount determined by multiplying the number of units under lease at the time of your application for renewal funding by the applicable current Fair Market Rent(s) by 12 months, except for Shelter Plus Care grants having been awarded one year of renewal funding in 2002, the number of units requested for renewal this year may not exceed the number of units funded in 2002. Upon renewal, the unspent balance of funds at the end of the previous grant period will be recaptured. The one-year term of non-competitively awarded Shelter Plus Care renewal projects may not be extended.

14. How much money can I request for my first S+C renewal or subsequent renewal?

For S+C projects seeking their first renewal in this year's competition, the renewal amount may not exceed the number of S+C units under lease at the time of application for renewal funding times the current Fair Market Rent (FMR as published in the Federal Register on September 30, 2002) times 12 months. (S+C renewal funding is now limited to one year by Congress.) However, for Shelter Plus Care grants having been awarded one-year of renewal funding in 2002, the number of units requested for renewal in 2003 may not exceed the number of units funded in 2002. (Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002 FR Notice.) The renewal of S+C/SRO projects is not based on the FMR, but on the contract rent.

15. For all S+C projects seeking renewal in 2003, how long must the renewal term be under the S+C program?

For 2003 S+C renewals, the grant term is fixed by law at one year.

16. How does a State apply to renew an SHP or S+C grant that is carried out in a location having a local Continuum of Care?

The State's renewal project would need to be part of the local CoC and entered on the local community's Project Priorities chart.

If the State grant is being carried out in various locations, a State may need to divide the renewal request among several CoC priority lists. For example, a State may have an expiring grant that is being carried out in three places—two cities with their own CoC strategies, and one area that is part of the State's CoC strategy. In that case, the first two projects would appear on those communities' Project Priority chart with the State as the applicant.

O. Homeless Management Information Systems (HMIS)

1. What is a Homeless Management Information System (HMIS) and how can communities use HUD competitive funds to develop them?

A number of communities and States have long-standing comprehensive HMISs that bring computer technology to client intake procedures and permit the tracking and reporting of a client's use of shelter and social services over time. Many other communities are in various stages of implementing such client-level systems. The 2001 HUD Appropriation established as a national goal that every jurisdiction collect unduplicated client-level HMIS data by 2004. In 2001, HMIS activities became eligible under SHP to help facilitate the implementation and operation of a CoC-wide HMIS. Beginning with the 2003 competition, all awarded projects must agree to participate in a local HMIS, when implemented. The HMIS match requirement applies to HMIS activities.

2. What elements of an HMIS are eligible for funding in the competition?

The law specifies that the costs of implementing and operating an HMIS are eligible. The three major eligible HMIS costs are: 1) purchasing HMIS software; 2) leasing or purchasing needed computer equipment for providers and the central server; and 3) staffing associated with operating the HMIS, including training providers, day-to-day administration of the HMIS, analyzing HMIS data and preparing reports for providers, the continuum and HUD using HMIS data.

3. What elements of an HMIS are not eligible?

Planning and development of HMIS systems are not eligible. Planning includes all costs incurred prior to implementation. In addition to planning activities, SHP funds may not be spent on the development of entirely new software systems. There are now sufficient vendors in the marketplace with quality software so that individual communities do not need to finance the development of new software. Finally, SHP funds may not be used to replace State and local government funding for an existing HMIS.

4. Is HMIS now a separate eligible funded activity?

Yes. HMIS projects are categorized as their own type or component, and they have a separate budget line item in the SHP project budget summary.

5. Will HMIS projects count against my housing total in the Continuum of Care exhibit when calculating the "Housing Emphasis" points?

No. HMIS is a line item this year that is separate and apart from supportive services. Only housing activities and supportive services are used in calculating the "Housing Emphasis" points. As such, HMIS requests will not be included in this calculation.

6. How can we use HUD McKinney-Vento competitive funds to implement and operate a community-wide HMIS?

HMIS projects can be shared or dedicated. If the costs of the HMIS implementation are shared, then the project is classified as the type of housing or activity that it is providing. For example, if a transitional housing facility is sharing the cost of the HMIS implementation with other providers, that project continues to be classified as TH.

New this year, however, is the classification of dedicated HMIS projects as their own component, or type in the project exhibit and Project Priorities Chart. In the past, HMIS projects were classified as SSO projects. In order to accurately portray the purpose of these projects, they will be categorized independently from SSO projects. If your project was funded as an SSO HMIS and you are requesting renewal funding, you should classify your project as an HMIS, not an SSO project.

7. What standards will be used for assessing the cost-effectiveness of a proposed new or expanded HMIS?

HUD has not placed any limits on the size of the grant to fund a new or expanded HMIS, given the different number and size of homeless providers, the size of the geography involved, and the varying administrative arrangements required for implementing and operating a CoC-wide HMIS. However, HUD will look at the scope and reasonableness of the proposed activities compared to other communities in the cost-effectiveness review.

P. Strategies for Accessing Mainstream Assistance Programs

1. Why is HUD emphasizing the use of mainstream assistance programs?

Significant resources are needed to address the various housing and supportive service needs of homeless persons nationwide. Congress appropriates several *hundred billion* dollars each year for mainstream assistance programs, such as Medicaid, TANF, Food Stamps and SSI. Homeless persons are typically eligible for one or more of these major assistance programs, which can provide many of the services that are currently funded by HUD's Supportive Housing Program (SHP). For a number of years, over half of all of HUD's competitive homeless assistance funds were used to provide supportive services, as opposed to housing. The 2001 Competition was the first time in six years that trend was reversed. As providers assist homeless persons in identifying and successfully accessing mainstream assistance programs, the need to use HUD homeless resources to provide supportive services will decline, allowing HUD's funds to be increasingly used to develop more needed housing.

Because of the important role played by these mainstream programs, the law requires applicants to certify that if their organization's project(s) are selected for funding as a result of this competition, they will coordinate and integrate their homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible.

2. How can mainstream programs target the needs of people who are homeless?

Conditions of homelessness, such as transience, instability, and lack of basic resources often make it difficult for homeless individuals and families to apply for, retain, and use mainstream services. There are strategies that can be used to improve access and use of mainstream programs for homeless individuals and families. These strategies include but are not limited to:

- Improving integration and coordination of programs, where multiple needs can be addressed at the same time
- Making the process of applying easier or simultaneous for programs
- Improving outreach efforts about program benefits and eligibility requirements to the homeless and holding mainstream programs accountable for serving homeless people
- Training program personnel about the many issues unique to the homeless, such as lack of stable housing, transportation, and access to a permanent mailing address and phone

3. What are some examples of specific activities or coordination of mainstream programs?

Following are several examples some applicants in the FY 2002 competition provided to demonstrate how they were improving integration and coordination of mainstream programs. These are not all-inclusive, but represent a range of actions CoC's might consider.

- Provide case managers to accompany homeless persons to mainstream program offices and help in the eligibility process
- Develop a formal service agreement between homeless service providers and local mainstream program offices
- Create a single intake form to determine eligibility for all mainstream services
- Train mainstream program staff to conduct extensive outreach at area shelters
- Use a mobile support team for outreach and to bring clients in for mainstream services and case management and identify key contact persons to resolve barriers to services
- Distribute information and conduct presentations about mainstream programs at shelters, transitional housing, and places where homeless people congregate
- Place mental health, substance abuse, public housing and public assistance staff on-site at training or employment centers

Q. Strategies for Discharge Planning Policy

1. What are some examples of specific discharge planning policies that communities can implement?

Following are several examples some applicants in the FY 2002 competition provided:

- Begin the process of discharge planning when a client enters the institution, not when he/she is ready to be released.

- Require all publicly funded institutions to secure all available entitlements for residents prior to discharge.

- Include all stakeholders in the planning of the policy, including professional representatives from varied disciplines (Justice Services, County Counselors Office, County Police Dept., Dept. of Human Services), municipalities, social service agencies, community organizations, and advocates. Also, these policies must be developed with input from clients. A team approach is the key to planning and implementing a successful discharge policy.

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission
☐ Application ☐ Preapplication

2. Date Submitted	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name	8. Organizational Unit
9. Address (give city, county, State, and zip code) A. Address: B. City: C. County: D. State: E. Zip Code:	10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: B. Title: C. Phone: D. Fax: E. E-mail:
11. Employer Identification Number (EIN) or SSN	12. Type of Applicant (enter appropriate letter in box) ☐ A. State — I. University or College B. County — J. Indian Tribe C. Municipal — K. Tribally Designated Housing Entity (TDHE) D. Township — L. Individual E. Interstate — M. Profit Organization F. Intermunicipal — N. Non-profit G. Special District — O. Public Housing Authority H. Independent School District — P. Other (Specify)
13. Type of Application ☐ New ☐ Continuation ☐ Renewal ☐ Revision If Revision, enter appropriate letters in box(es) ☐ ☐ A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	14. Name of Federal Agency **U.S. Department of Housing and Urban Development**
15. Catalog of Federal Domestic Assistance (CFDA) Number 1 4 --- Title: Component Title:	16. Descriptive Title of Applicant's Program
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)	

18a. Proposed Program start date	18b. Proposed Program end date	19a. Congressional Districts of Applicant	19b. Congressional Districts of Program

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?
A. Yes ☐ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date_____
B. No ☐ Program is not covered by E.O. 12372
☐ Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt? ☐ No
☐ Yes If "Yes," explain below or attach an explanation.

Previous versions of HUD-424 and 424-M are obsolete

form **HUD-424** (01/2003)
ref. OMB Circular A-102

Instructions for the HUD-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form must be used by applicants requesting funding from the Department of Housing and Urban Development. This application form HUD-424 incorporates the Assurances and Certifications (HUD-424-B). You may either (1) attach the Assurances and Certifications to the application or (2) renew the certifications that you previously made on behalf of your organization and submitted to HUD if the legal name of your organization has not changed and you were the authorized representative who signed the Assurances and Certifications.

Item Number Instructions

1. Please indicate whether your application is for a formal application submission or a preliminary application (pre-application). HUD does not accept pre-applications for programs funded through the SuperNOFA.
2. Enter the date you are submitting your application to HUD.
3. This box will be completed by HUD. When received by HUD, your application will be stamped:
   (a) with a date; and
   (b) with the time received.
4. Leave Blank. This will be completed by the HUD program office receiving your application. When HUD accepts electronic applications for the grant program you are applying for, this number will be computer generated.
5. If your application is to renew or continue an existing grant, provide the existing grant number. If a new award, please leave blank.
6. Leave blank if you have not been provided a HUD ID number or user number. If you are a Public Housing Authority, enter your HUD issued Public Housing Authority ID number.
7. Enter the legal name of your organization applying for HUD funding.
8. Enter the name of the primary unit in your organization, if applicable, which will be responsible for the program.
9. Enter the complete address of your organization.
10. Enter the name, title, telephone number, fax number, and E-mail of the person to contact on matters related to your application.
11. Enter your organization's Employer Identification Number (EIN) as assigned by the Internal Revenue Service or if you are applying as an individual, your Social Security Number.
12. Choose from the list and enter the appropriate letter in the space provided. You must be an eligible applicant to apply for assistance. You must read the program information requirements to determine if you are a type of applicant that is eligible to apply for assistance under the program.
13. Enter the type of application you are submitting for funding consideration.

Check the appropriate box.

"New" means you are applying for a new grant award.

"Continuation" means you are requesting an extension of an existing award.

"Renewal" means you are requesting funding for renewal of an existing grant. e.g. Supportive Housing Program (SHP) or Shelter + Care grant.

"Revision" means you are submitting a revision prior to the application due date in response to HUD's request for clarification or modification to your initial submission.

14. Pre-filled.
15. Enter the Catalog of Federal Domestic Assistance (CFDA) number and title and, if applicable, component title of the program.
16. Enter a brief description of your program and key activities.
17. Identify the location(s) where your activities will take place. If this is the entire state, enter "Entire State".

18a. Enter the proposed start date.

18b. Enter the proposed end date.

19a. List the Congressional District(s) where your organization is located.

19b. List any Congressional District(s) where your program of activities or project sites will be located.

20. You must complete the funding matrix on page 2 of this form. Enter the following information:

Grant Program: The HUD funding program under which you are applying.

HUD Share: Please check the program requirements. Enter the amount of HUD funds you are requesting in your application.

Applicant Match: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Other Federal Share: Enter the amount of other Federal funds for your program of activities.

Instructions for the HUD-424 (Continued)

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is providing to your project or program of activities.
Local/Tribal Share: Enter the amount of funds or cash equivalent of in-kind services your local/tribal government is providing to your project or program of activities.
Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being provided to your project or program of activities.
Program Income: Enter the amount of program income you expect to generate over the life of your award.
Total: Please total all columns and fill in the amounts.

21. You should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 or check your application kit to determine whether the State Intergovernmental Review Process is required.

22. This question applies to your applicant organization, not the person signing as your organization's authorized representative. Categories of debt include disallowed costs that requires repayment to HUD.

23. To be signed by the authorized representative of your organization. A copy of your governing body's authorization for you to sign this application must be available in your organization's office.

Applicant Certification

(These certified statements are required by law.)

A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:

1. Fair Housing and Equal Opportunity.

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for S+C:
If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

2. Drug – Free Workplace.
It will provide drug-free workplaces in accordance with the Drug-Free Workplace Act of 1988 (41 U.S.C. 701) by:

(a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
(b) establishing an ongoing drug-free awareness program to inform employees about:
  (1) the dangers of drug abuse in the workplace;
  (2) the grantees policy of maintaining a drug-free workplace;
  (3) any available drug counseling, rehabilitation, and employee assistance programs; and

(4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) abide by the terms of the statement; and

(2) notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 , as amended; or

(2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;

(g) making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f);

(h) providing the street address, city, county, state and zip code for the site or sites where the performance of work in connection with the grant will take place. For some applicants who have functions carried out by employees in several departments or offices, more than one location may need to be specified. It is further recognized that States and other applicants who become grantees may add or change sites as a result of changes to program activities during the course of grant-funded activities. Grantees, in such cases, are required to advise the HUD Field Office by submitting a revised Place of Performance form. The period covered by the certification extends until all funds under the specific grant have been expended.

3. Anti-Lobbying.

(a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and of more than $100,000 for each such failure.

4. Debarment.

It and its principals (see 24 CFR 24.105(p)):

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions (see 24 CFR 24.110) by any Federal department or agency;

(b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicated for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (b) of this certification; and

(d) have not within a three-year period preceding this application/proposal had one or more public

transactions (Federal, State or local) terminated for cause or default.

5. Uniform Act.

It will comply with the Uniform Relocation and Real Property Acquisition Policies Act of 1970 (as amended), and the implementing regulations at: 24 CFR 583.310 for SHP, 24 CFR 582.335 for S+C, and 24 CFR 882.810 for SRO.

B. For SHP Only.

1. Maintenance of Effort.

It will comply with the maintenance of effort requirements described at 24 CFR 583.150(a).

2. 20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

3. 1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

4. Environmental Rule.

(a) If the applicant is a State or other governmental entity with general governmental powers (see 24 CFR 583.5), it assumes all the environmental review responsibility that would otherwise be performed by HUD as the responsible Federal official under the National Environmental Policy Act (42 U.S.C. 4321) (NEPA) and related environmental laws and authorities listed in 24 CFR part 58, including acceptance of jurisdiction of the Federal courts, and will assess the environmental effects of each application for assistance in accordance with the provisions of NEPA and 24 CFR part 58.

(b) If the applicant is a private nonprofit organization or a governmental entity with special or limited purpose powers, it will (i) not enter into a contract for, or otherwise commit HUD or local funds for, acquisition, rehabilitation, conversion, lease, repair, or construction of property to provide housing under the program, prior to HUD's completion of an environmental review in accordance with 24 CFR Part 50 and HUD's approval of the application; (ii) supply HUD with information necessary for HUD to perform any applicable environmental review when requested under 24 CFR 583.225(a); and (iii) carry out mitigating measures required by HUD or ensure that alternate sites are utilized.

C. For S+C Only.

1. Maintenance of Effort.

It will comply with the maintenance of effort requirements described at 24 CFR 582.115(d).

2. Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance and that it will fund the supportive services itself if the planned resources do not become available for any reason.

3. Components: Standards, Definitions, and $3,000 Minimum.

(a) For the SRO component only, the proposed site meets HUD's site and neighborhood standards (24 CFR 882.803(b)(4), and meets the regulatory definition of single room occupancy housing (24 CFR 882.802).

(b) For the SRO and PRA with rehabilitation components, the rehabilitation costs will meet the per unit rehabilitation minimum of $3,000.

4. Environmental Rule.

(a) If the applicant is not a PHA, it assumes all the environmental review responsibility that would otherwise be performed by HUD as the responsible Federal official under the National Environmental Policy Act (42 U.S.C. 4321)(NEPA) and related environmental laws and authorities listed in 24 CFR Part 58, including acceptance of jurisdiction of the Federal courts, and will assess the environmental effects of each application for assistance in accordance with the provisions of NEPA and 24 CFR Part 58.

(b) If the applicant is a PHA, it will (i) not enter into a contract for, or otherwise commit HUD or local funds for, acquisition, rehabilitation, conversion, lease, repair, or construction of property to provide housing under the program, prior to HUD's completion of an environmental review in accordance with 24 CFR Part 50 and HUD's approval of the application; (ii) supply HUD with information necessary for HUD to perform any applicable environmental review when requested under 24 CFR 583.225(a); and (iii) carry out mitigating measures required by HUD or ensure that alternate sites are utilized.

D. For SRO Only.

1. Standards, Definitions, and $3,000 Minimum.

The proposed site meets HUD's site and neighborhood standards (24 CFR 882.803(b)(4)), meets the regulatory definition of single room occupancy housing (24 CFR 882.802), and the rehabilitation costs will met the per unit rehabilitation minimum of $3,000.

2. Environmental Rule.

It will comply with the environmental review requirement for the SRO Program at 24 CFR 882.804(d).

E. For SHP and SRO

1. Nonprofit Board of Directors.

For private nonprofit applicants, members of its Board of Directors serve in a voluntary capacity and receive no compensation, other than reimbursement for expenses, for their services.

F. For SHP and S+C.

1. Lead-Based Paint.

It will comply with the requirements of the Lead-Based Paint Poisoning Prevention Act, 42 U.S.C. 4821-4846, and implementing regulations at 24 CFR Part 35.

G. For S+C and SRO.

1. PHA Qualification.

For PHA applicants, that it qualifies as a Public Housing Agency as specified in 24 CFR 882.102 and is legally qualified and authorized to carry out the proposed project(s).

H. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Signature of Authorized Certifying Official:	**Date:**
Title:	
Applicant:	**For PHA Applicants Only: (PHA Number)**

Special Project Certification

Coordination and Integration of Mainstream Programs

All applicants must certify for their project(s) and submit this certification along with form HUD-424 as part of their Continuum of Care application. (You may submit a single certification covering all of your projects.)

I hereby certify that if our organization's project(s) (are) selected for funding as a result of this competition, we will coordinate and integrate our homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible, including SSI, Temporary Assistance for Needy Families, Medicaid, Food Stamps, State Children's Health Insurance Program, Workforce Investment Act and Veterans Health Care programs.

_____
Authorized signature of applicant
(***required for all applicants***)

_____
Position Title

_____
Date

Special Project Certification

Discharge Policy

Required of all State and local government applicants. Submit this certification along with the HUD form HUD-424. (You may submit a single certification covering all of your projects.)

I hereby certify that as a condition for any funding received as a result of this competition, our government agrees to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. I understand that this condition for award is intended to emphasize that States and units of general local government are primarily responsible for the care of these individuals, and that McKinney-Vento Act funds are not be to used to assist such persons in place of State and local resources.

_____

Authorized signature of applicant
(required only for applicants that are States or units of general local government)

_____

Position Title

_____

Date

Form HUD-40076-CoC (2003)

Consolidated Plan Certification

HUD is required by law to obtain Consolidated Plan Certification for each proposed project.

A. Completing the Consolidated Plan Certification

Except as stated below, all projects must have a Consolidated Plan (which is hereafter called the Plan) certification from the applicable State or local government official responsible for submitting the appropriate Plan. States and units of general local government are required to certify both that the project is consistent with the Plan, but also that they are following their currently approved Consolidated Plan. The following instructions indicate the requirement for certification by applicant type for each program.

For SHP, S+C and SRO: Units of general local government that apply must have either an approved Plan or Abbreviated Plan, and therefore must submit a certification for projects located within its jurisdiction. If the application contains projects located outside of the jurisdiction, a Plan certification must be submitted from a jurisdiction with an approved Plan, or if no local Plan covers the project, from the State. A unit of general local government applicant which does not have a Plan should seek the assistance of the local HUD Field Office regarding the development of an Abbreviated Plan.

Insular Areas (America Samoa, Guam, Northern Mariana Islands, U.S. Virgin Islands) are not required to have a Plan or Abbreviated Plan, and therefore applications submitted from these jurisdictions do not require a certification of consistency with a Plan.

For SHP and SRO: State government applicants must only submit a certification of consistency with the State Plan.

An applicant that is a **private nonprofit organization, a community mental health organization that is a public nonprofit organization, or other governmental entity such as a public housing agency** must provide a certification from each jurisdiction in which a project will be located. If the local jurisdiction in which the project will be located does not have a Plan or an Abbreviated Plan, then a certification from the State must be submitted. For example, if an application contained projects in jurisdiction A have a Plan and jurisdiction B not having a Plan, then the applicant would have to submit a certification from jurisdiction A and a certification from the State for jurisdiction B.

For SHP Only: Non-State applicants proposing activities which will occur in more than one jurisdiction, only need to obtain a certification from the jurisdiction in which the program is administered if they are proposing: (1) Services Only activities; or (2) Scattered-Site Leasing where a participant selects the specific rental unit for which SHP rental assistance will be used. For other forms of leasing, submit a certification from each jurisdiction where units are located.

For S+C Only: State government applicants must submit a certification from both the State and the applicable local jurisdiction(s) where the proposed project will be located.

Public housing agencies must provide a certification from each jurisdiction in which a project will be located. If the local jurisdiction in which a project will be located does not have a Plan or an Abbreviated Plan, then a certification from the State must be submitted. For example, if an application contained projects in jurisdiction A having a Plan and jurisdiction B not having a Plan, then the applicant would have to submit a certification from jurisdiction A and a certification from the State for jurisdiction B.

B. Completing the Location Section

For SHP, S+C and SRO: Facility-Based. If the project involves acquisition, rehabilitation, new construction, or leasing (except scattered-site leasing of rental housing units), enter the city and county in which the site is located.

For SHP and S+C: Scattered-Site Leasing. Follow (1) or (2) depending on whether the project sponsor or the participant selects the units.

(1) If the project involves scattered-site leasing of rental housing units where the project sponsor will select and lease the units, identify each city and county in which the rental units will be located.
(2) If the project involves scattered-site leasing of rental housing units where the participant will select the rental units, enter the city and county in which the organization that will be administering the rental assistance is located.

For SHP Only: Services Only. If the project is a Services Only project (not expansions of existing projects with additional services), enter the city and county in which the organization that will be administering the project is located.

Please consult your local HUD Field Office for assistance in identifying jurisdictions with a Plan and the official authorized to provide certification. **For each required certification, use the exact language as stated on the form.** HUD recommends completing the form itself and submitting it as the certification, rather than retyping it.

U. S. Department of Housing and Urban Development

Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. Additionally, if the applicant is a state or unit of general local government, that the jurisdiction is following its 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: _____

HUD-40076-CoC (2003)

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
☐ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	☐ a. bid/offer/application b. initial award c. post-award	☐ a. initial filing b. material change **For Material Change Only:** year _____ quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
☐ Prime ☐ Subawardee Tier _____, *if known*: **Congressional District**, *if known*:	**Congressional District**, *if known*:
6. Federal Department/Agency:	**7. Federal Program Name/Description:** CFDA Number, *if applicable*: _____
8. Federal Action Number, *if known*:	**9. Award Amount**, *if known*: $
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*):	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*):
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 this 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 that $10,000 and not more than $100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____
Federal Use Only:	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizationallevel below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/2003)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report ☐ **or an Update Report** ☐

1. Applicant/Recipient Name, Address, and Phone (include area code): ( )	2. Social Security Number or Employer ID Number: - -
3. HUD Program Name	4. Amount of HUD Assistance Requested/Received

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

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).
☐ **Yes** ☐ **No**

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9
☐ **Yes** ☐ **No.**

If you answered "**No**" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. ***However***, you must sign the certification at the end of the report.

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

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

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

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

Part III Interested Parties. You must disclose:

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

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

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

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: X	Date: (mm/dd/yyyy)

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

Instructions

Overview.

A. Coverage. You must complete this report if:
   (1) You are applying for assistance from HUD for a specific project or activity **and** you have received, or expect to receive, assistance from HUD in excess of $200,000 during the during the fiscal year;
   (2) You are updating a prior report as discussed below; or
   (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. **Update reports (filed by "Recipients" of HUD Assistance): General.** All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.
All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to ***either*** questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

   Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

   The following information must be provided:

   1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
   2. State the type of other government assistance (e.g., loan, grant, loan insurance).
   3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
   4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD ***and any other source*** - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

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).
   Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

Client Comments and Suggestions

U.S. Department of Housing and Urban Development

You are our Client! Your comments and suggestions, please!

The Department of Housing and Urban Development in preparing this Notice of Funding Availability and application forms, has tried to produce a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to this document. You may leave this form attached to your application, or feel free to detach the form and return it to:

The Department of Housing and Urban Development
Office of Departmental Grants Management and Oversight
Room 3156
451 7th Street, SW
Washington, DC 20410

Please Provide Comments on HUD's Efforts:

The NOFA (insert title) _____

is: (please check one)

(a) ☐ is clear and easily understandable

(b) ☐ better than before, but still needs improvement (please specify)

(c) other (please specify)

The application form (insert title) _____

is: (please check one)

(a) ☐ is acceptable given the volume of information required by statute and the volume of information required for accountability in selecting and funding projects.

(b) ☐ is simpler and more user-friendly than before, but still needs work (please specify).

(c) other comments (please specify)

Name & Organization (Optional):

Are additional pages attached? ☐ Yes ☐ No

Previous versions obsolete form **HUD-2994** (03/2003)

Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

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

(fold line)

Type or clearly print the following information:

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

To Be Completed by HUD

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

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

- ☐ Enclosed
- ☐ Being sent under separate cover

Processor's Name _____

Date of Receipt _____

form **HUD-2993** (2/99)

Supporting Documents for Continuum of Care Application

1. SuperNOFA – See General Section
2. SuperNOFA – See Continuum of Care NOFA
3. Geographic Area Codes
4. HUD Community Planning and Development Field Office Contact List

Geographic Area Code

The following list identifies the geographic codes for the cities and counties in the United States, including the District of Columbia, American Samoa, Guam, the Virgin Islands, and Puerto Rico. Please use this list to identify each geographic area included in your Continuum of Care system. List each name and 6-digit code on the Application Summary sheet which is the first page of your application.

ALABAMA

010072	AL	ANNISTON	010144	AL	AUBURN			
010216	AL	BESSEMER	010228	AL	BIRMINGHAM	010594	AL	DECATUR
010624	AL	DOTHAN	010810	AL	FLORENCE	010882	AL	GADSDEN
011206	AL	HOOVER	011218	AL	HUNTSVILLE	011542	AL	MOBILE
011560	AL	MONTGOMERY	011740	AL	OPELIKA	012268	AL	TUSCALOOSA
019001	AL	AUTAUGA COUNTY	019003	AL	BALDWIN COUNTY	019005	AL	BARBOUR COUNTY
019007	AL	BIBB COUNTY	019009	AL	BLOUNT COUNTY	019011	AL	BULLOCK COUNTY
019013	AL	BUTLER COUNTY	019015	AL	CALHOUN COUNTY	019017	AL	CHAMBERS COUNTY
019019	AL	CHEROKEE COUNTY	019021	AL	CHILTON COUNTY	019023	AL	CHOCTAW COUNTY
019025	AL	CLARKE COUNTY	019027	AL	CLAY COUNTY	019029	AL	CLEBURNE COUNTY
019031	AL	COFFEE COUNTY	019033	AL	COLBERT COUNTY	019035	AL	CONECUH COUNTY
019037	AL	COOSA COUNTY	019039	AL	COVINGTON COUNTY	019041	AL	CRENSHAW COUNTY
019043	AL	CULLMAN COUNTY	019045	AL	DALE COUNTY	019047	AL	DALLAS COUNTY
019049	AL	DEKALB COUNTY	019051	AL	ELMORE COUNTY	019053	AL	ESCAMBIA COUNTY
019055	AL	ETOWAH COUNTY	019057	AL	FAYETTE COUNTY	019059	AL	FRANKLIN COUNTY
019061	AL	GENEVA COUNTY	019063	AL	GREENE COUNTY	019065	AL	HALE COUNTY
019067	AL	HENRY COUNTY	019069	AL	HOUSTON COUNTY	019071	AL	JACKSON COUNTY
019073	AL	JEFFERSON COUNTY	019075	AL	LAMAR COUNTY	019077	AL	LAUDERDALE COUNTY
019079	AL	LAWRENCE COUNTY	019081	AL	LEE COUNTY	019083	AL	LIMESTONE COUNTY
019085	AL	LOWNDES COUNTY	019087	AL	MACON COUNTY	019089	AL	MADISON COUNTY
019091	AL	MARENGO COUNTY	019093	AL	MARION COUNTY	019095	AL	MARSHALL COUNTY
019097	AL	MOBILE COUNTY	019099	AL	MONROE COUNTY	019101	AL	MONTGOMERY
019103	AL	MORGAN COUNTY	019105	AL	PERRY COUNTY	019107	AL	PICKENS COUNTY
019109	AL	PIKE COUNTY	019111	AL	RANDOLPH COUNTY	019113	AL	RUSSELL COUNTY
019115	AL	ST. CLAIR COUNTY	019117	AL	SHELBY COUNTY	019119	AL	SUMTER COUNTY
019121	AL	TALLADEGA COUNTY	019123	AL	TALLAPOOSA COUNTY	019125	AL	TUSCALOOSA COUNTY
019127	AL	WALKER COUNTY	019129	AL	WASHINGTON COUNTY	019131	AL	WILCOX COUNTY
019133	AL	WINSTON COUNTY						

ALASKA

020078	AK	ANCHORAGE						
029013	AK	ALEUTIANS EAST	029016	AK	ALEUTIANS WEST	029050	AK	BETHEL CENSUS AREA
029060	AK	BRISTOL BAY	029068	AK	DENALI BOROUGH	029070	AK	DILLINGHAM CENSUS
029090	AK	FAIRBANKS NORTH	029100	AK	HAINES BOROUGH	029110	AK	JUNEAU CITY AND
029122	AK	KENAI PENINSULA	029130	AK	KETCHIKAN	029150	AK	KODIAK ISLAND
029164	AK	LAKE AND PENINSULA	029170	AK	MATANUSKA-SUSITNA	029180	AK	NOME CENSUS AREA
029185	AK	NORTH SLOPE	029188	AK	NORTHWEST ARCTIC	029201	AK	PRINCE OF
029220	AK	SITKA CITY AND	029232	AK	SKAGWAY-HOONAH-A	029240	AK	SOUTHEAST
029261	AK	VALDEZ-CORDOVA	029270	AK	WADE HAMPTON	029280	AK	WRANGELL-PETERSBU
029282	AK	YAKUTAT CITY AND	029290	AK	YUKON-KOYUKUK			

AMERICAN SAMOA

600001	AS	AMERICAN SAMOA

ARIZONA

040072	AZ	CHANDLER						
040144	AZ	FLAGSTAFF	040180	AZ	GILBERT	040186	AZ	GLENDALE
040270	AZ	MESA	040324	AZ	PEORIA CITY	040330	AZ	PHOENIX
040384	AZ	SCOTTSDALE	040468	AZ	TEMPE	040492	AZ	TUCSON
040558	AZ	YUMA	049001	AZ	APACHE COUNTY	049003	AZ	COCHISE COUNTY
049005	AZ	COCONINO COUNTY	049007	AZ	GILA COUNTY	049009	AZ	GRAHAM COUNTY
049011	AZ	GREENLEE COUNTY	049012	AZ	LA PAZ COUNTY	049013	AZ	MARICOPA COUNTY
049015	AZ	MOHAVE COUNTY	049017	AZ	NAVAJO COUNTY	049019	AZ	PIMA COUNTY
049021	AZ	PINAL COUNTY	049023	AZ	SANTA CRUZ COUNTY	049025	AZ	YAVAPAI COUNTY
049027	AZ	YUMA COUNTY						

ARKANSAS

050600	AR	CONWAY						
050894	AR	FAYETTEVILLE	050930	AR	FORT SMITH	051374	AR	JACKSONVILLE
051410	AR	JONESBORO	051560	AR	LITTLE ROCK	051938	AR	NORTH LITTLE ROCK
052130	AR	PINE BLUFF	052304	AR	ROGERS	052466	AR	SPRINGDALE
052556	AR	TEXARKANA	052754	AR	WEST MEMPHIS	059001	AR	ARKANSAS COUNTY
059003	AR	ASHLEY COUNTY	059005	AR	BAXTER COUNTY	059007	AR	BENTON COUNTY
059009	AR	BOONE COUNTY	059011	AR	BRADLEY COUNTY	059013	AR	CALHOUN COUNTY
059015	AR	CARROLL COUNTY	059017	AR	CHICOT COUNTY	059019	AR	CLARK COUNTY
059021	AR	CLAY COUNTY	059023	AR	CLEBURNE COUNTY	059025	AR	CLEVELAND COUNTY
059027	AR	COLUMBIA COUNTY	059029	AR	CONWAY COUNTY	059031	AR	CRAIGHEAD COUNTY
059033	AR	CRAWFORD COUNTY	059035	AR	CRITTENDEN COUNTY	059037	AR	CROSS COUNTY
059039	AR	DALLAS COUNTY	059041	AR	DESHA COUNTY	059043	AR	DREW COUNTY
059045	AR	FAULKNER COUNTY	059047	AR	FRANKLIN COUNTY	059049	AR	FULTON COUNTY
059051	AR	GARLAND COUNTY	059053	AR	GRANT COUNTY	059055	AR	GREENE COUNTY
059057	AR	HEMPSTEAD COUNTY	059059	AR	HOT SPRING COUNTY	059061	AR	HOWARD COUNTY
059063	AR	INDEPENDENCE	059065	AR	IZARD COUNTY	059067	AR	JACKSON COUNTY
059069	AR	JEFFERSON COUNTY	059071	AR	JOHNSON COUNTY	059073	AR	LAFAYETTE COUNTY
059075	AR	LAWRENCE COUNTY	059077	AR	LEE COUNTY	059079	AR	LINCOLN COUNTY
059081	AR	LITTLE RIVER	059083	AR	LOGAN COUNTY	059085	AR	LONOKE COUNTY
059087	AR	MADISON COUNTY	059089	AR	MARION COUNTY	059091	AR	MILLER COUNTY
059093	AR	MISSISSIPPI COUNTY	059095	AR	MONROE COUNTY	059097	AR	MONTGOMERY
059099	AR	NEVADA COUNTY	059101	AR	NEWTON COUNTY	059103	AR	OUACHITA COUNTY
059105	AR	PERRY COUNTY	059107	AR	PHILLIPS COUNTY	059109	AR	PIKE COUNTY
059111	AR	POINSETT COUNTY	059113	AR	POLK COUNTY	059115	AR	POPE COUNTY
059117	AR	PRAIRIE COUNTY	059119	AR	PULASKI COUNTY	059121	AR	RANDOLPH COUNTY
059123	AR	ST. FRANCIS COUNTY	059125	AR	SALINE COUNTY	059127	AR	SCOTT COUNTY
059129	AR	SEARCY COUNTY	059131	AR	SEBASTIAN COUNTY	059133	AR	SEVIER COUNTY
059135	AR	SHARP COUNTY	059137	AR	STONE COUNTY	059139	AR	UNION COUNTY
059141	AR	VAN BUREN COUNTY	059143	AR	WASHINGTON COUNTY	059145	AR	WHITE COUNTY
059147	AR	WOODRUFF COUNTY	059149	AR	YELL COUNTY			

CALIFORNIA

060012	CA	ALAMEDA	060030	CA	ALHAMBRA	060078	CA	ANAHEIM
060102	CA	ANTIOCH	060108	CA	APPLE VALLEY	060228	CA	BAKERSFIELD
060234	CA	BALDWIN PARK	060288	CA	BELLFLOWER	060324	CA	BERKELEY
060450	CA	BUENA PARK	060456	CA	BURBANK	060516	CA	CAMARILLO
060564	CA	CARLSBAD	060594	CA	CARSON	060654	CA	CERRITOS
060684	CA	CHICO	060708	CA	CHINO	060709	CA	CHINO HILLS
060720	CA	CHULA VISTA	060726	CA	CITRUS HEIGHTS	060804	CA	COMPTON
060810	CA	CONCORD	060828	CA	CORONA	060846	CA	COSTA MESA
060906	CA	CUPERTINO CITY	060930	CA	DALY	060942	CA	DAVIS
061032	CA	DOWNEY	061116	CA	EL CAJON	061146	CA	ELK GROVE
061152	CA	EL MONTE	061212	CA	ENCINITAS	061230	CA	ESCONDIDO
061266	CA	FAIRFIELD	061332	CA	FONTANA	061380	CA	FOUNTAIN VALLEY
061404	CA	FREMONT	061410	CA	FRESNO	061416	CA	FULLERTON
061428	CA	GARDENA	061440	CA	GARDEN GROVE	061452	CA	GILROY CITY
061464	CA	GLENDALE	061470	CA	GLENDORA CITY	061596	CA	HAWTHORNE
061602	CA	HAYWARD	061614	CA	HEMET	061638	CA	HESPERIA
061692	CA	HUNTINGTON BEACH	061698	CA	HUNTINGTON PARK	061740	CA	INGLEWOOD
061750	CA	IRVINE	061854	CA	LAGUNA NIGUEL	061860	CA	LA HABRA
061869	CA	LAKE FOREST	061890	CA	LAKEWOOD	061896	CA	LA MESA
061914	CA	LANCASTER	062034	CA	LIVERMORE	062064	CA	LOMPOC
062088	CA	LONG BEACH	062118	CA	LOS ANGELES	062148	CA	LYNWOOD
062166	CA	MADERA	062250	CA	MERCED	062274	CA	MILPITAS CITY
062286	CA	MISSION VIEJO	062292	CA	MODESTO	062328	CA	MONTEBELLO
062334	CA	MONTEREY	062340	CA	MONTEREY PARK	062367	CA	MORENO VALLEY
062382	CA	MOUNTAIN VIEW	062406	CA	NAPA CITY	062412	CA	NATIONAL CITY
062454	CA	NEWPORT BEACH	062490	CA	NORWALK	062508	CA	OAKLAND
062532	CA	OCEANSIDE	062556	CA	ONTARIO	062568	CA	ORANGE
062622	CA	OXNARD	062658	CA	PALMDALE	062670	CA	PALM DESERT
062676	CA	PALM SPRINGS	062682	CA	PALO ALTO	062700	CA	PARADISE
062706	CA	PARAMOUNT CITY	062724	CA	PASADENA	062760	CA	PETALUMA
062766	CA	PICO RIVERA	062790	CA	PITTSBURG	062826	CA	PLEASANTON CITY

062850	CA	POMONA	062862	CA	PORTERVILLE	062930	CA	RANCHO CUCAMONGA
062958	CA	REDDING	062964	CA	REDLANDS	062970	CA	REDONDO BEACH
062976	CA	REDWOOD CITY	062988	CA	RIALTO	063000	CA	RICHMOND
063048	CA	RIVERSIDE	063102	CA	ROSEMEAD	063108	CA	ROSEVILLE
063144	CA	SACRAMENTO	063162	CA	SALINAS	063180	CA	SAN BERNARDINO
063210	CA	SAN DIEGO	063228	CA	SAN FRANCISCO	063258	CA	SAN JOSE
063276	CA	SAN LEANDRO	063294	CA	SAN MARCOS CITY	063312	CA	SAN MATEO
063342	CA	SANTA ANA	063348	CA	SANTA BARBARA	063354	CA	SANTA CLARA
063356	CA	SANTA CLARITA	063360	CA	SANTA CRUZ	063372	CA	SANTA MARIA
063384	CA	SANTA MONICA	063396	CA	SANTA ROSA	063408	CA	SANTEE
063444	CA	SEASIDE	063480	CA	SIMI VALLEY	063528	CA	SOUTH GATE
063564	CA	SOUTH SAN FRANCISCO	063624	CA	STOCKTON	063660	CA	SUNNYVALE
063732	CA	THOUSAND OAKS	063744	CA	TORRANCE	063768	CA	TULARE
063798	CA	TURLOCK	063804	CA	TUSTIN	063846	CA	UNION CITY
063852	CA	UPLAND	063858	CA	VACAVILLE	063876	CA	VALLEJO
063888	CA	SAN BUENAVENTURA	063900	CA	VICTORVILLE	063918	CA	VISALIA
063924	CA	VISTA	063942	CA	WALNUT CREEK	063966	CA	WATSONVILLE
064002	CA	WEST COVINA	064014	CA	WESTMINSTER	064074	CA	WHITTIER
064134	CA	WOODLAND	064158	CA	YORBA LINDA	064176	CA	YUBA
069001	CA	ALAMEDA COUNTY	069003	CA	ALPINE COUNTY	069005	CA	AMADOR COUNTY
069007	CA	BUTTE COUNTY	069009	CA	CALAVERAS COUNTY	069011	CA	COLUSA COUNTY
069013	CA	CONTRA COSTA	069015	CA	DEL NORTE COUNTY	069017	CA	EL DORADO COUNTY
069019	CA	FRESNO COUNTY	069021	CA	GLENN COUNTY	069023	CA	HUMBOLDT COUNTY
069025	CA	IMPERIAL COUNTY	069027	CA	INYO COUNTY	069029	CA	KERN COUNTY
069031	CA	KINGS COUNTY	069033	CA	LAKE COUNTY	069035	CA	LASSEN COUNTY
069037	CA	LOS ANGELES COUNTY	069039	CA	MADERA COUNTY	069041	CA	MARIN COUNTY
069043	CA	MARIPOSA COUNTY	069045	CA	MENDOCINO COUNTY	069047	CA	MERCED COUNTY
069049	CA	MODOC COUNTY	069051	CA	MONO COUNTY	069053	CA	MONTEREY COUNTY
069055	CA	NAPA COUNTY	069057	CA	NEVADA COUNTY	069059	CA	ORANGE COUNTY
069061	CA	PLACER COUNTY	069063	CA	PLUMAS COUNTY	069065	CA	RIVERSIDE COUNTY
069067	CA	SACRAMENTO	069069	CA	SAN BENITO COUNTY	069071	CA	SAN BERNARDINO
069073	CA	SAN DIEGO COUNTY	069077	CA	SAN JOAQUIN COUNTY	069079	CA	SAN LUIS OBISPO
069081	CA	SAN MATEO COUNTY	069083	CA	SANTA BARBARA	069085	CA	SANTA CLARA
069087	CA	SANTA CRUZ COUNTY	069089	CA	SHASTA COUNTY	069091	CA	SIERRA COUNTY
069093	CA	SISKIYOU COUNTY	069095	CA	SOLANO COUNTY	069097	CA	SONOMA COUNTY
069099	CA	STANISLAUS COUNTY	069101	CA	SUTTER COUNTY	069103	CA	TEHAMA COUNTY
069105	CA	TRINITY COUNTY	069107	CA	TULARE COUNTY	069109	CA	TUOLUMNE COUNTY
069111	CA	VENTURA COUNTY	069113	CA	YOLO COUNTY	069115	CA	YUBA COUNTY

COLORADO

080054	CO	ARVADA	080288	CO	COLORADO SPRINGS	089019	CO	CLEAR CREEK COUNTY
080072	CO	AURORA	080672	CO	GRAND JUNCTION	089025	CO	CROWLEY COUNTY
080390	CO	DENVER	080978	CO	LONGMONT	089033	CO	DOLORES COUNTY
080690	CO	GREELEY	080990	CO	LOVELAND	089039	CO	ELBERT COUNTY
080144	CO	BOULDER	081614	CO	WESTMINSTER	089045	CO	GARFIELD COUNTY
080552	CO	FORT COLLINS	089001	CO	ADAMS COUNTY	089051	CO	GUNNISON COUNTY
080906	CO	LAKEWOOD	089007	CO	ARCHULETA COUNTY	089057	CO	JACKSON COUNTY
081278	CO	PUEBLO	089013	CO	BOULDER COUNTY	089063	CO	KIT CARSON COUNTY
089003	CO	ALAMOSA COUNTY	089005	CO	ARAPAHOE COUNTY	089069	CO	LARIMER COUNTY
089009	CO	BACA COUNTY	089011	CO	BENT COUNTY	089071	CO	LAS ANIMAS COUNTY
089015	CO	CHAFFEE COUNTY	089017	CO	CHEYENNE COUNTY	089073	CO	LINCOLN COUNTY
089021	CO	CONEJOS COUNTY	089023	CO	COSTILLA COUNTY	089035	CO	DOUGLAS COUNTY
089027	CO	CUSTER COUNTY	089029	CO	DELTA COUNTY	089067	CO	LA PLATA COUNTY
089037	CO	EAGLE COUNTY	089065	CO	LAKE COUNTY	089059	CO	JEFFERSON COUNTY
089041	CO	EL PASO COUNTY	089043	CO	FREMONT COUNTY	089061	CO	KIOWA COUNTY
089047	CO	GILPIN COUNTY	089049	CO	GRAND COUNTY	089055	CO	HUERFANO COUNTY
089053	CO	HINSDALE COUNTY	089075	CO	LOGAN COUNTY			

089077	CO	MESA COUNTY	089079	CO	MINERAL COUNTY	089081	CO	MOFFAT COUNTY
089083	CO	MONTEZUMA COUNTY	089085	CO	MONTROSE COUNTY	089087	CO	MORGAN COUNTY
089089	CO	OTERO COUNTY	089091	CO	OURAY COUNTY	089093	CO	PARK COUNTY
089095	CO	PHILLIPS COUNTY	089097	CO	PITKIN COUNTY	089099	CO	PROWERS COUNTY
089101	CO	PUEBLO COUNTY	089103	CO	RIO BLANCO COUNTY	089105	CO	RIO GRANDE COUNTY
089107	CO	ROUTT COUNTY	089109	CO	SAGUACHE COUNTY	089111	CO	SAN JUAN COUNTY
089113	CO	SAN MIGUEL COUNTY	089115	CO	SEDGWICK COUNTY	089117	CO	SUMMIT COUNTY
089119	CO	TELLER COUNTY	089121	CO	WASHINGTON COUNTY	089123	CO	WELD COUNTY
089125	CO	YUMA COUNTY						
CONNECTICUT								
090102	CT	BRIDGEPORT						
090114	CT	BRISTOL	090258	CT	DANBURY	090336	CT	EAST HARTFORD
090390	CT	FAIRFIELD	090438	CT	GREENWICH	090480	CT	HAMDEN TOWN
090492	CT	HARTFORD	090594	CT	MANCHESTER	090612	CT	MERIDEN
090630	CT	MIDDLETOWN	090636	CT	MILFORD TOWN	090696	CT	NEW BRITAIN
090726	CT	NEW HAVEN	090738	CT	NEW LONDON	090810	CT	NORWALK
090816	CT	NORWICH	091074	CT	STAMFORD	091104	CT	STRATFORD
091194	CT	WATERBURY	091230	CT	WEST HARTFORD	091236	CT	WEST HAVEN
099001	CT	FAIRFIELD COUNTY	099003	CT	HARTFORD COUNTY	099005	CT	LITCHFIELD COUNTY
099007	CT	MIDDLESEX COUNTY	099009	CT	NEW HAVEN COUNTY	099011	CT	NEW LONDON
099013	CT	TOLLAND COUNTY	099015	CT	WINDHAM COUNTY			
DELAWARE								
100090	DE	DOVER	100336	DE	WILMINGTON	109001	DE	KENT COUNTY
109003	DE	NEW CASTLE COUNTY	109005	DE	SUSSEX COUNTY			
DISTRICT OF COLUMBIA								
110006	DC	WASHINGTON						
FLORIDA								
120234	FL	BOCA RATON						
120264	FL	BOYNTON BEACH	120270	FL	BRADENTON	120402	FL	CAPE CORAL
120492	FL	CLEARWATER	120516	FL	COCOA	120588	FL	CORAL SPRINGS
120684	FL	DAVIE	120690	FL	DAYTONA BEACH	120708	FL	DEERFIELD BEACH
120732	FL	DELRAY BEACH	120738	FL	DELTONA	120954	FL	FT LAUDERDALE
120966	FL	FT MYERS	120996	FL	FORT PIERCE	121008	FL	FORT WALTON BEACH
121038	FL	GAINESVILLE	121236	FL	HIALEAH	121320	FL	HOLLYWOOD
121458	FL	JACKSONVILLE-DUVAL	121662	FL	LAKELAND	121710	FL	LARGO
121728	FL	LAUDERHILL	121878	FL	MARGATE	121926	FL	MELBOURNE
121968	FL	MIAMI	121974	FL	MIAMI BEACH	122022	FL	MIRAMAR
122064	FL	NAPLES	122142	FL	NORTH MIAMI	122214	FL	OCALA
122292	FL	ORLANDO	122358	FL	PALM BAY	122406	FL	PANAMA CITY
122448	FL	PEMBROKE PINES	122466	FL	PENSACOLA	122514	FL	PLANTATION
122538	FL	POMPANO BEACH	122586	FL	PORT ST LUCIE	122598	FL	PUNTA GORDA
122724	FL	ST PETERSBURG	122766	FL	SARASOTA	122958	FL	SUNRISE
123000	FL	TALLAHASSEE	123006	FL	TAMARAC	123012	FL	TAMPA
123048	FL	TITUSVILLE	123252	FL	WEST PALM BEACH	123342	FL	WINTERHAVEN
129001	FL	ALACHUA COUNTY	129003	FL	BAKER COUNTY	129005	FL	BAY COUNTY
129007	FL	BRADFORD COUNTY	129009	FL	BREVARD COUNTY	129011	FL	BROWARD COUNTY
129013	FL	CALHOUN COUNTY	129015	FL	CHARLOTTE COUNTY	129017	FL	CITRUS COUNTY
129019	FL	CLAY COUNTY	129021	FL	COLLIER COUNTY	129023	FL	COLUMBIA COUNTY
129027	FL	DESOTO COUNTY	129029	FL	DIXIE COUNTY	129033	FL	ESCAMBIA COUNTY
129035	FL	FLAGLER COUNTY	129037	FL	FRANKLIN COUNTY	129039	FL	GADSDEN COUNTY
129041	FL	GILCHRIST COUNTY	129043	FL	GLADES COUNTY	129045	FL	GULF COUNTY
129047	FL	HAMILTON COUNTY	129049	FL	HARDEE COUNTY	129051	FL	HENDRY COUNTY
129053	FL	HERNANDO COUNTY	129055	FL	HIGHLANDS COUNTY	129057	FL	HILLSBOROUGH
129059	FL	HOLMES COUNTY	129061	FL	INDIAN RIVER COUNTY	129063	FL	JACKSON COUNTY
129065	FL	JEFFERSON COUNTY	129067	FL	LAFAYETTE COUNTY	129069	FL	LAKE COUNTY
129071	FL	LEE COUNTY	129073	FL	LEON COUNTY	129075	FL	LEVY COUNTY
129077	FL	LIBERTY COUNTY	129079	FL	MADISON COUNTY	129081	FL	MANATEE COUNTY
129083	FL	MARION COUNTY	129085	FL	MARTIN COUNTY	129086	FL	MIAMI-DADE COUNTY
129087	FL	MONROE COUNTY	129089	FL	NASSAU COUNTY	129091	FL	OKALOOSA COUNTY

129093	FL	OKEECHOBEE COUNTY	129095	FL	ORANGE COUNTY	129097	FL	OSCEOLA COUNTY
129099	FL	PALM BEACH COUNTY	129101	FL	PASCO COUNTY	129103	FL	PINELLAS COUNTY
129105	FL	POLK COUNTY	129107	FL	PUTNAM COUNTY	129109	FL	ST. JOHNS COUNTY
129111	FL	ST. LUCIE COUNTY	129113	FL	SANTA ROSA COUNTY	129115	FL	SARASOTA COUNTY
129117	FL	SEMINOLE COUNTY	129119	FL	SUMTER COUNTY	129121	FL	SUWANNEE COUNTY
129123	FL	TAYLOR COUNTY	129125	FL	UNION COUNTY	129127	FL	VOLUSIA COUNTY
129129	FL	WAKULLA COUNTY	129131	FL	WALTON COUNTY	129133	FL	WASHINGTON COUNTY
GEORGIA								
130054	GA	ALBANY	130168	GA	ATHENS-CLARKE	130174	GA	ATLANTA
130192	GA	AUGUSTA	130750	GA	COLUMBUS-MUSCOGEE	139321	GA	WORTH COUNTY
131968	GA	MACON	131998	GA	MARIETTA	132832	GA	ROSWELL
132916	GA	SAVANNAH	133432	GA	WARNER ROBINS	139001	GA	APPLING COUNTY
139003	GA	ATKINSON COUNTY	139005	GA	BACON COUNTY	139007	GA	BAKER COUNTY
139009	GA	BALDWIN COUNTY	139011	GA	BANKS COUNTY	139013	GA	BARROW COUNTY
139015	GA	BARTOW COUNTY	139017	GA	BEN HILL COUNTY	139019	GA	BERRIEN COUNTY
139021	GA	BIBB COUNTY	139023	GA	BLECKLEY COUNTY	139025	GA	BRANTLEY COUNTY
139027	GA	BROOKS COUNTY	139029	GA	BRYAN COUNTY	139031	GA	BULLOCH COUNTY
139033	GA	BURKE COUNTY	139035	GA	BUTTS COUNTY	139037	GA	CALHOUN COUNTY
139039	GA	CAMDEN COUNTY	139043	GA	CANDLER COUNTY	139045	GA	CARROLL COUNTY
139047	GA	CATOOSA COUNTY	139049	GA	CHARLTON COUNTY	139051	GA	CHATHAM COUNTY
139053	GA	CHATTAHOOCHEE	139055	GA	CHATTOOGA COUNTY	139057	GA	CHEROKEE COUNTY
139061	GA	CLAY COUNTY	139063	GA	CLAYTON COUNTY	139065	GA	CLINCH COUNTY
139067	GA	COBB COUNTY	139069	GA	COFFEE COUNTY	139071	GA	COLQUITT COUNTY
139073	GA	COLUMBIA COUNTY	139075	GA	COOK COUNTY	139077	GA	COWETA COUNTY
139079	GA	CRAWFORD COUNTY	139081	GA	CRISP COUNTY	139083	GA	DADE COUNTY
139085	GA	DAWSON COUNTY	139087	GA	DECATUR COUNTY	139089	GA	DE KALB COUNTY
139091	GA	DODGE COUNTY	139093	GA	DOOLY COUNTY	139095	GA	DOUGHERTY COUNTY
139097	GA	DOUGLAS COUNTY	139099	GA	EARLY COUNTY	139101	GA	ECHOLS COUNTY
139103	GA	EFFINGHAM COUNTY	139105	GA	ELBERT COUNTY	139107	GA	EMANUEL COUNTY
139109	GA	EVANS COUNTY	139111	GA	FANNIN COUNTY	139113	GA	FAYETTE COUNTY
139115	GA	FLOYD COUNTY	139117	GA	FORSYTH COUNTY	139119	GA	FRANKLIN COUNTY
139121	GA	FULTON COUNTY	139123	GA	GILMER COUNTY	139125	GA	GLASCOCK COUNTY
139127	GA	GLYNN COUNTY	139129	GA	GORDON COUNTY	139131	GA	GRADY COUNTY
139133	GA	GREENE COUNTY	139135	GA	GWINNETT COUNTY	139137	GA	HABERSHAM COUNTY
139139	GA	HALL COUNTY	139141	GA	HANCOCK COUNTY	139143	GA	HARALSON COUNTY
139145	GA	HARRIS COUNTY	139147	GA	HART COUNTY	139149	GA	HEARD COUNTY
139151	GA	HENRY COUNTY	139153	GA	HOUSTON COUNTY	139155	GA	IRWIN COUNTY
139157	GA	JACKSON COUNTY	139159	GA	JASPER COUNTY	139161	GA	JEFF DAVIS COUNTY
139163	GA	JEFFERSON COUNTY	139165	GA	JENKINS COUNTY	139167	GA	JOHNSON COUNTY
139169	GA	JONES COUNTY	139171	GA	LAMAR COUNTY	139173	GA	LANIER COUNTY
139175	GA	LAURENS COUNTY	139177	GA	LEE COUNTY	139179	GA	LIBERTY COUNTY
139181	GA	LINCOLN COUNTY	139183	GA	LONG COUNTY	139185	GA	LOWNDES COUNTY
139187	GA	LUMPKIN COUNTY	139189	GA	MCDUFFIE COUNTY	139191	GA	MCINTOSH COUNTY
139193	GA	MACON COUNTY	139195	GA	MADISON COUNTY	139197	GA	MARION COUNTY
139199	GA	MERIWETHER	139201	GA	MILLER COUNTY	139205	GA	MITCHELL COUNTY
139207	GA	MONROE COUNTY	139209	GA	MONTGOMERY	139211	GA	MORGAN COUNTY
139213	GA	MURRAY COUNTY	139217	GA	NEWTON COUNTY	139219	GA	OCONEE COUNTY
139221	GA	OGLETHORPE COUNTY	139223	GA	PAULDING COUNTY	139225	GA	PEACH COUNTY
139227	GA	PICKENS COUNTY	139229	GA	PIERCE COUNTY	139231	GA	PIKE COUNTY
139233	GA	POLK COUNTY	139235	GA	PULASKI COUNTY	139237	GA	PUTNAM COUNTY
139239	GA	QUITMAN COUNTY	139241	GA	RABUN COUNTY	139243	GA	RANDOLPH COUNTY
139247	GA	ROCKDALE COUNTY	139249	GA	SCHLEY COUNTY	139251	GA	SCREVEN COUNTY
139253	GA	SEMINOLE COUNTY	139255	GA	SPALDING COUNTY	139257	GA	STEPHENS COUNTY
139259	GA	STEWART COUNTY	139261	GA	SUMTER COUNTY	139263	GA	TALBOT COUNTY
139265	GA	TALIAFERRO COUNTY	139267	GA	TATTNALL COUNTY	139269	GA	TAYLOR COUNTY

139271	GA	TELFAIR COUNTY	139273	GA	TERRELL COUNTY	139275	GA	THOMAS COUNTY
139277	GA	TIFT COUNTY	139279	GA	TOOMBS COUNTY	139281	GA	TOWNS COUNTY
139283	GA	TREUTLEN COUNTY	139285	GA	TROUP COUNTY	139287	GA	TURNER COUNTY
139289	GA	TWIGGS COUNTY	139291	GA	UNION COUNTY	139293	GA	UPSON COUNTY
139295	GA	WALKER COUNTY	139297	GA	WALTON COUNTY	139299	GA	WARE COUNTY
139301	GA	WARREN COUNTY	139303	GA	WASHINGTON COUNTY	139305	GA	WAYNE COUNTY
139307	GA	WEBSTER COUNTY	139309	GA	WHEELER COUNTY	139311	GA	WHITE COUNTY
139313	GA	WHITFIELD COUNTY	139315	GA	WILCOX COUNTY	139317	GA	WILKES COUNTY
139319	GA	WILKINSON COUNTY						

GUAM

660001	GU	GUAM						

HAWAII

150144	HI	HONOLULU	159009	HI	MAUI COUNTY			
159001	HI	HAWAII COUNTY	159005	HI	KALAWAO COUNTY	159007	HI	KAUAI COUNTY

IDAHO

160102	ID	BOISE						
160762	ID	NAMPA	160906	ID	POCATELLO	169001	ID	ADA COUNTY
169003	ID	ADAMS COUNTY	169005	ID	BANNOCK COUNTY	169007	ID	BEAR LAKE COUNTY
169009	ID	BENEWAH COUNTY	169011	ID	BINGHAM COUNTY	169013	ID	BLAINE COUNTY
169015	ID	BOISE COUNTY	169017	ID	BONNER COUNTY	169019	ID	BONNEVILLE COUNTY
169021	ID	BOUNDARY COUNTY	169023	ID	BUTTE COUNTY	169025	ID	CAMAS COUNTY
169027	ID	CANYON COUNTY	169029	ID	CARIBOU COUNTY	169031	ID	CASSIA COUNTY
169033	ID	CLARK COUNTY	169035	ID	CLEARWATER	169037	ID	CUSTER COUNTY
169039	ID	ELMORE COUNTY	169041	ID	FRANKLIN COUNTY	169043	ID	FREMONT COUNTY
169045	ID	GEM COUNTY	169047	ID	GOODING COUNTY	169049	ID	IDAHO COUNTY
169051	ID	JEFFERSON COUNTY	169053	ID	JEROME COUNTY	169055	ID	KOOTENAI COUNTY
169057	ID	LATAH COUNTY	169059	ID	LEMHI COUNTY	169061	ID	LEWIS COUNTY
169063	ID	LINCOLN COUNTY	169065	ID	MADISON COUNTY	169067	ID	MINIDOKA COUNTY
169069	ID	NEZ PERCE COUNTY	169071	ID	ONEIDA COUNTY	169073	ID	OWYHEE COUNTY
169075	ID	PAYETTE COUNTY	169077	ID	POWER COUNTY	169079	ID	SHOSHONE COUNTY
169081	ID	TETON COUNTY	169083	ID	TWIN FALLS COUNTY	169085	ID	VALLEY COUNTY
169087	ID	WASHINGTON COUNTY						

ILLINOIS

170222	IL	ARLINGTON HTS						
170342	IL	AURORA	170522	IL	BELLEVILLE	170606	IL	BERWYN
170660	IL	BLOOMINGTON	170690	IL	BOLINGBROOK	171218	IL	CHAMPAIGN
171296	IL	CHICAGO	171302	IL	CHICAGO HEIGHTS	171332	IL	CICERO
171716	IL	DECATUR	171746	IL	DEKALB	171776	IL	DES PLAINES
171878	IL	DOWNERS GROVE	172022	IL	EAST ST LOUIS	172094	IL	ELGIN
172238	IL	EVANSTON	173480	IL	JOLIET	173540	IL	KANKAKEE
174596	IL	MOLINE	174734	IL	MOUNT PROSPECT	174806	IL	NAPERVILLE
175010	IL	NORMAL	175052	IL	NORTH CHICAGO	175148	IL	OAK LAWN
175154	IL	OAK PARK	175364	IL	PALATINE VILLAGE	175520	IL	PEKIN
175526	IL	PEORIA	175808	IL	RANTOUL	176000	IL	ROCKFORD
176006	IL	ROCK ISLAND	176300	IL	SCHAUMBURG VILLAGE	176498	IL	SKOKIE
176648	IL	SPRINGFIELD	177122	IL	URBANA	177404	IL	WAUKEGAN
177548	IL	WHEATON CITY	179001	IL	ADAMS COUNTY	179003	IL	ALEXANDER COUNTY
179005	IL	BOND COUNTY	179007	IL	BOONE COUNTY	179009	IL	BROWN COUNTY
179011	IL	BUREAU COUNTY	179013	IL	CALHOUN COUNTY	179015	IL	CARROLL COUNTY
179017	IL	CASS COUNTY	179019	IL	CHAMPAIGN COUNTY	179021	IL	CHRISTIAN COUNTY
179023	IL	CLARK COUNTY	179025	IL	CLAY COUNTY	179027	IL	CLINTON COUNTY
179029	IL	COLES COUNTY	179031	IL	COOK COUNTY	179033	IL	CRAWFORD COUNTY
179035	IL	CUMBERLAND	179037	IL	DEKALB COUNTY	179039	IL	DE WITT COUNTY
179041	IL	DOUGLAS COUNTY	179043	IL	DU PAGE COUNTY	179045	IL	EDGAR COUNTY
179047	IL	EDWARDS COUNTY	179049	IL	EFFINGHAM COUNTY	179051	IL	FAYETTE COUNTY
179053	IL	FORD COUNTY	179055	IL	FRANKLIN COUNTY	179057	IL	FULTON COUNTY
179059	IL	GALLATIN COUNTY	179061	IL	GREENE COUNTY	179063	IL	GRUNDY COUNTY
179065	IL	HAMILTON COUNTY	179067	IL	HANCOCK COUNTY	179069	IL	HARDIN COUNTY
179071	IL	HENDERSON COUNTY	179073	IL	HENRY COUNTY	179075	IL	IROQUOIS COUNTY
179077	IL	JACKSON COUNTY	179079	IL	JASPER COUNTY	179081	IL	JEFFERSON COUNTY

179083	IL	JERSEY COUNTY	179085	IL	JO DAVIESS COUNTY	179087	IL	JOHNSON COUNTY
179089	IL	KANE COUNTY	179091	IL	KANKAKEE COUNTY	179093	IL	KENDALL COUNTY
179095	IL	KNOX COUNTY	179097	IL	LAKE COUNTY	179099	IL	LA SALLE COUNTY
179101	IL	LAWRENCE COUNTY	179103	IL	LEE COUNTY	179105	IL	LIVINGSTON COUNTY
179107	IL	LOGAN COUNTY	179109	IL	MCDONOUGH COUNTY	179111	IL	MCHENRY COUNTY
179113	IL	MCLEAN COUNTY	179115	IL	MACON COUNTY	179117	IL	MACOUPIN COUNTY
179119	IL	MADISON COUNTY	179121	IL	MARION COUNTY	179123	IL	MARSHALL COUNTY
179125	IL	MASON COUNTY	179127	IL	MASSAC COUNTY	179129	IL	MENARD COUNTY
179131	IL	MERCER COUNTY	179133	IL	MONROE COUNTY	179135	IL	MONTGOMERY
179137	IL	MORGAN COUNTY	179139	IL	MOULTRIE COUNTY	179141	IL	OGLE COUNTY
179143	IL	PEORIA COUNTY	179145	IL	PERRY COUNTY	179147	IL	PIATT COUNTY
179149	IL	PIKE COUNTY	179151	IL	POPE COUNTY	179153	IL	PULASKI COUNTY
179155	IL	PUTNAM COUNTY	179157	IL	RANDOLPH COUNTY	179159	IL	RICHLAND COUNTY
179161	IL	ROCK ISLAND COUNTY	179163	IL	ST CLAIR COUNTY	179165	IL	SALINE COUNTY
179167	IL	SANGAMON COUNTY	179169	IL	SCHUYLER COUNTY	179171	IL	SCOTT COUNTY
179173	IL	SHELBY COUNTY	179175	IL	STARK COUNTY	179177	IL	STEPHENSON COUNTY
179179	IL	TAZEWELL COUNTY	179181	IL	UNION COUNTY	179183	IL	VERMILION COUNTY
179185	IL	WABASH COUNTY	179187	IL	WARREN COUNTY	179189	IL	WASHINGTON COUNTY
179191	IL	WAYNE COUNTY	179193	IL	WHITE COUNTY	179195	IL	WHITESIDE COUNTY
179197	IL	WILL COUNTY	179199	IL	WILLIAMSON COUNTY	179201	IL	WINNEBAGO COUNTY
179203	IL	WOODFORD COUNTY						

INDIANA

180084	IN	ANDERSON						
180246	IN	BLOOMINGTON	180846	IN	EAST CHICAGO	180912	IN	ELKHART
180954	IN	EVANSVILLE	181014	IN	FORT WAYNE	181104	IN	GARY
181158	IN	GOSHEN	181272	IN	HAMMOND	181404	IN	INDIANAPOLIS
181536	IN	KOKOMO	181566	IN	LAFAYETTE	181950	IN	MISHAWAKA
182100	IN	MUNCIE	182130	IN	NEW ALBANY	182886	IN	SOUTH BEND
183042	IN	TERRE HAUTE	183282	IN	WEST LAFAYETTE	189001	IN	ADAMS COUNTY
189003	IN	ALLEN COUNTY	189005	IN	BARTHOLOMEW	189007	IN	BENTON COUNTY
189009	IN	BLACKFORD COUNTY	189011	IN	BOONE COUNTY	189013	IN	BROWN COUNTY
189015	IN	CARROLL COUNTY	189017	IN	CASS COUNTY	189019	IN	CLARK COUNTY
189021	IN	CLAY COUNTY	189023	IN	CLINTON COUNTY	189025	IN	CRAWFORD COUNTY
189027	IN	DAVIESS COUNTY	189029	IN	DEARBORN COUNTY	189031	IN	DECATUR COUNTY
189033	IN	DEKALB COUNTY	189035	IN	DELAWARE COUNTY	189037	IN	DUBOIS COUNTY
189039	IN	ELKHART COUNTY	189041	IN	FAYETTE COUNTY	189043	IN	FLOYD COUNTY
189045	IN	FOUNTAIN COUNTY	189047	IN	FRANKLIN COUNTY	189049	IN	FULTON COUNTY
189051	IN	GIBSON COUNTY	189053	IN	GRANT COUNTY	189055	IN	GREENE COUNTY
189057	IN	HAMILTON COUNTY	189059	IN	HANCOCK COUNTY	189061	IN	HARRISON COUNTY
189063	IN	HENDRICKS COUNTY	189065	IN	HENRY COUNTY	189067	IN	HOWARD COUNTY
189069	IN	HUNTINGTON COUNTY	189071	IN	JACKSON COUNTY	189073	IN	JASPER COUNTY
189075	IN	JAY COUNTY	189077	IN	JEFFERSON COUNTY	189079	IN	JENNINGS COUNTY
189081	IN	JOHNSON COUNTY	189083	IN	KNOX COUNTY	189085	IN	KOSCIUSKO COUNTY
189087	IN	LAGRANGE COUNTY	189089	IN	LAKE COUNTY	189091	IN	LAPORTE COUNTY
189093	IN	LAWRENCE COUNTY	189095	IN	MADISON COUNTY	189099	IN	MARSHALL COUNTY
189101	IN	MARTIN COUNTY	189103	IN	MIAMI COUNTY	189105	IN	MONROE COUNTY
189107	IN	MONTGOMERY	189109	IN	MORGAN COUNTY	189111	IN	NEWTON COUNTY
189113	IN	NOBLE COUNTY	189115	IN	OHIO COUNTY	189117	IN	ORANGE COUNTY
189119	IN	OWEN COUNTY	189121	IN	PARKE COUNTY	189123	IN	PERRY COUNTY
189125	IN	PIKE COUNTY	189127	IN	PORTER COUNTY	189129	IN	POSEY COUNTY
189131	IN	PULASKI COUNTY	189133	IN	PUTNAM COUNTY	189135	IN	RANDOLPH COUNTY
189137	IN	RIPLEY COUNTY	189139	IN	RUSH COUNTY	189141	IN	ST. JOSEPH COUNTY
189143	IN	SCOTT COUNTY	189145	IN	SHELBY COUNTY	189147	IN	SPENCER COUNTY
189149	IN	STARKE COUNTY	189151	IN	STEUBEN COUNTY	189153	IN	SULLIVAN COUNTY
189155	IN	SWITZERLAND	189157	IN	TIPPECANOE COUNTY	189159	IN	TIPTON COUNTY
189161	IN	UNION COUNTY	189163	IN	VANDERBURGH	189165	IN	VERMILLION COUNTY

189167	IN	VIGO COUNTY	189169	IN	WABASH COUNTY	189171	IN	WARREN COUNTY
189173	IN	WARRICK COUNTY	189175	IN	WASHINGTON COUNTY	189177	IN	WAYNE COUNTY
189179	IN	WELLS COUNTY	189181	IN	WHITE COUNTY	189183	IN	WHITLEY COUNTY

IOWA

190798	IA	CEDAR FALLS	190804	IA	CEDAR RAPIDS	199197	IA	WRIGHT COUNTY
191134	IA	COUNCIL BLUFFS	191254	IA	DAVENPORT	191362	IA	DES MOINES
191464	IA	DUBUQUE	192466	IA	IOWA CITY	194812	IA	SIOUX CITY
195394	IA	WATERLOO	199001	IA	ADAIR COUNTY	199003	IA	ADAMS COUNTY
199005	IA	ALLAMAKEE COUNTY	199007	IA	APPANOOSE COUNTY	199009	IA	AUDUBON COUNTY
199011	IA	BENTON COUNTY	199013	IA	BLACK HAWK COUNTY	199015	IA	BOONE COUNTY
199017	IA	BREMER COUNTY	199019	IA	BUCHANAN COUNTY	199021	IA	BUENA VISTA COUNTY
199023	IA	BUTLER COUNTY	199025	IA	CALHOUN COUNTY	199027	IA	CARROLL COUNTY
199029	IA	CASS COUNTY	199031	IA	CEDAR COUNTY	199033	IA	CERRO GORDO
199035	IA	CHEROKEE COUNTY	199037	IA	CHICKASAW COUNTY	199039	IA	CLARKE COUNTY
199041	IA	CLAY COUNTY	199043	IA	CLAYTON COUNTY	199045	IA	CLINTON COUNTY
199047	IA	CRAWFORD COUNTY	199049	IA	DALLAS COUNTY	199051	IA	DAVIS COUNTY
199053	IA	DECATUR COUNTY	199055	IA	DELAWARE COUNTY	199057	IA	DES MOINES COUNTY
199059	IA	DICKINSON COUNTY	199061	IA	DUBUQUE COUNTY	199063	IA	EMMET COUNTY
199065	IA	FAYETTE COUNTY	199067	IA	FLOYD COUNTY	199069	IA	FRANKLIN COUNTY
199071	IA	FREMONT COUNTY	199073	IA	GREENE COUNTY	199075	IA	GRUNDY COUNTY
199077	IA	GUTHRIE COUNTY	199079	IA	HAMILTON COUNTY	199081	IA	HANCOCK COUNTY
199083	IA	HARDIN COUNTY	199085	IA	HARRISON COUNTY	199087	IA	HENRY COUNTY
199089	IA	HOWARD COUNTY	199091	IA	HUMBOLDT COUNTY	199093	IA	IDA COUNTY
199095	IA	IOWA COUNTY	199097	IA	JACKSON COUNTY	199099	IA	JASPER COUNTY
199101	IA	JEFFERSON COUNTY	199103	IA	JOHNSON COUNTY	199105	IA	JONES COUNTY
199107	IA	KEOKUK COUNTY	199109	IA	KOSSUTH COUNTY	199111	IA	LEE COUNTY
199113	IA	LINN COUNTY	199115	IA	LOUISA COUNTY	199117	IA	LUCAS COUNTY
199119	IA	LYON COUNTY	199121	IA	MADISON COUNTY	199123	IA	MAHASKA COUNTY
199125	IA	MARION COUNTY	199127	IA	MARSHALL COUNTY	199129	IA	MILLS COUNTY
199131	IA	MITCHELL COUNTY	199133	IA	MONONA COUNTY	199135	IA	MONROE COUNTY
199137	IA	MONTGOMERY	199139	IA	MUSCATINE COUNTY	199141	IA	O'BRIEN COUNTY
199143	IA	OSCEOLA COUNTY	199145	IA	PAGE COUNTY	199147	IA	PALO ALTO COUNTY
199149	IA	PLYMOUTH COUNTY	199151	IA	POCAHONTAS COUNTY	199153	IA	POLK COUNTY
199155	IA	POTTAWATTAMIE	199157	IA	POWESHIEK COUNTY	199159	IA	RINGGOLD COUNTY
199161	IA	SAC COUNTY	199163	IA	SCOTT COUNTY	199165	IA	SHELBY COUNTY
199167	IA	SIOUX COUNTY	199169	IA	STORY COUNTY	199171	IA	TAMA COUNTY
199173	IA	TAYLOR COUNTY	199175	IA	UNION COUNTY	199177	IA	VAN BUREN COUNTY
199179	IA	WAPELLO COUNTY	199181	IA	WARREN COUNTY	199183	IA	WASHINGTON COUNTY
199185	IA	WAYNE COUNTY	199187	IA	WEBSTER COUNTY	199189	IA	WINNEBAGO COUNTY
199191	IA	WINNESHIEK COUNTY	199193	IA	WOODBURY COUNTY	199195	IA	WORTH COUNTY

KANSAS

201776	KS	KANSAS CITY						
201902	KS	LAWRENCE	201908	KS	LEAVENWORTH	202688	KS	OVERLAND PARK
203408	KS	TOPEKA	203696	KS	WICHITA	209001	KS	ALLEN COUNTY
209003	KS	ANDERSON COUNTY	209005	KS	ATCHISON COUNTY	209007	KS	BARBER COUNTY
209009	KS	BARTON COUNTY	209011	KS	BOURBON COUNTY	209013	KS	BROWN COUNTY
209015	KS	BUTLER COUNTY	209017	KS	CHASE COUNTY	209019	KS	CHAUTAUQUA
209021	KS	CHEROKEE COUNTY	209023	KS	CHEYENNE COUNTY	209025	KS	CLARK COUNTY
209027	KS	CLAY COUNTY	209029	KS	CLOUD COUNTY	209031	KS	COFFEY COUNTY
209033	KS	COMANCHE COUNTY	209035	KS	COWLEY COUNTY	209037	KS	CRAWFORD COUNTY
209039	KS	DECATUR COUNTY	209041	KS	DICKINSON COUNTY	209043	KS	DONIPHAN COUNTY
209045	KS	DOUGLAS COUNTY	209047	KS	EDWARDS COUNTY	209049	KS	ELK COUNTY
209051	KS	ELLIS COUNTY	209053	KS	ELLSWORTH COUNTY	209055	KS	FINNEY COUNTY
209057	KS	FORD COUNTY	209059	KS	FRANKLIN COUNTY	209061	KS	GEARY COUNTY
209063	KS	GOVE COUNTY	209065	KS	GRAHAM COUNTY	209067	KS	GRANT COUNTY
209069	KS	GRAY COUNTY	209071	KS	GREELEY COUNTY	209073	KS	GREENWOOD COUNTY

209075	KS	HAMILTON COUNTY	209077	KS	HARPER COUNTY	209079	KS	HARVEY COUNTY
209081	KS	HASKELL COUNTY	209083	KS	HODGEMAN COUNTY	209085	KS	JACKSON COUNTY
209087	KS	JEFFERSON COUNTY	209089	KS	JEWELL COUNTY	209091	KS	JOHNSON COUNTY
209093	KS	KEARNY COUNTY	209095	KS	KINGMAN COUNTY	209097	KS	KIOWA COUNTY
209099	KS	LABETTE COUNTY	209101	KS	LANE COUNTY	209103	KS	LEAVENWORTH
209105	KS	LINCOLN COUNTY	209107	KS	LINN COUNTY	209109	KS	LOGAN COUNTY
209111	KS	LYON COUNTY	209113	KS	MCPHERSON COUNTY	209115	KS	MARION COUNTY
209117	KS	MARSHALL COUNTY	209119	KS	MEADE COUNTY	209121	KS	MIAMI COUNTY
209123	KS	MITCHELL COUNTY	209125	KS	MONTGOMERY	209127	KS	MORRIS COUNTY
209129	KS	MORTON COUNTY	209131	KS	NEMAHA COUNTY	209133	KS	NEOSHO COUNTY
209135	KS	NESS COUNTY	209137	KS	NORTON COUNTY	209139	KS	OSAGE COUNTY
209141	KS	OSBORNE COUNTY	209143	KS	OTTAWA COUNTY	209145	KS	PAWNEE COUNTY
209147	KS	PHILLIPS COUNTY	209149	KS	POTTAWATOMIE	209151	KS	PRATT COUNTY
209153	KS	RAWLINS COUNTY	209155	KS	RENO COUNTY	209157	KS	REPUBLIC COUNTY
209159	KS	RICE COUNTY	209161	KS	RILEY COUNTY	209163	KS	ROOKS COUNTY
209165	KS	RUSH COUNTY	209167	KS	RUSSELL COUNTY	209169	KS	SALINE COUNTY
209171	KS	SCOTT COUNTY	209173	KS	SEDGWICK COUNTY	209175	KS	SEWARD COUNTY
209177	KS	SHAWNEE COUNTY	209179	KS	SHERIDAN COUNTY	209181	KS	SHERMAN COUNTY
209183	KS	SMITH COUNTY	209185	KS	STAFFORD COUNTY	209187	KS	STANTON COUNTY
209189	KS	STEVENS COUNTY	209191	KS	SUMNER COUNTY	209193	KS	THOMAS COUNTY
209195	KS	TREGO COUNTY	209197	KS	WABAUNSEE COUNTY	209199	KS	WALLACE COUNTY
209201	KS	WASHINGTON COUNTY	209203	KS	WICHITA COUNTY	209205	KS	WILSON COUNTY
209207	KS	WOODSON COUNTY	209209	KS	WYANDOTTE COUNTY			

KENTUCKY

210048	KY	ASHLAND	210534	KY	COVINGTON	211032	KY	HENDERSON
211086	KY	HOPKINSVILLE	211314	KY	LEXINGTON-FAYETTE	211374	KY	LOUISVILLE
211680	KY	OWENSBORO	219001	KY	ADAIR COUNTY	219003	KY	ALLEN COUNTY
219005	KY	ANDERSON COUNTY	219007	KY	BALLARD COUNTY	219009	KY	BARREN COUNTY
219011	KY	BATH COUNTY	219013	KY	BELL COUNTY	219015	KY	BOONE COUNTY
219017	KY	BOURBON COUNTY	219019	KY	BOYD COUNTY	219021	KY	BOYLE COUNTY
219023	KY	BRACKEN COUNTY	219025	KY	BREATHITT COUNTY	219027	KY	BRECKINRIDGE
219029	KY	BULLITT COUNTY	219031	KY	BUTLER COUNTY	219033	KY	CALDWELL COUNTY
219035	KY	CALLOWAY COUNTY	219037	KY	CAMPBELL COUNTY	219039	KY	CARLISLE COUNTY
219041	KY	CARROLL COUNTY	219043	KY	CARTER COUNTY	219045	KY	CASEY COUNTY
219047	KY	CHRISTIAN COUNTY	219049	KY	CLARK COUNTY	219051	KY	CLAY COUNTY
219053	KY	CLINTON COUNTY	219055	KY	CRITTENDEN COUNTY	219057	KY	CUMBERLAND
219059	KY	DAVIESS COUNTY	219061	KY	EDMONSON COUNTY	219063	KY	ELLIOTT COUNTY
219065	KY	ESTILL COUNTY	219069	KY	FLEMING COUNTY	219071	KY	FLOYD COUNTY
219073	KY	FRANKLIN COUNTY	219075	KY	FULTON COUNTY	219077	KY	GALLATIN COUNTY
219079	KY	GARRARD COUNTY	219081	KY	GRANT COUNTY	219083	KY	GRAVES COUNTY
219085	KY	GRAYSON COUNTY	219087	KY	GREEN COUNTY	219089	KY	GREENUP COUNTY
219091	KY	HANCOCK COUNTY	219093	KY	HARDIN COUNTY	219095	KY	HARLAN COUNTY
219097	KY	HARRISON COUNTY	219099	KY	HART COUNTY	219101	KY	HENDERSON COUNTY
219103	KY	HENRY COUNTY	219105	KY	HICKMAN COUNTY	219107	KY	HOPKINS COUNTY
219109	KY	JACKSON COUNTY	219111	KY	JEFFERSON COUNTY	219113	KY	JESSAMINE COUNTY
219115	KY	JOHNSON COUNTY	219117	KY	KENTON COUNTY	219119	KY	KNOTT COUNTY
219121	KY	KNOX COUNTY	219123	KY	LARUE COUNTY	219125	KY	LAUREL COUNTY
219127	KY	LAWRENCE COUNTY	219129	KY	LEE COUNTY	219131	KY	LESLIE COUNTY
219133	KY	LETCHER COUNTY	219135	KY	LEWIS COUNTY	219137	KY	LINCOLN COUNTY
219139	KY	LIVINGSTON COUNTY	219141	KY	LOGAN COUNTY	219143	KY	LYON COUNTY
219145	KY	MCCRACKEN COUNTY	219147	KY	MCCREARY COUNTY	219149	KY	MCLEAN COUNTY
219151	KY	MADISON COUNTY	219153	KY	MAGOFFIN COUNTY	219155	KY	MARION COUNTY
219157	KY	MARSHALL COUNTY	219159	KY	MARTIN COUNTY	219161	KY	MASON COUNTY
219163	KY	MEADE COUNTY	219165	KY	MENIFEE COUNTY	219167	KY	MERCER COUNTY
219169	KY	METCALFE COUNTY	219171	KY	MONROE COUNTY	219173	KY	MONTGOMERY

219175	KY	MORGAN COUNTY	219177	KY	MUHLENBERG	219179	KY	NELSON COUNTY
219181	KY	NICHOLAS COUNTY	219183	KY	OHIO COUNTY	219185	KY	OLDHAM COUNTY
219187	KY	OWEN COUNTY	219189	KY	OWSLEY COUNTY	219191	KY	PENDLETON COUNTY
219193	KY	PERRY COUNTY	219195	KY	PIKE COUNTY	219197	KY	POWELL COUNTY
219199	KY	PULASKI COUNTY	219201	KY	ROBERTSON COUNTY	219203	KY	ROCKCASTLE COUNTY
219205	KY	ROWAN COUNTY	219207	KY	RUSSELL COUNTY	219209	KY	SCOTT COUNTY
219211	KY	SHELBY COUNTY	219213	KY	SIMPSON COUNTY	219215	KY	SPENCER COUNTY
219217	KY	TAYLOR COUNTY	219219	KY	TODD COUNTY	219221	KY	TRIGG COUNTY
219223	KY	TRIMBLE COUNTY	219225	KY	UNION COUNTY	219227	KY	WARREN COUNTY
219229	KY	WASHINGTON COUNTY	219231	KY	WAYNE COUNTY	219233	KY	WEBSTER COUNTY
219235	KY	WHITLEY COUNTY	219237	KY	WOLFE COUNTY	219239	KY	WOODFORD COUNTY

LOUISIANA

220030	LA	ALEXANDRIA	220126	LA	BATON ROUGE			
220192	LA	BOSSIER CITY	220828	LA	HOUMA-TERREBONNE	220924	LA	KENNER
220954	LA	LAFAYETTE-LAFAYET	220978	LA	LAKE CHARLES	221206	LA	MONROE
221296	LA	NEW ORLEANS	221650	LA	SHREVEPORT	221698	LA	SLIDELL
221794	LA	THIBODAUX	229001	LA	ACADIA PARISH	229003	LA	ALLEN PARISH
229005	LA	ASCENSION PARISH	229007	LA	ASSUMPTION PARISH	229009	LA	AVOYELLES PARISH
229011	LA	BEAUREGARD PARISH	229013	LA	BIENVILLE PARISH	229015	LA	BOSSIER PARISH
229017	LA	CADDO PARISH	229019	LA	CALCASIEU PARISH	229021	LA	CALDWELL PARISH
229023	LA	CAMERON PARISH	229025	LA	CATAHOULA PARISH	229027	LA	CLAIBORNE PARISH
229029	LA	CONCORDIA PARISH	229031	LA	DE SOTO PARISH	229035	LA	EAST CARROLL PARISH
229037	LA	EAST FELICIANA	229039	LA	EVANGELINE PARISH	229041	LA	FRANKLIN PARISH
229043	LA	GRANT PARISH	229045	LA	IBERIA PARISH	229047	LA	IBERVILLE PARISH
229049	LA	JACKSON PARISH	229051	LA	JEFFERSON PARISH	229053	LA	JEFFERSON DAVIS
229057	LA	LAFOURCHE PARISH	229059	LA	LA SALLE PARISH	229061	LA	LINCOLN PARISH
229063	LA	LIVINGSTON PARISH	229065	LA	MADISON PARISH	229067	LA	MOREHOUSE PARISH
229069	LA	NATCHITOCHES	229073	LA	OUACHITA PARISH	229075	LA	PLAQUEMINES PARISH
229077	LA	POINTE COUPEE	229079	LA	RAPIDES PARISH	229081	LA	RED RIVER PARISH
229083	LA	RICHLAND PARISH	229085	LA	SABINE PARISH	229087	LA	ST. BERNARD PARISH
229089	LA	ST. CHARLES PARISH	229091	LA	ST. HELENA PARISH	229093	LA	ST. JAMES PARISH
229095	LA	ST. JOHN THE BAPTIST	229097	LA	ST. LANDRY PARISH	229099	LA	ST. MARTIN PARISH
229101	LA	ST. MARY PARISH	229103	LA	ST. TAMMANY PARISH	229105	LA	TANGIPAHOA PARISH
229107	LA	TENSAS PARISH	229111	LA	UNION PARISH	229113	LA	VERMILION PARISH
229115	LA	VERNON PARISH	229117	LA	WASHINGTON PARISH	229119	LA	WEBSTER PARISH
229121	LA	WEST BATON ROUGE	229123	LA	WEST CARROLL	229125	LA	WEST FELICIANA
229127	LA	WINN PARISH						

MAINE

230120	ME	AUBURN						
230162	ME	BANGOR	231602	ME	LEWISTON	232484	ME	PORTLAND
239001	ME	ANDROSCOGGIN	239003	ME	AROOSTOOK COUNTY	239005	ME	CUMBERLAND
239007	ME	FRANKLIN COUNTY	239009	ME	HANCOCK COUNTY	239011	ME	KENNEBEC COUNTY
239013	ME	KNOX COUNTY	239015	ME	LINCOLN COUNTY	239017	ME	OXFORD COUNTY
239019	ME	PENOBSCOT COUNTY	239021	ME	PISCATAQUIS COUNTY	239023	ME	SAGADAHOC COUNTY
239025	ME	SOMERSET COUNTY	239027	ME	WALDO COUNTY	239029	ME	WASHINGTON COUNTY
239031	ME	YORK COUNTY						

MARYLAND

240036	MD	ANNAPOLIS						
240066	MD	BALTIMORE	240156	MD	BOWIE CITY	240378	MD	CUMBERLAND
240552	MD	FREDERICK	240582	MD	GAITHERSBURG	240660	MD	HAGERSTOWN
249001	MD	ALLEGANY COUNTY	249003	MD	ANNE ARUNDEL	249005	MD	BALTIMORE COUNTY
249009	MD	CALVERT COUNTY	249011	MD	CAROLINE COUNTY	249013	MD	CARROLL COUNTY
249015	MD	CECIL COUNTY	249017	MD	CHARLES COUNTY	249019	MD	DORCHESTER COUNTY
249021	MD	FREDERICK COUNTY	249023	MD	GARRETT COUNTY	249025	MD	HARFORD COUNTY
249027	MD	HOWARD COUNTY	249029	MD	KENT COUNTY	249031	MD	MONTGOMERY
249033	MD	PRINCE GEORGES	249035	MD	QUEEN ANNE'S	249037	MD	ST. MARY'S COUNTY
249039	MD	SOMERSET COUNTY	249041	MD	TALBOT COUNTY	249043	MD	WASHINGTON COUNTY
249045	MD	WICOMICO COUNTY	249047	MD	WORCESTER COUNTY			

MASSACHUSETTS

250078	MA	ARLINGTON	250126	MA	ATTLEBORO	250168	MA	BARNSTABLE
250282	MA	BOSTON	250354	MA	BROCKTON	250372	MA	BROOKLINE
250396	MA	CAMBRIDGE	250486	MA	CHICOPEE	250744	MA	FALL RIVER
250774	MA	FITCHBURG	250804	MA	FRAMINGHAM	250858	MA	GLOUCESTER
251020	MA	HAVERHILL	251074	MA	HOLYOKE	251194	MA	LAWRENCE
251236	MA	LEOMINSTER	251284	MA	LOWELL	251302	MA	LYNN
251314	MA	MALDEN	251410	MA	MEDFORD	251614	MA	NEW BEDFORD
251650	MA	NEWTON	251674	MA	NORTHAMPTON	251938	MA	PITTSFIELD
251962	MA	PLYMOUTH	251992	MA	QUINCY	252118	MA	SALEM
252250	MA	SOMERVILLE	252340	MA	SPRINGFIELD	252418	MA	TAUNTON
252544	MA	WALTHAM	252700	MA	WESTFIELD	252784	MA	WEYMOUTH
252880	MA	WORCESTER	252904	MA	YARMOUTH	259001	MA	BARNSTABLE COUNTY
259003	MA	BERKSHIRE COUNTY	259005	MA	BRISTOL COUNTY	259007	MA	DUKES COUNTY
259009	MA	ESSEX COUNTY	259011	MA	FRANKLIN COUNTY	259013	MA	HAMPDEN COUNTY
259015	MA	HAMPSHIRE COUNTY	259017	MA	MIDDLESEX COUNTY	259019	MA	NANTUCKET COUNTY
259021	MA	NORFOLK COUNTY	259023	MA	PLYMOUTH COUNTY	259025	MA	SUFFOLK COUNTY
259027	MA	WORCESTER COUNTY						

MICHIGAN

260192	MI	ANN ARBOR						
260432	MI	BATTLE CREEK	260444	MI	BAY CITY	260570	MI	BENTON HARBOR
261074	MI	CANTON TWP	261410	MI	CLINTON TWP	261638	MI	DEARBORN
261644	MI	DEARBORN HEIGHTS	261698	MI	DETROIT	261848	MI	EAST LANSING
262096	MI	FARMINGTON HILLS	262172	MI	FLINT	262544	MI	GRAND RAPIDS
262940	MI	HOLLAND	263174	MI	JACKSON	263222	MI	KALAMAZOO
263456	MI	LANSING	263588	MI	LINCOLN PARK	263648	MI	LIVONIA
264086	MI	MIDLAND	264296	MI	MUSKEGON	264302	MI	MUSKEGON HTS
264452	MI	NORTON SHORES	264962	MI	PONTIAC	264974	MI	PORTAGE
265010	MI	PORT HURON	265148	MI	REDFORD	265215	MI	ROCHESTER HILLS
265286	MI	ROSEVILLE	265304	MI	ROYAL OAK	265340	MI	SAGINAW
265370	MI	ST CLAIR SHORES	265664	MI	SOUTHFIELD	265814	MI	STERLING HEIGHTS
265934	MI	TAYLOR	266036	MI	TROY CITY	266252	MI	WARREN
266267	MI	WATERFORD	266378	MI	WESTLAND	266624	MI	WYOMING
269001	MI	ALCONA COUNTY	269003	MI	ALGER COUNTY	269005	MI	ALLEGAN COUNTY
269007	MI	ALPENA COUNTY	269009	MI	ANTRIM COUNTY	269011	MI	ARENAC COUNTY
269013	MI	BARAGA COUNTY	269015	MI	BARRY COUNTY	269017	MI	BAY COUNTY
269019	MI	BENZIE COUNTY	269021	MI	BERRIEN COUNTY	269023	MI	BRANCH COUNTY
269025	MI	CALHOUN COUNTY	269027	MI	CASS COUNTY	269029	MI	CHARLEVOIX COUNTY
269031	MI	CHEBOYGAN COUNTY	269033	MI	CHIPPEWA COUNTY	269035	MI	CLARE COUNTY
269037	MI	CLINTON COUNTY	269039	MI	CRAWFORD COUNTY	269041	MI	DELTA COUNTY
269043	MI	DICKINSON COUNTY	269045	MI	EATON COUNTY	269047	MI	EMMET COUNTY
269049	MI	GENESEE COUNTY	269051	MI	GLADWIN COUNTY	269053	MI	GOGEBIC COUNTY
269055	MI	GRAND TRAVERSE	269057	MI	GRATIOT COUNTY	269059	MI	HILLSDALE COUNTY
269061	MI	HOUGHTON COUNTY	269063	MI	HURON COUNTY	269065	MI	INGHAM COUNTY
269067	MI	IONIA COUNTY	269069	MI	IOSCO COUNTY	269071	MI	IRON COUNTY
269073	MI	ISABELLA COUNTY	269075	MI	JACKSON COUNTY	269077	MI	KALAMAZOO COUNTY
269079	MI	KALKASKA COUNTY	269081	MI	KENT COUNTY	269083	MI	KEWEENAW COUNTY
269085	MI	LAKE COUNTY	269087	MI	LAPEER COUNTY	269089	MI	LEELANAU COUNTY
269091	MI	LENAWEE COUNTY	269093	MI	LIVINGSTON COUNTY	269095	MI	LUCE COUNTY
269097	MI	MACKINAC COUNTY	269099	MI	MACOMB COUNTY	269101	MI	MANISTEE COUNTY
269103	MI	MARQUETTE COUNTY	269105	MI	MASON COUNTY	269107	MI	MECOSTA COUNTY
269109	MI	MENOMINEE COUNTY	269111	MI	MIDLAND COUNTY	269113	MI	MISSAUKEE COUNTY
269115	MI	MONROE COUNTY	269117	MI	MONTCALM COUNTY	269119	MI	MONTMORENCY
269121	MI	MUSKEGON COUNTY	269123	MI	NEWAYGO COUNTY	269125	MI	OAKLAND COUNTY
269127	MI	OCEANA COUNTY	269129	MI	OGEMAW COUNTY	269131	MI	ONTONAGON COUNTY
269133	MI	OSCEOLA COUNTY	269135	MI	OSCODA COUNTY	269137	MI	OTSEGO COUNTY
269139	MI	OTTAWA COUNTY	269141	MI	PRESQUE ISLE COUNTY	269143	MI	ROSCOMMON COUNTY
269145	MI	SAGINAW COUNTY	269147	MI	ST. CLAIR COUNTY	269149	MI	ST. JOSEPH COUNTY

269151	MI	SANILAC COUNTY	269153	MI	SCHOOLCRAFT	269155	MI	SHIAWASSEE COUNTY
269157	MI	TUSCOLA COUNTY	269159	MI	VAN BUREN COUNTY	269161	MI	WASHTENAW COUNTY
269163	MI	WAYNE COUNTY	269165	MI	WEXFORD COUNTY			

MINNESOTA

270456	MN	BLOOMINGTON	270996	MN	COON RAPIDS	271266	MN	DULUTH
273120	MN	MINNEAPOLIS	273198	MN	MOORHEAD	273768	MN	PLYMOUTH
273930	MN	ROCHESTER	274104	MN	ST CLOUD	274164	MN	ST PAUL
279001	MN	AITKIN COUNTY	279003	MN	ANOKA COUNTY	279005	MN	BECKER COUNTY
279007	MN	BELTRAMI COUNTY	279009	MN	BENTON COUNTY	279011	MN	BIG STONE COUNTY
279013	MN	BLUE EARTH COUNTY	279015	MN	BROWN COUNTY	279017	MN	CARLTON COUNTY
279019	MN	CARVER COUNTY	279021	MN	CASS COUNTY	279023	MN	CHIPPEWA COUNTY
279025	MN	CHISAGO COUNTY	279027	MN	CLAY COUNTY	279029	MN	CLEARWATER
279031	MN	COOK COUNTY	279033	MN	COTTONWOOD	279035	MN	CROW WING COUNTY
279037	MN	DAKOTA COUNTY	279039	MN	DODGE COUNTY	279041	MN	DOUGLAS COUNTY
279043	MN	FARIBAULT COUNTY	279045	MN	FILLMORE COUNTY	279047	MN	FREEBORN COUNTY
279049	MN	GOODHUE COUNTY	279051	MN	GRANT COUNTY	279053	MN	HENNEPIN COUNTY
279055	MN	HOUSTON COUNTY	279057	MN	HUBBARD COUNTY	279059	MN	ISANTI COUNTY
279061	MN	ITASCA COUNTY	279063	MN	JACKSON COUNTY	279065	MN	KANABEC COUNTY
279067	MN	KANDIYOHI COUNTY	279069	MN	KITTSON COUNTY	279071	MN	KOOCHICHING
279073	MN	LAC QUI PARLE	279075	MN	LAKE COUNTY	279077	MN	LAKE OF THE WOODS
279079	MN	LE SUEUR COUNTY	279081	MN	LINCOLN COUNTY	279083	MN	LYON COUNTY
279085	MN	MCLEOD COUNTY	279087	MN	MAHNOMEN COUNTY	279089	MN	MARSHALL COUNTY
279091	MN	MARTIN COUNTY	279093	MN	MEEKER COUNTY	279095	MN	MILLE LACS COUNTY
279097	MN	MORRISON COUNTY	279099	MN	MOWER COUNTY	279101	MN	MURRAY COUNTY
279103	MN	NICOLLET COUNTY	279105	MN	NOBLES COUNTY	279107	MN	NORMAN COUNTY
279109	MN	OLMSTED COUNTY	279111	MN	OTTER TAIL COUNTY	279113	MN	PENNINGTON COUNTY
279115	MN	PINE COUNTY	279117	MN	PIPESTONE COUNTY	279119	MN	POLK COUNTY
279121	MN	POPE COUNTY	279123	MN	RAMSEY COUNTY	279125	MN	RED LAKE COUNTY
279127	MN	REDWOOD COUNTY	279129	MN	RENVILLE COUNTY	279131	MN	RICE COUNTY
279133	MN	ROCK COUNTY	279135	MN	ROSEAU COUNTY	279137	MN	ST LOUIS COUNTY
279139	MN	SCOTT COUNTY	279141	MN	SHERBURNE COUNTY	279143	MN	SIBLEY COUNTY
279145	MN	STEARNS COUNTY	279147	MN	STEELE COUNTY	279149	MN	STEVENS COUNTY
279151	MN	SWIFT COUNTY	279153	MN	TODD COUNTY	279155	MN	TRAVERSE COUNTY
279157	MN	WABASHA COUNTY	279159	MN	WADENA COUNTY	279161	MN	WASECA COUNTY
279163	MN	WASHINGTON COUNTY	279163	MN	WASHINGTON COUNTY	279165	MN	WATONWAN COUNTY
279167	MN	WILKIN COUNTY	279169	MN	WINONA COUNTY	279171	MN	WRIGHT COUNTY
279173	MN	YELLOW MEDICINE						

MISSISSIPPI

280132	MS	BILOXI						
280612	MS	GULFPORT	280630	MS	HATTIESBURG	280726	MS	JACKSON
281002	MS	MOSS POINT	281134	MS	PASCAGOULA	289001	MS	ADAMS COUNTY
289003	MS	ALCORN COUNTY	289005	MS	AMITE COUNTY	289007	MS	ATTALA COUNTY
289009	MS	BENTON COUNTY	289011	MS	BOLIVAR COUNTY	289013	MS	CALHOUN COUNTY
289015	MS	CARROLL COUNTY	289017	MS	CHICKASAW COUNTY	289019	MS	CHOCTAW COUNTY
289021	MS	CLAIBORNE COUNTY	289023	MS	CLARKE COUNTY	289025	MS	CLAY COUNTY
289027	MS	COAHOMA COUNTY	289029	MS	COPIAH COUNTY	289031	MS	COVINGTON COUNTY
289033	MS	DESOTO COUNTY	289035	MS	FORREST COUNTY	289037	MS	FRANKLIN COUNTY
289039	MS	GEORGE COUNTY	289041	MS	GREENE COUNTY	289043	MS	GRENADA COUNTY
289045	MS	HANCOCK COUNTY	289047	MS	HARRISON COUNTY	289049	MS	HINDS COUNTY
289051	MS	HOLMES COUNTY	289053	MS	HUMPHREYS COUNTY	289055	MS	ISSAQUENA COUNTY
289057	MS	ITAWAMBA COUNTY	289059	MS	JACKSON COUNTY	289061	MS	JASPER COUNTY
289063	MS	JEFFERSON COUNTY	289065	MS	JEFFERSON DAVIS	289067	MS	JONES COUNTY
289069	MS	KEMPER COUNTY	289071	MS	LAFAYETTE COUNTY	289073	MS	LAMAR COUNTY
289075	MS	LAUDERDALE COUNTY	289077	MS	LAWRENCE COUNTY	289079	MS	LEAKE COUNTY
289081	MS	LEE COUNTY	289083	MS	LEFLORE COUNTY	289085	MS	LINCOLN COUNTY
289087	MS	LOWNDES COUNTY	289089	MS	MADISON COUNTY	289091	MS	MARION COUNTY
289093	MS	MARSHALL COUNTY	289095	MS	MONROE COUNTY	289097	MS	MONTGOMERY

289099	MS	NESHOBA COUNTY	289101	MS	NEWTON COUNTY	289103	MS	NOXUBEE COUNTY
289105	MS	OKTIBBEHA COUNTY	289107	MS	PANOLA COUNTY	289109	MS	PEARL RIVER COUNTY
289111	MS	PERRY COUNTY	289113	MS	PIKE COUNTY	289115	MS	PONTOTOC COUNTY
289117	MS	PRENTISS COUNTY	289119	MS	QUITMAN COUNTY	289121	MS	RANKIN COUNTY
289123	MS	SCOTT COUNTY	289125	MS	SHARKEY COUNTY	289127	MS	SIMPSON COUNTY
289129	MS	SMITH COUNTY	289131	MS	STONE COUNTY	289133	MS	SUNFLOWER COUNTY
289135	MS	TALLAHATCHIE	289137	MS	TATE COUNTY	289139	MS	TIPPAH COUNTY
289141	MS	TISHOMINGO COUNTY	289143	MS	TUNICA COUNTY	289145	MS	UNION COUNTY
289147	MS	WALTHALL COUNTY	289149	MS	WARREN COUNTY	289151	MS	WASHINGTON COUNTY
289153	MS	WAYNE COUNTY	289155	MS	WEBSTER COUNTY	289157	MS	WILKINSON COUNTY
289159	MS	WINSTON COUNTY	289161	MS	YALOBUSHA COUNTY	289163	MS	YAZOO COUNTY

MISSOURI

291152	MO	COLUMBIA	291806	MO	FLORISSANT			
292562	MO	INDEPENDENCE	292652	MO	JOPLIN	292670	MO	KANSAS CITY
292958	MO	LEES SUMMIT	294578	MO	ST CHARLES	294614	MO	ST JOSEPH
294626	MO	ST LOUIS	294638	MO	ST PETERS CITY	294884	MO	SPRINGFIELD
299001	MO	ADAIR COUNTY	299003	MO	ANDREW COUNTY	299005	MO	ATCHISON COUNTY
299007	MO	AUDRAIN COUNTY	299009	MO	BARRY COUNTY	299011	MO	BARTON COUNTY
299013	MO	BATES COUNTY	299015	MO	BENTON COUNTY	299017	MO	BOLLINGER COUNTY
299019	MO	BOONE COUNTY	299021	MO	BUCHANAN COUNTY	299023	MO	BUTLER COUNTY
299025	MO	CALDWELL COUNTY	299027	MO	CALLAWAY COUNTY	299029	MO	CAMDEN COUNTY
299031	MO	CAPE GIRARDEAU	299033	MO	CARROLL COUNTY	299035	MO	CARTER COUNTY
299037	MO	CASS COUNTY	299039	MO	CEDAR COUNTY	299041	MO	CHARITON COUNTY
299043	MO	CHRISTIAN COUNTY	299045	MO	CLARK COUNTY	299047	MO	CLAY COUNTY
299049	MO	CLINTON COUNTY	299051	MO	COLE COUNTY	299053	MO	COOPER COUNTY
299055	MO	CRAWFORD COUNTY	299057	MO	DADE COUNTY	299059	MO	DALLAS COUNTY
299061	MO	DAVIESS COUNTY	299063	MO	DEKALB COUNTY	299065	MO	DENT COUNTY
299067	MO	DOUGLAS COUNTY	299069	MO	DUNKLIN COUNTY	299071	MO	FRANKLIN COUNTY
299073	MO	GASCONADE COUNTY	299075	MO	GENTRY COUNTY	299077	MO	GREENE COUNTY
299079	MO	GRUNDY COUNTY	299081	MO	HARRISON COUNTY	299083	MO	HENRY COUNTY
299085	MO	HICKORY COUNTY	299087	MO	HOLT COUNTY	299089	MO	HOWARD COUNTY
299091	MO	HOWELL COUNTY	299093	MO	IRON COUNTY	299095	MO	JACKSON COUNTY
299097	MO	JASPER COUNTY	299099	MO	JEFFERSON COUNTY	299101	MO	JOHNSON COUNTY
299103	MO	KNOX COUNTY	299105	MO	LACLEDE COUNTY	299107	MO	LAFAYETTE COUNTY
299109	MO	LAWRENCE COUNTY	299111	MO	LEWIS COUNTY	299113	MO	LINCOLN COUNTY
299115	MO	LINN COUNTY	299117	MO	LIVINGSTON COUNTY	299119	MO	MCDONALD COUNTY
299121	MO	MACON COUNTY	299123	MO	MADISON COUNTY	299125	MO	MARIES COUNTY
299127	MO	MARION COUNTY	299129	MO	MERCER COUNTY	299131	MO	MILLER COUNTY
299133	MO	MISSISSIPPI COUNTY	299135	MO	MONITEAU COUNTY	299137	MO	MONROE COUNTY
299139	MO	MONTGOMERY	299141	MO	MORGAN COUNTY	299143	MO	NEW MADRID COUNTY
299145	MO	NEWTON COUNTY	299147	MO	NODAWAY COUNTY	299149	MO	OREGON COUNTY
299151	MO	OSAGE COUNTY	299153	MO	OZARK COUNTY	299155	MO	PEMISCOT COUNTY
299157	MO	PERRY COUNTY	299159	MO	PETTIS COUNTY	299161	MO	PHELPS COUNTY
299163	MO	PIKE COUNTY	299165	MO	PLATTE COUNTY	299167	MO	POLK COUNTY
299169	MO	PULASKI COUNTY	299171	MO	PUTNAM COUNTY	299173	MO	RALLS COUNTY
299175	MO	RANDOLPH COUNTY	299177	MO	RAY COUNTY	299179	MO	REYNOLDS COUNTY
299181	MO	RIPLEY COUNTY	299183	MO	ST. CHARLES COUNTY	299185	MO	ST. CLAIR COUNTY
299186	MO	STE. GENEVIEVE	299187	MO	ST. FRANCOIS COUNTY	299189	MO	ST LOUIS COUNTY
299195	MO	SALINE COUNTY	299197	MO	SCHUYLER COUNTY	299199	MO	SCOTLAND COUNTY
299201	MO	SCOTT COUNTY	299203	MO	SHANNON COUNTY	299205	MO	SHELBY COUNTY
299207	MO	STODDARD COUNTY	299209	MO	STONE COUNTY	299211	MO	SULLIVAN COUNTY
299213	MO	TANEY COUNTY	299215	MO	TEXAS COUNTY	299217	MO	VERNON COUNTY
299219	MO	WARREN COUNTY	299221	MO	WASHINGTON COUNTY	299223	MO	WAYNE COUNTY
299225	MO	WEBSTER COUNTY	299227	MO	WORTH COUNTY	299229	MO	WRIGHT COUNTY

MONTANA

300066	MT	BILLINGS	300342	MT	GREAT FALLS			
300540	MT	MISSOULA	309001	MT	BEAVERHEAD COUNTY	309003	MT	BIG HORN COUNTY
309005	MT	BLAINE COUNTY	309007	MT	BROADWATER	309009	MT	CARBON COUNTY
309011	MT	CARTER COUNTY	309013	MT	CASCADE COUNTY	309015	MT	CHOUTEAU COUNTY
309017	MT	CUSTER COUNTY	309019	MT	DANIELS COUNTY	309021	MT	DAWSON COUNTY

309023	MT	DEER LODGE COUNTY	309025	MT	FALLON COUNTY	309027	MT	FERGUS COUNTY
309029	MT	FLATHEAD COUNTY	309031	MT	GALLATIN COUNTY	309033	MT	GARFIELD COUNTY
309035	MT	GLACIER COUNTY	309037	MT	GOLDEN VALLEY	309039	MT	GRANITE COUNTY
309041	MT	HILL COUNTY	309043	MT	JEFFERSON COUNTY	309045	MT	JUDITH BASIN COUNTY
309047	MT	LAKE COUNTY	309049	MT	LEWIS AND CLARK	309051	MT	LIBERTY COUNTY
309053	MT	LINCOLN COUNTY	309055	MT	MCCONE COUNTY	309057	MT	MADISON COUNTY
309059	MT	MEAGHER COUNTY	309061	MT	MINERAL COUNTY	309063	MT	MISSOULA COUNTY
309065	MT	MUSSELSHELL	309067	MT	PARK COUNTY	309069	MT	PETROLEUM COUNTY
309071	MT	PHILLIPS COUNTY	309073	MT	PONDERA COUNTY	309075	MT	POWDER RIVER
309077	MT	POWELL COUNTY	309079	MT	PRAIRIE COUNTY	309081	MT	RAVALLI COUNTY
309083	MT	RICHLAND COUNTY	309085	MT	ROOSEVELT COUNTY	309087	MT	ROSEBUD COUNTY
309089	MT	SANDERS COUNTY	309091	MT	SHERIDAN COUNTY	309093	MT	SILVER BOW COUNTY
309095	MT	STILLWATER COUNTY	309097	MT	SWEET GRASS COUNTY	309099	MT	TETON COUNTY
309101	MT	TOOLE COUNTY	309103	MT	TREASURE COUNTY	309105	MT	VALLEY COUNTY
309107	MT	WHEATLAND COUNTY	309109	MT	WIBAUX COUNTY	309111	MT	YELLOWSTONE

NEBRASKA

311710	NE	LINCOLN	312208	NE	OMAHA			
319001	NE	ADAMS COUNTY	319003	NE	ANTELOPE COUNTY	319005	NE	ARTHUR COUNTY
319007	NE	BANNER COUNTY	319009	NE	BLAINE COUNTY	319011	NE	BOONE COUNTY
319013	NE	BOX BUTTE COUNTY	319015	NE	BOYD COUNTY	319017	NE	BROWN COUNTY
319019	NE	BUFFALO COUNTY	319021	NE	BURT COUNTY	319023	NE	BUTLER COUNTY
319025	NE	CASS COUNTY	319027	NE	CEDAR COUNTY	319029	NE	CHASE COUNTY
319031	NE	CHERRY COUNTY	319033	NE	CHEYENNE COUNTY	319035	NE	CLAY COUNTY
319037	NE	COLFAX COUNTY	319039	NE	CUMING COUNTY	319041	NE	CUSTER COUNTY
319043	NE	DAKOTA COUNTY	319045	NE	DAWES COUNTY	319047	NE	DAWSON COUNTY
319049	NE	DEUEL COUNTY	319051	NE	DIXON COUNTY	319053	NE	DODGE COUNTY
319055	NE	DOUGLAS COUNTY	319057	NE	DUNDY COUNTY	319059	NE	FILLMORE COUNTY
319061	NE	FRANKLIN COUNTY	319063	NE	FRONTIER COUNTY	319065	NE	FURNAS COUNTY
319067	NE	GAGE COUNTY	319069	NE	GARDEN COUNTY	319071	NE	GARFIELD COUNTY
319073	NE	GOSPER COUNTY	319075	NE	GRANT COUNTY	319077	NE	GREELEY COUNTY
319079	NE	HALL COUNTY	319081	NE	HAMILTON COUNTY	319083	NE	HARLAN COUNTY
319085	NE	HAYES COUNTY	319087	NE	HITCHCOCK COUNTY	319089	NE	HOLT COUNTY
319091	NE	HOOKER COUNTY	319093	NE	HOWARD COUNTY	319095	NE	JEFFERSON COUNTY
319097	NE	JOHNSON COUNTY	319099	NE	KEARNEY COUNTY	319101	NE	KEITH COUNTY
319103	NE	KEYA PAHA COUNTY	319105	NE	KIMBALL COUNTY	319107	NE	KNOX COUNTY
319109	NE	LANCASTER COUNTY	319111	NE	LINCOLN COUNTY	319113	NE	LOGAN COUNTY
319115	NE	LOUP COUNTY	319117	NE	MCPHERSON COUNTY	319119	NE	MADISON COUNTY
319121	NE	MERRICK COUNTY	319123	NE	MORRILL COUNTY	319125	NE	NANCE COUNTY
319127	NE	NEMAHA COUNTY	319129	NE	NUCKOLLS COUNTY	319131	NE	OTOE COUNTY
319133	NE	PAWNEE COUNTY	319135	NE	PERKINS COUNTY	319137	NE	PHELPS COUNTY
319139	NE	PIERCE COUNTY	319141	NE	PLATTE COUNTY	319143	NE	POLK COUNTY
319145	NE	RED WILLOW COUNTY	319147	NE	RICHARDSON COUNTY	319149	NE	ROCK COUNTY
319151	NE	SALINE COUNTY	319153	NE	SARPY COUNTY	319155	NE	SAUNDERS COUNTY
319157	NE	SCOTTS BLUFF	319159	NE	SEWARD COUNTY	319161	NE	SHERIDAN COUNTY
319163	NE	SHERMAN COUNTY	319165	NE	SIOUX COUNTY	319167	NE	STANTON COUNTY
319169	NE	THAYER COUNTY	319171	NE	THOMAS COUNTY	319173	NE	THURSTON COUNTY
319175	NE	VALLEY COUNTY	319177	NE	WASHINGTON COUNTY	319179	NE	WAYNE COUNTY
319181	NE	WEBSTER COUNTY	319183	NE	WHEELER COUNTY	319185	NE	YORK COUNTY

NEVADA

320096	NV	HENDERSON	320108	NV	LAS VEGAS			
320138	NV	NORTH LAS VEGAS	320150	NV	RENO	320156	NV	SPARKS
329001	NV	CHURCHILL COUNTY	329003	NV	CLARK COUNTY	329005	NV	DOUGLAS COUNTY
329007	NV	ELKO COUNTY	329009	NV	ESMERALDA COUNTY	329011	NV	EUREKA COUNTY
329013	NV	HUMBOLDT COUNTY	329015	NV	LANDER COUNTY	329017	NV	LINCOLN COUNTY
329019	NV	LYON COUNTY	329021	NV	MINERAL COUNTY	329023	NV	NYE COUNTY
329027	NV	PERSHING COUNTY	329029	NV	STOREY COUNTY	329031	NV	WASHOE COUNTY
329033	NV	WHITE PINE COUNTY	329510	NV	CARSON CITY			

NEW HAMPSHIRE

330378	NH	DOVER	330930	NH	MANCHESTER	331026	NH	NASHUA
331254	NH	PORTSMOUTH	331284	NH	ROCHESTER	339001	NH	BELKNAP COUNTY
339003	NH	CARROLL COUNTY	339005	NH	CHESHIRE COUNTY	339007	NH	COOS COUNTY
339009	NH	GRAFTON COUNTY	339011	NH	HILLSBOROUGH	339013	NH	MERRIMACK COUNTY
339015	NH	ROCKINGHAM COUNTY	339017	NH	STRAFFORD COUNTY	339019	NH	SULLIVAN COUNTY

NEW JERSEY

340072	NJ	ASBURY PARK	340078	NJ	ATLANTIC CITY			
340138	NJ	BAYONNE	340246	NJ	BLOOMFIELD	340318	NJ	BRICK TOWNSHIP
340324	NJ	BRIDGETON	340414	NJ	CAMDEN	340474	NJ	CHERRY HILL
340540	NJ	CLIFTON	340672	NJ	DOVER TOWNSHIP	340732	NJ	EAST ORANGE
340780	NJ	EDISON	340798	NJ	ELIZABETH	341008	NJ	FRANKLIN TOWNSHIP
341110	NJ	GLOUCESTER TWP	341206	NJ	HAMILTON	341434	NJ	IRVINGTON
341464	NJ	JERSEY CITY	341566	NJ	LAKEWOOD	341716	NJ	LONG BRANCH
341974	NJ	MIDDLETOWN	342016	NJ	MILLVILLE	342190	NJ	NEWARK
342196	NJ	NEW BRUNSWICK	342250	NJ	NORTH BERGEN	342378	NJ	OLD BRIDGE
342448	NJ	PARSIPPANY-TROYHIL	342454	NJ	PASSAIC	342466	NJ	PATERSON
342532	NJ	PERTH AMBOY	342886	NJ	SAYREVILLE	343216	NJ	TRENTON
343234	NJ	UNION CITY	343252	NJ	UNION	343330	NJ	VINELAND
343438	NJ	WAYNE TOWNSHIP	343624	NJ	WOODBRIDGE	349001	NJ	ATLANTIC COUNTY
349003	NJ	BERGEN COUNTY	349005	NJ	BURLINGTON COUNTY	349007	NJ	CAMDEN COUNTY
349009	NJ	CAPE MAY COUNTY	349011	NJ	CUMBERLAND	349013	NJ	ESSEX COUNTY
349015	NJ	GLOUCESTER COUNTY	349017	NJ	HUDSON COUNTY	349019	NJ	HUNTERDON COUNTY
349021	NJ	MERCER COUNTY	349023	NJ	MIDDLESEX COUNTY	349025	NJ	MONMOUTH COUNTY
349027	NJ	MORRIS COUNTY	349029	NJ	OCEAN COUNTY	349031	NJ	PASSAIC COUNTY
349033	NJ	SALEM COUNTY	349035	NJ	SOMERSET COUNTY	349037	NJ	SUSSEX COUNTY
349039	NJ	UNION COUNTY	349041	NJ	WARREN COUNTY			

NEW MEXICO

350012	NM	ALBUQUERQUE	350336	NM	LAS CRUCES	350479	NM	RIO RANCHO
350534	NM	SANTA FE	359001	NM	BERNALILLO COUNTY	359003	NM	CATRON COUNTY
359005	NM	CHAVES COUNTY	359006	NM	CIBOLA COUNTY	359007	NM	COLFAX COUNTY
359009	NM	CURRY COUNTY	359011	NM	DE BACA COUNTY	359013	NM	DONA ANA COUNTY
359015	NM	EDDY COUNTY	359017	NM	GRANT COUNTY	359019	NM	GUADALUPE COUNTY
359021	NM	HARDING COUNTY	359023	NM	HIDALGO COUNTY	359025	NM	LEA COUNTY
359027	NM	LINCOLN COUNTY	359028	NM	LOS ALAMOS COUNTY	359029	NM	LUNA COUNTY
359031	NM	MCKINLEY COUNTY	359033	NM	MORA COUNTY	359035	NM	OTERO COUNTY
359037	NM	QUAY COUNTY	359039	NM	RIO ARRIBA COUNTY	359041	NM	ROOSEVELT COUNTY
359043	NM	SANDOVAL COUNTY	359045	NM	SAN JUAN COUNTY	359047	NM	SAN MIGUEL COUNTY
359049	NM	SANTA FE COUNTY	359051	NM	SIERRA COUNTY	359053	NM	SOCORRO COUNTY
359055	NM	TAOS COUNTY	359057	NM	TORRANCE COUNTY	359059	NM	UNION COUNTY
359061	NM	VALENCIA COUNTY						

NEW YORK

360040	NY	ALBANY						
360152	NY	AMHERST TOWN	360300	NY	AUBURN	360352	NY	BABYLON TOWN
360556	NY	BINGHAMTON	360784	NY	BUFFALO	361152	NY	CHEEKTOWAGA TOWN
361256	NY	CLAY TOWN	361380	NY	COLONIE TOWN	361756	NY	DUNKIRK
362000	NY	ELMIRA	362480	NY	GLENS FALLS	362572	NY	GREECE
362688	NY	HAMBURG TOWN	363088	NY	HUNTINGTON TOWN	363140	NY	IRONDEQUOIT
363160	NY	ISLIP TOWN	363180	NY	JAMESTOWN	364004	NY	MIDDLETOWN
364212	NY	MOUNT VERNON	364320	NY	NEWBURGH	364408	NY	NEW ROCHELLE
364436	NY	NEW YORK CITY	364448	NY	NIAGARA FALLS	365312	NY	POUGHKEEPSIE
365544	NY	ROCHESTER	365572	NY	ROME	365800	NY	SARATOGA SPRINGS
365848	NY	SCHENECTADY	366376	NY	SYRACUSE	366468	NY	TONAWANDA TOWN
366500	NY	TROY	366588	NY	UNION TOWN	366612	NY	UTICA

367024	NY	WEST SENECA	367096	NY	WHITE PLAINS	367260	NY	YONKERS
369001	NY	ALBANY COUNTY	369003	NY	ALLEGANY COUNTY	369007	NY	BROOME COUNTY
369009	NY	CATTARAUGUS	369011	NY	CAYUGA COUNTY	369013	NY	CHAUTAUQUA
369015	NY	CHEMUNG COUNTY	369017	NY	CHENANGO COUNTY	369019	NY	CLINTON COUNTY
369021	NY	COLUMBIA COUNTY	369023	NY	CORTLAND COUNTY	369025	NY	DELAWARE COUNTY
369027	NY	DUTCHESS COUNTY	369029	NY	ERIE COUNTY	369031	NY	ESSEX COUNTY
369033	NY	FRANKLIN COUNTY	369035	NY	FULTON COUNTY	369037	NY	GENESEE COUNTY
369039	NY	GREENE COUNTY	369041	NY	HAMILTON COUNTY	369043	NY	HERKIMER COUNTY
369045	NY	JEFFERSON COUNTY	369049	NY	LEWIS COUNTY	369051	NY	LIVINGSTON COUNTY
369053	NY	MADISON COUNTY	369055	NY	MONROE COUNTY	369057	NY	MONTGOMERY
369059	NY	NASSAU COUNTY	369063	NY	NIAGARA COUNTY	369065	NY	ONEIDA COUNTY
369067	NY	ONONDAGA COUNTY	369069	NY	ONTARIO COUNTY	369071	NY	ORANGE COUNTY
369073	NY	ORLEANS COUNTY	369075	NY	OSWEGO COUNTY	369077	NY	OTSEGO COUNTY
369079	NY	PUTNAM COUNTY	369083	NY	RENSSELAER COUNTY	369087	NY	ROCKLAND COUNTY
369089	NY	ST. LAWRENCE	369091	NY	SARATOGA COUNTY	369093	NY	SCHENECTADY
369095	NY	SCHOHARIE COUNTY	369097	NY	SCHUYLER COUNTY	369099	NY	SENECA COUNTY
369101	NY	STEUBEN COUNTY	369103	NY	SUFFOLK COUNTY	369105	NY	SULLIVAN COUNTY
369107	NY	TIOGA COUNTY	369109	NY	TOMPKINS COUNTY	369111	NY	ULSTER COUNTY
369113	NY	WARREN COUNTY	369115	NY	WASHINGTON COUNTY	369117	NY	WAYNE COUNTY
369119	NY	WESTCHESTER	369121	NY	WYOMING COUNTY	369123	NY	YATES COUNTY

NORTH CAROLINA

370108	NC	ASHEVILLE	370432	NC	BURLINGTON			
370552	NC	CHAPEL HILL	370558	NC	CHARLOTTE	370660	NC	CONCORD
370828	NC	DURHAM	371002	NC	FAYETTEVILLE	371092	NC	GASTONIA
371158	NC	GOLDSBORO	371188	NC	GREENSBORO	371194	NC	GREENVILLE
371338	NC	HICKORY	371356	NC	HIGH POINT	371452	NC	JACKSONVILLE
371494	NC	KANNAPOLIS	371644	NC	LENOIR	371944	NC	MORGANTON
372304	NC	RALEIGH	372406	NC	ROCKY MOUNT	372508	NC	SALISBURY
373144	NC	WILMINGTON	373180	NC	WINSTON SALEM	379001	NC	ALAMANCE COUNTY
379003	NC	ALEXANDER COUNTY	379005	NC	ALLEGHANY COUNTY	379007	NC	ANSON COUNTY
379009	NC	ASHE COUNTY	379011	NC	AVERY COUNTY	379013	NC	BEAUFORT COUNTY
379015	NC	BERTIE COUNTY	379017	NC	BLADEN COUNTY	379019	NC	BRUNSWICK COUNTY
379021	NC	BUNCOMBE COUNTY	379023	NC	BURKE COUNTY	379025	NC	CABARRUS COUNTY
379027	NC	CALDWELL COUNTY	379029	NC	CAMDEN COUNTY	379031	NC	CARTERET COUNTY
379033	NC	CASWELL COUNTY	379035	NC	CATAWBA COUNTY	379037	NC	CHATHAM COUNTY
379039	NC	CHEROKEE COUNTY	379041	NC	CHOWAN COUNTY	379043	NC	CLAY COUNTY
379045	NC	CLEVELAND COUNTY	379047	NC	COLUMBUS COUNTY	379049	NC	CRAVEN COUNTY
379051	NC	CUMBERLAND	379053	NC	CURRITUCK COUNTY	379055	NC	DARE COUNTY
379057	NC	DAVIDSON COUNTY	379059	NC	DAVIE COUNTY	379061	NC	DUPLIN COUNTY
379063	NC	DURHAM COUNTY	379065	NC	EDGECOMBE COUNTY	379067	NC	FORSYTH COUNTY
379069	NC	FRANKLIN COUNTY	379071	NC	GASTON COUNTY	379073	NC	GATES COUNTY
379075	NC	GRAHAM COUNTY	379077	NC	GRANVILLE COUNTY	379079	NC	GREENE COUNTY
379081	NC	GUILFORD COUNTY	379083	NC	HALIFAX COUNTY	379085	NC	HARNETT COUNTY
379087	NC	HAYWOOD COUNTY	379089	NC	HENDERSON COUNTY	379091	NC	HERTFORD COUNTY
379093	NC	HOKE COUNTY	379095	NC	HYDE COUNTY	379097	NC	IREDELL COUNTY
379099	NC	JACKSON COUNTY	379101	NC	JOHNSTON COUNTY	379103	NC	JONES COUNTY
379105	NC	LEE COUNTY	379107	NC	LENOIR COUNTY	379109	NC	LINCOLN COUNTY
379111	NC	MCDOWELL COUNTY	379113	NC	MACON COUNTY	379115	NC	MADISON COUNTY
379117	NC	MARTIN COUNTY	379119	NC	MECKLENBURG	379121	NC	MITCHELL COUNTY
379123	NC	MONTGOMERY	379125	NC	MOORE COUNTY	379127	NC	NASH COUNTY
379129	NC	NEW HANOVER	379131	NC	NORTHAMPTON	379133	NC	ONSLOW COUNTY
379135	NC	ORANGE COUNTY	379137	NC	PAMLICO COUNTY	379139	NC	PASQUOTANK
379141	NC	PENDER COUNTY	379143	NC	PERQUIMANS COUNTY	379145	NC	PERSON COUNTY
379147	NC	PITT COUNTY	379149	NC	POLK COUNTY	379151	NC	RANDOLPH COUNTY
379153	NC	RICHMOND COUNTY	379155	NC	ROBESON COUNTY	379157	NC	ROCKINGHAM COUNTY

379159	NC	ROWAN COUNTY	379161	NC	RUTHERFORD COUNTY	379163	NC	SAMPSON COUNTY
379165	NC	SCOTLAND COUNTY	379167	NC	STANLY COUNTY	379169	NC	STOKES COUNTY
379171	NC	SURRY COUNTY	379173	NC	SWAIN COUNTY	379175	NC	TRANSYLVANIA
379177	NC	TYRRELL COUNTY	379179	NC	UNION COUNTY	379181	NC	VANCE COUNTY
379183	NC	WAKE COUNTY	379185	NC	WARREN COUNTY	379187	NC	WASHINGTON COUNTY
379189	NC	WATAUGA COUNTY	379191	NC	WAYNE COUNTY	379193	NC	WILKES COUNTY
379195	NC	WILSON COUNTY	379197	NC	YADKIN COUNTY	379199	NC	YANCEY COUNTY

NORTH DAKOTA

380228	ND	BISMARCK	380636	ND	FARGO			
380816	ND	GRAND FORKS	389001	ND	ADAMS COUNTY	389003	ND	BARNES COUNTY
389005	ND	BENSON COUNTY	389007	ND	BILLINGS COUNTY	389009	ND	BOTTINEAU COUNTY
389011	ND	BOWMAN COUNTY	389013	ND	BURKE COUNTY	389015	ND	BURLEIGH COUNTY
389017	ND	CASS COUNTY	389019	ND	CAVALIER COUNTY	389021	ND	DICKEY COUNTY
389023	ND	DIVIDE COUNTY	389025	ND	DUNN COUNTY	389027	ND	EDDY COUNTY
389029	ND	EMMONS COUNTY	389031	ND	FOSTER COUNTY	389033	ND	GOLDEN VALLEY
389035	ND	GRAND FORKS COUNTY	389037	ND	GRANT COUNTY	389039	ND	GRIGGS COUNTY
389041	ND	HETTINGER COUNTY	389043	ND	KIDDER COUNTY	389045	ND	LAMOURE COUNTY
389047	ND	LOGAN COUNTY	389049	ND	MCHENRY COUNTY	389051	ND	MCINTOSH COUNTY
389053	ND	MCKENZIE COUNTY	389055	ND	MCLEAN COUNTY	389057	ND	MERCER COUNTY
389059	ND	MORTON COUNTY	389061	ND	MOUNTRAIL COUNTY	389063	ND	NELSON COUNTY
389065	ND	OLIVER COUNTY	389067	ND	PEMBINA COUNTY	389069	ND	PIERCE COUNTY
389071	ND	RAMSEY COUNTY	389073	ND	RANSOM COUNTY	389075	ND	RENVILLE COUNTY
389077	ND	RICHLAND COUNTY	389079	ND	ROLETTE COUNTY	389081	ND	SARGENT COUNTY
389083	ND	SHERIDAN COUNTY	389085	ND	SIOUX COUNTY	389087	ND	SLOPE COUNTY
389089	ND	STARK COUNTY	389091	ND	STEELE COUNTY	389093	ND	STUTSMAN COUNTY
389095	ND	TOWNER COUNTY	389097	ND	TRAILL COUNTY	389099	ND	WALSH COUNTY
389101	ND	WARD COUNTY	389103	ND	WELLS COUNTY	389105	ND	WILLIAMS COUNTY

NORTHERN MARIANAS

690001 MP NORTHERN MARIANAS

OHIO

390042	OH	AKRON	390066	OH	ALLIANCE	390294	OH	BARBERTON
390600	OH	BOWLING GREEN	390858	OH	CANTON	391062	OH	CINCINNATI
391104	OH	CLEVELAND	391110	OH	CLEVELAND HEIGHTS	391176	OH	COLUMBUS
391362	OH	DAYTON	391500	OH	EAST CLEVELAND	391602	OH	ELYRIA
391626	OH	EUCLID	391638	OH	FAIRBORN	392118	OH	HAMILTON CITY
392508	OH	KENT	392526	OH	KETTERING	392628	OH	LAKEWOOD
392634	OH	LANCASTER	392730	OH	LIMA	392820	OH	LORAIN
393012	OH	MANSFIELD	393054	OH	MARIETTA	393114	OH	MASSILLON
393168	OH	MENTOR	393222	OH	MIDDLETOWN	393558	OH	NEWARK
394098	OH	PARMA	394998	OH	SPRINGFIELD	395016	OH	STEUBENVILLE
395214	OH	TOLEDO	395454	OH	WARREN	395874	OH	YOUNGSTOWN
399001	OH	ADAMS COUNTY	399003	OH	ALLEN COUNTY	399005	OH	ASHLAND COUNTY
399007	OH	ASHTABULA COUNTY	399009	OH	ATHENS COUNTY	399011	OH	AUGLAIZE COUNTY
399013	OH	BELMONT COUNTY	399015	OH	BROWN COUNTY	399017	OH	BUTLER COUNTY
399019	OH	CARROLL COUNTY	399021	OH	CHAMPAIGN COUNTY	399023	OH	CLARK COUNTY
399025	OH	CLERMONT COUNTY	399027	OH	CLINTON COUNTY	399029	OH	COLUMBIANA COUNTY
399031	OH	COSHOCTON COUNTY	399033	OH	CRAWFORD COUNTY	399035	OH	CUYAHOGA COUNTY
399037	OH	DARKE COUNTY	399039	OH	DEFIANCE COUNTY	399041	OH	DELAWARE COUNTY
399043	OH	ERIE COUNTY	399045	OH	FAIRFIELD COUNTY	399047	OH	FAYETTE COUNTY
399049	OH	FRANKLIN COUNTY	399051	OH	FULTON COUNTY	399053	OH	GALLIA COUNTY
399055	OH	GEAUGA COUNTY	399057	OH	GREENE COUNTY	399059	OH	GUERNSEY COUNTY
399061	OH	HAMILTON COUNTY	399063	OH	HANCOCK COUNTY	399065	OH	HARDIN COUNTY
399067	OH	HARRISON COUNTY	399069	OH	HENRY COUNTY	399071	OH	HIGHLAND COUNTY
399073	OH	HOCKING COUNTY	399075	OH	HOLMES COUNTY	399077	OH	HURON COUNTY
399079	OH	JACKSON COUNTY	399081	OH	JEFFERSON COUNTY	399083	OH	KNOX COUNTY
399085	OH	LAKE COUNTY	399087	OH	LAWRENCE COUNTY	399089	OH	LICKING COUNTY
399091	OH	LOGAN COUNTY	399093	OH	LORAIN COUNTY	399095	OH	LUCAS COUNTY

399097	OH	MADISON COUNTY	399099	OH	MAHONING COUNTY	399101	OH	MARION COUNTY
399103	OH	MEDINA COUNTY	399105	OH	MEIGS COUNTY	399107	OH	MERCER COUNTY
399109	OH	MIAMI COUNTY	399111	OH	MONROE COUNTY	399113	OH	MONTGOMERY
399115	OH	MORGAN COUNTY	399117	OH	MORROW COUNTY	399119	OH	MUSKINGUM COUNTY
399121	OH	NOBLE COUNTY	399123	OH	OTTAWA COUNTY	399125	OH	PAULDING COUNTY
399127	OH	PERRY COUNTY	399129	OH	PICKAWAY COUNTY	399131	OH	PIKE COUNTY
399133	OH	PORTAGE COUNTY	399135	OH	PREBLE COUNTY	399137	OH	PUTNAM COUNTY
399139	OH	RICHLAND COUNTY	399141	OH	ROSS COUNTY	399143	OH	SANDUSKY COUNTY
399145	OH	SCIOTO COUNTY	399147	OH	SENECA COUNTY	399149	OH	SHELBY COUNTY
399151	OH	STARK COUNTY	399153	OH	SUMMIT COUNTY	399155	OH	TRUMBULL COUNTY
399157	OH	TUSCARAWAS COUNTY	399159	OH	UNION COUNTY	399161	OH	VAN WERT COUNTY
399163	OH	VINTON COUNTY	399165	OH	WARREN COUNTY	399167	OH	WASHINGTON COUNTY
399169	OH	WAYNE COUNTY	399171	OH	WILLIAMS COUNTY	399173	OH	WOOD COUNTY
399175	OH	WYANDOT COUNTY						

OKLAHOMA

400354	OK	BROKEN ARROW						
400918	OK	EDMOND	400966	OK	ENID	401734	OK	LAWTON
402016	OK	MIDWEST CITY	402190	OK	NORMAN	402268	OK	OKLAHOMA CITY
402718	OK	SHAWNEE	403036	OK	TULSA	409001	OK	ADAIR COUNTY
409003	OK	ALFALFA COUNTY	409005	OK	ATOKA COUNTY	409007	OK	BEAVER COUNTY
409009	OK	BECKHAM COUNTY	409011	OK	BLAINE COUNTY	409013	OK	BRYAN COUNTY
409015	OK	CADDO COUNTY	409017	OK	CANADIAN COUNTY	409019	OK	CARTER COUNTY
409021	OK	CHEROKEE COUNTY	409023	OK	CHOCTAW COUNTY	409025	OK	CIMARRON COUNTY
409027	OK	CLEVELAND COUNTY	409029	OK	COAL COUNTY	409031	OK	COMANCHE COUNTY
409033	OK	COTTON COUNTY	409035	OK	CRAIG COUNTY	409037	OK	CREEK COUNTY
409039	OK	CUSTER COUNTY	409041	OK	DELAWARE COUNTY	409043	OK	DEWEY COUNTY
409045	OK	ELLIS COUNTY	409047	OK	GARFIELD COUNTY	409049	OK	GARVIN COUNTY
409051	OK	GRADY COUNTY	409053	OK	GRANT COUNTY	409055	OK	GREER COUNTY
409057	OK	HARMON COUNTY	409059	OK	HARPER COUNTY	409061	OK	HASKELL COUNTY
409063	OK	HUGHES COUNTY	409065	OK	JACKSON COUNTY	409067	OK	JEFFERSON COUNTY
409069	OK	JOHNSTON COUNTY	409071	OK	KAY COUNTY	409073	OK	KINGFISHER COUNTY
409075	OK	KIOWA COUNTY	409077	OK	LATIMER COUNTY	409079	OK	LE FLORE COUNTY
409081	OK	LINCOLN COUNTY	409083	OK	LOGAN COUNTY	409085	OK	LOVE COUNTY
409087	OK	MCCLAIN COUNTY	409089	OK	MCCURTAIN COUNTY	409091	OK	MCINTOSH COUNTY
409093	OK	MAJOR COUNTY	409095	OK	MARSHALL COUNTY	409097	OK	MAYES COUNTY
409099	OK	MURRAY COUNTY	409101	OK	MUSKOGEE COUNTY	409103	OK	NOBLE COUNTY
409105	OK	NOWATA COUNTY	409107	OK	OKFUSKEE COUNTY	409109	OK	OKLAHOMA COUNTY
409111	OK	OKMULGEE COUNTY	409113	OK	OSAGE COUNTY	409115	OK	OTTAWA COUNTY
409117	OK	PAWNEE COUNTY	409119	OK	PAYNE COUNTY	409121	OK	PITTSBURG COUNTY
409123	OK	PONTOTOC COUNTY	409125	OK	POTTAWATOMIE	409127	OK	PUSHMATAHA
409129	OK	ROGER MILLS COUNTY	409131	OK	ROGERS COUNTY	409133	OK	SEMINOLE COUNTY
409135	OK	SEQUOYAH COUNTY	409137	OK	STEPHENS COUNTY	409139	OK	TEXAS COUNTY
409141	OK	TILLMAN COUNTY	409143	OK	TULSA COUNTY	409145	OK	WAGONER COUNTY
409147	OK	WASHINGTON COUNTY	409149	OK	WASHITA COUNTY	409151	OK	WOODS COUNTY
409153	OK	WOODWARD COUNTY						

OREGON

410042	OR	ASHLAND						
410108	OR	BEAVERTON	410288	OR	CORVALLIS	410426	OR	EUGENE
410564	OR	GRESHAM	410636	OR	HILLSBORO	410888	OR	MEDFORD
411098	OR	PORTLAND	411200	OR	SALEM	411290	OR	SPRINGFIELD
419001	OR	BAKER COUNTY	419003	OR	BENTON COUNTY	419005	OR	CLACKAMAS COUNTY
419007	OR	CLATSOP COUNTY	419009	OR	COLUMBIA COUNTY	419011	OR	COOS COUNTY
419013	OR	CROOK COUNTY	419015	OR	CURRY COUNTY	419017	OR	DESCHUTES COUNTY
419019	OR	DOUGLAS COUNTY	419021	OR	GILLIAM COUNTY	419023	OR	GRANT COUNTY
419025	OR	HARNEY COUNTY	419027	OR	HOOD RIVER COUNTY	419029	OR	JACKSON COUNTY
419031	OR	JEFFERSON COUNTY	419033	OR	JOSEPHINE COUNTY	419035	OR	KLAMATH COUNTY
419037	OR	LAKE COUNTY	419039	OR	LANE COUNTY	419041	OR	LINCOLN COUNTY
419043	OR	LINN COUNTY	419045	OR	MALHEUR COUNTY	419047	OR	MARION COUNTY

419049	OR	MORROW COUNTY	419051	OR	MULTNOMAH COUNTY	419053	OR	POLK COUNTY
419055	OR	SHERMAN COUNTY	419057	OR	TILLAMOOK COUNTY	419059	OR	UMATILLA COUNTY
419061	OR	UNION COUNTY	419063	OR	WALLOWA COUNTY	419065	OR	WASCO COUNTY
419067	OR	WASHINGTON COUNTY	419069	OR	WHEELER COUNTY	419071	OR	YAMHILL COUNTY
PENNSYLVANIA								
420015	PA	ABINGTON	420096	PA	ALLENTOWN			
420114	PA	ALTOONA	420438	PA	BENSALEM TOWNSHIP	420504	PA	BETHLEHEM
420726	PA	BRISTOL TOWNSHIP	420930	PA	CARLISLE	421116	PA	CHESTER
421950	PA	EASTON	422178	PA	ERIE	422898	PA	HARRISBURG
422937	PA	HAVERFORD	422958	PA	HAZLETON	423411	PA	JOHNSTOWN
423573	PA	LANCASTER	423657	PA	LEBANON	423951	PA	LOWER MERION
424086	PA	MCKEESPORT	424434	PA	MILLCREEK	424914	PA	NORRISTOWN
425340	PA	PENN HILLS	425451	PA	PHILADELPHIA	425529	PA	PITTSBURGH
425793	PA	READING	426201	PA	SCRANTON	426258	PA	SHARON
426711	PA	STATE COLLEGE	427227	PA	UPPER DARBY	427947	PA	WILKES-BARRE
427962	PA	WILLIAMSPORT	428136	PA	YORK	429001	PA	ADAMS COUNTY
429003	PA	ALLEGHENY COUNTY	429005	PA	ARMSTRONG COUNTY	429007	PA	BEAVER COUNTY
429009	PA	BEDFORD COUNTY	429011	PA	BERKS COUNTY	429013	PA	BLAIR COUNTY
429015	PA	BRADFORD COUNTY	429017	PA	BUCKS COUNTY	429019	PA	BUTLER COUNTY
429021	PA	CAMBRIA COUNTY	429023	PA	CAMERON COUNTY	429025	PA	CARBON COUNTY
429027	PA	CENTRE COUNTY	429029	PA	CHESTER COUNTY	429031	PA	CLARION COUNTY
429033	PA	CLEARFIELD COUNTY	429035	PA	CLINTON COUNTY	429037	PA	COLUMBIA COUNTY
429039	PA	CRAWFORD COUNTY	429041	PA	CUMBERLAND	429043	PA	DAUPHIN COUNTY
429045	PA	DELAWARE COUNTY	429047	PA	ELK COUNTY	429049	PA	ERIE COUNTY
429051	PA	FAYETTE COUNTY	429053	PA	FOREST COUNTY	429055	PA	FRANKLIN COUNTY
429057	PA	FULTON COUNTY	429059	PA	GREENE COUNTY	429061	PA	HUNTINGDON COUNTY
429063	PA	INDIANA COUNTY	429065	PA	JEFFERSON COUNTY	429067	PA	JUNIATA COUNTY
429069	PA	LACKAWANNA	429071	PA	LANCASTER COUNTY	429073	PA	LAWRENCE COUNTY
429075	PA	LEBANON COUNTY	429077	PA	LEHIGH COUNTY	429079	PA	LUZERNE COUNTY
429081	PA	LYCOMING COUNTY	429083	PA	MCKEAN COUNTY	429085	PA	MERCER COUNTY
429087	PA	MIFFLIN COUNTY	429089	PA	MONROE COUNTY	429091	PA	MONTGOMERY
429093	PA	MONTOUR COUNTY	429095	PA	NORTHAMPTON	429097	PA	NORTHUMBERLAND
429099	PA	PERRY COUNTY	429103	PA	PIKE COUNTY	429105	PA	POTTER COUNTY
429107	PA	SCHUYLKILL COUNTY	429109	PA	SNYDER COUNTY	429111	PA	SOMERSET COUNTY
429113	PA	SULLIVAN COUNTY	429115	PA	SUSQUEHANNA	429117	PA	TIOGA COUNTY
429119	PA	UNION COUNTY	429121	PA	VENANGO COUNTY	429123	PA	WARREN COUNTY
429125	PA	WASHINGTON COUNTY	429127	PA	WAYNE COUNTY	429129	PA	WESTMORELAND
429131	PA	WYOMING COUNTY	429133	PA	YORK COUNTY			
PUERTO RICO								
729001	PR	ADJUNTAS MUNICIPIO	729003	PR	AGUADA MUNICIPIO	729005	PR	AGUADILLA
729007	PR	AGUAS BUENAS	729009	PR	AIBONITO MUNICIPIO	729011	PR	A±ASCO MUNICIPIO
729013	PR	ARECIBO MUNICIPIO	729015	PR	ARROYO MUNICIPIO	729017	PR	BARCELONETA
729019	PR	BARRANQUITAS	729021	PR	BAYAMON MUNICIPIO	729023	PR	CABO ROJO MUNICIPIO
729025	PR	CAGUAS MUNICIPIO	729027	PR	CAMUY MUNICIPIO	729029	PR	CANOVANAS
729031	PR	CAROLINA MUNICIPIO	729033	PR	CATA±O MUNICIPIO	729035	PR	CAYEY MUNICIPIO
729037	PR	CEIBA MUNICIPIO	729039	PR	CIALES MUNICIPIO	729041	PR	CIDRA MUNICIPIO
729043	PR	COAMO MUNICIPIO	729045	PR	COMERfO MUNICIPIO	729047	PR	COROZAL MUNICIPIO
729049	PR	CULEBRA MUNICIPIO	729051	PR	DORADO MUNICIPIO	729053	PR	FAJARDO MUNICIPIO
729054	PR	FLORIDA MUNICIPIO	729055	PR	GUßNICA MUNICIPIO	729057	PR	GUAYAMA MUNICIPIO
729059	PR	GUAYANILLA	729061	PR	GUAYNABO MUNICIPIO	729063	PR	GURABO MUNICIPIO
729065	PR	HATILLO MUNICIPIO	729067	PR	HORMIGUEROS	729069	PR	HUMACAO MUNICIPIO
729071	PR	ISABELA MUNICIPIO	729073	PR	JAYUYA MUNICIPIO	729075	PR	JUANA DIAZ
729077	PR	JUNCOS MUNICIPIO	729079	PR	LAJAS MUNICIPIO	729081	PR	LARES MUNICIPIO
729083	PR	LAS MARfAS	729085	PR	LAS PIEDRAS	729087	PR	LOfZA MUNICIPIO
729089	PR	LUQUILLO MUNICIPIO	729091	PR	MANATI MUNICIPIO	729093	PR	MARICAO MUNICIPIO
729095	PR	MAUNABO MUNICIPIO	729097	PR	MAYAGUEZ	729099	PR	MOCA MUNICIPIO

729101	PR	MOROVIS MUNICIPIO	729103	PR	NAGUABO MUNICIPIO	729105	PR	NARANJITO
729107	PR	OROCOVIS MUNICIPIO	729109	PR	PATILLAS MUNICIPIO	729111	PR	PE±UELAS MUNICIPIO
729113	PR	PONCE MUNICIPIO	729115	PR	QUEBRADILLAS	729117	PR	RINC=N MUNICIPIO
729119	PR	RIO GRANDE	729121	PR	SABANA GRANDE	729123	PR	SALINAS MUNICIPIO
729125	PR	SAN GERMßN	729127	PR	SAN JUAN MUNICIPIO	729129	PR	SAN LORENZO
729131	PR	SAN SEBASTIßN	729133	PR	SANTA ISABEL	729135	PR	TOA ALTA MUNICIPIO
729137	PR	TOA BAJA MUNICIPIO	729139	PR	TRUJILLO ALTO	729141	PR	UTUADO MUNICIPIO
729143	PR	VEGA ALTA	729145	PR	VEGA BAJA MUNICIPIO	729147	PR	VIEQUES MUNICIPIO
729149	PR	VILLALBA MUNICIPIO	729151	PR	YABUCOA MUNICIPIO	729153	PR	YAUCO MUNICIPIO
RHODE ISLAND								
440054	RI	CRANSTON	440072	RI	EAST PROVIDENCE			
440210	RI	PAWTUCKET	440222	RI	PROVIDENCE	440276	RI	WARWICK
440306	RI	WOONSOCKET	449001	RI	BRISTOL COUNTY	449003	RI	KENT COUNTY
449005	RI	NEWPORT COUNTY	449007	RI	PROVIDENCE COUNTY	449009	RI	WASHINGTON COUNTY
SOUTH CAROLINA								
450012	SC	AIKEN	450030	SC	ANDERSON			
450300	SC	CHARLESTON	450372	SC	COLUMBIA	450534	SC	FLORENCE
450648	SC	GREENVILLE	451080	SC	MYRTLE BEACH	451386	SC	ROCK HILL
451554	SC	SPARTANBURG	451620	SC	SUMTER	459001	SC	ABBEVILLE COUNTY
459003	SC	AIKEN COUNTY	459005	SC	ALLENDALE COUNTY	459007	SC	ANDERSON COUNTY
459009	SC	BAMBERG COUNTY	459011	SC	BARNWELL COUNTY	459013	SC	BEAUFORT COUNTY
459015	SC	BERKELEY COUNTY	459017	SC	CALHOUN COUNTY	459019	SC	CHARLESTON COUNTY
459021	SC	CHEROKEE COUNTY	459023	SC	CHESTER COUNTY	459025	SC	CHESTERFIELD
459027	SC	CLARENDON COUNTY	459029	SC	COLLETON COUNTY	459031	SC	DARLINGTON COUNTY
459033	SC	DILLON COUNTY	459035	SC	DORCHESTER COUNTY	459037	SC	EDGEFIELD COUNTY
459039	SC	FAIRFIELD COUNTY	459041	SC	FLORENCE COUNTY	459043	SC	GEORGETOWN
459045	SC	GREENVILLE COUNTY	459047	SC	GREENWOOD COUNTY	459049	SC	HAMPTON COUNTY
459051	SC	HORRY COUNTY	459053	SC	JASPER COUNTY	459055	SC	KERSHAW COUNTY
459057	SC	LANCASTER COUNTY	459059	SC	LAURENS COUNTY	459061	SC	LEE COUNTY
459063	SC	LEXINGTON COUNTY	459065	SC	MCCORMICK COUNTY	459067	SC	MARION COUNTY
459069	SC	MARLBORO COUNTY	459071	SC	NEWBERRY COUNTY	459073	SC	OCONEE COUNTY
459075	SC	ORANGEBURG COUNTY	459077	SC	PICKENS COUNTY	459079	SC	RICHLAND COUNTY
459081	SC	SALUDA COUNTY	459083	SC	SPARTANBURG	459085	SC	SUMTER COUNTY
459087	SC	UNION COUNTY	459089	SC	WILLIAMSBURG	459091	SC	YORK COUNTY
SOUTH DAKOTA								
461392	SD	RAPID CITY	461518	SD	SIOUX FALLS			
469003	SD	AURORA COUNTY	469005	SD	BEADLE COUNTY	469007	SD	BENNETT COUNTY
469009	SD	BON HOMME COUNTY	469011	SD	BROOKINGS COUNTY	469013	SD	BROWN COUNTY
469015	SD	BRULE COUNTY	469017	SD	BUFFALO COUNTY	469019	SD	BUTTE COUNTY
469021	SD	CAMPBELL COUNTY	469023	SD	CHARLES MIX COUNTY	469025	SD	CLARK COUNTY
469027	SD	CLAY COUNTY	469029	SD	CODINGTON COUNTY	469031	SD	CORSON COUNTY
469033	SD	CUSTER COUNTY	469035	SD	DAVISON COUNTY	469037	SD	DAY COUNTY
469039	SD	DEUEL COUNTY	469041	SD	DEWEY COUNTY	469043	SD	DOUGLAS COUNTY
469045	SD	EDMUNDS COUNTY	469047	SD	FALL RIVER COUNTY	469049	SD	FAULK COUNTY
469051	SD	GRANT COUNTY	469053	SD	GREGORY COUNTY	469055	SD	HAAKON COUNTY
469057	SD	HAMLIN COUNTY	469059	SD	HAND COUNTY	469061	SD	HANSON COUNTY
469063	SD	HARDING COUNTY	469065	SD	HUGHES COUNTY	469067	SD	HUTCHINSON COUNTY
469069	SD	HYDE COUNTY	469071	SD	JACKSON COUNTY	469073	SD	JERAULD COUNTY
469075	SD	JONES COUNTY	469077	SD	KINGSBURY COUNTY	469079	SD	LAKE COUNTY
469081	SD	LAWRENCE COUNTY	469083	SD	LINCOLN COUNTY	469085	SD	LYMAN COUNTY
469087	SD	MCCOOK COUNTY	469089	SD	MCPHERSON COUNTY	469091	SD	MARSHALL COUNTY
469093	SD	MEADE COUNTY	469095	SD	MELLETTE COUNTY	469097	SD	MINER COUNTY
469099	SD	MINNEHAHA COUNTY	469101	SD	MOODY COUNTY	469103	SD	PENNINGTON COUNTY
469105	SD	PERKINS COUNTY	469107	SD	POTTER COUNTY	469109	SD	ROBERTS COUNTY
469111	SD	SANBORN COUNTY	469113	SD	SHANNON COUNTY	469115	SD	SPINK COUNTY
469117	SD	STANLEY COUNTY	469119	SD	SULLY COUNTY	469121	SD	TODD COUNTY
469123	SD	TRIPP COUNTY	469125	SD	TURNER COUNTY	469127	SD	UNION COUNTY
469129	SD	WALWORTH COUNTY	469135	SD	YANKTON COUNTY	469137	SD	ZIEBACH COUNTY

TENNESSEE

470228	TN	BRISTOL	470336	TN	CHATTANOOGA			
470354	TN	CLARKSVILLE	470924	TN	JACKSON	470954	TN	JOHNSON CITY
470990	TN	KINGSPORT	471014	TN	KNOXVILLE	471242	TN	MEMPHIS
471362	TN	MURFREESBORO	471368	TN	NASHVILLE-DAVIDSON	471422	TN	OAK RIDGE
479001	TN	ANDERSON COUNTY	479003	TN	BEDFORD COUNTY	479005	TN	BENTON COUNTY
479007	TN	BLEDSOE COUNTY	479009	TN	BLOUNT COUNTY	479011	TN	BRADLEY COUNTY
479013	TN	CAMPBELL COUNTY	479015	TN	CANNON COUNTY	479017	TN	CARROLL COUNTY
479019	TN	CARTER COUNTY	479021	TN	CHEATHAM COUNTY	479023	TN	CHESTER COUNTY
479025	TN	CLAIBORNE COUNTY	479027	TN	CLAY COUNTY	479029	TN	COCKE COUNTY
479031	TN	COFFEE COUNTY	479033	TN	CROCKETT COUNTY	479035	TN	CUMBERLAND
479039	TN	DECATUR COUNTY	479041	TN	DEKALB COUNTY	479043	TN	DICKSON COUNTY
479045	TN	DYER COUNTY	479047	TN	FAYETTE COUNTY	479049	TN	FENTRESS COUNTY
479051	TN	FRANKLIN COUNTY	479053	TN	GIBSON COUNTY	479055	TN	GILES COUNTY
479057	TN	GRAINGER COUNTY	479059	TN	GREENE COUNTY	479061	TN	GRUNDY COUNTY
479063	TN	HAMBLEN COUNTY	479065	TN	HAMILTON COUNTY	479067	TN	HANCOCK COUNTY
479069	TN	HARDEMAN COUNTY	479071	TN	HARDIN COUNTY	479073	TN	HAWKINS COUNTY
479075	TN	HAYWOOD COUNTY	479077	TN	HENDERSON COUNTY	479079	TN	HENRY COUNTY
479081	TN	HICKMAN COUNTY	479083	TN	HOUSTON COUNTY	479085	TN	HUMPHREYS COUNTY
479087	TN	JACKSON COUNTY	479089	TN	JEFFERSON COUNTY	479091	TN	JOHNSON COUNTY
479093	TN	KNOX COUNTY	479095	TN	LAKE COUNTY	479097	TN	LAUDERDALE COUNTY
479099	TN	LAWRENCE COUNTY	479101	TN	LEWIS COUNTY	479103	TN	LINCOLN COUNTY
479105	TN	LOUDON COUNTY	479107	TN	MCMINN COUNTY	479109	TN	MCNAIRY COUNTY
479111	TN	MACON COUNTY	479113	TN	MADISON COUNTY	479115	TN	MARION COUNTY
479117	TN	MARSHALL COUNTY	479119	TN	MAURY COUNTY	479121	TN	MEIGS COUNTY
479123	TN	MONROE COUNTY	479125	TN	MONTGOMERY	479127	TN	MOORE COUNTY
479129	TN	MORGAN COUNTY	479131	TN	OBION COUNTY	479133	TN	OVERTON COUNTY
479135	TN	PERRY COUNTY	479137	TN	PICKETT COUNTY	479139	TN	POLK COUNTY
479141	TN	PUTNAM COUNTY	479143	TN	RHEA COUNTY	479145	TN	ROANE COUNTY
479147	TN	ROBERTSON COUNTY	479149	TN	RUTHERFORD COUNTY	479151	TN	SCOTT COUNTY
479153	TN	SEQUATCHIE COUNTY	479155	TN	SEVIER COUNTY	479157	TN	SHELBY COUNTY
479159	TN	SMITH COUNTY	479161	TN	STEWART COUNTY	479163	TN	SULLIVAN COUNTY
479165	TN	SUMNER COUNTY	479167	TN	TIPTON COUNTY	479169	TN	TROUSDALE COUNTY
479171	TN	UNICOI COUNTY	479173	TN	UNION COUNTY	479175	TN	VAN BUREN COUNTY
479177	TN	WARREN COUNTY	479179	TN	WASHINGTON COUNTY	479181	TN	WAYNE COUNTY
479183	TN	WEAKLEY COUNTY	479185	TN	WHITE COUNTY	479187	TN	WILLIAMSON COUNTY
479189	TN	WILSON COUNTY						

TEXAS

480018	TX	ABILENE						
480132	TX	AMARILLO	480222	TX	ARLINGTON	480264	TX	AUSTIN
480390	TX	BAYTOWN CITY	480402	TX	BEAUMONT	480726	TX	BROWNSVILLE
480738	TX	BRYAN	480900	TX	CARROLLTON	481104	TX	COLLEGE STATION
481158	TX	CONROE	481206	TX	CORPUS CHRISTI	481338	TX	DALLAS
481410	TX	DENISON	481416	TX	DENTON	481608	TX	EDINBURG
481680	TX	EL PASO	481824	TX	FLOWER MOUND	481896	TX	FORT WORTH
481986	TX	GALVESTON	481998	TX	GARLAND	482142	TX	GRAND PRAIRIE
482304	TX	HARLINGEN	482514	TX	HOUSTON	482628	TX	IRVING
482820	TX	KILLEEN	483042	TX	LAREDO	483132	TX	LEWISVILLE
483246	TX	LONGVIEW	483288	TX	LUBBOCK	483330	TX	MC ALLEN
483348	TX	MCKINNEY	483438	TX	MARSHALL	483546	TX	MESQUITE
483564	TX	MIDLAND	483606	TX	MISSION	483612	TX	MISSOURI CITY
483798	TX	NEW BRAUNFELS	483888	TX	NORTH RICHLAND	483924	TX	ODESSA
483966	TX	ORANGE	484068	TX	PASADENA	484146	TX	PHARR
484206	TX	PLANO	484248	TX	PORT ARTHUR	484488	TX	RICHARDSON
484674	TX	ROUND ROCK	484752	TX	SAN ANGELO	484758	TX	SAN ANTONIO
484770	TX	SAN BENITO	484812	TX	SAN MARCOS	484962	TX	SHERMAN

485202	TX	SUGAR LAND	485316	TX	TEMPLE	485340	TX	TEXARKANA
485346	TX	TEXAS CITY	485496	TX	TYLER	485580	TX	VICTORIA
485592	TX	WACO	485826	TX	WICHITA FALLS	489001	TX	ANDERSON COUNTY
489003	TX	ANDREWS COUNTY	489005	TX	ANGELINA COUNTY	489007	TX	ARANSAS COUNTY
489009	TX	ARCHER COUNTY	489011	TX	ARMSTRONG COUNTY	489013	TX	ATASCOSA COUNTY
489015	TX	AUSTIN COUNTY	489017	TX	BAILEY COUNTY	489019	TX	BANDERA COUNTY
489021	TX	BASTROP COUNTY	489023	TX	BAYLOR COUNTY	489025	TX	BEE COUNTY
489027	TX	BELL COUNTY	489029	TX	BEXAR COUNTY	489031	TX	BLANCO COUNTY
489033	TX	BORDEN COUNTY	489035	TX	BOSQUE COUNTY	489037	TX	BOWIE COUNTY
489039	TX	BRAZORIA COUNTY	489041	TX	BRAZOS COUNTY	489043	TX	BREWSTER COUNTY
489045	TX	BRISCOE COUNTY	489047	TX	BROOKS COUNTY	489049	TX	BROWN COUNTY
489051	TX	BURLESON COUNTY	489053	TX	BURNET COUNTY	489055	TX	CALDWELL COUNTY
489057	TX	CALHOUN COUNTY	489059	TX	CALLAHAN COUNTY	489061	TX	CAMERON COUNTY
489063	TX	CAMP COUNTY	489065	TX	CARSON COUNTY	489067	TX	CASS COUNTY
489069	TX	CASTRO COUNTY	489071	TX	CHAMBERS COUNTY	489073	TX	CHEROKEE COUNTY
489075	TX	CHILDRESS COUNTY	489077	TX	CLAY COUNTY	489079	TX	COCHRAN COUNTY
489081	TX	COKE COUNTY	489083	TX	COLEMAN COUNTY	489085	TX	COLLIN COUNTY
489087	TX	COLLINGSWORTH	489089	TX	COLORADO COUNTY	489091	TX	COMAL COUNTY
489093	TX	COMANCHE COUNTY	489095	TX	CONCHO COUNTY	489097	TX	COOKE COUNTY
489099	TX	CORYELL COUNTY	489101	TX	COTTLE COUNTY	489103	TX	CRANE COUNTY
489105	TX	CROCKETT COUNTY	489107	TX	CROSBY COUNTY	489109	TX	CULBERSON COUNTY
489111	TX	DALLAM COUNTY	489113	TX	DALLAS COUNTY	489115	TX	DAWSON COUNTY
489117	TX	DEAF SMITH COUNTY	489119	TX	DELTA COUNTY	489121	TX	DENTON COUNTY
489123	TX	DEWITT COUNTY	489125	TX	DICKENS COUNTY	489127	TX	DIMMIT COUNTY
489129	TX	DONLEY COUNTY	489131	TX	DUVAL COUNTY	489133	TX	EASTLAND COUNTY
489135	TX	ECTOR COUNTY	489137	TX	EDWARDS COUNTY	489139	TX	ELLIS COUNTY
489141	TX	EL PASO COUNTY	489143	TX	ERATH COUNTY	489145	TX	FALLS COUNTY
489147	TX	FANNIN COUNTY	489149	TX	FAYETTE COUNTY	489151	TX	FISHER COUNTY
489153	TX	FLOYD COUNTY	489155	TX	FOARD COUNTY	489157	TX	FORT BEND COUNTY
489159	TX	FRANKLIN COUNTY	489161	TX	FREESTONE COUNTY	489163	TX	FRIO COUNTY
489165	TX	GAINES COUNTY	489167	TX	GALVESTON COUNTY	489169	TX	GARZA COUNTY
489171	TX	GILLESPIE COUNTY	489173	TX	GLASSCOCK COUNTY	489175	TX	GOLIAD COUNTY
489177	TX	GONZALES COUNTY	489179	TX	GRAY COUNTY	489181	TX	GRAYSON COUNTY
489183	TX	GREGG COUNTY	489185	TX	GRIMES COUNTY	489187	TX	GUADALUPE COUNTY
489189	TX	HALE COUNTY	489191	TX	HALL COUNTY	489193	TX	HAMILTON COUNTY
489195	TX	HANSFORD COUNTY	489197	TX	HARDEMAN COUNTY	489199	TX	HARDIN COUNTY
489201	TX	HARRIS COUNTY	489203	TX	HARRISON COUNTY	489205	TX	HARTLEY COUNTY
489207	TX	HASKELL COUNTY	489209	TX	HAYS COUNTY	489211	TX	HEMPHILL COUNTY
489213	TX	HENDERSON COUNTY	489215	TX	HIDALGO COUNTY	489217	TX	HILL COUNTY
489219	TX	HOCKLEY COUNTY	489221	TX	HOOD COUNTY	489223	TX	HOPKINS COUNTY
489225	TX	HOUSTON COUNTY	489227	TX	HOWARD COUNTY	489229	TX	HUDSPETH COUNTY
489231	TX	HUNT COUNTY	489233	TX	HUTCHINSON COUNTY	489235	TX	IRION COUNTY
489237	TX	JACK COUNTY	489239	TX	JACKSON COUNTY	489241	TX	JASPER COUNTY
489243	TX	JEFF DAVIS COUNTY	489245	TX	JEFFERSON COUNTY	489247	TX	JIM HOGG COUNTY
489249	TX	JIM WELLS COUNTY	489251	TX	JOHNSON COUNTY	489253	TX	JONES COUNTY
489255	TX	KARNES COUNTY	489257	TX	KAUFMAN COUNTY	489259	TX	KENDALL COUNTY
489261	TX	KENEDY COUNTY	489263	TX	KENT COUNTY	489265	TX	KERR COUNTY
489267	TX	KIMBLE COUNTY	489269	TX	KING COUNTY	489271	TX	KINNEY COUNTY
489273	TX	KLEBERG COUNTY	489275	TX	KNOX COUNTY	489277	TX	LAMAR COUNTY
489279	TX	LAMB COUNTY	489281	TX	LAMPASAS COUNTY	489283	TX	LA SALLE COUNTY
489285	TX	LAVACA COUNTY	489287	TX	LEE COUNTY	489289	TX	LEON COUNTY
489291	TX	LIBERTY COUNTY	489293	TX	LIMESTONE COUNTY	489295	TX	LIPSCOMB COUNTY
489297	TX	LIVE OAK COUNTY	489299	TX	LLANO COUNTY	489301	TX	LOVING COUNTY
489303	TX	LUBBOCK COUNTY	489305	TX	LYNN COUNTY	489307	TX	MCCULLOCH COUNTY
489309	TX	MCLENNAN COUNTY	489311	TX	MCMULLEN COUNTY	489313	TX	MADISON COUNTY
489315	TX	MARION COUNTY	489317	TX	MARTIN COUNTY	489319	TX	MASON COUNTY
489321	TX	MATAGORDA COUNTY	489323	TX	MAVERICK COUNTY	489325	TX	MEDINA COUNTY
489327	TX	MENARD COUNTY	489329	TX	MIDLAND COUNTY	489331	TX	MILAM COUNTY
489333	TX	MILLS COUNTY	489335	TX	MITCHELL COUNTY	489337	TX	MONTAGUE COUNTY
489339	TX	MONTGOMERY	489341	TX	MOORE COUNTY	489343	TX	MORRIS COUNTY

489345	TX	MOTLEY COUNTY	489347	TX	NACOGDOCHES	489349	TX	NAVARRO COUNTY
489351	TX	NEWTON COUNTY	489353	TX	NOLAN COUNTY	489355	TX	NUECES COUNTY
489357	TX	OCHILTREE COUNTY	489359	TX	OLDHAM COUNTY	489361	TX	ORANGE COUNTY
489363	TX	PALO PINTO COUNTY	489365	TX	PANOLA COUNTY	489367	TX	PARKER COUNTY
489369	TX	PARMER COUNTY	489371	TX	PECOS COUNTY	489373	TX	POLK COUNTY
489375	TX	POTTER COUNTY	489377	TX	PRESIDIO COUNTY	489379	TX	RAINS COUNTY
489381	TX	RANDALL COUNTY	489383	TX	REAGAN COUNTY	489385	TX	REAL COUNTY
489387	TX	RED RIVER COUNTY	489389	TX	REEVES COUNTY	489391	TX	REFUGIO COUNTY
489393	TX	ROBERTS COUNTY	489395	TX	ROBERTSON COUNTY	489397	TX	ROCKWALL COUNTY
489399	TX	RUNNELS COUNTY	489401	TX	RUSK COUNTY	489403	TX	SABINE COUNTY
489405	TX	SAN AUGUSTINE	489407	TX	SAN JACINTO COUNTY	489409	TX	SAN PATRICIO
489411	TX	SAN SABA COUNTY	489413	TX	SCHLEICHER COUNTY	489415	TX	SCURRY COUNTY
489417	TX	SHACKELFORD	489419	TX	SHELBY COUNTY	489421	TX	SHERMAN COUNTY
489423	TX	SMITH COUNTY	489425	TX	SOMERVELL COUNTY	489427	TX	STARR COUNTY
489429	TX	STEPHENS COUNTY	489431	TX	STERLING COUNTY	489433	TX	STONEWALL COUNTY
489435	TX	SUTTON COUNTY	489437	TX	SWISHER COUNTY	489439	TX	TARRANT COUNTY
489441	TX	TAYLOR COUNTY	489443	TX	TERRELL COUNTY	489445	TX	TERRY COUNTY
489447	TX	THROCKMORTON	489449	TX	TITUS COUNTY	489451	TX	TOM GREEN COUNTY
489453	TX	TRAVIS COUNTY	489455	TX	TRINITY COUNTY	489457	TX	TYLER COUNTY
489459	TX	UPSHUR COUNTY	489461	TX	UPTON COUNTY	489463	TX	UVALDE COUNTY
489465	TX	VAL VERDE COUNTY	489467	TX	VAN ZANDT COUNTY	489469	TX	VICTORIA COUNTY
489471	TX	WALKER COUNTY	489473	TX	WALLER COUNTY	489475	TX	WARD COUNTY
489477	TX	WASHINGTON COUNTY	489479	TX	WEBB COUNTY	489481	TX	WHARTON COUNTY
489483	TX	WHEELER COUNTY	489485	TX	WICHITA COUNTY	489487	TX	WILBARGER COUNTY
489489	TX	WILLACY COUNTY	489491	TX	WILLIAMSON COUNTY	489493	TX	WILSON COUNTY
489495	TX	WINKLER COUNTY	489497	TX	WISE COUNTY	489499	TX	WOOD COUNTY
489501	TX	YOAKUM COUNTY	489503	TX	YOUNG COUNTY	489505	TX	ZAPATA COUNTY
489507	TX	ZAVALA COUNTY						

UTAH

490174	UT	CLEARFIELD						
490624	UT	LAYTON	490888	UT	OGDEN	490918	UT	OREM
491014	UT	PROVO	491092	UT	SALT LAKE CITY	491098	UT	SANDY CITY
491239	UT	TAYLORSVILLE	491338	UT	WEST JORDAN	491346	UT	WEST VALLEY
499001	UT	BEAVER COUNTY	499003	UT	BOX ELDER COUNTY	499005	UT	CACHE COUNTY
499007	UT	CARBON COUNTY	499009	UT	DAGGETT COUNTY	499011	UT	DAVIS COUNTY
499013	UT	DUCHESNE COUNTY	499015	UT	EMERY COUNTY	499017	UT	GARFIELD COUNTY
499019	UT	GRAND COUNTY	499021	UT	IRON COUNTY	499023	UT	JUAB COUNTY
499025	UT	KANE COUNTY	499027	UT	MILLARD COUNTY	499029	UT	MORGAN COUNTY
499031	UT	PIUTE COUNTY	499033	UT	RICH COUNTY	499035	UT	SALT LAKE COUNTY
499037	UT	SAN JUAN COUNTY	499039	UT	SANPETE COUNTY	499041	UT	SEVIER COUNTY
499043	UT	SUMMIT COUNTY	499045	UT	TOOELE COUNTY	499047	UT	UINTAH COUNTY
499049	UT	UTAH COUNTY	499051	UT	WASATCH COUNTY	499053	UT	WASHINGTON COUNTY
499055	UT	WAYNE COUNTY	499057	UT	WEBER COUNTY			

VERMONT

500288	VT	BURLINGTON	509001	VT	ADDISON COUNTY	509003	VT	BENNINGTON COUNTY
509005	VT	CALEDONIA COUNTY	509007	VT	CHITTENDEN COUNTY	509009	VT	ESSEX COUNTY
509011	VT	FRANKLIN COUNTY	509013	VT	GRAND ISLE COUNTY	509015	VT	LAMOILLE COUNTY
509017	VT	ORANGE COUNTY	509019	VT	ORLEANS COUNTY	509021	VT	RUTLAND COUNTY
509023	VT	WASHINGTON COUNTY	509025	VT	WINDHAM COUNTY	509027	VT	WINDSOR COUNTY

VIRGIN ISLANDS

780001 VI VIRGIN ISLANDS

VIRGINIA

510024	VA	ALEXANDRIA	510186	VA	BRISTOL	510264	VA	CHARLOTTESVILLE
510288	VA	CHESAPEAKE	510384	VA	COLONIAL HEIGHTS	510450	VA	DANVILLE
510612	VA	FREDERICKSBURG	510720	VA	HAMPTON	510780	VA	HOPEWELL
510960	VA	LYNCHBURG	511098	VA	NEWPORT NEWS	511116	VA	NORFOLK
511200	VA	PETERSBURG	511236	VA	PORTSMOUTH	511308	VA	RICHMOND
511320	VA	ROANOKE	511488	VA	SUFFOLK	511590	VA	VIRGINIA BEACH
519001	VA	ACCOMACK COUNTY	519003	VA	ALBEMARLE COUNTY	519005	VA	ALLEGHANY COUNTY
519007	VA	AMELIA COUNTY	519009	VA	AMHERST COUNTY	519011	VA	APPOMATTOX
519013	VA	ARLINGTON COUNTY	519015	VA	AUGUSTA COUNTY	519017	VA	BATH COUNTY
519019	VA	BEDFORD COUNTY	519021	VA	BLAND COUNTY	519023	VA	BOTETOURT COUNTY
519025	VA	BRUNSWICK COUNTY	519027	VA	BUCHANAN COUNTY	519029	VA	BUCKINGHAM COUNTY
519031	VA	CAMPBELL COUNTY	519033	VA	CAROLINE COUNTY	519035	VA	CARROLL COUNTY
519036	VA	CHARLES CITY	519037	VA	CHARLOTTE COUNTY	519041	VA	CHESTERFIELD
519043	VA	CLARKE COUNTY	519045	VA	CRAIG COUNTY	519047	VA	CULPEPER COUNTY
519049	VA	CUMBERLAND	519051	VA	DICKENSON COUNTY	519053	VA	DINWIDDIE COUNTY
519057	VA	ESSEX COUNTY	519059	VA	FAIRFAX COUNTY	519061	VA	FAUQUIER COUNTY
519063	VA	FLOYD COUNTY	519065	VA	FLUVANNA COUNTY	519067	VA	FRANKLIN COUNTY
519069	VA	FREDERICK COUNTY	519071	VA	GILES COUNTY	519073	VA	GLOUCESTER COUNTY
519075	VA	GOOCHLAND COUNTY	519077	VA	GRAYSON COUNTY	519079	VA	GREENE COUNTY
519081	VA	GREENSVILLE COUNTY	519083	VA	HALIFAX COUNTY	519085	VA	HANOVER COUNTY
519087	VA	HENRICO COUNTY	519089	VA	HENRY COUNTY	519091	VA	HIGHLAND COUNTY
519093	VA	ISLE OF WIGHT	519095	VA	JAMES CITY COUNTY	519097	VA	KING AND QUEEN
519099	VA	KING GEORGE COUNTY	519101	VA	KING WILLIAM	519103	VA	LANCASTER COUNTY
519105	VA	LEE COUNTY	519107	VA	LOUDOUN COUNTY	519109	VA	LOUISA COUNTY
519111	VA	LUNENBURG COUNTY	519113	VA	MADISON COUNTY	519115	VA	MATHEWS COUNTY
519117	VA	MECKLENBURG	519119	VA	MIDDLESEX COUNTY	519121	VA	MONTGOMERY
519125	VA	NELSON COUNTY	519127	VA	NEW KENT COUNTY	519131	VA	NORTHAMPTON
519133	VA	NORTHUMBERLAND	519135	VA	NOTTOWAY COUNTY	519137	VA	ORANGE COUNTY
519139	VA	PAGE COUNTY	519141	VA	PATRICK COUNTY	519143	VA	PITTSYLVANIA
519145	VA	POWHATAN COUNTY	519147	VA	PRINCE EDWARD	519149	VA	PRINCE GEORGE
519153	VA	PRINCE WILLIAM	519155	VA	PULASKI COUNTY	519157	VA	RAPPAHANNOCK
519159	VA	RICHMOND COUNTY	519161	VA	ROANOKE COUNTY	519163	VA	ROCKBRIDGE COUNTY
519165	VA	ROCKINGHAM COUNTY	519167	VA	RUSSELL COUNTY	519169	VA	SCOTT COUNTY
519171	VA	SHENANDOAH	519173	VA	SMYTH COUNTY	519175	VA	SOUTHAMPTON
519177	VA	SPOTSYLVANIA	519179	VA	STAFFORD COUNTY	519181	VA	SURRY COUNTY
519183	VA	SUSSEX COUNTY	519185	VA	TAZEWELL COUNTY	519187	VA	WARREN COUNTY
519191	VA	WASHINGTON COUNTY	519193	VA	WESTMORELAND	519195	VA	WISE COUNTY
519197	VA	WYTHE COUNTY	519199	VA	YORK COUNTY	519515	VA	BEDFORD CITY
519530	VA	BUENA VISTA CITY	519560	VA	CLIFTON FORGE CITY	519580	VA	COVINGTON CITY
519595	VA	EMPORIA CITY	519600	VA	FAIRFAX CITY	519610	VA	FALLS CHURCH CITY
519620	VA	FRANKLIN CITY	519640	VA	GALAX CITY	519660	VA	HARRISONBURG CITY
519678	VA	LEXINGTON CITY	519683	VA	MANASSAS CITY	519685	VA	MANASSAS PARK CITY
519690	VA	MARTINSVILLE CITY	519720	VA	NORTON CITY	519735	VA	POQUOSON CITY
519750	VA	RADFORD CITY	519775	VA	SALEM CITY	519790	VA	STAUNTON CITY
519820	VA	WAYNESBORO CITY	519830	VA	WILLIAMSBURG CITY	519840	VA	WINCHESTER CITY

WASHINGTON

530054	WA	AUBURN	530084	WA	BELLEVUE			
530090	WA	BELLINGHAM	530132	WA	BREMERTON	530480	WA	EVERETT
530514	WA	FEDERAL WAY	530720	WA	KENNEWICK	530726	WA	KENT CITY
530795	WA	LAKEWOOD	531134	WA	OLYMPIA	531188	WA	PASCO
531302	WA	RENTON CITY	531314	WA	RICHLAND	531392	WA	SEATTLE
531420	WA	SHORELINE	531488	WA	SPOKANE	531554	WA	TACOMA
531668	WA	VANCOUVER	531830	WA	YAKIMA	539001	WA	ADAMS COUNTY
539003	WA	ASOTIN COUNTY	539005	WA	BENTON COUNTY	539007	WA	CHELAN COUNTY
539009	WA	CLALLAM COUNTY	539011	WA	CLARK COUNTY	539013	WA	COLUMBIA COUNTY
539015	WA	COWLITZ COUNTY	539017	WA	DOUGLAS COUNTY	539019	WA	FERRY COUNTY

539021	WA	FRANKLIN COUNTY	539023	WA	GARFIELD COUNTY	539025	WA	GRANT COUNTY
539027	WA	GRAYS HARBOR	539029	WA	ISLAND COUNTY	539031	WA	JEFFERSON COUNTY
539033	WA	KING COUNTY	539035	WA	KITSAP COUNTY	539037	WA	KITTITAS COUNTY
539039	WA	KLICKITAT COUNTY	539041	WA	LEWIS COUNTY	539043	WA	LINCOLN COUNTY
539045	WA	MASON COUNTY	539047	WA	OKANOGAN COUNTY	539049	WA	PACIFIC COUNTY
539051	WA	PEND OREILLE	539053	WA	PIERCE COUNTY	539055	WA	SAN JUAN COUNTY
539057	WA	SKAGIT COUNTY	539059	WA	SKAMANIA COUNTY	539061	WA	SNOHOMISH COUNTY
539063	WA	SPOKANE COUNTY	539065	WA	STEVENS COUNTY	539067	WA	THURSTON COUNTY
539069	WA	WAHKIAKUM COUNTY	539071	WA	WALLA WALLA	539073	WA	WHATCOM COUNTY
539075	WA	WHITMAN COUNTY	539077	WA	YAKIMA COUNTY			

WEST VIRGINIA

540264	WV	CHARLESTON	540666	WV	HUNTINGTON	541038	WV	PARKERSBURG
541392	WV	WEIRTON	541446	WV	WHEELING	549001	WV	BARBOUR COUNTY
549003	WV	BERKELEY COUNTY	549005	WV	BOONE COUNTY	549007	WV	BRAXTON COUNTY
549009	WV	BROOKE COUNTY	549011	WV	CABELL COUNTY	549013	WV	CALHOUN COUNTY
549015	WV	CLAY COUNTY	549017	WV	DODDRIDGE COUNTY	549019	WV	FAYETTE COUNTY
549021	WV	GILMER COUNTY	549023	WV	GRANT COUNTY	549025	WV	GREENBRIER COUNTY
549027	WV	HAMPSHIRE COUNTY	549029	WV	HANCOCK COUNTY	549031	WV	HARDY COUNTY
549033	WV	HARRISON COUNTY	549035	WV	JACKSON COUNTY	549037	WV	JEFFERSON COUNTY
549039	WV	KANAWHA COUNTY	549041	WV	LEWIS COUNTY	549043	WV	LINCOLN COUNTY
549045	WV	LOGAN COUNTY	549047	WV	MCDOWELL COUNTY	549049	WV	MARION COUNTY
549051	WV	MARSHALL COUNTY	549053	WV	MASON COUNTY	549055	WV	MERCER COUNTY
549057	WV	MINERAL COUNTY	549059	WV	MINGO COUNTY	549061	WV	MONONGALIA
549063	WV	MONROE COUNTY	549065	WV	MORGAN COUNTY	549067	WV	NICHOLAS COUNTY
549069	WV	OHIO COUNTY	549071	WV	PENDLETON COUNTY	549073	WV	PLEASANTS COUNTY
549075	WV	POCAHONTAS COUNTY	549077	WV	PRESTON COUNTY	549079	WV	PUTNAM COUNTY
549081	WV	RALEIGH COUNTY	549083	WV	RANDOLPH COUNTY	549085	WV	RITCHIE COUNTY
549087	WV	ROANE COUNTY	549089	WV	SUMMERS COUNTY	549091	WV	TAYLOR COUNTY
549093	WV	TUCKER COUNTY	549095	WV	TYLER COUNTY	549097	WV	UPSHUR COUNTY
549099	WV	WAYNE COUNTY	549101	WV	WEBSTER COUNTY	549103	WV	WETZEL COUNTY
549105	WV	WIRT COUNTY	549107	WV	WOOD COUNTY	549109	WV	WYOMING COUNTY

WISCONSIN

550216	WI	APPLETON	550568	WI	BELOIT			
551920	WI	EAU CLAIRE	552664	WI	GREEN BAY	553224	WI	JANESVILLE
553316	WI	KENOSHA	553428	WI	LA CROSSE	553944	WI	MADISON
554340	WI	MILWAUKEE	554588	WI	NEENAH	554960	WI	OSHKOSH
555424	WI	RACINE	556000	WI	SHEBOYGAN	556492	WI	SUPERIOR
556948	WI	WAUKESHA	556980	WI	WAUSAU	557008	WI	WAUWATOSA
557056	WI	WEST ALLIS	559001	WI	ADAMS COUNTY	559003	WI	ASHLAND COUNTY
559005	WI	BARRON COUNTY	559007	WI	BAYFIELD COUNTY	559009	WI	BROWN COUNTY
559011	WI	BUFFALO COUNTY	559013	WI	BURNETT COUNTY	559015	WI	CALUMET COUNTY
559017	WI	CHIPPEWA COUNTY	559019	WI	CLARK COUNTY	559021	WI	COLUMBIA COUNTY
559023	WI	CRAWFORD COUNTY	559025	WI	DANE COUNTY	559027	WI	DODGE COUNTY
559029	WI	DOOR COUNTY	559031	WI	DOUGLAS COUNTY	559033	WI	DUNN COUNTY
559035	WI	EAU CLAIRE COUNTY	559037	WI	FLORENCE COUNTY	559039	WI	FOND DU LAC COUNTY
559041	WI	FOREST COUNTY	559043	WI	GRANT COUNTY	559045	WI	GREEN COUNTY
559047	WI	GREEN LAKE COUNTY	559049	WI	IOWA COUNTY	559051	WI	IRON COUNTY
559053	WI	JACKSON COUNTY	559055	WI	JEFFERSON COUNTY	559057	WI	JUNEAU COUNTY
559059	WI	KENOSHA COUNTY	559061	WI	KEWAUNEE COUNTY	559063	WI	LA CROSSE COUNTY
559065	WI	LAFAYETTE COUNTY	559067	WI	LANGLADE COUNTY	559069	WI	LINCOLN COUNTY
559071	WI	MANITOWOC COUNTY	559073	WI	MARATHON COUNTY	559075	WI	MARINETTE COUNTY
559077	WI	MARQUETTE COUNTY	559078	WI	MENOMINEE COUNTY	559079	WI	MILWAUKEE COUNTY
559081	WI	MONROE COUNTY	559083	WI	OCONTO COUNTY	559085	WI	ONEIDA COUNTY
559087	WI	OUTAGAMIE COUNTY	559089	WI	OZAUKEE COUNTY	559091	WI	PEPIN COUNTY
559093	WI	PIERCE COUNTY	559095	WI	POLK COUNTY	559097	WI	PORTAGE COUNTY
559099	WI	PRICE COUNTY	559101	WI	RACINE COUNTY	559103	WI	RICHLAND COUNTY

559105	WI	ROCK COUNTY	559107	WI	RUSK COUNTY	559109	WI	ST. CROIX COUNTY
559111	WI	SAUK COUNTY	559113	WI	SAWYER COUNTY	559115	WI	SHAWANO COUNTY
559117	WI	SHEBOYGAN COUNTY	559119	WI	TAYLOR COUNTY	559121	WI	TREMPEALEAU
559123	WI	VERNON COUNTY	559125	WI	VILAS COUNTY	559127	WI	WALWORTH COUNTY
559129	WI	WASHBURN COUNTY	559131	WI	WASHINGTON COUNTY	559133	WI	WAUKESHA COUNTY
559135	WI	WAUPACA COUNTY	559137	WI	WAUSHARA COUNTY	559139	WI	WINNEBAGO COUNTY
559141	WI	WOOD COUNTY						
WYOMING								
560054	WY	CASPER						
560060	WY	CHEYENNE	569001	WY	ALBANY COUNTY	569003	WY	BIG HORN COUNTY
569005	WY	CAMPBELL COUNTY	569007	WY	CARBON COUNTY	569009	WY	CONVERSE COUNTY
569011	WY	CROOK COUNTY	569013	WY	FREMONT COUNTY	569015	WY	GOSHEN COUNTY
569017	WY	HOT SPRINGS COUNTY	569019	WY	JOHNSON COUNTY	569021	WY	LARAMIE COUNTY
569023	WY	LINCOLN COUNTY	569025	WY	NATRONA COUNTY	569027	WY	NIOBRARA COUNTY
569029	WY	PARK COUNTY	569031	WY	PLATTE COUNTY	569033	WY	SHERIDAN COUNTY
569035	WY	SUBLETTE COUNTY	569037	WY	SWEETWATER	569039	WY	TETON COUNTY
569041	WY	UINTA COUNTY	569043	WY	WASHAKIE COUNTY	569045	WY	WESTON COUNTY

CoC Supporting Information

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Local Field Office Contact List

NEW ENGLAND	CPD DIRECTOR	PHONE
CONNECTICUT STATE OFFICE ONE CORPORATE CENTER, 19TH FLOOR HARTFORD, CT 06103-3220	**MARY ELLEN MORGAN**	**860-240-4800**
MANCHESTER AREA OFFICE 275 CHESTNUT ST. NORRIS COTTON BLDG. MANCHESTER, NH 03101-2487	**RICHARD HATIN**	**603-666-7610**
MASSACHUSETTS STATE OFFICE 10 CAUSEWAY STREET, ROOM 301 BOSTON, MA 02222-1092	**BOB PAQUIN**	**617-994-8357**
NEW YORK/ NEW JERSEY		
BUFFALO AREA OFFICE 465 MAIN STREET, FIFTH FLOOR BUFFALO, NY 14203-1780	**MICHAEL F. MERRILL**	**716-551-5755**
NEW JERSEY STATE OFFICE ONE NEWARK CENTER, 13TH FLOOR NEWARK, NJ 07102-5260	**KATHLEEN NAYMOLA**	**973-622-7900**
NEW YORK STATE OFFICE 26 FEDERAL PLAZA NEW YORK, NY 10278-0068	**KATHY MULLINS, ACT'G**	**212-264-0771**
MID-ATLANIC		
MARYLANDSTATE OFFICE 10 S. HOWARD ST., 5TH FLOOR CITY CRESCENT BLDG. BALTIMORE, MD 21201-2505	**JOSEPH O'CONNOR**	**410-962-2520**
PENNSYLVANIA STATE OFFICE WANAMAKER BLDG. 100 PENN SQUARE EAST PHILADELPHIA, PA 19107-3390	**JOYCE GASKINS**	**215-656-0624**

As of December 2002

CoC Supporting Information

PITTSBURGH STATE OFFICE 339 6TH AVENUE, 6TH FLOOR PITTSBURG, PA 15222-2515	**LYNN DANIELS**	**412-644-2999**
VIRGINIA STATE OFFICE 600 EAST BROAD STREET RICHMOND, VA 23230-4920	**CARLOS RENTERIA**	**804-771-2100**
DISTRICT OF COLUMBIA OFFICE 820 1ST ST., N.E., STE. 450 WASHINGTON, DC 20002-4205	**RONALD HERBERT**	**202-275-0994**
SOUTHEAST/CARIBBEAN		
ALABAMA STATE OFFICE MEDICAL FORUM BUILDING SUITE 900 950 22ND STREET NORTH BIRMINGHAM, AL 35203	**HAROLD COLE**	**205-731-2630**
CARIBBEAN OFFICE 159 CARLOS E. CHARDON AVENUE SAN JUAN, PR 00918-1804	**CARMEN R. CABRERA**	**787-766-5400**
FLORIDA STATE OFFICE 909 SOUTHEAST 1ST AVE., RM 500 MIAMI, FL 33131	**JACK JOHNSON**	**305-536-4431**
GEORGIA STATE OFFICE 40 MARIETTA STREET FIVE POINTS PLAZA -15TH FLOOR ATLANTA, GA 30303-3388	**JOHN PERRY**	**404-331-5001**
JACKSONVILLE AREA OFFICE SOUTHERN BELL TOWER 301 WEST BAY STREET, STE. 2200 JACKSONVILLE, FL 32202-5121	**GARY CAUSEY, ACTING DIRECTOR**	**904-232-1777**
KENTUCKY STATE OFFICE 601 W. BROADWAY LOUISVILLE, KY 40202	**VIRGINIA PECK**	**502-582-6163**
MISSISSIPPI STATE OFFICE 100 WEST CAPITOL STREET, RM 910 JACKSON, MS 39269-1096	**EMILY EBERHARDT**	**601-965-4700**

As of December 2002

CoC Supporting Information

NORTH CAROLINA STATE OFFICE KOGER BLDG. 2306 W. MEADOWVIEW RD. GREENSBORO, NC 27407-3707	**TOM FEREBEE**	**336-547-4005**
SOUTH CAROLINA STATE OFFICE S. THURMON FED. BLDG. 1835 ASSEMBLY STREET COLUMBIA, SC 29201-2480	**LOUIS E. BRADLEY**	**803-765-5564**
TENNESSEE STATE OFFICE 710 LOCUST STREET, 3RD FLOOR KNOXVILLE, TN 37902-2526	**MARY WILSON, ACTING DIRECTOR**	**865-545-4394**
MIDWEST		
ILLINOIS STATE OFFICE 77 WEST JACKSON BOULEVARD RALPH METCALFE BLDG. CHICAGO, IL 60604-3507	**RAY WILLIS, ACTING DIRECTOR**	**312-353-6236**
INDIANA STATE OFFICE 151 NORTH DELAWARE STREET INDIANAPOLIS, IN 46204-2526	**ROBERT POFFENBERGER**	**317-226-6303**
MICHIGAN STATE OFFICE PATRICK MCNAMARA BUILDING 477 MICHIGAN AVENUE DETROIT, MI 48226-2592	**JEANETTE HARRIS**	**313-226-4343**
MINNESOTA STATE OFFICE 920 SECOND AVENUE, SOUTH MINNEAPOLIS, MN 55401-2195	**ALAN JOLES**	**612-370-3019**
OHIO STATE OFFICE 200 NORTH HIGH STREET COLUMBUS, OH 43215-2499	**LANA VACHA**	**614-469-5737**
WISCONSIN STATE OFFICE 310 W. WISCONSIN AVENUE, STE 1380 MILWAUKEE, WI 53203-2289	**ROBERT BERLAN**	**414-297-3214**
SOUTHWEST		
ARKANSAS STATE OFFICE 425 WEST CAPITAL AVENUE TCBY TOWER, STE. 900 LITTLE ROCK, AR 72201-3488	**JAMES SLATER**	**501-324-6375**

As of December 2002

CoC Supporting Information

LOUISIANA STATE OFFICE 501 MAGAZINE STREET, HALE BOGGS, 9TH FLOOR NEW ORLEANS, LA 70130-3099	**GREG HAMILTON**	**504-589-7212**
NEW MEXICO STATE OFFICE 625 SILVER AVENUE, SW, STE. 100 ALBUGUERQUE, NM 87110-6472	**FRANK PADILLA**	**505-346-7361**
OKLAHOMA STATE OFFICE 500 WEST MAIN STREET, STE. 40 OKLAHOMA CITY, OK 73102	**DAVID H. LONG**	**405-553-7569**
SAN ANTONIO STATE OFFICE WASHINGTON SQUARE 800 DELOROSA STREET SAN ANTONIO, TX 78207-4563	**JOHN T. MALDONADO**	**210-475-6820**
TEXAS STATE OFFICE 801 N. CHERRY STREET, 6T1 25th FLOOR FORT WORTH, TX 76102	**KATIE WORSHAM**	**817-978-5934**

GREAT PLAINS

KANSAS/MISSOURI STATE OFFICE GATEWAY TOWER II 400 STATE AVENUE, RM 200 KANSAS CITY, KS 66101-2406	**WILLIAM ROTERT**	**913-551-5485**
NEBRASKA STATE OFFICE 10909 MILL VALLEY ROAD OMAHA, NE 68154-3955	**GREGORY A. BEVIRT**	**402-492-3181**
ST. LOUIS AREA OFFICE 1222 SPRUCE STREET, 3RD FLOOR SUITE 1200 ST. LOUIS, MO 63103-2836	**ANN WIEDL**	**314-539-6524**

ROCKY MOUNTAIN

COLORADO STATE OFFICE FIRST INTERSTATE TOWER NORTH 633 - 17TH STREET DENVER, CO 80202-3607	**GUADLUPE M. HERRERA**	**303-672-5414**

As of December 2002

CoC Supporting Information

PACIFIC / HAWAII

CALIFORNIA STATE OFFICE 450 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102-3448	**STEVE SACHS** **JIMMY PRATER** **DEPUTY DIRECTOR**	**415-436-6597** **415-436-6592**
HAWAII STATE OFFICE 500 ALA MOANA BLVD. , STE 3A HONOLULU, HI 96813-4918	**MARK CHANDLER**	**808-522-8180**
LOS ANGELES AREA OFFICE AT&T CENTER 611 W. 6TH STREET, STE. 800 LOS ANGELES, CA 90015-3801	**JAMES BARNES,** **ACTING DIRECTOR**	**213-894-8000**
PHOENIX AREA OFFICE 400 NORTH 5TH STREET, STE. 1600 PHOENIX, AZ 85004	**MARTIN H. MITCHELL,** **PROGRAM MANAGER**	**602-379-7175**

NORTHWEST/ALASKA

ALASKA STATE OFFICE 949 EAST 36TH AVENUE, STE. 401 ANCHORAGE, AK 99508-4135	**ANDREW "GUS" SMITH,**	**907-271-3669**
OREGON STATE OFFICE 400 SOUTHWEST 6TH AVE. STE. 700 PORTLAND, OR 97204-1632	**DOUGLAS CARLSON**	**503-326-7018**
WASHINGTON STATE OFFIC 909 1ST AVENUE, STE. 200 SEATTLE, WA 98104-1000	**JACK PETERS** **DON PHILLIPS, DEPUTY DIRECTOR**	**206-220-5150**

As of December 2002

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM

Billing Code 4210-32-C

Funding Availability for the Housing Opportunities for Persons With AIDS (HOPWA) Program

Program Overview

Purpose of the Program: To provide states and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing and related supportive service needs of persons with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) and their families.

Available funds. Approximately $28,811,000 in FY 2003 funds is available. Funds will be made available under this Program Section in the following priority order: (1) Renewal of expiring HOPWA grants providing permanent supportive housing as described in Part B: Renewal Projects; (2) awards for formula grantees to participate in a Special Project of National Significance as described in Part C: Federal Collaboration with the Centers for Disease Control and Prevention (CDC) to Study the Connection of Housing and HIV; and (3) awards to new and continuing projects seeking HOPWA funding, as described under Part D: New and Continuing Projects.

Eligible Applicants. States, units of general local government, and nonprofit organizations may apply for HOPWA competitive funding under this Program Section. Additional eligibility requirements are outlined under each part of this Program Section.

Application Deadline.

Part B: Project Renewals: June 17, 2003

Part C: Federal Collaboration with the CDC to Study the Connection of Housing and HIV: July 9, 2003

Part D: New and Continuing Projects: July 9, 2003

Match. None.

Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following sections of this Program Section. For more information on the program itself including eligible uses of funds, see the HOPWA program regulations at 24 CFR part 574 and the AIDS Housing Opportunity Act (42 U.S.C. 12901), which govern any information contained herein.

Part A: General Program Requirements

The following information provides general guidelines, policies, and requirements for applicants applying for HOPWA competitive funding under this Program Section. Unless otherwise noted, the following provisions apply to applicants of Parts B–D of this Program Section.

I. Available Funding and Additional Resources

(A) *HOPWA FY 2003 Competitive Program.* Through this Program Section, approximately $28,811,000 in FY 2003 funds is being made available for HOPWA awards. Additional funds may be awarded if funds are recaptured, deobligated, appropriated or otherwise made available during the fiscal year. Priority funding will be given to applicants applying, first, for renewal of expiring permanent supportive housing grants as outlined under Part B of this Program Section. Secondly, if funds remain, HUD will fund applicants for projects working on the collaborative study between HUD and the CDC on the connection of housing and HIV prevention and the progression of HIV Disease as outlined under Part C of this Program Section. Lastly, if funds remain, HUD will award funds for continuing or new projects, as outlined under Part D of this Program Section.

(B) *Availability of FY 2003 Formula Allocations.* You should consider seeking funds from the formula component of the HOPWA program and from other resources. Ninety (90) percent of the HOPWA program is allocated by formula to recipient states and cities. In FY2003, a total of $259,304,000 was allocated by formula to the qualifying cities for 75 eligible metropolitan statistical areas (EMSAs) and to states for 36 eligible areas outside of EMSAs. All HOPWA formula grants are available as part of the jurisdiction's Consolidated Plan. Information on consolidated planning, including HOPWA formula programs and descriptions of previously awarded competitive grants, is available on the HUD Web site at *http://www.hud.gov/grants.*

(C) *Availability of National HOPWA Technical Assistance.* To apply for HOPWA technical assistance funds, submit an application for funds under the Community Development Technical Assistance (CDTA) part of this notice, which is published elsewhere in this SuperNOFA. The CDTA notice makes available up to $1,987,000 in FY 2003 funds in HOPWA funds to organizations for technical assistance support on a national or regional basis.

II. Application, Further Information, and Technical Assistance

(A) *Where to Send Your Application.* For this Program Section, see the General Section of this SuperNOFA for specific procedures governing the form of application submission (*e.g.*, mailed applications, express mail, or overnight delivery).

(B) *Address for Submitting Applications.* Your completed application consists of an original signed application and two copies. Submit the original application and one copy to: Department of Housing and Urban Development, Attn: HOPWA, 451 Seventh Street, SW., Room 7251, Washington, DC 20410. Submit the additional one (1) copy of your application to the area CPD Field Office or Offices that serve the area in which activities are proposed. For multi-state efforts, you must submit the copy of your application to the Field Office that serves your main office. The list of addresses for area CPD Field Offices is provided as Appendix B of this Program Section of this SuperNOFA. If you propose nationwide activities, you must send all copies to the HUD Headquarters Office. When submitting your applications, please refer to HOPWA, and include your name, mailing address (including zip code), facsimile, email, and telephone number (including area code).

(C) *For Applications.* All information required to complete and return a valid application is included in the General Section and this Program Section of the SuperNOFA, including appendices. Copies of the General Section, this Program Section, and appendices, including the application, are available and may be downloaded from HUD's website at *www.hud.gov.* If you are unable to download any of the materials in this SuperNOFA, Program Section and its appendixes, please call the SuperNOFA Information Center at 1–800-HUD–8929 (1–800–483–8929) for a copy of the General Section and this Program Section of the SuperNOFA. Persons with hearing or speech challenges may access the above number via TTY (text telephone) by calling the Federal Information Relay Service at 1–800–877–8339 (this is a toll-free number).

(D) *For Further Information and Technical Assistance (TA).* You may call the HUD Field Office serving your area, at the telephone number shown in Appendix B, or you may contact the Office of HIV/AIDS Housing, HUD at (202) 708–1934. HUD staff may assist with program questions, but may not assist in preparing your application. Persons with hearing or speech challenges may access the above number via TTY (text telephone) by calling the Federal Information Relay Service at 1–800–877–8339 (this is a toll-free number).

(E) *Seeking Technical Assistance (TA) in Developing a HOPWA Application.* HOPWA TA providers may not provide technical assistance in the drafting of responses to HUD's NOFA due to the unfair advantage such assistance gives to one organization over another. If HUD determines that HOPWA technical assistance has been used to draft a HOPWA application, HUD reserves that right to reject the application for funding. If, after your application has been selected for an award, HUD determines that HOPWA technical assistance was used to draft your application, the award will be withdrawn and you may be liable for any funds already spent.

(F) *Satellite Broadcast.* HUD will hold information broadcasts via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you should consult the HUD Web site at *www.hud.gov/grants.*

III. Applicable Requirements of the General Section of the SuperNOFA

The provisions outlined within the General Section of the SuperNOFA apply to the HOPWA program unless otherwise stated within this Program Section. Specifically, you are encouraged to review:

(A) *Section V: Requirements and Procedures Applicable to All Programs.* The threshold requirements in the General Section of the SuperNOFA apply to the HOPWA program and applicants must meet all threshold requirements to receive funding.

(B) *Section II: HUD's FY 2003 SuperNOFA Policy Priorities.* HUD has identified policy priorities that applicants are encouraged to address in implementing programs funded under this notice. Applicable policy priorities for HOPWA applicants seeking funding under Part D of this Program Section are outlined in Part D, Section III: Policy Priorities. Applicants seeking funding under Parts B and C of this Program Section are not required to address HUD's policy priorities.

(C) *Section XI: HUD Reform Act.* The provisions of the HUD Reform Act of 1989 that apply to this announcement are explained in the General Section of the FY 2003 SuperNOFA at Section XI (A).

IV. Corrections to Deficient Applications

See Section VIII: Corrections to Deficient Applications of the General Section of the SuperNOFA.

V. Award Modifications

After reviewing each application, HUD reserves the right to take each of the following actions:

(A) *Make Award Adjustments.* HUD reserves the right to make award adjustments as outlined in Section VI (F), Adjustments to Funding, of the General Section of this SuperNOFA.

(B) *Add Project Outcome Funding.* HUD reserves the right to ensure that each grant receives up to $50,000 for collection of data on project outcomes. If an applicant fails to request this level of funding for this activity, HUD reserves the right to add such funding to the selected application.

(C) *Not to Duplicate Continuum of Care Projects.* HUD reserves the right to ensure that activities funded under the FY 2003 Continuum of Care will not duplicate new or continuing activities funded under this competition.

VI. Statutory Certifications

HOPWA applicants are not required to provide the forms, certifications, and assurances listed in the General Section of the SuperNOFA unless stated below. The following certifications must be included with your application. All certifications and forms, except those found in the General Section of the SuperNOFA, are included in the appendixes to the HOPWA section of the NOFA.

(A) Certifications Found in the General Section of the SuperNOFA

(1) Consolidated Plan Certification (HUD–2991). Except as stated below, you must include a Consolidated Plan certification from the applicable state or local government official responsible for submitting the appropriate plan. If your project will be carried out on a national basis or will be located on a reservation of an Indian tribe, Guam, the Virgin Islands, American Samoa, or the Northern Mariana Islands, you are not required to include a Consolidated Plan certification with your application. The authorizing official from the state or local government must sign this certification.

(2) Certification of Drug-Free Workplace, Payments to Influence Federal Transactions, and Regarding Debarment and Suspension (new HUD 424B)

(3) Consistency with the RC/RC/EZ/EC Strategic Plan (HUD–2990)

(4) Applicant/Recipient Disclosure/Update Report (HUD–2880)

(5) Certification of Consistency with the Consolidated Plan (HUD–2991)

(6) Disclosure of Lobbying Activities (SF-LLL)

(B) HOPWA Certification Found at Appendix D of This Program Section of the NOFA

(1) Fair Housing and Non-discrimination

(2) Environmental Law and authorities

VII. Program Requirements

(A) *Nonprofit Organization Requirements.* To be eligible as grantee or project sponsor, you must satisfy the requirements of 24 CFR 574.3. Your application must establish both that you are a nonprofit organization and that your organizational documents include a purpose of significant activities related to providing services or housing to persons with HIV/AIDS.

If you do not qualify as a nonprofit organization, you are not eligible to receive funds and serve as the grantee or as a project sponsor. However, you may collaborate with eligible nonprofit organizations or with a government agency that applies for the grant and assist them, for example, in planning for the proposed activities, identifying needs in your community and identifying eligible persons who will be assisted. In addition, you may do work under contract with a grantee for services funded by this grant.

(1) We will accept as evidence of your nonprofit status:

(a) A copy of the Internal Revenue Service (IRS) ruling providing tax-exempt status under Section 501(c) (3), (4), (6), (7), (9) or (19) of the IRS code; or

(b) A ruling from the Treasury Department of the Commonwealth of Puerto Rico granting income tax exemption under section 101 of the Income Tax Act of 1954, as amended (13 LPRA 3101); or

(c) Documentation showing that the applicant is a certified United Way agency; or

(d) All of these:

(i) A certification by the appropriate official of the jurisdiction under whose laws the nonprofit was organized that your organization was so organized and is in good standing;

(ii) A certification from a designated official of the organization that no part of the net earnings of the organization inures to the benefit of any member, founder, contributor, or individual; that the organization has a voluntary board; and that the organization practices nondiscrimination in the provision of assistance; and

(iii) An opinion letter from a CPA that the nonprofit has a functioning accounting system that provides for each of these (the letter must mention all of them):

(1) Accurate, current, and complete disclosure of the financial results of each federally funded project;

(2) Records that identify adequately the source and application of funds for federally funded activities;

(3) Effective control over and accountability for all funds, property and other assets;

(4) Comparison of outlays with budget amounts;

(5) Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S. Treasury and the use of funds for program purposes;

(6) Written procedures for the determining the reasonableness, allocability and allowability of costs; and

(7) Accounting records including cost accounting records that are supported by source documentation.

(2) We will accept as evidence of your purpose, a certified copy of the organization's articles of incorporation and by-laws which includes in the organization's purposes significant activities related to providing services or housing to persons with HIV/AIDS.

(B) *Performance Benchmark Requirements.* All grantees receiving funds under this Program Section are expected to meet the following benchmark requirements. If a selected project does not meet the appropriate performance benchmark, HUD reserves the right to cancel or withdraw the grant funds.

(1) *Execution of Grant Agreement.* Selected applicants must execute grant agreements by the earlier of September 25, 2004 or the first anniversary of HUD's announcement of the awards. HOPWA grants are obligated upon grant execution and the FY 2003 Consolidated Appropriations Resolution (''FY 2003 Appropriations Act'') requires HUD to obligate funds by September 30, 2004.

(2) *Disbursement of Funds.* Grantees receiving awards under this Program Section should fully expend their grants no later than three years following the effective date of the grant agreement. The National Defense Authorization Act for Fiscal Year 1991 requires expenditure of all HOPWA funds awarded under the FY 2003 Appropriations Act by September 30, 2009. After September 30, 2009, any unexpended funds (whether obligated or unobligated) shall be canceled and, thereafter, shall not be available for obligation or expenditure for any purpose.

(3) *Site Control Through Acquisition or Lease.* If you acquire or lease a site, you are required to gain site control within one year from the date your selection letter was signed by HUD.

(4) *Rehabilitation or New Construction.* If you propose to use HOPWA funds for rehabilitation or new construction activities, you must begin the rehabilitation or construction within 18 months, all rehabilitation or construction work must be complete within 3 years from the date your selection letter was signed by HUD.

(5) *Project Operations.* If funds are used for operating costs of existing housing facilities, these funds must be used within the three year use period for the operation of this award and such activities must start no later than 12 months from the date your selection letter was signed by HUD, and completed within 36 months from this date. If funds are to be used for operating costs, in connection with the new construction or substantial rehabilitation of housing facilities, the amount of funds designated for operating costs must be limited to the amount to be used during the portion of the three-year period for which the facility will be operational and assisting eligible persons. Delays in the project's development activities, such as the planned completion of the construction or rehabilitation activities, could result in the loss of funds designated for operating costs, if such funds remain in excess after the authorized use period for this award. For example, if your project expects to take two years to complete the rehabilitation of the facility, any operating costs could only be requested for use in the remaining one year of the three year operating period for this award.

(6) *Six-Month Report.* You must provide an initial report to the Field Office and HUD Headquarters on the startup of the planned activities within six months of your selection. Outline your accomplishments and identify any barriers or issues for which the Department may provide assistance.

(C) *Program Guidance.*

(1) *Program Operating Year.* Grants awarded through this Program Section must designate the 12-month operating year, which indicates the start and end dates of the term of the grant, at the signing of the grant agreement. The operating year may begin within four months of the signing of the grant agreement or as specified by HUD at the time of award. The operating period begins the day when participants begin to receive housing or supportive services, or for capital development activities at site control or the start of rehabilitation or new construction activities. The operating period is a 12-month period for which grantees report annual accomplishments. Grantees are required to submit annual progress reports to HUD within 90 days following the end of each operating year.

(2) *Incorporation of Mainstream Resources.* To the extent possible, HUD encourages projects to incorporate mainstream resources into their project plans to maximize the benefit of requested HOPWA funds. Mainstream resources may include private, other public, and mainstream services and housing programs that provide benefits to eligible persons. Applicants are encouraged to create community wide strategies to coordinate assistance to eligible persons through these mainstream programs. These mainstream programs include Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funded through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act and the Welfare-to-Work grant program. Under each part of this Program Section, as an applicant, you may be asked to address how your project is incorporating mainstream programs to benefit eligible persons.

VIII. Other Requirements

(A) *Environmental Reviews.* All HOPWA assistance is subject to the National Environmental Policy Act and applicable related federal environmental authorities. In accordance with Section 856(h) of the AIDS Housing Opportunities Act, environmental reviews for HOPWA activities are to be completed by responsible entities (including units of general local government, states, Indian tribes, and Alaska Native villages) in accordance with 24 CFR part 58. Applicants or grantees that are not states or units of general local government must request the unit of general local government to perform the environmental review. This statutory provision supersedes the environmental provisions in the HOPWA regulation at 24 CFR 574.510. HOPWA grantees and project sponsors may not commit or expend any grant or nonfederal funds on project activities until HUD has approved a Request for Release of Funds and environmental certification from the responsible entity (other than those listed in 24 CFR 58.22(c), 58.34 or 58.35 (b)). The expenditure or commitment of HOPWA or nonfederal funds for such activities prior to this HUD approval may result in the denial of assistance for the project under consideration.

(B) *Affirmatively Furthering Fair Housing.* See Section V (D) of the

General Section of the SuperNOFA for the information on how to meet this requirement.

(C) *Local Resident Employment (Section 3 Requirements).* For grants in excess of $200,000, to the extent that grant funds are used for housing rehabilitation (including reduction and abatement of lead-based paint hazards, but excluding routine maintenance, repair, and replacement) or housing construction, then it is subject to Section 3 of the Housing and Urban Development Act of 1968 and the implementing regulations at 24 CFR part 135. Section 3 requires that economic opportunities shall, to the greatest extent feasible, be given to low- and very low-income persons, particularly those who are recipients of government assistance for housing, and to businesses that provide economic opportunities for these persons (also see Section V(E) of the General Section of the SuperNOFA).

IX. Authority

This program is authorized under the AIDS Housing Opportunity Act (42 U.S.C. 12901). The regulations for HOPWA are found at 24 CFR part 574.

Part B. Renewal Projects

HUD will consider applications under this part that are renewals of expiring HOPWA competitive grants whose primary purpose is the provision of permanent supportive housing.

I. General Policies on Renewal of Permanent Supportive Housing Grant—Purpose

Under the provisions of the FY 2003 Appropriations Act, the Secretary is required to renew qualifying expiring contracts for permanent supportive housing on a priority basis. Grants funded under prior HOPWA competitions that meet the stated eligibility requirements below and meet all program requirements will be given priority renewal by HUD. Applications will be reviewed on a pass/fail threshold review system and are not required to address the departmental policy priorities described in the General Section of the SuperNOFA. If you have an expiring grant, which is not for permanent supportive housing, you may apply for funding under Part D of this Program Section.

II. Eligibility of Applicants and Grants

To be eligible for priority renewal under this part, you must meet all of the following eligibility requirements:

(A) *Eligible Permanent Supportive Housing Grants.* To be eligible, your project must provide permanent supportive housing to eligible persons. Permanent supportive housing is housing in which the eligible person has a continuous legal right to remain in the unit and which provides the eligible person on-going supportive services through qualified providers. HUD will consider a grant to be providing permanent supportive housing if 51% or more of HOPWA program activity funds are used: (1) To provide permanent housing where on-going supportive services are made available through other resources; or (2) to provide supportive services where permanent housing is provided through other resources. To establish eligibility, provide documentation of the following:

(1) *Certification of the Provision of Permanent Housing.* You must certify that at least 51% of the HOPWA program activity funds awarded to your grant were and are being used to provide permanent supportive housing to eligible persons. To determine whether your grant meets this test, use the Permanent Supportive Housing Worksheet found in Appendix A and submit it with your certification. The test is based on the HOPWA funded program activity costs approved in the original application or, as amended by HUD, excluding administrative costs and project outcome funding. To be counted, the grant funds must be used to provide the housing or to provide supportive services to eligible persons living in permanent housing.

(2) *Documentation of Other Resources.* If your project relies on other state, local, federal, or private resources to provide the permanent housing or supportive services portion of your project, you must demonstrate that the other resources will continue to be available for that purpose throughout the term of the renewal grant. The continuing assistance must have been documented within the original application to HUD and be used in conjunction with requested HOPWA funds. Evidence of continuing assistance must be provided, as follows:

(a) *Permanent Housing.* Permanent housing provided through other resources must be documented in the renewal application through a leveraging letter. The leveraging letter must outline the amount of funds for the housing to be provided, the term the funds will be made available, and be signed by the organization providing such housing or funding for the housing. See Part D, Section V, Rating Factor 4: Leveraging Resources, for acceptable leveraging letter examples.

(b) *Supportive Services.* Supportive services provided through other resources must be documented through a commitment letter(s), which outline(s) the type of support that will be provided to eligible persons, the organizations providing such support, and the length of time such supportive services will be available. Supportive services must be available to eligible persons in permanent housing throughout the term of the renewal grant.

(3) *Evidence of Permanent Client Occupancy.* Except for funds used for short-term mortgage, rent and utility payments, you must show evidence that the client has a continuous legal right to remain in the unit or property and has access to on-going supportive services provided through qualified providers. You must include in your application a copy of the standard lease form used for residents of the project. It must be for a term of at least one year, be renewable by the tenant and may only be terminable by the landlord for cause.

(B) *Eligible Expiring Grant.* To be eligible, the HOPWA grant must be an expiring grant, which is defined as a grant that will not have sufficient funds to continue activities until September 30, 2004, if not awarded additional federal funds. The applicant must demonstrate to HUD that all funds awarded in the grant it seeks to renew will be expended within a three-year period (as measured by reimbursements filed with HUD under the financial system, PAS). HUD may deobligate any amount of HOPWA grants funds that have been renewed on this basis and have not been expended within three (3) years from the date of obligation.

(C) *Eligible Prior Grants.* To be eligible, prior grants must have been selected by HUD for funding under HUD's SuperNOFA process in 1999, 2000, or 2001 and must not have been renewed through a previous competition. Grants selected in 1998 were required to operate and complete activities before the end of fiscal year 2002. Grants funded in 1998 are not eligible for renewal, unless the grantee documents that HUD approved a grant extension of the project that would allow for its continued operations in the federal Fiscal Year 2003 or 2004.

(D) *Eligibility based on Achieving Measurable Progress.* To be eligible, prior grants must have operated with measurable progress, defined as not evidencing weak performance. Weak performance consists of sanctions or unresolved monitoring findings during the active competitive period, from the date of publication of this Program Section until the selection of applications, or other HUD knowledge of unresolved problems. Unresolved problems may include that planned activities remain delayed in their

implementation, a significant number of units are vacant, annual progress reports were not filed with HUD by the application due date under this Program Section for renewals, or significant citizen complaints are unresolved or not responded to with justified reasons. Weak performance is also evident if more than 50% of grant funds remain unexpended on the first day of the month in which the application due date for renewals under this Program Section falls (as measured by reimbursements filed with HUD's financial system, PAS).

(E) *Eligible Applicant for Renewals.* You are eligible to apply for renewal of a prior HOPWA grant only if you have executed a grant agreement for the project directly with HUD. Project sponsors are not eligible to apply for renewal grants. The application for renewal must be submitted by the grantee. HUD will reject applications submitted by ineligible applicants. If you have questions about your eligibility to apply, contact the local HUD field office.

(F) *Eligible Project Sponsors.* The project should also continue with the same project sponsors, as documented in the prior HOPWA application or amendments to that application as approved by HUD. HUD will consider the merits for changing a project sponsor if the new sponsor evidences the capacity to enhance project operations or improve responsiveness to eligible persons. Such examples for changing a project sponsor may be that a new project sponsor has greater capacity to conduct program activities or a prior project sponsor is no longer in operation or has merged with another entity.

(G) *Ineligible Grants and Projects.* You are ineligible if any of the following apply:

(1) *Expired Grants.* Your grant expired in federal Fiscal Year 2002 or earlier, *i.e.* all funds were expended (as measured by PAS) by September 30, 2002, or only a residual amount that is less than one percent of the amount of the prior grant remains, are not eligible to apply for renewal funding under this notice.

(2) *Prior Grants.* Your grant was awarded under the 1992–1996 HOPWA competitions. These grants were required to complete activities within three years of executing the grant agreement.

(3) *Non-Permanent Supportive Housing Projects.* Projects primarily offering short-term, transitional, or emergency housing options are not eligible. Applicants with existing HOPWA projects that do not qualify for priority renewal under this part, may apply for continuing funding under Part D: New and Continuing Projects section of this Program Section.

III. Renewable Activities and Amount of Renewals

Eligible grants will receive renewal funding on approved eligible activities, as follows:

(A) *Eligible Renewal Activities.* The activities to be renewed must be on-going forms of support, such as rental assistance, short-term rent, mortgage and utility payments, operating costs for housing facilities, leasing of housing facilities, supportive service costs, housing information services, resource identification/technical assistance for community residences activities and administrative costs. Additionally, applicants must request up to $50,000 in project outcome funding as a part of their renewal budget request.

(B) *Ineligible Renewal Activities.* Funds for acquisition, new construction or for rehabilitation costs will not be renewed. These capital development activities are not on-going or available for additional sites. If you wish to undertake additional capital development activities or to add funding for new activities, such as operating costs and services, you must apply under Part D.

(C) *Amount of Renewals.* Renewal projects may only request renewal funds for continuing a previously approved project at the same level of housing and/or services provided in the previous grant. Proposals to expand or significantly alter a funded-project must apply under Part D for the new activities or the expanded part of the project.

(D) *Project and Activity Funding.* Renewal funding must not exceed 120% of the amount originally awarded for an activity, but may be less than the amount originally awarded, including any amendments affecting this amount that were approved by HUD prior to the publication of this Program Section. However, the total activity costs may not exceed $1,200,000. The limits on administrative costs, three (3) percent for grantees and seven (7) percent for project sponsors, continue to apply. In addition, renewal grantees must add up to $50,000 to the renewal award for the purpose of the collection of data on program outcomes.

(E) *Annual Amounts.* As an applicant for renewal funding, you must specify the annual amount needed to continue each activity and specify the number of years, up to three, for your request by completing the HOPWA Renewal Budget Form (Appendix A). You should describe your plan for continued operations in the Executive Summary section of your application, including any significant reduction to your prior award level.

IV. Selection Criteria and Process

(A) *Selection Process.* To the degree that funds are available, the Department will select for funding all renewal requests from applicants that meet program requirements and pass a threshold review for a need for renewal. In the case that the amount requested for renewal is less than the amount available under this notice, HUD will apply the remaining funds, first, to applicants under Part C and then, second, Part D. If the amount of the request for renewal activities is greater than the amount made available by this notice, HUD will select all of the approvable applications and allocate awards to each based on a pro rata reduction to the amount available under this notice to ensure that all eligible and performing renewal projects receive funding that allows their continued operation.

(B) *Selection Criteria.* HUD will conduct a threshold review of all renewal applications based on the following criteria:

(1) *Eligibility.* HUD will review your eligibility to apply for renewal funding under this program as described above under Part B, Section II of this Program Section, *Eligibility of Applicants and Grants.*

(2) *Organizational Capacity.* If a new project sponsor is added, HUD will review the project sponsor's capacity to conduct program activities.

(3) *Provision of Permanent Supportive Housing.* HUD will review whether your project provides permanent supportive housing.

(4) *Need for Renewal.* HUD will review your need for renewal, and how this project has operated with measurable progress, as described below in the *Need for Renewal Narrative.*

(5) *Standard Eligibility Threshold Requirements.* HUD will also review your application to ensure that your project meets the standard eligibility threshold requirements as described in Part A, Section III (A), above.

(C) *Application Contents.* Applicants are requested to submit the following information:

(1) *Application for Federal Assistance (Form HUD–424).* You should complete Items 1 through 23 with the following additions:

(a) Item 12—The applicable letters are ''A'' for state; ''B, C, or D'' for a unit of local government; or ''N'' for Nonprofit;

(b) Item 14—Enter U.S. Department of Housing and Urban Development or HUD if not preprinted;

(c) Item 15—Enter 14–241 and the title ''Housing Opportunities for Persons With AIDS Program'' or ''HOPWA'' for the Catalog of Federal Domestic Assistance;

(d) Item 20—You must complete the budget on page 2 and the HOPWA Renewal Project Budget Form. Please make sure that both the Total Amount on page 2 and the ''Total Budget'' section on the HOPWA Renewal Project Budget Form are the same. In the event that the total budgets are in conflict, HUD will refer to the HOPWA Project Budget form.

(e) Item 21—Check ''No''.

(2) *Executive Summary and Synopsis.* On no more than five (5) double spaced pages, please provide an Executive Summary of the renewal project, beginning with a two to three sentence synopsis of the focus of your project. In the Executive Summary, please provide the name of the grantee and any project sponsors, along with contact names, phone numbers, and e-mail address.

(3) *Narrative Statements.* Your application must include the following narrative statements:

(a) *Organizational Capacity Narrative.* If a new project sponsor(s) is added to the proposal, please describe the capacity of the project sponsor(s) to conduct program activities. Please provide this information on no more than two (2) double-spaced typed pages. If you are adding more than one project sponsor, you may add two (2) additional pages per project sponsor. Address the extent to which the project sponsor(s) have the organizational resources necessary to successfully implement your proposed activities in a timely manner. HUD will review the project sponsor's ability to develop and operate your proposed program. With regard to new project sponsor(s), HUD will consider:

(i) Past experience and knowledge in serving persons with HIV/AIDS and their families;

(ii) Past experience and knowledge in programs similar to those proposed in your application;

(iii) Experience and knowledge in monitoring and evaluating program performance and disseminating information on project outcomes; and

(iv) Past experience as measured by expenditures and measurable progress in achieving the purpose for which funds were provided.

(b) In reviewing the elements of organizational capacity under paragraph (a), immediately above, HUD will consider the extent to which your proposal demonstrates:

(i) The knowledge and experience of the proposed project director and staff, including the day-to-day program manager, consultants, and contractors in planning and managing the kind of activities for which you are requesting funds. The project sponsor will be reviewed in terms of recent, relevant, and successful experience of staff to undertake eligible program activities, including experience and knowledge in serving persons with HIV/AIDS and their families.

(ii) The project sponsor's experience in managing complex interdisciplinary programs, especially those involving housing and community development programs directly relevant to the work activities proposed and carrying out grant management responsibilities.

(iii) If the project sponsor received funding in previous years in the program area for which you are currently seeking funding, the sponsor's past experience will be reviewed in terms of its ability to attain demonstrated measurable progress in the implementation of the grant award. Measurable progress is defined as:

(*1*) Meeting performance benchmarks, as applicable, in program development and operation;

(*2*) Meeting project goals and objectives, such as, that the number of persons assisted was comparable to the number that was planned at the time of application;

(*3*) Submitting timely performance reports; and

(*4*) Expending prior funding as outlined in the prior proposal with no outstanding audit or monitoring issues.

(c) *Provision of Permanent Supportive Housing Narrative.* On no more than three (3) double-spaced pages, demonstrate how your project provides permanent supportive housing through HOPWA and other resources. Include the type of assistance and number of housing units being provided and a description of the supportive services provided. Additionally, your description should outline how HOPWA and other funding, if applicable, work together to provide permanent supportive housing. In addition, you must provide the following:

(i) *Certification of the Provision of Permanent Housing.* A certification, in the form provided in Appendix A, that at least 51% of the HOPWA funds awarded to the project were and will continue to be used to provide permanent supportive housing to eligible persons. To determine whether you can make this certification, complete the ''Permanent Supportive Housing Worksheet'' provided in Appendix A.

(ii) *Documentation of Other Resources.* If your project relies on other state, local, federal, or private resources to provide the housing or supportive services, you must document that such assistance will be provided throughout the term of the renewal grant. For information on acceptable forms of evidence, see Part B, Section II (A)(2).

(iii) *Evidence of Permanent Housing.* Except for funds used for short-term mortgage, rent and utility payments, you must provide a copy of the standard lease used for residents of the project. The lease must be for a term of at least one year, be renewable by the tenant and may be terminated by the landlord for cause.

(d) *Need for Renewal Narrative.* Please address the following on no more than three (3) double-spaced pages:

(i) *Measurable Progress.* Please demonstrate the need for renewal funding and how this project has operated with measurable progress. Measurable progress is defined as not failing or not evidencing weak performance in:

(*1*) Meeting performance benchmarks, as appropriate, in program development and operation;

(*2*) Meeting project goals and objectives, such as, that the number of persons assisted is comparable to the number that was planned at the time of the application;

(*3*) Submitting timely performance reports; and

(*4*) Expending over 50% of prior funding at the beginning of the month for the due date for renewals (as measured by reimbursements filed with HUD's financial system, PAS.).

(ii) *Need for Renewal Chart.* Additionally, you should complete the HOPWA Need for Renewal Chart, which demonstrates that prior grant funds will expire by September 30, 2004. You must complete the HOPWA Need for Renewal Chart (Appendix A), as described below:

Line 1. Indicate the amount of the prior HOPWA award: _____

Line 2. Indicate the amount expended as of 9–30–02: _____

Line 3. Subtotal: subtract line 2 from line 1: _____

Line 4. Indicate the amount to be expended in FY2003: _____ (By September 30, 2003)

Line 5. Indicate the amount to be expended in FY2004: _____ (By September 30, 2004)

Line 6. Subtotal: subtract lines 4 and 5 from line 3: _____

Notes: If the subtotal on Line 6 is greater than zero, you are not eligible to apply for renewal funding under this notice. Also, note that continued use of prior funds may require

that you file an extension request with the area CPD Field Office. Further, if the subtotal on Line 3 is zero or a residual amount that is less than one percent of the amount on Line 1, you are not eligible to apply for renewal funding under this notice. In reviewing the information that you provide in this chart, HUD will determine your eligibility for renewal funding based on financial records for reimbursement of expenditures that are filed under HUD's financial system (PAS).

(4) HOPWA Renewal Budget. Please complete the HOPWA Renewal Budget Form (Appendix A). See Part B, Section III, *Renewable Activities and Amount of Renewals,* for details on renewal funding.

(5) *HOPWA Renewal Project Form (Appendix A).* Complete the form including the following:

(a) *Project Sponsor.* You must identify any organization that will receive HOPWA funds as a project sponsor and the amount of funds to be received.

(b) *Non-profit Status.* If not previously submitted to HUD through the prior HOPWA application or if a change occurred in non-profit status, non-profit grantees or project sponsors must submit documentation verifying your non-profit status, as outlined under Part A, Section VII (A).

(c) *Service Areas.* Your application must identify the area(s) in which you are proposing to offer housing and other assistance.

(6) *Statutory Certifications.* The renewal application should include the required certifications as described under Part A, Section VI, *Statutory Certifications.* After your entire application is assembled, please mark each exhibit with an appropriately numbered tab and number every page of the application sequentially. Complete the HOPWA Renewal Application Checklist found in Appendix A to this Program Section of the SuperNOFA. Attach the HOPWA Renewal Application Checklist to the front of your application.

V. Additional Renewal Information

As an applicant of renewal funding, you are encouraged to read Part A: General Program Requirements at the beginning of this Program Section. This section outlines submission details, technical assistance, and statutory requirements for using HOPWA funds.

PART C: FEDERAL COLLABORATION WITH CDC TO STUDY THE CONNECTION OF HOUSING AND HIV

I. Purpose

This notice implements an initiative by the Department of Housing and Urban Development (HUD) and the Centers for Disease Control and Prevention (CDC), Study the Connection of Housing and HIV. The study will provide scientific insight into the housing and medical challenges of persons who are living with HIV/AIDS who are unstably housed. Under Part C of the HOPWA program notice, HUD is establishing our part of the collaboration with the CDC in a competitive award for Special Projects of National Significance (SPNS). Due to its innovative nature and potential for replication, the study is likely to serve as an effective model for analyzing the impact of tenant-based rental assistance on the progression of HIV disease in eligible persons that are homeless or unstably housed.

HUD's Office of Community Planning and Development, Office of HIV/AIDS Housing, and Office of Policy Development and Research will work with the Centers for Disease Control and Prevention, National Center for HIV/SDT/TB Prevention, Division of HIV/AIDS Prevention, on this research. The effort will study the effects of stable housing on the progression of HIV disease for persons with HIV/AIDS as well as its effects on the prevention of HIV infection on similar socio-economic populations. HUD and the CDC propose to coordinate the evaluation of project grants under HUD's Housing Opportunities for Persons With AIDS (HOPWA) Program and the CDC's HIV Prevention programs. Over a three-year period, the collaboration will systematically test the impact of providing housing for eligible persons on HIV risk behavior among HIV affected individuals. It will also test the impact of housing and prevention services on HIV negative family members residing with the HOPWA eligible persons as against an unhoused comparison group. The comparison group will receive referrals to case management and HIV prevention intervention funded by CDC or through access to related health care programs that provide HIV prevention services, treatment adherence programs and periodic health assessments, including the use of blood draws to measure HIV health status. Protocols for these activities and information on required client consent for participation will be available from CDC. Personal information on study participants will remain confidential, although related nonpersonal aggregated data will be used as part of the study. Study participants will not be subject to any experimental treatments under this study. A cost-benefit analysis will comprise one new and important aspect of the research.

HUD expects that the housing assistance provided to the participating eligible persons in this grant will be coordinated with resources from other sources, including the use of HOPWA formula and competitive projects or other federal, state and local, private funds, in conjunction with related health-care and other supportive services funded under the Ryan White CARE Act. Given the amount of housing assistance funds available under this award, HUD encouraged interested applicants to fund supportive services activities from non-HOPWA sources.

II. Eligible Applicants

To apply, you must:

(A) Be a formula grantee;

(B) be in good standing, as defined below at Section V(A)(2);

(C) at the time of application and for a minimum period of two years prior, have administered formula funds for tenant-based rental assistance in compliance with 24 CFR 574.320;

(D) have an unmet housing need of at least 500 eligible persons and at least 187 housing units available for those eligible persons within your jurisdiction; and

(E) be able to provide a comparison group of at least 187 unhoused eligible persons for the CDC study throughout the study period. Note that members of the comparison group may not be required to remain unhoused in order to participate in this study. Comparison group members will be eligible to receive housing or supportive services as they become available within the jurisdiction.

III. Study Requirements

HUD has established the following requirements:

(A) Housing placement will be carried out via an open enrollment method (e.g. lottery or random election process).

(B) Under the supervision of the CDC or its contractor, grantees will facilitate and support collection of extensive outcome evaluation data, facilitate client involvement in HIV/AIDS prevention and treatment adherence programs, facilitate periodic client health assessment done by the CDC and research staff, participate in a multi-site collaboration, and facilitate eligible persons' awareness of the study and the option to participate for the clients who meet the research study eligibility criteria. In connection with any data collection activities, grantees will be required to obtain the eligible person's consent before disclosing to the CDC or its contractor any personally identifiable information about the person, including,

but not limited to, medical, financial, or educational information.

(C) Study participants will be limited to HOPWA eligible persons who are homeless or at severe risk of homelessness. For the purpose of this study, ''homeless'' refers to eligible persons who are sleeping in emergency shelters or other facilities for homeless persons, or places not meant for human habitation, such as cars, parks, sidewalks, or abandoned buildings. This term also includes eligible persons who ordinarily live in such places but are in a hospital, or other institution on a short-term basis (30 consecutive days or less). For the purpose of this study, ''at severe risk of homelessness'' refers to eligible persons who are frequently relocated or who move between temporary housing situations, so that housing is neither appropriate nor stable.

(D) The applicant must either provide appropriate supportive services in connection with the rental assistance or ensure that appropriate services are provided from other sources.

(E) All persons receiving rental assistance under Part C will be advised that such rental assistance is connected to participation in the CDC study, and will be required to consent to such participation prior to receiving rental assistance. Participation in the CDC study will be voluntary. Refusal to participate in the CDC study will not affect a person's eligibility to receive housing or supportive services, as they may become available, under the grantee's HOPWA formula grant. Eligible persons may also apply for other available housing outside that provided under Part C.

IV. HUD Award

HUD will award:

(A) Up to $1,200,000 for tenant-based rental assistance and supportive services (with at least $800,000 to be used for long-term rental assistance);

(B) Up to three (3) percent of your total award for grantee administrative cost; and

(C) Up to seven (7) percent of the amount each project sponsor receives for project sponsor administrative cost.

HUD will not award funds for project-based rental assistance, new construction, acquisition, rehabilitation or conversion, lease or repair of facilities, short-term rent, mortgage and utility assistance, resource identification, operating costs, local evaluations or technical assistance.

V. Application Selection Process

(A) Threshold Review.

The Department will conduct a threshold review of all applicants requesting funding under Part C. Applicants failing to meet the threshold review requirements will not be awarded project funding. Threshold review will consist of:

(1) *Eligibility.* You must be a HOPWA formula grantee.

(2) *Good Standing Review.* You must have no sanctions or unresolved monitoring findings during the active competitive period, from the date of this notice until the selection of grants, or other HUD knowledge of unresolved problems. Unresolved problems include that planned activities remain delayed in their implementation, a significant number of units are vacant, annual performance reports were not filed with HUD at the time of the due date for applications, or significant citizen complaints are unresolved or not responded to with justified reasons. Grants in default of the grant agreement or with unresolved management issues will not be awarded project funding.

(B) Application Selection Process and Procedures for the Rating of Applications.

HUD will rate all of the applications based on the factors listed below. The points awarded for the factors total 100. After rating, all applications will be placed in the rank order of their final score for selection.

Rating Factor 1: Capacity of the Applicant and Project Sponsors and Relevant Organizational Experience (30 Points)

You will be rated on the extent to which you and any project sponsor have the organizational resources necessary to successfully implement the proposed project over the three years of the project. HUD will award up to 30 points based on your and any project sponsor's ability to operate the proposed program. These activities include providing rental assistance for HOPWA eligible persons with appropriate management oversight, and that will provide adequate coordination with the planned study by the CDC over the three-year time period of this grant. Identify all relevant experience in undertaking projects similar to the HOPWA funded activities involved in this study.

Rating Factor 2: Need/Extent of the Problem (20 Points)

Up to 20 points will be awarded for this factor. Applicants must assure HUD that there are documented unmet housing needs of at least 500 HOPWA eligible individuals for rental assistance in this area. Applicants must demonstrate that with the rental assistance provided in this demonstration project and other related resources, the area housing market can provide available units for at least 187 new HOPWA eligible persons to be enrolled in the study and that a waiting list or comparison group of at least an equal number of persons with unmet housing needs is likely to continue in the area during the study period.

To receive the maximum points, the applicant must demonstrate that substantial housing and related service needs of eligible persons targeted by the project you propose are not being met in your area of service and that reliable statistics and data sources (i.e. Census, health department statistics, research, scientific studies, along with Needs Analysis of Consolidated Plan and/or Continuum of Care documentation) show this unmet need.

Rating Factor 3: Soundness of Approach (20 Points)

This factor addresses the method by which your plan for housing, client outreach and selection, project management and data collection is consistent with the identified elements of the study. HUD will award up to 20 points based on the extent to which your plan evidences a sound approach for conducting the HOPWA activities in a manner that is responsive to eligible persons, and that your plan for project coordination will ensure that the housing component of this study are implemented in a clear and sound manner when compared to other applications.

You will be rated based on how well you will conduct outreach to unmet homeless or unstably housed persons who have a severe risk of homelessness and are living with HIV/AIDS. You will be rated on the extent to which you have coordinated your activities and the activities of your sponsors with other organizations to provide rental assistance in connection with access to appropriate health care and other supportive services for likely participants in this study. The highest rated applications will define a clear collaborative effort that you and your sponsors have taken with related programs including coordination with eligible persons, advocates, HOPWA and/or Ryan White CARE Act planning bodies, AIDS Drug Assistance Programs, homeless assistance programs, or other mainstream housing, health and human services efforts that assist persons living with HIV/AIDS and their families.

You will be rated on how well your management plan for this study clearly defines how you would manage the rental assistance and any related activities and the outreach and

placement of eligible persons for this study using some type of open enrollment method (e.g., lottery or random method). You will also be rated on how well you will mange your housing assistance program in coordination with the research efforts by the CDC to help achieve the objectives of this study. You will be rated on how your management oversight of project sponsors is conducted and how well your plan to ensures that the requirements established by HUD and the CDC are followed.

Factor 4: Leveraging Resources (10 Points).

Up to 10 points will be awarded for this factor. You will be rated on the extent to which other resources will be committed for use in conjunction with these HOPWA funded demonstration activities, including cash resources and in-kind contributions, such as the value of services or materials provided by volunteers or by other individuals or organizations.

Factor 5: Achieving Results and Program Evaluation (20 Points).

Under this factor, HUD will award 20 points based on how well your application demonstrates a commitment to ensuring that your goals and your performance will be assessed in a clear and effective manner. HUD will analyze your plan to implement and manage the HUD/CDC demonstration project goals. These goals include: Facilitating and supporting the collection of outcome evaluation data; facilitating periodic client health assessments done by CDC research staff; participation in a multi-site collaboration; and facilitation of the potential eligible persons awareness of the study and their option to participate. Identify benchmarks and interim activities or performance indicators of your program that will facilitate you and your sponsors in obtaining these goals for the demonstration project. HUD will award the highest points to applications that demonstrate an evaluation plan that will objectively measure actual achievements against anticipated achievements and a model that provides for the dissemination of information from the lessons learned from your effort on this project.

VI. Selection

HUD reserves the right to select the highest rated applicants in ranking order. HUD may consult the CDC to determine the rating of applications. In the event of a tie between applications in a category of assistance, HUD reserves the right to break the tie based on the criteria found in Section V(C) of Part D of this NOFA. In the event that a selected applicant is unable to provide the required number of eligible households to participate in the CDC study within one year from the date of grant agreement execution, HUD reserves the right to deobligate any remaining grant funds.

VII. Application

To apply for funding you must submit the following:

(A) *Application for Federal Assistance (Form HUD–424).* You should complete Items 1 through 23 with the following additions:

(1) Item 12—The applicable letters are ''A'' for state; ''B, C, or D'' for a unit of local government;

(2) Item 14—Enter U.S. Department of Housing and Urban Development or HUD if not preprinted;

(3) Item 15—Enter 14–241 and the title ''Housing Opportunities for Persons With AIDS Program'' or ''HOPWA'' for the Catalog of Federal Domestic Assistance;

(4) Item 20—You must complete the budget Funding Matrix on page 2.

(5) Item 21—Check ''No''.

(B) *Narrative of Rating Factors.* Your response to the five (5) rating factors must be doubled-spaced, typed pages no more than approximately twenty-five pages in length.

(C) *Executive Summary and Synopsis.* On no more than three (3) double-spaced pages, please provide an Executive Summary of your organization and provide the name of the grantee and any project sponsors, along with contact names, phone numbers, and e-mail address.

Part D: New and Continuing Projects

I. Program Purpose

Funds under this part are to be used to support the Department's national goal of increasing the availability of decent, safe, and affordable housing in American communities. The statutory purpose of the HOPWA program is meeting the housing needs of low-income persons with HIV/AIDS and their families. Projects selected for HOPWA awards will be funded to provide housing and related supportive services for eligible persons under two categories of assistance:

(A) Grants for Special Projects of National Significance (SPNS) that, due to their innovative nature or their potential for replication, are likely to serve as effective models in addressing the housing and related supportive service needs of low-income persons living with HIV/AIDS and their families; and

(B) Grants for projects that are part of Long-Term Comprehensive Strategies (Long-Term) which provide housing and related supportive services for low-income persons living with HIV/AIDS and their families in areas that are not eligible for HOPWA FY 2003 formula allocations found in Appendix C of this Program Section of this SuperNOFA.

II. Eligible Applicants and Activities

(A) Eligible Applicants and Project Sponsors

(1) States, units of general local government, and nonprofit organizations may apply for SPNS grants;

(2) States and units of general local government may apply for grants for projects under the Long-Term category of grants, if proposed activities will serve areas that were not eligible to receive HOPWA formula allocations in Fiscal Year 2003. Nonprofit organizations are not eligible to apply directly for the Long-Term grants, but may serve as a project sponsor for an eligible state or local government grantee.

(3) You must identify your project sponsors in your application. Project sponsors cannot be identified at a later date through such processes as an RFP or other selection process.

(B) Eligible Activities

(1) *HOPWA Activities.* Eligible activities with their standards and limitations may be found in the HOPWA regulations at 24 CFR part 574. A copy of the regulations may be downloaded from the HUD Web site at *http://www.hud.gov*. You are encouraged to review the HOPWA regulations before seeking funding.

(2) *Additional Guidance on Use of Program Funds.*

(a) *Housing Assistance.* To receive the maximum points under the rating criteria, your project must clearly address the housing needs of eligible persons. If you are proposing emergency or transitional housing assistance, your plan should include linkages to or the provision of permanent supportive housing.

(b) *Supportive Services.* Many of the eligible persons who will be served by HOPWA may need services in addition to housing. It is important that you design programs which enhance access to those needed services, including access to health-care, AIDS drug assistance, and other services funded through the Ryan White CARE Act or other federal, state, local or private funds. While HUD recognizes that there are many ways to ensure that eligible

persons receive the services they need, to the extent possible, HUD encourages you to develop housing programs which do not require participation in services as a part of your or your project sponsor's tenancy requirements. Further, to help ensure that selected projects address housing related purposes, no more than 35 percent of the proposed budget for program activities can be designated for supportive services costs.

(c) *Resource identification.* HUD will not select under this notice an application that is solely directed at providing resource identification activities, since national HOPWA technical assistance funds are being made available under the Community Development Technical Assistance (CDTA) part of this Program Section for this purpose. You may propose a resource identification or technical assistance component in your application, if the amount of funds designated for these activities are less than 20 percent of the proposed program activity costs.

(d) *Other Activities.* As authorized by statute, you may propose other activities in your application, if approved by HUD. HUD will not approve proposals that depend on future decisions on how funds are to be used, for example, a proposal to establish a local request-for-proposal process to select activities or project sponsors.

(e) *Project Outcome Funding.* You must request funding to conduct data collection on project outcomes. The budget provides that up to $50,000 may be added to collect information and report to HUD on the outcomes of your service delivery model. You must propose data collection activities in your application. Project outcome activities include:

(i) Defining monitoring questions that will be addressed and examined during the project period;

(ii) Specifying outcome measures;

(iii) Developing instruments to assess project outcomes and systems outcomes;

(iv) Training project staff in the collection of data, including the preparation of the standard HOPWA Annual Progress Report to HUD;

(v) Monitoring data collection activities to assure that submissions are complete and accurate, including data coding and entry;

(vi) Summarizing data collected; and

(vii) Participating in HUD-sponsored collaborations and HUD-designated training events in order to prepare and disseminate the findings of reports on project accomplishments and lessons learned.

Applicants may include an expert third-party to conduct project outcome activities, but grantees are encouraged to train staff internally. Such training will increase the internal capacity of your organization and your partner organizations by learning how to make use of project outcome data in operating and adjusting assistance provided to eligible persons.

(3) *Maximum Grant Amounts.* The maximum amount that you may receive is $1,200,000 for program activities (*e.g.*, activities that directly benefit eligible persons), irrespective of the number of applications that you submit. You may also add-on up to 3 percent of this program activities amount for grantee administrative costs and, if your program involves project sponsors, add-on up to 7 percent of the amount they receive for their administrative costs. In addition, you must add up to $50,000 for project outcome activities.

III. Policy Priorities

(A) *Departmental Policy Priorities.* As outlined in Section II of the General Section of the SuperNOFA, HUD has identified policy priorities that applicants are encouraged to address through the proposed plans. HUD has identified two Departmental policy priorities as being applicable to the HOPWA program. Applications for HOPWA funding will receive a rating point for each applicable Departmental policy priority initiative addressed through the proposed program activities and performance goals and objectives. Applicants must demonstrate how these priorities will be addressed through the Soundness of Approach Section of the application as outlined under Rating Factor 3. One Rating Point will be awarded to each of the following addressed priorities:

(1) In accordance with Section II (C) of the General Section of the SuperNOFA, for applicants seeking HOPWA funds for capital development activities, including rehabilitation or new construction, you are encouraged to:

(a) Institute visitability standards in these activities undertaken with HOPWA funds. Visitability standards allow a person with mobility impairments access into the home, but do not require that all features be made accessible.

(b) Incorporate universal design in the construction or rehabilitation of housing undertaken with HOPWA funds. Universal design provides housing that is usable by all without the need for adaptation or specialized design.

(2) For applications in which the grantee, project sponsor(s), or other collaborating organizations meets the definition of a faith-based, other community-based, or grassroots organization as defined in Section II (D) of the General Section of the SuperNOFA.

(B) *Program Policies—Target Populations.* The Department has been advised by persons living with HIV/AIDS, HIV/AIDS housing providers, and national organizations, of the continuing disparity in accessing housing, health-care, and HIV/AIDS treatment among underserved populations, as well as health-related disparities that result from limited access to health-care, treatment and other support for persons living with HIV/AIDS. Applications seeking to provide housing assistance and related supportive services to one or more of the following underserved populations will receive one point for each priority addressed in the application. To receive this consideration, you must demonstrate the need of the special population in your area under the Need/Extent of the Problem section of your application as outlined under Rating Factor 2, as well as, demonstrate your response to this need under the Soundness of Approach section of your application as outlined under Rating Factor 3.

HUD reserves the right to select the highest rated application (but not one that is rated at less than 75 points) that demonstrates that the planned HOPWA activities and activities supported by leveraged funds, will serve one of the following special populations of HOPWA eligible persons. If funds are insufficient to select one of each of these two special demonstration grants, HUD's selection priority will be in the order listed:

(1) *Persons with HIV/AIDS and their families who are living in the Colonias.* Primarily the southwest border area of the United States, the Colonias are home to persons living in extreme poverty and poor housing conditions. With the limited access to HIV/AIDS housing, services, healthcare, and treatment, persons living with HIV in the Colonias do not receive the necessary care and treatment. HUD is encouraging applications that strive to meet the needs of eligible persons living in the Colonias. Applicants seeking funding to serve persons with HIV/AIDS within the Colonias must propose a service area which meets the definition of Colonias found in the General Section II (E) of the SuperNOFA.

(2) *Persons with HIV/AIDS experiencing chronic homelessness.* A chronically homeless person is defined as: ''an unaccompanied homeless individual with a disabling condition

who has either been continuously homeless for a year or more OR has had at least 4 episodes of homelessness in the past 3 years.'' Persons who are infected with HIV are more likely to be able to follow complex treatment regimens if they have a reliable address where they can be reached by care providers, a safe place to keep medications, refrigeration for drugs that require it, and other necessities that many of us take for granted. HUD is encouraging applications that strive to create additional permanent housing for persons living with HIV/AIDS that are experiencing chronic homelessness. Applicants should work with their local Continuum of Care Plans to create this permanent housing for persons living with HIV/AIDS and their families.

IV. Program Requirements

(A) *Performance Measures and Project Goals and Objectives.* You must use HUD's required performance measures, as detailed below, that will show your accomplishments in using HOPWA funds to expand the housing options that benefit eligible persons. You must also establish individual goals and objectives for your proposal. They should be specific, achievable and measured within set time periods. Your individual goals and objectives should result in possible findings on the successes and lessons learned in undertaking your activities that would be shared with other communities. In designing your proposal, please use the following:

(1) *Required HOPWA national performance goal.* Your proposed activities must increase the amount of housing assistance available to eligible persons to enable them to achieve housing stability and access to health-care and related supportive services. Your activities should also address the challenge of homelessness for person living with HIV/AIDS and their families by helping them move into permanent housing and strengthen community linkages for HOPWA eligible persons and their families to keep them from slipping back into homelessness (one extra priority point will be awarded—see above—Section III (B)).

(2) *Measurements of Performance.* After each year of operation, you must report on the number of housing units that were provided with HOPWA and other funding, and the number of additional persons served with related supportive services. HUD will measure your progress and achievements in evaluating your performance on your HOPWA grant.

(B) *Descriptive Budget.* You must provide a description of each of your requested budget items and how the funds will be used, including each amount of requested funding for you and your project sponsors, and a description of how each line item will relate to eligible HOPWA activities as defined in Part D, Section II (B) of this Program Section. You are expected to match requested funds to specific goals and objectives in your project. See Appendix D.

V. Application Selection Process

(A) *HOPWA Application Threshold Reviews.* HUD will review your HOPWA application to ensure that:

(1) Your application meets the threshold requirements found in Section V (B) of the General Section of the SuperNOFA.

(2) Your application contains all required certifications as outlined in Part A, Section VI (A) of this Program Section: *Forms, Certifications, and Assurances.*

(B) *Procedures for the Rating of Applications.* HUD will rate all HOPWA applications based on the factors listed below.

The points awarded for the factors total 100. In addition, bonus points for projects in RC/EZ/EC areas may be available under Section VI (C) of the General Section of this SuperNOFA. After rating, all applications will be placed in the rank order of their final score for selection within the appropriate category of assistance.

Rating Factor 1: Capacity of the Applicant and Project Sponsors and Relevant Organizational Experience (20 Points)

Address the following factor on not more than five (5) double-spaced, typed pages. For each project sponsor, you may add two additional pages. This factor addresses the extent to which you and any project sponsor have the organizational resources necessary to successfully implement your proposed activities in a timely manner. If you will be using project sponsor(s) in your project, you must identify each project sponsor in your application. HUD will award up to 20 points based on your and any project sponsor's ability to develop and operate your proposed program in relation to which entity is carrying out an activity.

(a) With regard to both you and any project sponsor(s), HUD will consider:

(i) Past experience and knowledge in serving persons with HIV/AIDS and their families;

(ii) Past experience and knowledge in programs similar to those proposed in your application;

(iii) Experience and knowledge in monitoring and evaluating program performance and disseminating information on project outcomes; and

(iv) Past experience as measured by expenditures and measurable progress in achieving the purpose for which funds were provided.

(b) In reviewing the elements of paragraph (1), HUD will consider:

(i) The knowledge and experience of the proposed project director and staff, including the day-to-day program manager, consultants, and contractors in planning and managing the kind of activities for which you are requesting funds. You and any project sponsor will be judged in terms of recent, relevant, and successful experience of staff in undertaking eligible program activities;

(ii) Your and/or the project sponsor's experience in managing complex interdisciplinary programs, especially those involving housing and community development programs directly relevant to the work activities proposed and carrying out grant management responsibilities.

(iii) If you and/or the project sponsor received funding in previous years in the program area for which you are currently seeking funding, you and your project sponsor's past experience will be evaluated in terms of the ability to attain demonstrated measurable progress in the implementation of your grant awards. Measurable progress is defined as:

(1) Meeting applicable performance benchmarks in program development and operation;

(2) Meeting project goals and objectives, such as, that the number of persons assisted was comparable to the number that was planned at the time of application;

(3) Submitting timely performance reports; and

(4) Expending prior funding as outlined in the prior proposal with no outstanding audit or monitoring issues.

Rating Factor 2: Need/Extent of the Problem (20 Points)

Address this factor on not more than five (5) double-spaced, typed pages. Up to 20 points will be awarded for this factor.

(a) AIDS Cases. (5 Points) Up to five points will be determined by the relative numbers of AIDS cases and per capita AIDS incidence within your service area, in metropolitan areas of over 500,000 population and in areas of a state outside of these metropolitan areas, in the state for proposals involving state-wide activities, and in the nation for proposals involving nation-wide activities. Your application

must define a planned service area. To determine these points, HUD will obtain AIDS surveillance information from the Director of the Centers for Disease Control and Prevention.

(b) Description of Unmet Need. (5 Points) Up to five points will be awarded based on demonstration of need for funding eligible activities in the area to be served. To receive the maximum points, demonstrate that substantial housing and related service needs of eligible persons and/or the target population, as outlined in Part D, Section III (B), are not being met in the project area and that reliable statistics and data sources (*i.e.* Census, health department statistics, research, scientific studies, and Needs Analysis of Consolidated Plan and/or Continuum of Care documentation) show this unmet need. To receive the maximum points, show that your jurisdiction's Consolidated Plan and Analysis of Impediments to Fair Housing Choice, Continuum of Care Homeless Assistance plans (if homeless persons are to be served), and comprehensive HIV/AIDS housing plans are applicable to your project and identify the level of the problem and the urgency of the need.

(i) If you apply for a SPNS grant, you must describe a need that is not currently addressed by other projects or programs in the area. Also describe any unresolved or emerging issues and the need to provide new or alternative forms of assistance that, if provided, would enhance your area's programs for housing and related care for persons living with HIV/AIDS and their families; or

(ii) If you apply for a project that is part of a Long-Term Comprehensive Strategy in an area that does not receive a HOPWA formula allocation, you must describe the need that is not currently addressed by other projects or programs in the area. You must also describe any unresolved or emerging issues and/or the need to provide forms of assistance that enhance the community's strategy for providing housing and related services to eligible persons.

(iii) HUD will evaluate your presentation of statistics and data sources based on soundness, reliability, and the specificity of information to the target population and the area to be served. If you propose to serve a subpopulation of eligible persons on the basis that these persons have been traditionally and are currently underserved (*e.g.*, persons with multiple disabilities including AIDS), your application must document the need for this targeted effort through statistics and data sources that support the need of this population in your service area.

(c) Need in Non-Formula Areas and Need for Renewals. (5 Points)

Under this criterion, HUD will award points under the following two circumstances:

(i) Five points will be awarded if your SPNS application proposes to serve eligible persons in an area that does not qualify for HOPWA formula allocation; or

(ii) Up to five points will be awarded, if you propose to continue the operations of HOPWA funded activities that have been supported by HOPWA competitive funds in years immediately prior to this application and that have operated with measurable success. To receive the maximum points, you must describe what unmet need would result if funding for the project was not renewed from this federal funding and describe your efforts to secure other sources of funding to continue this project. You must also show that you operated with measurable progress and your previous HOPWA-funded activities have been carried out and are nearing completion of the planned activities in a timely manner. Measurable progress is defined as:

(*1*) Meeting performance benchmarks, as appropriate, in program development and operation;

(*2*) Meeting project goals and objectives, such as, that the number of persons assisted is comparable to the number that was planned at the time of application;

(*3*) Submitting timely performance reports; and

(*4*) Expending 50% of prior funding by the application due date of this Program Section of the SuperNOFA.

(d) Highest Rated in a State or the Nation (for nationwide activities).

(5 Points) After rating of all other factors, HUD will award five points to help achieve greater geographic diversity in funding activities within a variety of states. Under this criterion, five points will be awarded to the highest rated SPNS and Long-Term applications in each state and to the highest rated SPNS application among the applications that propose nationwide activities.

Rating Factor 3: Soundness of Approach: Model Qualities and Responsiveness/Coordination/ Sustainability (40 Points)

Address this factor on not more than twenty (20) double-spaced, typed pages. Include the HOPWA Budget Forms found in Appendix D. This factor addresses the method by which your plan meets your identified needs. HUD will award up to 40 points based on the extent to which your plan evidences a sound approach for conducting the HOPWA activities in a manner that is responsive to the needs of eligible persons and that your plan for project coordination, and its sustainability after the period of the award, will offer model qualities in providing supportive housing opportunities for eligible persons, when compared to other applications and projects funded under previous HOPWA competitions.

(a) Responsiveness/Coordination/ Sustainability (20 Points). HUD will award up to 20 points (Responsiveness—10 Points, Coordination—5 Points, and Sustainability—5 Points) based on how well your project plans respond to the unmet needs in housing and related supportive services for the eligible population, including target populations outlined under Part D, Section III. You should demonstrate the extent to which you have coordinated your activities and the activities of your project sponsors with other organizations that are not directly participating in your proposed work activities. This involves organizations with which you share common goals and objectives in assisting eligible persons. You must demonstrate the extent to which your program exhibits the potential to be financially self-sustaining by decreasing dependence on federal funding and relying more on state, local, and private funding so your activities can be continued after your grant award period is completed. In order to ensure that resources are used to their maximum effect within the community, it is important that you demonstrate involvement in other state, local, and private funding arenas.

(i) *Responsiveness (10 Points).* To receive the highest ratings in this element your application must address:

- The projected number of persons to be served through each activity for each year of your program;
- The projected number of housing units, by type, to be provided through your project, by year, over a 3-year period; and
- The specific organizations that will provide housing, supportive services, or other activities either through an agreement with your organization or through funding from your project.

Include a description of the roles, and responsibilities of your project sponsors and/or other organizations within your project plan and how these will be coordinated in conducting eligible activities. To receive the maximum points for your project plan, you must explain and describe the eligible activities you or your project sponsor intend to conduct, where these activities

will take place (either on site or at another location), and how those activities will benefit eligible persons. Please describe:

(1) *Housing Activities.* You must demonstrate how the housing needs of eligible persons will be addressed through one or more of the HOPWA eligible activities or through other resources and how such activities are coordinated with other housing assistance. Your plan for housing assistance must include:

(a) Linkage to or the provision of permanent supportive housing. You must describe how eligible persons will access permanent housing options through your project or through specific commitments or other sustainable linkages with other community housing providers, even if the focus of your project is emergency or transitional assistance.

(b) Description of housing site. You must describe any appropriate site features, including accessibility, visitability, and access to other community amenities associated with your project.

(c) A development and operations plan. You must describe a development and/or operations plan for the housing assistance you are proposing to provide. For rental assistance programs, this will include your plan for providing rental assistance, proposed housing sites, and length of stay. If you are proposing to use HOPWA funds for acquisition, rehabilitation, or new construction activities, your plan must also document that you have secured funding sources (if applicable), identified a site(s), and must provide rehabilitation/construction timelines.

(d) Operational Procedures. Describe your outreach, intake, and assessment procedures, as well as how eligible persons will receive housing support with access to medical care and other supportive services. Describe the use of housing being funded from other sources, and how your project provides for on-going assessments of the benefits received by eligible persons. Include a description of how a client moves through the housing program from outreach, intake, client assessment, the delivery of housing services, the use of emergency, transitional or permanent housing, and, if appropriate, the outplacement to more self-sufficient independent housing.

(2) Supportive Services Activities. You must describe how the supportive service needs of eligible persons will be addressed from HOPWA or other sources by describing the type of supportive services that will be offered directly by the program and/or how services will be accessed and coordinated from other sources. Explain the connection of these services in helping eligible persons obtain and/or maintain housing. You are reminded that supportive service costs may represent no more than 35 percent of your program activity costs. In describing your supportive services delivery plan explain:

(*a*) How eligible persons will have access to mainstream programs that offer healthcare and other supportive services, as discussed in Part A, Section VII (C);

(*b*) How eligible persons will participate in decision making in the project operations and management;

(*c*) Your plan for delivering supportive services through a comprehensive plan that shows how eligible persons access medical care and other supportive services to address their needs.

(*3*) *Additional Activities.* You must describe your plan for utilizing other requested HOPWA funds (described at 24 CFR 574.300(b)). Explain how these activities will be integrated into your overall plan in the provision of housing and related supportive services to eligible persons.

(*4*) *Other Activities.* As authorized by statute and in addition to the activities at 24 CFR 574.300(b), you may propose other activities in your application, if approved by HUD. You must describe the reason of the other activities and the benefits likely to occur if authorized.

(ii) *Coordination (5 Points).* You should demonstrate the extent to which you have coordinated your activities and the activities of your project sponsors with other organizations that are not directly participating in your proposed work activities. This involves organizations for which you share common goals and objectives. You will be rated on the extent to which you demonstrate you have:

(1) Coordinated your proposed activities with those of other groups or organizations within the community or region prior to submission, to best complement, support, and coordinate all housing and supportive service activities;

(2) Developed your project through consultation with other organizations, groups, or consumers involved with area HIV/AIDS housing and service planning, including planning under the Ryan White CARE Act and other federal planning. The highest rated applicant will demonstrate that the project is integrated with HUD's planning processes, such as the jurisdiction's Consolidated Planning process or the community's Continuum of Care Homeless Assistance planning process (if homeless persons are to be served by proposed activities);

(3) Coordination with other HUD-funded programs outside of the Consolidated Planning Process, for example accessing additional housing resources through a local public housing authority;

(4) Coordination with mainstream resources including private, other public, and mainstream services and housing programs. To achieve the maximum points, applicants must evidence explicit agency strategies to coordinate client assistance with mainstream health, social services and employment programs for which eligible persons may benefit.

(iii) *Sustainability (5 Points).* The goal of sustainability is to ensure that your activities can be continued after your grant award is complete. Demonstrate the extent to which your program exhibits the potential to be financially self-sustaining by decreasing dependence on federal funding and relying more on state, local and private funding so your activities can be continued after your grant award period is completed. In order to ensure that resources are used to their maximum effect within the community, it is important that you demonstrate involvement in other state, local, and private funding arenas. In evaluating this factor, HUD will consider the extent to which you have:

(1) Developed linkages, or described specific steps you will take to develop linkages with other activities, programs or projects through meetings, information networks, planning processes, letters of participation or coordination, or other mechanisms, to coordinate your activities so solutions are holistic and comprehensively involved with other state, local, or private entities;

(2) Demonstrated how planned activities may be sustained through other resources in order to provide a comprehensive and responsive range of housing and related supportive services to meet the changing needs of persons with HIV/AIDS.

(b) Model Qualities (20 Points). HUD will award up to 20 points based on your service delivery plan and how well it will serve as a model with exemplary qualities to address the ongoing housing and supportive service needs of eligible persons within a replicable operational framework. To receive the maximum points, you must offer a housing plan that describes the following:

(i) *Policy Priorities.* If applicable to your application, describe how you will meet the Departmental policy priorities

emphasized in Part D, Section III of this Program Section.

(ii) *Project Management and Oversight.* Describe your method for managing and overseeing activities, including those of your organization, your project sponsor, and any other organization. Identify staff members who are responsible for management and oversight of the project and activity implementation.

(iii) *Evaluation Plan.* Your evaluation plan should identify what you are going to measure, how you are going to measure it, the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes, and how you plan to share successes and lessons learned in undertaking your activities with other communities.

(iv) *Innovative Qualities.* If you propose a new program, or an alternative method of meeting the needs of your eligible persons, describe how the innovative qualities of your activities will become a benchmark for achieving greater housing opportunities and supportive services for persons living with HIV/AIDS. HUD will rate your applications higher if you provide strong evidence that your methods will yield qualities that will benefit or expand knowledge in serving eligible persons, when compared to other applications and HOPWA projects. In order to learn about innovative qualities of previously funded and on-going HOPWA projects, please review the HOPWA Executive Summaries for all HOPWA formula and competitive grantees at *http://www.hud.gov.*

(v) *Other Exemplary Qualities.* Demonstrate what exemplary qualities your project contains that will be beneficial to other projects in your area or in other areas across the country. Describe what activities you have undertaken that have been outstanding and that if duplicated would achieve greater housing opportunities for persons living with HIV/AIDS and their families.

(vi) *Descriptive Budget.* HUD will review your budget in describing:

(1) How each amount of requested funding for you and your project sponsors will be used;

(2) How each line item will relate to eligible HOPWA activities as defined in Part D, Section II (B), of this Program Section of the SuperNOFA; and

(3) A clear and complete statement of the planned activities for your project and demonstrate how these activities are matched with line items for both the grantee and sponsors. You must complete the HOPWA Project Budget Form as described in Part B, Section VI (E). Please note that only the forms are required and an additional narrative under the Model Qualities Section is not required.

Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses your ability to secure community resources that can be combined with HUD's funds to achieve program purposes. HUD will award up to 10 points based on the extent to which resources from other public or private sources have been committed at the time of application, to support your project. To receive the maximum points, you must provide evidence of commitments of leveraged resources that match or exceed the amount of HOPWA funds that are requested, but not including funds designated for data collection.

(a) In establishing leveraging, HUD will not consider other HOPWA-funded activities, entitlement benefits inuring to eligible persons, or conditioned commitments that depend on future fund-raising or actions. In assessing the use of acceptable leveraged resources, HUD will consider the likelihood that state and local resources will be available and continue during the operating period of your grant. In evaluating this factor, HUD will also consider:

(i) The extent to which you document leveraged resources, such as funding and/or in-kind services from governmental entities, private organizations, resident management organizations, educational institutions, or other entities to achieve the purposes of the project for which you are requesting HOPWA funds;

(ii) The extent to which the documented resources evidence that you have partnered with other entities to make more effective use of available public or private resources. Partnership arrangements may include funding or in-kind services from local governments or government agencies, nonprofit or for-profit entities, private organizations, educational institutions, or other entities that are willing to partner with you on proposed activities, or partnering with other program funding recipients to make more effective use of resources within the geographic area covered by your award.

(b) To receive highest leveraging points, you must document the cash value of leveraged resources pledged to your project(s). The commitment of resources will be evidenced by use of the appropriate language as described below:

(i) *Applicant or Third Party Cash Resources.* If this proposal is funded, (applicant name or third party name) commits $(amount) (of its own funds, if applicant, or to applicant name, if third party) for (type of activity) to be made available to the HOPWA program. These funds will be available from (date) to (date). (Signature and Title of authorized representative and date.)

(ii) *Non-Cash Resources.* If this proposal is funded, (organization's name) commits to make available (type of resource) valued at $(amount) to the HOPWA program proposed by (applicant name). These resources will be made available to the HOPWA program from (date) to (date). (Signature and Title of authorized representative and date.) The donation of a third party professional service should be valued at the professional's customary charge. The value of materials to be contributed to the project by a third party or by the applicant may also be counted as leveraging.

(iii) *Volunteer Time.* If this proposal is funded, (name of the organization or of self), commits to provide (number of hours) of volunteer time from (date) to (date) to provide (type of activity) to the HOPWA program proposed by (applicant name). The total value of these services, based on $10.00 per hour, is $(amount). (Signature and Title, and date.) Time to be contributed to the project by volunteers should be valued at $10.00 per hour. In the case of individuals volunteering their time directly to the applicant, the applicant should list itself as the organization.

(iv) *Contribution of a Building.* If this proposal is funded, (applicant name) pledges the building at (site address) to the HOPWA program. The building has a fair market value of $(amount). A licensed independent real estate appraiser made this appraisal, which is based on comparable properties in the area. (Signature of applicant's authorized representative and date.) Ownership of a building or portion of a building to be used in the project may be counted as leveraging. The fair market value of the building or portion of the building being contributed may be counted. Do not send an appraisal to HUD, but keep documentation of fair market value on file. The contribution of land (as a leveraged resource for new construction) should be treated the same as contribution of a building. You will need to keep documentation of the fair market value on file, particularly if it is improved land and you wish to include the value of the improvements in the contribution.

(v) *Contribution of a Building to be Acquired with HOPWA Funds.* If this proposal is funded, (applicant name) commits the building at (site address)

for the HOPWA program. The building has a fair market value of $(amount). A licensed independent real estate appraiser made this appraisal, which is based on comparable properties in the area. The HOPWA request for the building is $(amount). Therefore, the contribution is the difference between the fair market value and the HOPWA request, or $(amount). (Signature of applicant's authorized representative and date.) The difference between the documented fair market value and the portion paid for with HOPWA funds may be counted as leveraging. Maintain documentation of fair rental value on file.

(vi) *Contribution of Leasehold Interest.* If this proposal is funded, (applicant name) commits the leasehold interest at (site address) for the HOPWA program. The fair rental value of this site is $(amount) annually, and at constant value will amount to $(amount) over (term of the lease, up to three years). An appropriate independent third party made this appraisal, which is based on comparable properties in the area. The total leasing cost over the term of the lease to be paid with HOPWA funds is $(amount). Therefore, the contribution is the difference between the HOPWA leasing cost and the fair rental value, or $(amount). (Signature of applicant's authorized representative and date.) The difference between the fair rental value (for a term up to three years) and the cost of the lease to be paid for with HOPWA funds may be counted as leveraging.

Factor 5: Achieving Results and Program Evaluation (Maximum 10 Points)

Address this factor on not more than five (5) double-spaced, typed pages. Under this factor, HUD will award 10 points based on how well your application demonstrates a commitment to ensuring that the goals that you set forth and your performance will be assessed in a clear and effective manner. HUD will analyze how well you have clearly implemented the HOPWA program goals and identified the benefits or outcomes of your program including your activities, benchmarks, and interim activities or performance indicators. HUD will award the highest points to applications that demonstrate an evaluation plan that will objectively measure actual achievements against anticipated achievements.

Benchmarks or outputs that are identified in your application should be measurable indicators of actual achievements that help achieve the program outcome goals for the HOPWA Program. These outcome goals should include but are not limited to:

(a) Increase the amount of housing assistance and related supportive services to eligible persons, to establish or maintain housing stability and reduce the risks of homelessness for eligible persons,

(b) Increase the access to permanent housing for low-income eligible persons, to enable these households to become more self-sufficient,

(c) Improve the housing conditions in which low-income and homeless eligible persons and their families live, to increase the number of persons living in housing that is safe, decent, and sanitary, and

(d) Address the challenge of homelessness for persons living with HIV/AIDS and their families by helping them move to permanent housing with appropriate support, with coordinated homeless assistance effort.

Program output measures for your application for the HOPWA Program must include but are not limited to:

(a) The projected numbers of persons to be served through each activity during each project operating year, and

(b) The projected number of housing units by type, to be provided to eligible households through your project during each project operating year,

Your application should also address your evaluation plan. Evaluation is defined as your method for collecting data on HUD program measures to evidence achievement of your project's goals and objectives. HUD will assess your method for reviewing this data and your basis for making relative adjustments in project implementation based on outcomes and lessons learned. Your evaluation plan must include how you propose to utilize the project outcome funding. HUD will award a greater number of points for projects that also provide for a plan for the dissemination of information from the lessons learned from your proposed activities. Three Program Evaluation Logic Models are given as examples on the following pages to illustrate planning for the use of resources, project activities, outputs, outcomes, and goals. Please use the Logic Model (Form HUD–96010–1) in the General Section of this notice to respond to this factor. In addition to using the required HOPWA output measures, applicants may create their own set of activities, other outputs, and project outcomes.

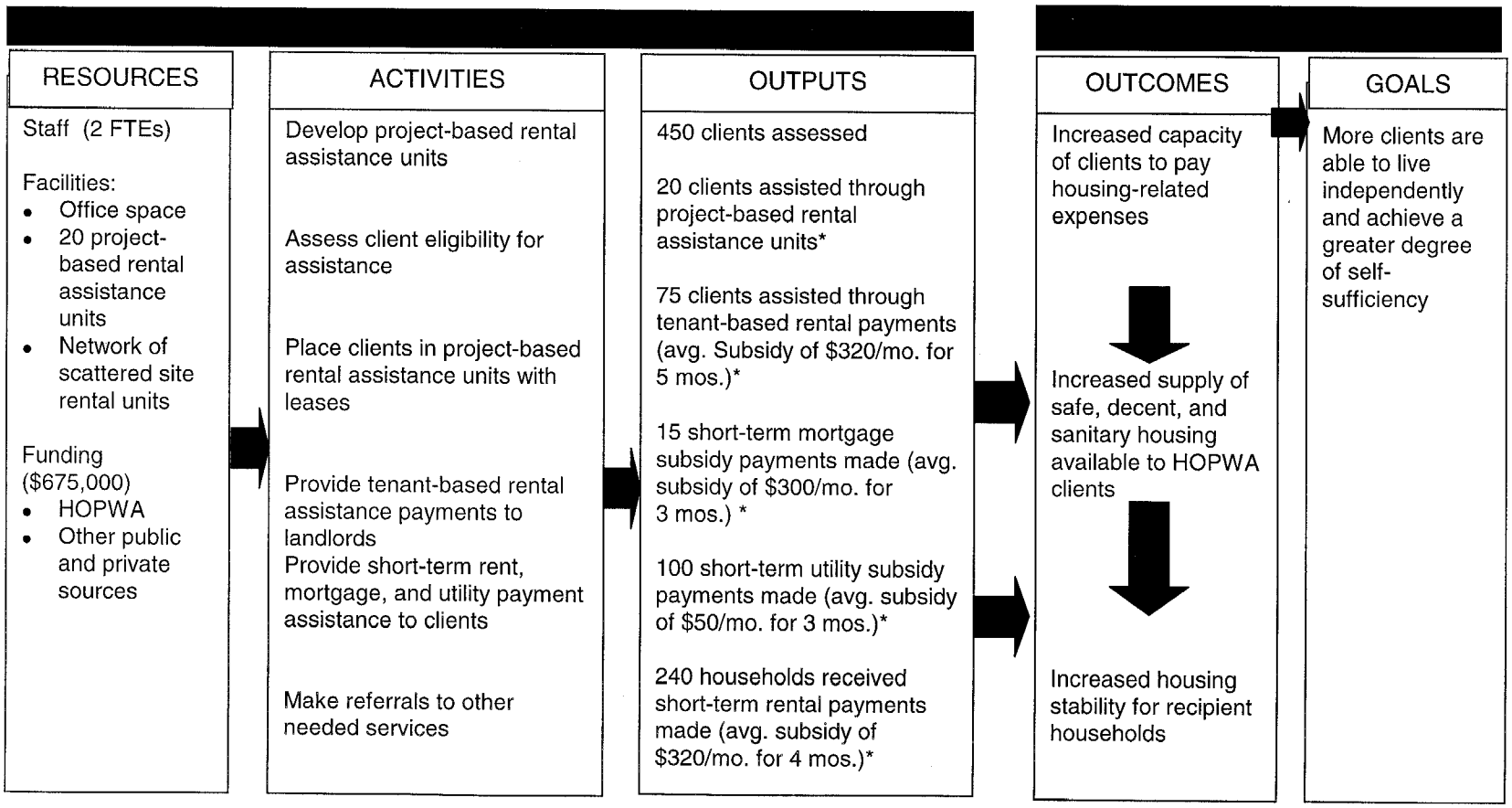
BILLING CODE 4210–32–P

PROGRAM EVALUATION LOGIC MODEL

EXAMPLE: Rental Assistance

Target Population: HIV/AIDS eligible persons and their families who live in project-based or scattered site housing units funded by HOPWA and who are in need of financial assistance in order to maintain housing.

Program Theory: Providing direct financial resources will assist eligible persons in stabilizing their living situations and will increase the chances of their maintaining and achieving self-sufficiency, ultimately preventing homelessness.



* Required HOPWA output measures on the number of units of housing, by type, assisted during each project operating year.

PROGRAM EVALUATION LOGIC MODEL

EXAMPLE: Housing Operations

Target Population: Residents of HOPWA-funded housing facility, as well as those who work in and visit the facility.

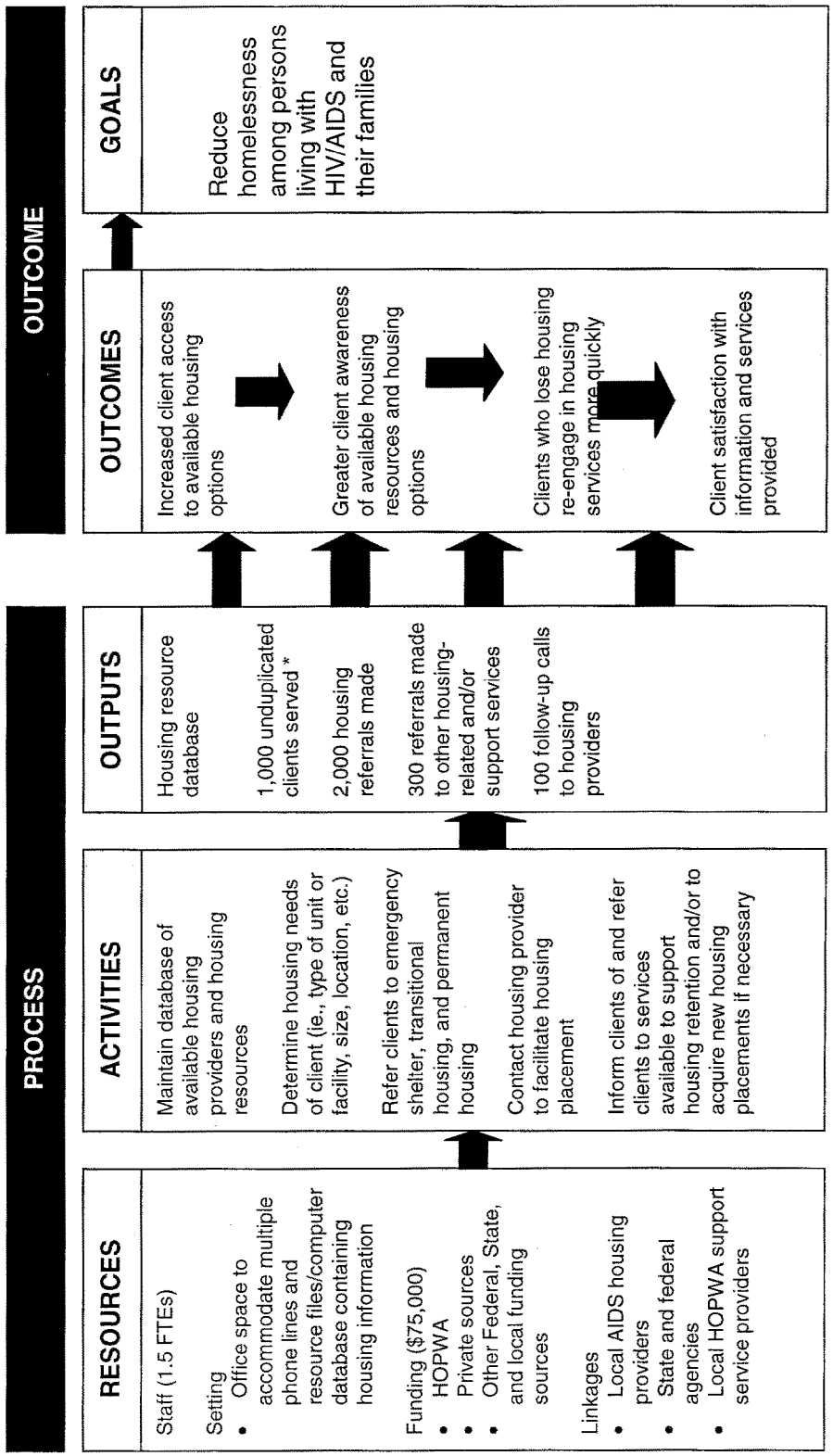
Program Theory: A safe and sanitary housing environment helps to protect the physical and mental health of HIV/AIDS eligible persons; eligible persons who are satisfied with the safety, sanitation, and management of the housing facility are more likely to maintain the housing placement.

PROCESS			OUTCOMES	
RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES	GOALS
Setting • Facility with 20 units Staff (2 FTEs) Onsite property management staff Funding ($250,000) • HOPWA • Other private and public funding sources Linkages • Security personnel • Insurance providers • Community services (sanitation, utilities, police, etc.)	Train staff in: • Accident and crime prevention and reporting • Dispute resolution techniques • Safety relating to blood borne pathogens and infectious diseases associated with AIDS • Substance use and mental health crisis intervention Develop protocols for • Emergencies • Facility maintenance • Sanitation • Maintaining supply and equipment inventories • Facility upgrades Hire security guards and/or install security systems Secure and maintain adequate insurance for facility and contents Connect all needed utilities for developed housing units Acquire adequate furnishings for developed housing units	3 staff trained 1 dispute resolution training session Protocols developed and followed 1 security system installed Security guard on duty 30 percent of the time Insurance policy for facility and contents Utilities connected in 2 units 20 facility-based units in use *	Increased level of sanitation within clients' housing environment ↓ Safety of clients, staff members, on-site contractors, and visitors is ensured ↓ Increased client satisfaction with housing environment ↓ Increased housing stability for residents	More clients are able to live independently and achieve a greater degree of self-sufficiency

* Required HOPWA output measures on the number of units of housing, by type, assisted during each project operating year.

PROGRAM EVALUATION LOGIC MODEL
EXAMPLE: Housing Information & Referral

Target Population: Homeless persons living with HIV/AIDS in the community and their families.
Program Theory: Providing information about available housing and timely referrals to AIDS housing providers will facilitate housing placements and decrease homelessness among persons living with HIV/AIDS



* Required HOPWA output measures on the number of units of housing, by type, assisted during each project operating year.

BILLING CODE 4210–32–C

(C) *Selection of HOPWA Awards.* Whether your HOPWA application is conditionally selected will depend on your overall ranking compared to other

applications within each of the two categories of assistance. HUD will select applications in rank order in each category of assistance to the extent that funds are available, except as outlined in Part D, Section III (B): *Policy Priorities,* where HUD reserves the right to select applications that target the priority eligible populations. In allocating amounts to the categories of assistance, HUD reserves the right to ensure that sufficient funds are available for the selection of at least one application with the highest ranking under each category of assistance. HUD will not select an application that is rated below 75 points.

In the event of a tie between applications in a category of assistance, HUD reserves the right to break the tie by selecting the proposal that was scored higher on a rating criterion in the following order: Soundness of Approach: Responsiveness and Model Qualities (Rating Factor 3); Comprehensiveness and Coordination (Rating Factor 5); the Capacity of the Applicant and Relevant Organizational Experience (Rating Factor 1); the Need/Extent of the Problem (Rating Factor 2); and Leveraging Resources (Rating Factor 4).

HUD will notify you in writing if you are conditionally selected. You may be notified subsequently of any modification made by HUD, the additional project information necessary for grant award, and the date of deadline for submission of the required information. In the event that a conditionally-selected applicant is unable to meet any conditions for fund award within the specified time, HUD reserves the right not to award funds to the applicant and to use those funds to make awards to the next highest rated applications in this competition; to restore amounts to a funding request that had been reduced in this competition; or to add amounts to funds available for the next competition.

VI. Application Submission Requirements

Your HOPWA application must contain the following items in the order shown below. 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, letters) can be found as Appendix D to this Program Section of the SuperNOFA. The items are as follows:

(A) *Application for Federal Assistance (Form HUD–424).* You should complete Items 1 through 23 with the following additions:

(1) Item 12—The applicable letters are ''A'' for state; ''B, C, or D'' for a unit of local government;

(2) Item 14—Enter U.S. Department of Housing and Urban Development or HUD if not preprinted;

(3) Item 15—Enter 14–241 and the title ''Housing Opportunities for Persons With AIDS Program'' or ''HOPWA'' for the Catalog of Federal Domestic Assistance;

(4) Item 20—You must complete the budget Funding Matrix on page 2 and the HOPWA Project Budget Form. Please make sure that both the Total Amount on HUD–424 and the ''Total Budget'' section on the HOPWA Project Budget Form are the same. In the event that the total budgets are in conflict, HUD will refer to the HOPWA Project Budget form.

(5) Item 21—Check ''No''.

(B) *Executive Summary and Synopsis.* Please provide a two to three sentence synopsis of the main focus or features of your proposed program, followed by an Executive Summary of the proposed project on no more than two double-spaced, typed pages. HUD will use this as a summary if your project is chosen for funding. In your abstract, include your organization's name and the name of any project sponsor. Also include the name, telephone number, and e-mail address of the person within your organization and within any project sponsor that is responsible for this application.

(C) *Narrative Statements.* Your application must include narrative statements that address each of the Factors for Award found at Part D, Section V (B) of this Program Section of the SuperNOFA. Respond to each factor within the stated page limits and do not use a font size smaller than 12 point. Applications failing to submit any of the narrative statements will be rated as zero during the rating process.

(D) *Proposed HOPWA Project Information Form.* See Appendix D in Program Section of SuperNOFA. Complete the form including the following:

(1) *Project Sponsors.* You must identify any organization that will receive HOPWA funds as a project sponsor and the amount of funds to be received.

(2) *Non-profit Status.* Non-profit grantees or project sponsors must submit documentation verifying your non-profit status, as outlined in Part A, Section VI (A).

(3) *Service Areas.* Your application must identify the area(s) in which you are proposing to offer housing and other assistance.

(E) *Budget.* You must complete the HOPWA Project Budget Form found in Appendix D of this Program Section of the SuperNOFA, which lists the amount of requested HOPWA funds designated for each type of HOPWA-eligible activity. For more information, please see Part D, Section IV (B) and Rating Factor 3, *Soundness of Approach.*

(F) *Statutory Certifications.* You must complete the statutory certifications as outlined in Part A, Section VI section of this Program Section.

After your entire application is assembled, please mark each exhibit with an appropriately numbered tab and number every page of the application sequentially. Complete the HOPWA Application Checklist found in Appendix D to this Program Section of the SuperNOFA. Attach the HOPWA Application Checklist to the front of your application.

BILLING CODE 4210–32–P

HOPWA Renewal Application Checklist

Checklist of Exhibits

Please insert page numbers

- [ ] Transmittal Letter (that identifies HOPWA and amount requested)
- [ ] Application for Federal Assistance (form HUD-424) and (HUD-424B)
- [ ] Project Synopsis and Executive Summary
- [ ] Organizational Capacity Narrative (if applicable)
- [ ] Provision of Permanent Supportive Housing Narrative
- [ ] HOPWA Permanent Supportive Housing Certification
- [ ] HOPWA Permanent Supportive Housing Worksheet
- [ ] Need for Renewal Narrative
- [ ] HOPWA Need for Renewal Chart
- [ ] HOPWA Renewal Budget Form
- [ ] HOPWA Renewal Project Form
- [ ] Statutory Certifications (Required by law)
- [ ] Acknowledgement of Application Receipt (Optional) (HUD-2993)
- [ ] Client Comments and Suggestions (Optional) (HUD-2994)

HOPWA Application
Part B - Forms

Appendix A

OMB Approval No. 2506-0133
Expiration Date 11/31/2003

HOPWA Permanent Supportive Housing Certification

The Applicant, in order to induce HUD to renew the Applicant's Grant with HUD for HOPWA Project Number _____, pursuant to HUD's authority under the FY 2003 Appropriations Act, hereby assures and certifies HUD that no less than 51 percent of the HOPWA funds awarded to the Project were and continue to be used to provide permanent supportive housing to low income persons with HIV/AIDS and their families. Permanent housing is defined as housing in which the resident has a lease for a term of at least one year, which is renewable by the tenant and which may be terminated by the landlord for cause. Permanent supportive housing is permanent housing, which provides the tenant with on-going supportive services through qualified providers.

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.

HOPWA Applicant Certifications

Name of Applicant

Signature of Authorized Certifying Official & Date

Typed Name of Signatory

Title of Signatory

Date

HOPWA Need for Renewal Chart

Please complete the following chart and submit it with your Need for Renewal Narrative. HUD will review this chart and determine your eligibility for renewal funding based on financial records for reimbursement of expenditures that are filed under HUD's financial system (PAS).

To be eligible, the HOPWA grant must be an expiring grant, defined as a grant that will not have sufficient funds to continue activities until September 30, 2004, if not awarded additional Federal funds. The applicant must demonstrate to HUD that all funds awarded in the grant it seeks to renew will be expended before September 30, 2004 (as measured by reimbursements filed with HUD under the financial system, PAS). HUD may deobligate funding of HOPWA grants that have been renewed on this basis and fail to expend funding by the September 30, 2004.

In addition, if the grant expired in the Federal Fiscal Year 2002 or earlier, i.e. all funds were expended (as measured by PAS) by 9-30-02 or only a residual amount that is less than one percent of the amount of the prior grant remains, you are **not eligible** to apply for renewal funding under this notice.

Line 1	Indicated the amount of the prior HOPWA award.	$
Line 2	Indicate the amount expended as of 9-30-02.	$
Line 3	Subtotal: subtract Line 2 from Line 1. (See Item 1 below.)	$
Line 4	Indicate the amount to be expended in FY2003. (By September 30, 2003)	$
Line 5	Indicate the amount to be expended in FY2004. (By September 30, 2004)	$
Line 6	Subtotal: Subtract Lines 4 and 5 from Line 3. (See Item 2 below)	$

1. If the subtotal on Line 3 is zero or a residual amount that is less than one percent of the amount on Line 1, you are not eligible to apply for renewal funding under this notice.

2. If the subtotal on Line 6 is greater than zero, you are **not eligible** to apply for renewal funding under the HOPWA Renewal Section of HUD's SuperNOFA. Also note that continued use of prior funds may require that you file an extension request with the area CPD Field Office.

Public reporting burden for the collection of information is estimated to average one (1) hour per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

HOPWA Application
Part B - Forms

Appendix A

OMB Approval No. 2506-0133
Expiration Date 11/30/2003

HOPWA Renewal Project Information Form

A. Grant Number
Please provide the grant number of the HOPWA grant for which you are seeking renewal.

Grant Number		**Year Funded:**	

B. Service Area. Please identify the intended service area, i.e., the name of the community or metropolitan area, or, if activities are planned for a state-wide or nation-wide basis:

C. Project Sponsors and Sites. On a separate page, if needed, identify all the project sponsors that are involved in your proposed project, the sponsor's mailing address, telephone, email address, fax number, and the name of a contact person.

Are new project sponsor(s) being added to the renewal project? Yes ☐ / No ☐
Please note you must provide an Organizational Capacity Narrative if a new project sponsor is added to your renewal project.

Sites. For projects involving sites, for example, a structure where HOPWA funds will be used for operating costs, and/or project-based rental assistance, please attach or provide the address of the project site.

Confidentiality. Please indicate if the site location is confidential or a public site by checking the appropriate box below.

☐ Confidential Site.
(Do not release the street location of this project.)

☐ Public Site.
(The address may be released to inform clients and the public.)

Photo. Please attach a photograph of the structure.

D. Summary of Proposed Accomplishments.

Summary of Housing Assistance: Please provide best estimates in the following table. Enter number of units of housing served if renewal project is funded and is fully implement and operational.

			Accomplishment by Year		
1.	**Facility-based Housing: Enter total units to be provided.**		Year 1	Year 2	Year 3
	Short-term facility				
	Single room occupancy dwelling	☐ Permanent ☐ Non-Permanent			
	Community residence	☐ Permanent ☐ Non-Permanent			
	Other housing facility (specify) _____	☐ Permanent ☐ Non-Permanent			
2.	**Scattered-site Payments**		Year 1	Year 2	Year 3
	Tenant-based rental assistance				
	Short-term rent, mortgage, and utility payments				
	Total Units				

Example: If your four-unit community residence will be funded and operational in each of the next three years, enter 4 in each of the 3 boxes after community residences.

Summary of Persons Assisted. Please provide best estimates in the following table:

		Accomplishment by Year		
		Year 1	Year 2	Year 3
1.	Number of persons with HIV/AIDS who will receive some form of housing assistance			
2.	Number of family members of the above who will be residing with the person receiving housing assistance			
3.	Number of persons with HIV/AIDS who will only be receiving some form of supportive services (persons receiving both services and housing are reported in item 1 above)			
4.	Number of other family members who will only be receiving some form of supportive services (persons receiving both services and housing are reported in item 2 above).			
5.	Number of persons who will be receiving housing information services.			

Example: If some clients transition out of your 4 unit community residence each year and new clients enter the project, enter your best estimate of all the persons projected to be served for each year.

E. Additional Information

The Department of Housing and Urban Development needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)

☐ Severely Mentally Ill ☐ Chronic Substance Abuse ☐ Veterans

☐ Multiply-Diagnosed ☐ Victims of Domestic Violence

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project either (1) is in an area outside of Metropolitan Areas, or (2) is outside of the urbanized areas within a Metropolitan Area.)

☐ Yes ☐ No

Public reporting burden for the collection of information is estimated to average one (1) hour per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

HOPWA Application
Part B - Forms

Appendix A

OMB Approval No. 2506-0133
Expiration Date 11/31/2003

HOPWA Renewal Project Budget Form

A. Renewal Project Summary Budget. In column A, enter the amount of HOPWA funding that was awarded under the prior HOPWA award (including any change approved by HUD). In column B, enter the total amount of new HOPWA funds being requested as outlined below in Section B: "Annual Summary Budget" – Column D. In column C, enter any other funds (i.e. private, local, or state resources) that will be used in conjunction with the requested HOPWA renewal funds to undertake the project. Enter the sum total of requested *HOPWA funds* and *Other funds* (sum of columns B and C) in column D. Enter the totals of each column in line 13 of the budget form.

Eligible Activity	HOPWA Project Funding			
	A. Original/Amd.	B. Renewal Amt.*	C. Other	D. Total
1. Lease	$	$	$	$
2. Operating Costs	$	$	$	$
3. Supportive Services	$	$	$	$
4. Housing Information	$	$	$	$
5. Technical Assistance & Resource Identification	$	$	$	$
6. Rental Assistance	$	$	$	$
7. Short-term Rent, Mortgage, and Utility Payments to Prevent Homelessness	$	$	$	$
8. Other (please indicate the activity) _____	$	$	$	$
9. Subtotal of Activity Costs (not to exceed $1,200,000)	$	$	$	$
10. Grantee's Administrative Costs (not to exceed 3% of Subtotal)	$	$	$	$
11. Project Sponsor's Administrative Costs (not to exceed 7% of amounts received by sponsors)	$	$	$	$
12. Collect data on Project Outcomes (not to exceed $50,000)	$	$	$	$
13. Total	$	$	$	$

*Note: Column B should reflect the total of funding requested for all years as outlined in Section B.

B. Annual Summary Budget. In columns A through C enter the requested amount of HOPWA funds by year. The term of the grant may be up to 3 years. You may request up to 20 percent more than the original award for renewal by activity, but the total requested funds must not exceed $1,200,000. For additional details on eligible activities and limitations, consult the program regulations at 24 CFR 574.300-340. One-time capital development costs are not eligible for renewal. In column D, enter the total amount of requested HOPWA funds for each year by summing columns A through C. The totals in Column D should equal the totals in Column B in Section A-"Renewal Project Summary Budget" and should represent your total request for HOPWA funds. Enter the totals of each column in line 13 of the budget form.

Indicate the number of years you are requesting renewal funding (1-3 years). ____

Eligible Activity	HOPWA Project Funding			
	A. Year 1	B. Year 2	C. Year 3	D. Total *
1. Lease	$	$	$	$
2. Operating Costs	$	$	$	$
3. Supportive Services	$	$	$	$
4. Housing Information	$	$	$	$
5. Technical Assistance & Resource Identification	$	$	$	$
6. Rental Assistance	$	$	$	$
7. Short-term Rent, Mortgage, and Utility Payments to Prevent Homelessness	$	$	$	$
8. Other (please indicate the activity) ____	$	$	$	$
9. Subtotal of Activity Costs (not to exceed $1,200,000)	$	$	$	$
10. Grantee's Administrative Costs (not to exceed 3% of Subtotal)	$	$	$	$
11. Project Sponsor's Administrative Costs (not to exceed 7% of amounts received by sponsors)	$	$	$	$
12. Collect data on Project Outcomes (not to exceed $50,000)	$	$	$	$
13. Total	$	$	$	$

*Note: Totals in this column should equal the totals in Column B, Section A – "Renewal Project Summary Budget".

C. Renewal Project Descriptive Budget.

Instructions:

A. For the grantee and each project sponsor receiving HOPWA renewal funds under this application, please complete the Renewal Project Descriptive Budget Form. The first form should be completed for the grantee, followed by one form for each project sponsor. In the form number boxes enter the number of the form followed by the total numbers of forms submitted. For example, if you are the grantee and have two project sponsors, you will complete three forms. The first form should be for the grantee and will be numbered as (1 of 3). You will then complete two additional forms for each project sponsor. The first project sponsor form will be numbered as (2 of 3), and the second (3 of 3).

B. Enter the name of the organization (grantee or project sponsor).

C. As applicable, mark if you are completing this form for the grantee or project sponsor.

D. For each HOPWA Eligible Activity that you are requesting HOPWA renewal funding, give a brief description of the activity. This description should be a 1-2 line summary of the activity.

EXAMPLE 1:

HOPWA Eligible Activity and Description	**HOPWA Request**
Rental Assistance	$100,000
Description: *Provide long-term, tenant-based rental assistance through the "Rent Project" to 25 individuals and 10 families per year over a three-year grant period.*	

EXAMPLE 2:

Eligible Activity and Description	**HOPWA Request**
Supportive Services	$30,000
Description: *Provide case management, nutritional services, and mental health counseling to 45 individuals in the "AIDS Housing" facility each year for the three years of the grant term.*	

E. For each HOPWA Eligible Activity (lines 1-10), enter the amount of requested HOPWA renewal funds. NOTE: A sum of each HOPWA request completed on the Project Descriptive Budget for the grantee and each project sponsor should equal the totals entered in Section A- Column B of the Renewal Project Summary Budget.

HOPWA Application
Part B - Forms

Appendix A

OMB Approval No. 2506-0133
Expiration Date 11/31/2003

A. HOPWA Renewal Project Description Budget Form *Form* ☐ *of* ☐

B. Name of Grantee/Project Sponsor: _____

C. Mark one of the following:
Grantee ☐ **Project Sponsor** ☐

Is the organization a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)

☐ Yes ☐ No

D. Eligible Activity and Description	**E. HOPWA Renewal Request**
1. Lease	$
Description:	
2. Operating Costs	$
Description:	
3. Supportive Services	$
Description:	
4. Housing Information	$
Description:	
5. Technical Assistance and Resource Identification	$
Description:	
6. Rental Assistance	$
Description:	
7. Short-term Rent, Mortgage & Utility Payment to Prevent Homelessness	$
Description:	

Form, page 2

8. Other (please indicate the activity)	$
Description:	
9. Administrative Costs (Grantee or Project Sponsor)	$
Description:	
10. Collect data on Project Outcomes (not to exceed $50,000)	$
Description:	

Public reporting burden for the collection of information is estimated to average one (1) hour per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

HOPWA Supporting Information

Appendix B

Persons with hearing or speech challenges may access the numbers below via TTY (text telephone) by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Local Field Office Contact List

NEW ENGLAND	CPD DIRECTOR	PHONE
CONNECTICUT STATE OFFICE ONE CORPORATE CENTER, 19TH FLOOR HARTFORD, CT 06103-3220	**MARY ELLEN MORGAN**	**860-240-4800**
MANCHESTER AREA OFFICE 275 CHESTNUT ST. NORRIS COTTON BLDG. MANCHESTER, NH 03101-2487	**RICHARD HATIN**	**603-666-7610**
MASSACHUSETTS STATE OFFICE 10 CAUSEWAY STREET, ROOM 301 BOSTON, MA 02222-1092	**BOB PAQUIN**	**617-994-8357**
NEW YORK/ NEW JERSEY		
BUFFALO AREA OFFICE 465 MAIN STREET, FIFTH FLOOR BUFFALO, NY 14203-1780	**MICHAEL F. MERRILL**	**716-551-5755**
NEW JERSEY STATE OFFICE ONE NEWARK CENTER, 13TH FLOOR NEWARK, NJ 07102-5260	**KATHLEEN NAYMOLA**	**973-622-7900**
NEW YORK STATE OFFICE 26 FEDERAL PLAZA NEW YORK, NY 10278-0068	**KATHY MULLINS, ACT'G**	**212-264-0771**
MID-ATLANIC		
MARYLANDSTATE OFFICE 10 S. HOWARD ST., 5TH FLOOR CITY CRESCENT BLDG. BALTIMORE, MD 21201-2505	**JOSEPH O'CONNOR**	**410-962-2520**
PENNSYLVANIA STATE OFFICE WANAMAKER BLDG. 100 PENN SQUARE EAST PHILADELPHIA, PA 19107-3390	**JOYCE GASKINS**	**215-656-0624**

Appendix B

Persons with hearing or speech challenges may access the numbers below via TTY (text telephone) by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

PITTSBURGH STATE OFFICE 339 6TH AVENUE, 6TH FLOOR PITTSBURG, PA 15222-2515	**LYNN DANIELS**	**412-644-2999**
VIRGINIA STATE OFFICE 600 EAST BROAD STREET RICHMOND, VA 23230-4920	**CARLOS RENTERIA**	**804-771-2100**
DISTRICT OF COLUMBIA OFFICE 820 1ST ST., N.E., STE. 450 WASHINGTON, DC 20002-4205	**RONALD HERBERT**	**202-275-0994**
SOUTHEAST/CARIBBEAN		
ALABAMA STATE OFFICE MEDICAL FORUM BUILDING SUITE 900 950 22ND STREET NORTH BIRMINGHAM, AL 35203	**HAROLD COLE**	**205-731-2630**
CARIBBEAN OFFICE 159 CARLOS E. CHARDON AVENUE SAN JUAN, PR 00918-1804	**CARMEN R. CABRERA**	**787-766-5400**
FLORIDA STATE OFFICE 909 SOUTHEAST 1ST AVE., RM 500 MIAMI, FL 33131	**JACK JOHNSON**	**305-536-4431**
GEORGIA STATE OFFICE 40 MARIETTA STREET FIVE POINTS PLAZA -15TH FLOOR ATLANTA, GA 30303-3388	**JOHN PERRY**	**404-331-5001**
JACKSONVILLE AREA OFFICE SOUTHERN BELL TOWER 301 WEST BAY STREET, STE. 2200 JACKSONVILLE, FL 32202-5121	**GARY CAUSEY, ACTING DIRECTOR**	**904-232-1777**
KENTUCKY STATE OFFICE 601 W. BROADWAY LOUISVILLE, KY 40202	**VIRGINIA PECK**	**502-582-6163**
MISSISSIPPI STATE OFFICE 100 WEST CAPITOL STREET, RM 910 JACKSON, MS 39269-1096	**EMILY EBERHARDT**	**601-965-4700**

Appendix B

Persons with hearing or speech challenges may access the numbers below via TTY (text telephone) by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

NORTH CAROLINA STATE OFFICE KOGER BLDG. 2306 W. MEADOWVIEW RD. GREENSBORO, NC 27407-3707	**TOM FEREBEE**	**336-547-4005**
SOUTH CAROLINA STATE OFFICE S. THURMON FED. BLDG. 1835 ASSEMBLY STREET COLUMBIA, SC 29201-2480	**LOUIS E. BRADLEY**	**803-765-5564**
TENNESSEE STATE OFFICE 710 LOCUST STREET, 3RD FLOOR KNOXVILLE, TN 37902-2526	**MARY WILSON, ACTING DIRECTOR**	**865-545-4394**

MIDWEST

ILLINOIS STATE OFFICE 77 WEST JACKSON BOULEVARD RALPH METCALFE BLDG. CHICAGO, IL 60604-3507	**RAY WILLIS, ACTING DIRECTOR**	**312-353-6236**
INDIANA STATE OFFICE 151 NORTH DELAWARE STREET INDIANAPOLIS, IN 46204-2526	**ROBERT POFFENBERGER**	**317-226-6303**
MICHIGAN STATE OFFICE PATRICK MCNAMARA BUILDING 477 MICHIGAN AVENUE DETROIT, MI 48226-2592	**JEANETTE HARRIS**	**313-226-4343**
MINNESOTA STATE OFFICE 920 SECOND AVENUE, SOUTH MINNEAPOLIS, MN 55401-2195	**ALAN JOLES**	**612-370-3019**
OHIO STATE OFFICE 200 NORTH HIGH STREET COLUMBUS, OH 43215-2499	**LANA VACHA**	**614-469-5737**
WISCONSIN STATE OFFICE 310 W. WISCONSIN AVENUE, STE 1380 MILWAUKEE, WI 53203-2289	**ROBERT BERLAN**	**414-297-3214**

SOUTHWEST

ARKANSAS STATE OFFICE 425 WEST CAPITAL AVENUE TCBY TOWER, STE. 900 LITTLE ROCK, AR 72201-3488	**JAMES SLATER**	**501-324-6375**

Appendix B

Persons with hearing or speech challenges may access the numbers below via TTY (text telephone) by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

LOUISIANA STATE OFFICE 501 MAGAZINE STREET, HALE BOGGS, 9TH FLOOR NEW ORLEANS, LA 70130-3099	**GREG HAMILTON**	**504-589-7212**
NEW MEXICO STATE OFFICE 625 SILVER AVENUE, SW, STE. 100 ALBUGUERQUE, NM 87110-6472	**FRANK PADILLA**	**505-346-7361**
OKLAHOMA STATE OFFICE 500 WEST MAIN STREET, STE. 40 OKLAHOMA CITY, OK 73102	**DAVID H. LONG**	**405-553-7569**
SAN ANTONIO STATE OFFICE WASHINGTON SQUARE 800 DELOROSA STREET SAN ANTONIO, TX 78207-4563	**JOHN T. MALDONADO**	**210-475-6820**
TEXAS STATE OFFICE 801 N. CHERRY STREET, 6T1 25th FLOOR FORT WORTH, TX 76102	**KATIE WORSHAM**	**817-978-5934**

GREAT PLAINS

KANSAS/MISSOURI STATE OFFICE GATEWAY TOWER II 400 STATE AVENUE, RM 200 KANSAS CITY, KS 66101-2406	**WILLIAM ROTERT**	**913-551-5485**
NEBRASKA STATE OFFICE 10909 MILL VALLEY ROAD OMAHA, NE 68154-3955	**GREGORY A. BEVIRT**	**402-492-3181**
ST. LOUIS AREA OFFICE 1222 SPRUCE STREET, 3RD FLOOR SUITE 1200 ST. LOUIS, MO 63103-2836	**ANN WIEDL**	**314-539-6524**

ROCKY MOUNTAIN

COLORADO STATE OFFICE FIRST INTERSTATE TOWER NORTH 633 - 17TH STREET DENVER, CO 80202-3607	**GUADLUPE M. HERRERA**	**303-672-5414**

Appendix B

Persons with hearing or speech challenges may access the numbers below via TTY (text telephone) by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

PACIFIC / HAWAII

CALIFORNIA STATE OFFICE 450 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102-3448	**STEVE SACHS** **JIMMY PRATER** **DEPUTY DIRECTOR**	**415-436-6597** **415-436-6592**
HAWAII STATE OFFICE 500 ALA MOANA BLVD. , STE 3A HONOLULU, HI 96813-4918	**MARK CHANDLER**	**808-522-8180**
LOS ANGELES AREA OFFICE AT&T CENTER 611 W. 6TH STREET, STE. 800 LOS ANGELES, CA 90015-3801	**JAMES BARNES,** **ACTING DIRECTOR**	**213-894-8000**
PHOENIX AREA OFFICE 400 NORTH 5TH STREET, STE. 1600 PHOENIX, AZ 85004	**MARTIN H. MITCHELL,** **PROGRAM MANAGER**	**602-379-7175**

NORTHWEST/ALASKA

ALASKA STATE OFFICE 949 EAST 36TH AVENUE, STE. 401 ANCHORAGE, AK 99508-4135	**ANDREW "GUS" SMITH,**	**907-271-3669**
OREGON STATE OFFICE 400 SOUTHWEST 6TH AVE. STE. 700 PORTLAND, OR 97204-1632	**DOUGLAS CARLSON**	**503-326-7018**
WASHINGTON STATE OFFIC 909 1ST AVENUE, STE. 200 SEATTLE, WA 98104-1000	**JACK PETERS** **DON PHILLIPS, DEPUTY DIRECTOR**	**206-220-5150**

HOPWA Supporting Information

Appendix C

FY 2003 HOPWA Formula Allocations
Including Non-Eligible Areas

On (date), HUD announced that $259.292 million, or 90 percent of the total FY2003 HOPWA appropriation of $290.102 million, was allocated under the statutory formula to 111 HOPWA grantees, including 75 cities for Eligible Metropolitan Statistical Areas (EMSA's) and 36 States. The grantee for these amounts is the State or, for the EMSA, the most populous city in that area, which is the jurisdiction noted below. The State of New Jersey will administer funds for the four New Jersey Counties that are in the Philadelphia Metropolitan Area. Each of the allocations are made available under the jurisdiction's consolidated plan.

Three new FY2003 grantees are noted as (*) in following metropolitan areas: Sarasota, Florida, and the states of Kansas and Colorado. In addition Wake County, NC was given authorization to administer the grant to the Raleigh Metropolitan Area.

For further information regarding HOPWA formula grantees visit the HOPWA website at http://www.hud.gov/offices/cpd/aidshousing.

STA	NAME	2002 Amount
AL	BIRMINGHAM	$486,000
AL	ALABAMA STATE PROGRAM	$1,137,000
AZ	PHOENIX	$1,377,000
AZ	TUCSON*	$399,000
AZ	ARIZONA STATE PROGRAM	$128,000
AR	ARKANSAS STATE PROGRAM	$741,000
CA	LOS ANGELES	$10,489,000
CA	OAKLAND	$2,019,000
CA	RIVERSIDE	$1,766,000
CA	SACRAMENTO	$810,000
CA	SAN DIEGO	$2,671,000
CA	SAN FRANCISCO	$8,160,000
CA	SAN JOSE	$787,000
CA	SANTA ANA	$1,429,000
CA	CALIFORNIA STATE PROGRAM	$3,049,000
CO	COLORADO STATE PROGRAM	$368,000
CO	DENVER	$1,412,000
CT	HARTFORD	$1,034,000
CT	NEW HAVEN	$1,115,000
CT	CONNECTICUT STATE PROGRAM	$1,181,000
DE	WILMINGTON	$1,077,000
DE	DELAWARE STATE PROGRAM	$162,000
DC	WASHINGTON	$9,862,000
FL	FT LAUDERDALE	$5,515,000
FL	MIAMI	$10,617,000
FL	ORLANDO	$2,520,000

HOPWA Supporting Information

Appendix C

FL	SARASOTA	$500,000
FL	TAMPA	$2,993,000
FL	WEST PALM BEACH	$4,045,000
FL	JACKSONVILLE-DUVAL	$1,518,000
FL	FLORIDA STATE PROGRAM	$3,985,000
GA	ATLANTA	$7,506,000
GA	GEORGIA STATE PROGRAM	$1,807,000
HI	HONOLULU	$445,000
HI	HAWAII STATE PROGRAM	$176,000
IL	CHICAGO	$5,514,000
IL	ILLINOIS STATE PROGRAM	$732,000
IN	INDIANAPOLIS	$744,000
IN	INDIANA STATE PROGRAM	$792,000
KS	KANSAS STATE PROGRAM	$369,000
KY	LOUISVILLE	$433,000
KY	KENTUCKY STATE PROGRAM	$425,000
LA	BATON ROUGE	$1,137,000
LA	NEW ORLEANS	$2,180,000
LA	LOUISIANA STATE PROGRAM	$997,000
MD	BALTIMORE	$9,476,000
MA	BOSTON	$2,477,000
MA	SPRINGFIELD	$444,000
MA	MASSACHUSETTS STATE PROGRAM	$1,119,000
MI	DETROIT	$1,980,000
MI	MICHIGAN STATE PROGRAM	$884,000
MN	MINNEAPOLIS	$839,000
MN	MINNESOTA STATE PROGRAM	$109,000
MS	MISSISSIPPI STATE PROGRAM	$1,172,000
MO	KANSAS CITY	$983,000
MO	ST LOUIS	$1,198,000
MO	MISSOURI STATE PROGRAM	$503,000
NV	LAS VEGAS	$933,000
NV	NEVADA STATE PROGRAM	$234,000
NJ	DOVER TOWNSHIP	$725,000
NJ	JERSEY CITY	$2,394,000
NJ	NEWARK	$6,069,000
NJ	PATERSON	$1,368,000
NJ	WOODBRIDGE	$814,000
NJ	NEW JERSEY STATE PROGRAM	$1,874,000
NM	NEW MEXICO STATE PROGRAM	$525,000
NY	ALBANY	$440,000
NY	BUFFALO	$473,000
NY	ISLIP TOWN	$1,675,000
NY	NEW YORK CITY	$60,315,000
NY	ROCHESTER	$597,000
NY	NEW YORK STATE PROGRAM	$2,327,000
NC	CHARLOTTE	$562,000

Appendix C

NC	GREENSBORO	$438,000
NC	WAKE COUNTY	$533,000
NC	NORTH CAROLINA STATE PROGRAM	$1,293,000
OH	CINCINNATI	$468,000
OH	CLEVELAND	$866,000
OH	COLUMBUS	$565,000
OH	OHIO STATE PROGRAM	$1,071,000
OK	OKLAHOMA CITY	$461,000
OK	OKLAHOMA STATE PROGRAM	$514,000
OR	PORTLAND	$995,000
PA	PHILADELPHIA	$5,643,000
PA	PITTSBURGH	$607,000
PA	PENNSYLVANIA STATE PROGRAM	$1,535,000
RI	PROVIDENCE	$542,000
SC	CHARLESTON	$401,000
SC	COLUMBIA	$862,000
SC	GREENVILLE	$390,000
SC	SOUTH CAROLINA STATE PROGRAM	$1,117,000
TN	MEMPHIS	$1,242,000
TN	NASHVILLE-DAVIDSON	$707,000
TN	TENNESSEE STATE PROGRAM	$731,000
TX	AUSTIN	$988,000
TX	DALLAS	$3,869,000
TX	FORT WORTH	$820,000
TX	HOUSTON	$5,069,000
TX	SAN ANTONIO	$1,006,000
TX	TEXAS STATE PROGRAM	$2,927,000
UT	SALT LAKE CITY	$438,000
UT	UTAH STATE PROGRAM	$67,000
VA	RICHMOND	$667,000
VA	VIRGINIA BEACH	$1,206,000
VA	VIRGINIA STATE PROGRAM	$646,000
WA	SEATTLE	$1,700,000
WA	WASHINGTON STATE PROGRAM	$637,000
WI	MILWAUKEE	$508,000
WI	WISCONSIN STATE PROGRAM	$400,000
PR	SAN JUAN MUNICIPIO	$5,901,000
PR	PUERTO RICO STATE PROGRAM	$2,356,000

Appendix C

Non-Eligible Areas:

The following areas are not eligible for HOPWA FY 2003 formula allocations. State and units of general local government from these areas may apply for HOPWA projects under the Long-Term category of grants as detailed in the HOPWA program section of the SuperNOFA.

STATE	NON-ELIGIBLE AREAS
AK	State of Alaska
IA	State of Iowa
ID	State of Idaho
ME	State of Maine
MD	State of Maryland (outside of Baltimore, Washington DC, and Wilmington EMSA)
MT	State of Montana
ND	State of North Dakota
NE	State of Nebraska
NH	State of New Hampshire (outside of Boston, EMSA)
OR	State of Oregon (outside of Portland, EMSA)
RI	State of Rhode Island (outside of Providence, EMSA)
SD	State of South Dakota
VT	State of Vermont
WV	State of West Virginia (outside of Washington DC, EMSA)
WY	State of Wyoming
	Virgin Islands
	Pacific Islands

HOPWA Applicant Certifications

These certified statements are required by law.

The Applicant hereby assures and certifies that:

1. Within the HOPWA eligible population, it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR Part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, the transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR Part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, handicap, familial status or national origin, and administer its programs and activities relating to housing in a manner to affirmatively further fair housing. For Indian tribes, it will comply with the Indian Civil Rights Act (25 U.S.C. 1301 *et seq.*), instead of Title VI and the Fair Housing Act and their implementing regulations.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the

greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to per-sons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on handicap in Federally-assisted programs and activities.

It will comply with the accessibility requirements of Section 504 of the Rehabilitation Act of 1973, and where applicable, the design and construction requirements of the Fair Housing Act.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color religion, sex, age, national origin, familial status, or handicap who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested per-sons can obtain information concerning the assistance.

2. It will comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and the implementing regulations at 49 CFR Part 24.

3. It will not acquire, rehabilitate, convert, lease, repair or construct property to provide housing or commit HUD, State, local or other funds to these program activities with respect to any eligible property until it has obtained HUD approval of form HUD-7015.15, "Request for the Release of Funds and Certification" of compliance with the National Environmental Policy Act and implementing regulations at 24 CFR part 58 (Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities) or, in cases where HUD has performed the environmental review, the Applicant has obtained HUD approval of the site following HUD's completion of form HUD-4128.

4. Any building or structure assisted with amounts under this part will be maintained as a facility to provide assistance for eligible persons: (i) for not less than 10 years in the case of assistance involving new construction, substantial rehabilitation or acquisition of a building or structure; and (ii) for not less than three years in cases involving non-substantial rehabilitation or repair of a building or structure.

5. It and its principals (see 24 CFR 24.105(p)):

(a) are not presently debarred, suspended, proposed for debarment,

declared ineligible, or voluntarily excluded from covered transactions (see 24 CFR 24.110) by any Federal department or agency;

(b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted for or other-wise criminally or civilly charged by a govern-mental entity (Federal, State or local) with commission of any of the offenses enumerated in (b) of this certification; and

(d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

HOPWA Applicant Certifications

Signature of Authorized Certifying Official & Date

X

Title

Name of Applicant

HOPWA Application Checklist

Checklist of Exhibits

Please insert page numbers

- [ ] Transmittal Letter (that identifies HOPWA and amount requested)
- [ ] Application for Federal Assistance (HUD-424)
- [ ] Project Synopsis and Executive Summary
- [ ] Exhibit 1 Applicant and Sponsor Information
- [ ] Exhibit 2 Need/Extent of Problem
- [ ] HOPWA Project Information Form
- [ ] Exhibit 3 Soundness of Approach
- [ ] HOPWA Project Budget Form
- [ ] Exhibit 4 Leveraging
- [ ] Exhibit 5 Achieving Results and Program Evaluation
- [ ] Statutory Certifications (Required by law)
- [ ] Acknowledgement of Application Receipt (Optional) (HUD-2993)
- [ ] Evaluation by Customer (Optional) (HUD-2994)

HOPWA Project Information Form

Exhibit 3: Proposed HOPWA Project / Soundness of Approach
Please complete form and place before the Soundness of Approach narrative section of your application.

A. Category of Assistance. Check only one of the following two boxes.

☐ **Category 1: Special Projects of National Significance.**

☐ **Category 2: Projects which are part of long-term comprehensive strategies for providing housing and related services** in an area that did not qualify for a HOPWA formula award.

B. Duplication of Assistance Requested. Please indicate if you or your project sponsor is seeking funding under this HOPWA competition for an activity that is duplicated in an application under the HUD Continuum of Care Homeless Assistance 2003 competition as follows:

☐ A proposed HOPWA activity is identical and ***duplicates funding*** requested in an application for HUD continuum of care funding;

☐ A proposed activity is related but ***not identical*** to the requested funding.

☐ No related assistance is being requested.

D. Service Area. Please identify the intended service area, i.e., the name of the community or metropolitan area, or, if activities are planned for a state-wide or nation-wide basis:

C. Summary of Proposed Accomplishments.

Summary of Housing Assistance: Please provide best estimates in the following table. Enter number of units of housing served if project is funded and is fully implement and operational.

			Accomplishment by Year		
1.	**Facility-based Housing: Enter total units to be provided.**		Year 1	Year 2	Year 3
	Short-term facility				
	Single room occupancy dwelling	☐ Permanent ☐ Non-permanent			
	Community residence	☐ Permanent ☐ Non-permanent			
	Other housing facility (specify)_____	☐ Permanent ☐ Non-permanent			
2.	**Scattered-site Payments**		Year 1	Year 2	Year 3
	Tenant-based rental assistance				
	Short-term rent, mortgage, and utility payments				
	Total Units				

Example: If your four-unit community residence will be funded and operational in each of the next three years, enter 4 in each of the 3 boxes after community residences.

Summary of Persons Assisted. Please provide best estimates in the following table:

		Accomplishment by Year		
		Year 1	Year 2	Year 3
1.	Number of persons with HIV/AIDS who will receive some form of housing assistance			
2.	Number of family members of the above who will be residing with the person receiving housing assistance			
3.	Number of persons with HIV/AIDS who will only be receiving some form of supportive services (persons receiving both services and housing are reported in item 1 above)			
4.	Number of other family members who will only be receiving some form of supportive services (persons receiving both services and housing are reported in item 2 above).			
5.	Number of persons who will be receiving housing information services.			

Example: If some clients transition out of your four unit community residence each year and new clients enter the project, enter you best estimate of all the persons projected to be served for each year.

E. Project Sponsors and Sites. Below or on a separate page, if needed, identify all the project sponsors that are involved in your proposed project, including the amount of funds each will utilize; and the sponsor's mailing address, telephone, email address, fax number, and the name of a contact person. Your narrative on the proposed program activities should also specify which activities each sponsor will be carrying out.

Sites. For projects involving sites, for example, a structure where HOPWA funds will be used for new construction, acquisition, rehabilitation, operating costs, and/ or project-based rental assistance, please attach or provide the address of the project site.

Confidentiality.

☐ Confidential Site. (Do not release the street location of this project.)

☐ Public Site. (The address may be released to inform clients and the public.)

Photo. Please attach a photograph of the structure (except for new constructions).

F. Additional Information

The Department of Housing and Urban Development needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)

   ☐ Severely Mentally Ill

   ☐ Chronic Substance Abuse

   ☐ Multiply-Diagnosed

   ☐ Victims of Domestic Violence

   ☐ Veterans

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project either (1) is in an area outside of Metropolitan Areas, or (2) is outside of the urbanized areas within a Metropolitan Area.)

   ☐ Yes

   ☐ No

Public reporting burden for the collection of information is estimated to average two (2) hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

HOPWA Application
Part D -Forms

Appendix D

OMB Approval No. 2506-0133
Expiration Date 11/30/2003

HOPWA Project Budget Form

A. Project Summary Budget. In columns A & B, enter the appropriate amount of funding that will be utilized for the HOPWA eligible activity for all years requested. For example, in column A enter the amount of HOPWA funds being requested for each eligible activity. In column B, enter the amount of other funds, if any, (i.e. private, local, or state resources) that will be used in conjunction with the requested HOPWA funds to complete the project. Enter the sum total of requested *HOPWA funds* and *Other funds* (sum of columns A & B) in column C. Enter the totals of each column in line 16 of the budget form. For additional details on eligible activities and limitations, consult the program regulations at 24 CGR 574.300-340.

Eligible Activity	Project Funding		
	A. HOPWA	B. Other	C. Total
1. Acquisition	$	$	$
2. Rehabilitation, Repair, & Conversion*	$	$	$
3. New Construction*	$	$	$
4. Lease	$	$	$
5. Operating Costs	$	$	$
6. Supportive Services (May not exceed 35% of activity costs.)	$	$	$
7. Housing Information	$	$	$
8. Technical Assist. & Resource Identification (May not exceed 20% of activity costs.)	$	$	$
9. Rental Assistance	$	$	$
10. Short-term Rent, Mortgage, and Utility Payments to Prevent Homelessness	$	$	$
11. Other (name the type of alternative activity that is also described in exhibit 3) _____	$	$	$
12. Subtotal of Activity Costs (not to exceed $1,200,000)	$	$	$
13. Grantee's Administrative Costs (not to exceed 3% of Subtotal)	$	$	$
14. Project Sponsor's Administrative Costs (not to exceed 7% of amounts received by sponsors)	$	$	$
15. Collect data on Project Outcomes (not to exceed $50,000)	$	$	$
16. Total	$	$	$

*If over $200,000, the project would be subject to Sec. 3 requirements, if selected, pertaining to economic opportunities for low and very low-income persons.

B. Annual Summary Budget. In columns A through C enter the requested amount of HOPWA funds by year. The term of the grant may be up to 3 years. In column D, enter the total amount of requested HOPWA funds for each year by summing columns A through C. The totals in Column D should equal the totals in Column A in Section A-"Project Summary Budget" and should represent your total request for HOPWA funds. Enter the totals of each column in line 16 of the budget form.

Indicate the number of years you are requesting renewal funding (1-3 years). ____

Eligible Activity	Project Funding			
	A. Year 1	**B. Year 2**	**C. Year 3**	**D. Total**
1. Acquisition	$	$	$	$
2. Rehabilitation, Repair, & Conversion*	$	$	$	$
3. New Construction*	$	$	$	$
4. Lease	$	$	$	$
5. Operating Costs	$	$	$	$
6. Supportive Services (May not exceed 35% of activity costs)	$	$	$	$
7. Housing Information	$	$	$	$
8. Technical Assist. & Resource Identification (May not exceed 20% of activity costs.)	$	$	$	$
9. Rental Assistance	$	$	$	$
10. Short-term Rent, Mortgage, and Utility Payments to Prevent Homelessness	$	$	$	$
11. Other (name the type of alternative activity that is also described in exhibit 3) ____	$	$	$	$
12. Subtotal of Activity Costs (not to exceed $1,200,000)	$	$	$	$
13. Grantee's Administrative Costs (not to exceed 3% of Subtotal)	$	$	$	$
14. Project Sponsor's Administrative Costs (not to exceed 7% of amounts received by sponsors)	$	$	$	$
15. Collect data on Project Outcomes (not to exceed $50,000)	$	$	$	$
16. Total	$	$	$	$

*If over $200,000, the project would be subject to Sec. 3 requirements, if selected, pertaining to economic opportunities for low and very low-income persons.

C. Project Descriptive Budget.

Instructions:

A. For the grantee and each project sponsor receiving HOPWA funds under this application, please complete the Project Descriptive Budget Form. The first form should be completed for the grantee, followed by one form for each project sponsor. In the form number boxes enter the number of the form followed the total numbers of forms submitted. For example, if you are the grantee and have two project sponsors, you will complete three forms. The first form should be for the grantee and will be number as (1 of 3). You will then complete two additional forms for each project sponsor. The first project sponsor form will be numbered as (2 of 3), and the second (3 of 3).

B. Enter the name of the organization (grantee or project sponsor).

C. As applicable, mark if you are completing this form for the grantee or project sponsor.

D. For each HOPWA Eligible Activity that you are requesting HOPWA funding, give a brief description of the activity. This description should be a 1-2 line summary of the activity as presented in your application. In addition, reference the project goal or objective which corresponds to the described activity. See the below examples:

EXAMPLE 1:

HOPWA Eligible Activity and Description	HOPWA Request
Rental Assistance	$100,000
Description: *Provide long-term, tenant-based rental assistance through the "Rent Project" to 25 individuals and 10 families per year over a three-year grant period. (See Project Goals/Objectives, Goal 1 pg. 23)*	

EXAMPLE 2:

Eligible Activity and Description	HOPWA Request
Supportive Services	$30,000
Description: *Provide case management, nutritional services, and mental health counseling to 45 individuals in the "AIDS Housing" facility each year for the three years of the grant term. (See Project Goals/Objectives, Goal 3, pg. 21)*	

E. For each HOPWA Eligible Activity (lines 1-13), enter the amount of requested HOPWA funds. NOTE: A sum of each HOPWA request completed on the Project Descriptive Budget for the grantee and each project sponsor, should equal the totals entered in Section A - Column A of the Project Summary Budget.

HOPWA Application
Part D -Forms

Appendix D

OMB Approval No. 2506-0133
Expiration Date 11/30/2003

A. HOPWA Project Description Budget Form *Form* ☐ *of* ☐

B. Name of Grantee/Project Sponsor: _____

C. Mark one of the following:
Grantee ☐ **Project Sponsor** ☐

Is the organization a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)

☐ Yes ☐ No

D. Eligible Activity and Description	**E. HOPWA Request**
1. Acquisition	$
Description:	
2. Rehabilitation, Repair & Conversion	$
Description:	
3. New Construction	$
Description:	
4. Lease	$
Description:	
5. Operating Costs	$
Description:	
6. Supportive Services	$
Description:	
7. Housing Information	$
Description:	

Please include this page in your application. Page ☐

Form HUD-40110-B (3/03)

HOPWA Application
Part D -Forms

Appendix D

OMB Approval No. 2506-0133
Expiration Date 11/30/2003

Form, Page 2

D. Eligible Activity and Description	**E. HOPWA Request**
8. Technical Assistance and Resource Identification	$
Description:	
9. Rental Assistance	$
Description:	
10. Short-term Rent, Mortgage & Utility Payment to Prevent Homelessness	$
Description:	
11. Other (name the type of alternative activity that is also described exhibit 3)	$
Description:	
12. Administrative Costs (Grantee or Project Sponsor)	$
Description:	
13. Collect data on Project Outcomes (not to exceed $50,000)	$
Description:	

Public reporting burden for the collection of information is estimated to average two (2) hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

ASSISTED LIVING CONVERSION PROGRAM (ALCP) FOR ELIGIBLE MULTIFAMILY HOUSING PROJECTS

Billing Code 4210-32-C

Funding Availability for the Assisted Living Conversion Program (ALCP) for Eligible Multifamily Housing Projects

Program Overview

Purpose of the Program. The purpose of this program is to provide grants for the conversion of some or all of the dwelling units in an eligible project into assisted living facilities (ALFs) for frail elderly persons.

Available Funds. Approximately $64 million are available for the conversion of eligible multifamily projects to ALFs ($25 million under the Fiscal Year 2003 Consolidated Appropriations Resolution and $39 million in carryover funds).

Eligible Applicants. Only private nonprofit project owners of eligible developments (as described in Section III of this NOFA) may apply for and become the recipient of a grant.

Application Due Dates. July 10, 2003.

Match. None required.

Additional Information

I. Application Due Date, Application, and Technical Assistance

Application Due Date. Your completed application (one original and four copies) is due on July 3, 2003, at the address shown below.

Application Submission Procedures. New Mailing and Receipt Procedures. HUD has implemented new procedures that impact application submission procedures:

(1) You may not hand deliver your application. HUD will reject any hand delivered application.

(2) You must submit your application to the Multifamily Hub Office that has jurisdiction for the housing development included in your application.

(3) You may submit your application via any mail delivery service; however, HUD recommends that ALCP applications be sent via the United States Postal Service (USPS) as access by other delivery services is not guaranteed.

(4) If you mail your application to the wrong HUD Office and it is not received by the Office designated for receipt by the due date and time, it will be deemed late and will not be considered for funding. HUD is not responsible for directing it to the appropriate office.

See the General Section of the SuperNOFA for specific procedures governing the mailing of applications.

Addresses for Submitting Applications. The official place for receipt of your application is ONLY in the appropriate HUD Multifamily Hub Office. Submit an original and four copies of the ALCP application to the Director of the appropriate HUD Multifamily Hub Office, as listed in Appendix A of this NOFA, with jurisdiction over your development. (To facilitate applicants knowing the correct location to send the application, Appendix B to this NOFA lists the 18 Multifamily Hubs with the Program Centers under each Hub.) Your application will be considered timely filed if your application is received by the designated HUD Office no later than 3:30 pm on the application due date.

For Further Information and Technical Assistance. You should contact the Multifamily Hub where you will be mailing your ALCP Application. (Please refer to Hub telephone numbers in Appendix A.)

You also may contact Faye Norman, Housing Project Manager at (202) 708–3000 x2482 or Aretha Williams, Director, Grant Policy and Management Division, Room 6138 at (202) 708–3000 x2480 for questions regarding the ALF grant award process. This is not a toll free number. Ms. Norman can be reached by e-mail at *faye_l._norman@hud.gov* and Ms. Williams at *aretha_m._williams@hud.gov*. Both Ms. Norman and Ms. Williams are located at the Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410.

If you have a hearing or speech impairment, you may access the telephone number via TTY by calling the Federal Information Relay Service at 1–800–877–8339.

Application. All information for the submission of your application is included in this NOFA and the General Section of the SuperNOFA. However, for your convenience and ease of submission, an application is being provided as Appendix C of this NOFA. You may also obtain an ALCP application by calling the SuperNOFA Information Center at (voice) 1–800–HUD–8929 (1–800–483–8929). Persons with hearing or speech impairment may call the Center's TTY number at 1–800–HUD–2209. Please be sure to provide your name, address (including zip code), and telephone number (including area code). The application is also available on the Internet through the HUD Web site at *http://www.hud.gov/grants.*

Note: There is a separate application for service coordinator funds (which is necessary for those needing to enhance or add service coordination per Section IV (D)(13) of this NOFA).

II. Amount Allocated

This NOFA makes available approximately $64 million (approximately $54 million for the physical conversion of eligible multifamily assisted housing projects or portions of projects to ALFs and approximately $10 million for the conversion of up to 2 unused or underutilized commercial properties to ALFs). The Fiscal Year (FY) 2003 funding of $25 million is in the Consolidated Appropriations Resolution, 2003, Pub. L. 108–7, approved February 20, 2003. The $64 million includes $39 million in carryover funds. The allocation formula used for the ALCP to fair share the $64,000,000 reflects demographic characteristics of age and incidence of frailty that would be expected for program participants. The FY 2003 formula consists of one data element from the 2000 decennial census: The number of non-institutional elderly population aged 75 years or older with a disability,

A fair share factor for each state was developed by taking the sum of the persons aged 75 or older with a disability within each state as a percentage of the sum of the same number of persons for the total United States. The resulting percentage for each state was then adjusted to reflect the relative difference in the cost of providing housing among the states. The total of the grant funds available ($54 million) was multiplied by the adjusted fair share percentage for each state, and the resulting funds for each state were totaled for each Hub.

The ALCP grant funds fair share allocations, based on the formula above, to the 18 multifamily Hubs are as shown on the following chart:

FISCAL YEAR ALLOCATION 2003 FOR THE ASSISTED LIVING CONVERSION PROGRAM (ALCP) OF ELIGIBLE ASSISTED MULTIFAMILY PROJECTS

HUB	Grant authority
Boston	3,268,998
Buffalo	1,296,581
New York	4,366,033
Philadelphia	5,422,739
Baltimore	2,502,497
Greensboro	3,140,895
Atlanta	5,052,490
Jacksonville	4,921,568
Chicago	4,157,759
Columbus	2,129,329
Detroit	2,035,287
Minneapolis	1,864,837
Fort Worth	5,922,712
Kansas City	2,998,763
Denver	1,533,734
Los Angeles	5,524,003
San Francisco	5,437,398
Seattle	2,424,377

FISCAL YEAR ALLOCATION 2003 FOR THE ASSISTED LIVING CONVERSION PROGRAM (ALCP) OF ELIGIBLE ASSISTED MULTIFAMILY PROJECTS—Continued

HUB	Grant authority
Total	64,000,000

III. Program Description: Eligible and Ineligible Applicants, Developments, and Activities

(A) *Program Description.* Assisted living facilities (ALFs) are designed to accommodate frail elderly persons and people with disabilities who need certain support services (*e.g.*, assistance with eating, bathing, grooming, dressing and home management activities). ALFs must provide support services such as personal care, transportation, meals, housekeeping, and laundry. Frail elderly person means an individual 62 years of age or older who is unable to perform at least three activities of daily living (ADLs) as defined by the regulations for HUD's Section 202 Program (Supportive Housing for the Elderly) at 24 CFR 891.205. Assisted living is defined in section 232(b)(6) of the National Housing Act (12 U.S.C. 1715w).

The ALCP provides funding for the physical costs of converting some or all of the units of an eligible multifamily development into an ALF, including unit configuration, common and services space and any necessary remodeling, consistent with HUD or the State's statute/regulations (whichever is more stringent). Typical funding will cover basic physical conversion of existing project units, as well as common and services space. There must be sufficient community space to accommodate a central kitchen or dining facility, lounges, recreation and other multiple-areas available to all residents of the project, or office/staff spaces in the ALF. When food is prepared at an off-site location, the preparation area of the facility must be of sufficient size to allow for the installation of a full kitchen, if necessary. You must provide supportive services for the residents either directly or through a third party. Your application must include a firm commitment for the supportive services to be offered within the ALF as part of the application. You may charge assisted living residents for meals and/or service fees. Residents may contract with third party agencies directly for nursing, therapy or other services not offered by the ALF.

(B) *Eligible Applicants.* Only private nonprofit owners of eligible multifamily assisted housing developments specified in section 683(2) (B), (C), (D), (E), and (F) of the Housing and Community Development Act of 1992 (Pub. L.102–550, approved October 28, 1992) and private nonprofit owners of an unused or underutilized commercial property are eligible for funding. To be eligible, project owners must meet the following criteria where applicable:

(1) Must be in compliance with your Loan Agreement, Capital Advance Agreement, Regulatory Agreement, Housing Assistance Payment contract, Project Rental Assistance Contract, Rent Supplement or LMSA contract, or any other HUD grant or contract document.

(2) Must be in compliance with all fair housing and civil rights laws, statutes, regulations, and executive orders as enumerated in 24 CFR 5.105(a). See Section V(B) (2) of the General Section of the SuperNOFA for further explanation.

Note: If your eligibility status changes during the course of the grant term, making it ineligible to receive the grant (*e.g.*, prepayment of mortgage, sale/TPA of property, or opting out of a Section 8 Housing Assistance Payment (HAP) contract), HUD retains the right to terminate the grant and recover funds made available through this NOFA.

(C) *Ineligible Applicants.*

(1) Owners of developments designed specifically for people with disabilities.

(2) Owners of Section 232 developments.

(3) Property management companies and agents of property management companies.

(4) Limited dividend partnerships.

(5) Nonprofit Public Agencies.

(6) Owners of unused/underutilized hospitals or other health-related facility which are considered to be eleemosynary institutions rather than commercial enterprises.

(D) *Eligible Developments.*

(1) Eligible projects must be owned by a private, nonprofit entity and designated primarily for occupancy by elderly persons. Projects must have been in occupancy for at least 5 years from the date the HUD Form 92485, Permission to Occupy Project Mortgage, was approved by HUD's Construction Manager as Chief Architect, and have completed final closing. Additionally, eligible projects must meet one of the following criteria:

- Section 202 direct loan projects with or without Section 8 rental assistance,
- Section 202 capital advance projects receiving rental assistance under 202(C)(2),
- Section 515 rural housing receiving Section 8 rental assistance,
- Other projects receiving Section 8 project-based rental assistance,
- Projects subsidized with Section 221(d)(3) below-market interest mortgage,
- Projects assisted under Section 236 of the National Housing Act.

Your project must:

(a) Meet HUD's Uniform Physical Conditions Standards at 24 CFR part 5, subpart G. Meeting these standards as described, means that the project, based on the most recent Real Estate Assessment Center (REAC) physical inspection report and responses thereto, must have a ''satisfactory'' rating as evidenced by a score of 60 or better or a HUD-approved and on schedule repair plan for developments scoring less than 60. Additionally, the project must have no uncorrected and outstanding Exigent Health and Safety violations. Finally, the project must not have on file a management review with a rating of ''minimally satisfactory'' or ''unsatisfactory'' with open and unresolved findings.

(b) Have a residual receipts account separate from the Reserve for Replacement account, or agree to establish this account as a condition for getting the award(s).

(2) Unused and underutilized commercial properties.

(E) *Eligible Conversion Activities.* Eligible activities are:

(1) Retrofitting to meet Section 504 accessibility requirements, minimum property standards for accessibility and/or building codes and health and safety standards for ALFs in that jurisdiction. Examples are items such as addition of:

(a) Sprinkler systems;

(b) An elevator or upgrades thereto;

(c) Lighting upgrades;

(d) Major physical or mechanical systems of projects necessary to meet local code or assisted living requirements;

(e) Upgrading to accessible units for the ALF with moveable cabinetry, accessible appliances, sinks, bathroom and kitchen fixtures, closets, hardware and grab bars, widening of doors, etc.;

(f) Upgrades to safety and emergency alert systems;

(g) Addition of hallway railings; and,

(h) Medication storage and work stations;

(2) Retrofitting to add, modify and/or outfit common space, office or related space for ALF staff including a service coordinator and file security, and/or a central kitchen/dining facility to support the ALF function (*e.g.*, outfit lounge/common space/dining furniture, kitchen equipment for cooking/serving and dishware).

(3) Retrofitting to upgrade a regular unit to an accessible unit for a person/family with disabilities who is being displaced from an accessible unit in the portion of the project that is being converted to the ALF, where another accessible unit is not available.

(4) Temporary relocation (not applicable to commercial property).

(5) Consultant, architectural and legal fees.

(6) Vacancy payments not more than 30 days after conversion to an ALF.

(F) *Ineligible Activities.* You may not use funds available through this NOFA to:

(1) Add additional dwelling units to the existing project (not applicable to commercial property);

(2) Pay the costs of any of the necessary direct supportive services needed to operate the ALF;

(3) Purchase or lease additional land;

(4) Rehabilitate (see definition at 24 CFR 891.105) the project for needs unrelated directly to the conversion of units and common space for assisted living;

(5) Use the ALCP to reduce the number of accessible units in the project that are not part of the ALF (not applicable to commercial property);

(6) Permanently relocate any resident out of the project; and,

(7) Increase the management fee.

IV. Program Requirements

In addition to the statutory, regulatory, threshold and public policy requirements listed in Section V of the General Section of this SuperNOFA, each applicant must comply with the following requirements:

(A) *Statutory, Regulatory, and Other Program Requirements.* You must comply with all applicable statutory requirements to the projects specified in Section 202(b) and statutory requirements under Section 232(b)(6). Please note that all ALCP projects must conform to the 500-year flood plain limitation (See Section VII of this NOFA.) Construction of ALCP units is considered a ''critical action'' for purposes of the flood plain requirement.

Excess Residual Receipts (over $500/unit) and Reserve for Replacement (R4R) funds (over $1000/unit) in Project Accounts that are not approved for another use at the time of application to HUD under this NOFA are considered available funds and must be applied towards the cost of conversion activities. Before making this determination, however, HUD staff will consider the extent of repair/replacement needs indicated in the most recent REAC physical inspection and not yet approved and any ongoing commitments such as non-grant-based service coordinator or other funding, where existing, deduct the estimated costs of such items from the R4R and residual receipts balances to determine the extent of available residual receipts and R4R funds for the ALCP. (This paragraph is not applicable to commercial properties.)

If funded, you must also file a HUD Form-2530 for all construction contractors, architects, consultants, and service provider organizations under direct contract with you that will be engaged under this NOFA and comply with all State and local licensing, zoning and building code requirements.

(B) *Meals and Supportive Services.* You must develop and submit a Supportive Services Plan (SSP) for the services and coordination of the supportive services which will be offered in the ALF to the appropriate state or local organization(s) which are expected to fund those supportive services. (See Section VI(B)(8) of this NOFA below, for the information which must be in the SSP.) You must submit one copy of your SSP to each appropriate State or local service funding organizations well in advance of the application deadline, for appropriate review. The State or local funding organization(s) must return the SSP to you with appropriate comments and an indication of the funding commitment, which you will then include with the application you submit to HUD.

You must ALSO submit the SSP to the appropriate organization(s) which license ALFs in your jurisdiction. The licensing agency(ies) must approve your plan, and must also certify that the ALF and the proposed supportive services identified in your SSP, are consistent with local statute and regulations and well designed to serve the needs of the frail elderly and people with disabilities who will reside in the ALF portion of your project.

Finally, you must also submit an agreement to pursue appropriate ALF licensing in a timely manner.

(C) *Minimum Size Limits for an ALF.* An ALF must be economically feasible. Consistent with HUD Handbook 4600.1, CHG–1, the minimum size for an ALF is five units.

(D) *Program Requirements.* The following program requirements apply: (**Note:** Program Requirements described in paragraphs 3, (8)(a) and (b), and (12) below are not applicable to applicants requesting funding to convert commercial facilities):

(1) Your ALF facility must be licensed and regulated by the state (or if there is no state law providing such licensing and regulation, by the municipality or other subdivision in which the facility is located). Each assisted living unit must include its own kitchen, bathroom, bedroom, living/dining area (1 bedroom unit) or kitchen, bathroom, bedroom/living/dining area (efficiency unit) and must meet the state and/or local licensing, building, zoning and other requirements for an ALF.

(2) Your ALF must be available to qualified elderly persons and persons with disabilities, consistent with the rules and payment plans of the State, who need and want the supportive services in order to remain independent and avoid premature institutionalization.

(3) Your ALF's residents must be tenants or residents of the multifamily project and must comply with the requirements applicable to the project. Thus, you cannot charge additional rent over what is charged to residents in the non-ALF portion of the project. All admissions to the ALF must be through the applicable project admissions office. However, persons accepted into the ALF also must sign an ALF admissions agreement which shall be an addendum to the applicable project lease.

(4) At a minimum, your ALF must provide room, board (as defined in Section IV(B)(6)(below) and continuous protective oversight (CPO). CPO involves a range of activities and services that may include such things as awareness by management and staff of the occupant's condition and location as well as an ability to intervene in a crisis for dependent and relatively independent occupants on a 24-hour basis. The two occupant groups in an ALF are:

(a) *Independent Occupants:* Awareness by management and staff of the occupant's condition and whereabouts as well as the availability of assistance for the occupants as needed.

(b) *Dependent occupants:* Supervision of nutrition, assistance with medication and continuous responsibility for the occupants' welfare.

(5) Anyone moving into an ALF unit must agree to accept as a condition of occupancy the board and services required for the purpose of complying with state and local law and regulation. However, occupancy in an ALF unit may not be conditioned on receipt of other services or board not required by state or local requirements.

(6) Your ALF must offer three meals per day to each resident.

(a) Residents whose apartments have kitchens must take at least the number of meals a day provided by the facility, per their mandatory meals requirement,

or as required by state or local rules, if more stringent. If the facility does not have a mandatory meals plan, then state and local rules govern.

(b) Residents in projects which were originally constructed without kitchens in their units must take such meals as required by their mandatory meals agreement, or by the state's mandated requirements if more stringent (*e.g.*, 2 meals, 2 snacks daily).

In either case, ALF management must coordinate meals requirements with the needs of residents who are out part of the day (*e.g.*, in day care). The meals program may not be operated at a profit by the project owner.

(7) Your ALF's operation must be part of the project owner's management organization. Some or all of its functions may be contracted out. The ALF must predicate its budget on a two-tiered structure under which board and supportive service income and expenses must be maintained separately and independently from the regular income and expenses of the applicable project. The two components of ALF costs are:

(a) Charges/payment for board, which may be on a sliding scale or any other equitable fee system; and

(b) Charges/payment for necessary supportive services, which may include a combination of resident fees, Medicaid and/or other third party payments.

(8) Priority admissions for ALF units are as follows:

(a) Current residents desiring an ALF unit and meeting the program requirements (no resident can be required to accept an ALF unit).

(b) Qualified individuals or families needing ALF services who are already on the project's waiting list;

(c) Qualified individuals or families in the community needing ALF services wanting to be added to the project's waiting list; and

Note: Qualified disabled non-elderly persons needing assisted living services are eligible to occupy these units on the same basis as elderly persons, except for section 202 project rental assistance contracts (PRAC) projects and unused/underutilized commercial properties.

(9) The management of the project must set up a separate waiting list for ALF units. ALF units must be for eligible residents who meet the admissions/discharge requirements as established for assisted living by State and local licensing, or HUD frailty requirements under 24 CFR 891.205 if more stringent.

(10) Costs of meals and supportive services are not covered by this HUD grant. These items must be paid for through other sources (*e.g.*, a mix of resident fees and/or third party providers). Evidence of third party commitment(s) must be included as part of the application. (See Section VI B(6) of this NOFA.) The assisted living supportive services program must promote independence and provide personal care assistance based on individual needs in a home-like environment. In accordance with Section 504 of the Rehabilitation Act of 1973 and HUD's regulations at 24 CFR 8.4(d), the project must deliver services in the most integrated setting appropriate to the needs of qualified individuals with disabilities (see Section VI(B)(8)(b) through (c) of this NOFA).

(11) Upon receipt of a grant under this program, all project owners participating in the ALCP must provide a Declaration of Restrictive Covenants (DRC), which will be recorded with the land, to retain the low income character of the housing, and to maintain the project (including the ALF), as a moderate, low, or very low income facility (as appropriate) for at least 20 years beyond the current 40-to-50 year term of the mortgage loan or capital advance. Recipients of grant funds to convert unused or underutilized commercial property must provide a DRC for at least 20 years or for the term of the mortgage on the property whichever is longer.

(12) This program does not allow permanent displacement of any resident living in the project at the time the application was submitted to HUD. (HUD will only provide temporary relocation costs for current tenants if they must vacate their unit while conversion work is underway (normal temporary relocation costs include increases in rent, reconnection of telephones, moving costs and appropriate out-of-pocket expenses)).

(13) The ALCP requires service coordination responsible for linking the ALF to services in the community which are available to low-income persons. All projects funded under this NOFA must have sufficient service coordination in place, or request additional funds, if appropriate, to ensure that services meeting licensing requirements are available to ALF residents on an ongoing basis. Service coordination must be described in the application (see Section VI(B)(8)(b) through (c) of this NOFA). If you need to enhance an existing service coordination program or add one where it does not exist, you may apply for funding through the Service Coordinator NOFA, published elsewhere in this SuperNOFA, and attach a copy of the Form HUD 424 so indicating the request to the ALCP application. Alternatively, you may show evidence that funding for the enhanced service coordination is provided by other sources and indicate such funding on the HUD Form 424 which is exhibit 10(a) of your ALF application. If you are funded under this NOFA and requested new or enhanced service coordination you will be funded first under the service coordinator NOFA.

Note: If you are a Section 202 PRAC project owner or an owner with unused or underutilized commercial properties, you are NOT eligible to request funding under the service coordinator NOFA. Section 202 PRAC owners can pay for the service coordinator out of PRAC funds.

In addition to above requirements, the following applicable guidelines are stated:

(a) The ALF must be staffed either directly or through coordination with local agencies, depending on state regulations or local requirements. These may also serve non-ALF residents of the project on a time available and appropriate fee basis.

(b) The ALF may cater to the special needs of residents depending on their condition or diagnosis, such as Alzheimer's disease. If it does so, the design/environment of such facilities must accommodate those needs, *e.g.*, dementia special care unit. However, the ALF cannot provide a service it is not licensed by the State or locality to provide.

Note 1: Owners of section 202/PRAC projects are reminded that they may include a PRAC payment of up to $15/unit/month not to exceed 15% of the total program cost, consistent with 24 CFR 891.225(b)(2) to cover part of the cost of meals and/or supportive services for frail elderly residents, including residents of the ALF.

Note 2: Training for ALF staff is an eligible project cost under existing operating procedures.

For further information on ALFs, please refer to Handbook 4600.1, CHG–1, ''Mortgage Insurance for Residential Care Facilities,'' Chapter 13. This Handbook and recent ALF program Notices are accessible through HUDCLIPS on HUD's web site. The URL for the HUDCLIPS Database Selection Screen is http://www.hudclips.org/subscriber/cgi/legis.cgi. These notices are in the Handbooks and Notices—Housing Notices database. Enter only the number without the letter prefix (*e.g.*, 99–16) in the ''Document number'' to retrieve the program notice.

For further guidance on service coordinators, please refer to Handbook 4381.5 REV–2, CHANGE–2, Chapter 8, ''The Management Agent's Handbook,''

which is also available through the HUDCLIPS database.

(E) *Compliance with Other Program Requirements:* By the submission of the application for grant funds, the Owner is certifying to comply with the following program requirements:

(1) Establish a residual receipt account as soon as there is surplus cash available, if applicable.

(2) Apply for an ALF license with due diligence and in a timely fashion.

(3) Comply with the requirements of the Fair Housing Act, Title VI of the Civil Rights Act, the Age Discrimination Act of 1975, Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and the implementing regulations at 24 CFR part 135, the affirmative fair housing marketing requirements of 24 CFR part 200, subpart M and the implementing regulations at 24 CFR part 108, which requires that the project be marketed to those least likely to apply including those who are not generally served by the agency administering the program, and other applicable Federal, State and local laws prohibiting discrimination and promoting equal opportunity including affirmatively furthering fair housing, and other certifications listed in the application.

(4) Comply with section 232 of the National Housing Act, as applicable, the Uniform Federal Accessibility Standards (24 CFR 40.7), section 504 of the Rehabilitation Act of 1973 and HUD's implementing regulations at 24 CFR part 8, and the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100, and the Americans with Disabilities Act of 1990 for all portions of the development physically affected by this proposal;

(5) Comply with the Davis-Bacon requirements and the Contract Work Hours and Safety Standards Act as applied to this program. While it has been determined that Davis-Bacon does not apply statutorily to the ALCP, the Department has administratively determined that Davis-Bacon standards and overtime rates in accordance with the Contract Work Hours and Safety Standards Act will be adhered to in any ALCP conversion grant in which the total cost of the physical conversion to an ALF (and including any additional renovation work undertaken at the same time) is $500,000 or more (this includes ALCP grant funds, owner funds, or any third party funds loaned or granted in support of the conversion or other renovation for the project associated with this grant), and in which the ALF portion of the project is 12 units or more.

V. Application Selection Process

(A) *Review for Curable Deficiencies.* You should ensure that your application is complete before submitting it to HUD.

HUD will screen all applications received by the deadline for curable deficiencies. With respect to correction of deficient applications, HUD may not, after the application due date and consistent with HUD's regulations in 24 CFR part 4, subpart B, consider any unsolicited information an applicant may want to provide. HUD may contact an applicant to clarify an item in the application or to correct technical deficiencies. Please note, however, that HUD may not seek clarification of items or responses that improve the substantive quality of a response to any selection factors. In order not to unreasonably exclude applications from being rated and ranked, HUD may contact applicants to ensure proper completion of the application and will do so on a uniform basis for all applicants. *Examples* of curable (correctable) technical deficiencies include failure to submit the proper certifications or failure to submit an application that contains an original signature by an authorized official. In each case, under this NOFA, the appropriate HUD Multifamily Hub Office will notify you in writing by describing the clarification or technical deficiency. You must submit clarifications or corrections of technical deficiencies in accordance with the information provided by the Hub Office within 14 calendar days of the date of receipt of the HUD notification. (If the due date falls on a Saturday, Sunday, or Federal holiday, your correction must be received by HUD on the next day that is not a Saturday, Sunday, or Federal holiday.) If the deficiency is not corrected within this time period, HUD will reject the application as incomplete, and it will not be considered for funding. The following is a list of the deficiencies that will be considered curable in ALCP applications:

Exhibits

(1) *(a) Articles of Incorporation, or certification of Articles of Incorporation.
*(b) By-laws, or certification of by-laws.
(3) Evidence of occupancy for at least five years (not applicable to commercial facilities).
(5) (c) Original project plans.
(h) Relocation (not applicable to commercial property).
(7) Evidence of Permissive Zoning.
(10) *Certifications and Forms*

(a) HUD Form 424, Application for Federal Assistance, including Federal Assistance Funding Matrix, and Compliance with Executive Order 12372.

(b) HUD Form 424B, Applicant Assurances and Certifications, Certification of a Drug-free Workplace, Certification to Influence Federal Transaction and Standard Form LLL, Disclosure of Lobbying Activities and Certification Regarding Debarment and Suspension.

(c) Form HUD 2880, Applicant/Recipient Disclosure/Update Report including Social Security and Employment Identification numbers.

(d) Form HUD–2991, Certification of Consistency with the Consolidated Plan (Plan), for the Jurisdiction in which the Proposed ALF will be located.

The appropriate Hub Office will notify you in writing if your application is missing any of the exhibits listed above and you will be given 14 days from the date of receipt of the HUD notification to submit the information required to cure the noted deficiencies. The exhibits identified by an asterisk (*) must be dated on or before the application deadline date. If not so dated the application will be rejected.

After the completeness review, HUD staff will review your application to determine whether the application meets the threshold requirements listed below. Only if your application meets all the threshold requirements is it eligible to be rated and ranked. Applications that do not pass threshold will be rejected.

(B) *Threshold Review.* In order to pass threshold, you must:

(1) Be in compliance with all fair housing and civil rights laws, statutes, regulations, and executive orders as enumerated in 24 CFR 5.105(a), and as noted earlier in this NOFA under Sections III(B)(2) and IV(E).

(2) Be an eligible applicant.

(3) Not request more funds than advertised.

(4) Additionally, HUD will also reject your application if the SSP and/or commitment and support letter(s) from the appropriate funding organizations and the appropriate licensing agency(ies):

(i) Are not submitted with your application;

(ii) Indicate that the ALF units, facilities, meals and supportive services to be provided are not designed to meet the special needs of the residents who will reside in the ALF as defined in this NOFA,

(iii) Do not show commitment for funding the meals and supportive services proposed; or

(iv) Indicate that the project as proposed will not meet the licensing

requirements of the appropriate State/local agency(ies).

(C) Review Panels. The Office of Housing's Multifamily Hubs will establish panels to review all eligible applications that have passed threshold. The panels may include knowledgeable persons not currently employed by HUD.

(D) Rating of Applications (See paragraph below for selection of applications for commercial properties).

HUD staff teams will review and rate ALCP applications in accordance with the Ranking and Selection procedures (see Section V(F) of this NOFA). All applications will be either rated or technically rejected at the end of technical review. If your application meets all program eligibility requirements after completion of technical review, it will be rated according to the rating selection factors in Section V(G) of this NOFA. HUD reserves the right to reduce the amount requested in the application if any proposed components are ineligible or if the cost of items is not deemed reasonable. HUD will not reject an ALCP application based on technical review without notifying you of that rejection with all the reasons for the rejection, and providing you an opportunity to appeal. As discussed above, you will have 14 calendar days from the date of HUD's written notice to appeal a technical rejection to the Multifamily Hub where the applications were sent originally. HUD staff will make a determination on an appeal before finalizing selection recommendations.

(E) *Applicant Debriefing.* All requests for debriefing must be made in writing and submitted to the local Hub in which you applied for assistance. Materials provided to you during your debriefing will include the final scores you received for each rating factor, final evaluator comments for each rating factor, and the final assessment indicating the basis upon which assistance was provided or denied. Information regarding this procedure may be found in the General Section of the SuperNOFA.

(F) *Ranking and Selection Procedures.* (Paragraphs (F)(1)–(4) are not applicable to applicants of commercial properties.)

Applications submitted in response to this NOFA that are eligible, pass threshold and have a total score of 75 points (or more) are eligible for ranking and selection. (Applications for the conversion of commercial properties with a score of at least 75 points will not be ranked but will be submitted to HUD Headquarters for selection.)

(1) Hub staff teams will be established for ALCP review in each Hub to do the application ratings (see Section V(D) above). See list of Hubs in Appendix A of this NOFA.

(2) From within rank order, Hub staff teams in each of the 18 Hubs will select the highest ranked applications from within that Hub in rank order, that can be funded from within the dollars available. Each Hub will select applications based on rank order up to and including the last application that can be funded out of each Hub's allocation. Hubs must not skip over any applications in order to select one based on the funds remaining.

(3) After making the initial selections, however, Hubs may use any residual funds to select the next rank-ordered application by reducing the dollars requested by no more than 10 percent (10%) and reducing the number of units proposed, but in no case reducing the number of units below the financial threshold feasibility of five ALF units.

(4) Funds remaining after these processes are completed will be returned to HUD Headquarters. HUD will use these funds first to fund Prentis Jewish Federation of the HUD Detroit Hub, whose Fiscal Year 2002 ALCP application was not funded due to HUD error. Second, HUD Headquarters will use these funds to restore units to any project reduced as a result of using the residual grant funds in a Hub. Finally, HUD will use these funds for selecting one or more additional applications based on the Hubs rating and rankings, beginning with the highest rated application within the 18 Hubs. Only one application will be selected per Hub from the national residual amount. If there are no approvable applications in other Hubs, the process will begin again with the selection of the next highest rated application within the remaining Hubs. This process will continue until all approvable applications are selected using the available remaining funds. If there is a tie score between two or more applications, and there are insufficient residual funds to cover all tied applications, HUD Headquarters staff will choose the winning application(s) by lottery and/or reduction of grant requests consistent with the instructions above.

(5) Up to 2 applications will be selected using the $10 million set-aside to provide grant funds to nonprofit applicants proposing to convert unused or underutilized commercial properties into assisted living. HUD Multifamily Hubs will review applications for commercial properties for completeness and compliance with the eligibility criteria set forth in Section III of this NOFA. Hub staff will forward applications to Headquarters providing the application was received by the deadline date, meets all eligibility criteria, proposes reasonable costs for eligible activities, includes all technical corrections by the designated deadline date and must have received a score of 75 points or more. Headquarters will select no more than 2 applications on a first-come, first-served basis that can be funded within the $10,000,000 available.

Note: Only applications that can be fully funded will be selected. Any remaining funds after this selection process will be returned to the funds allocated for eligible multifamily assisted projects.

(G) *Factors For Award Used To Evaluate and Rate Applications.*

HUD will rate ALCP applications that successfully complete technical processing using the Rating Factors set forth below and in accordance with the application submission requirements identified in Section VI(B) of this NOFA, below. The maximum number of points an application may receive under this program is 100.

The Department encourages applicants to partner, fund or sub-contract with grassroots organizations, including faith-based and other community-based organizations in conducting their work programs. (See the General Section of the SuperNOFA for the definition of ''grassroots organizations'').

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (20 Points)

This factor addresses your capacity to carry out the conversion in a timely, cost-conscious and effective manner. It also reviews your experience with the supportive services which the ALF intends to provide to elderly residents, especially in such areas as meals, 24-hour staffing and on-site health care. Submit information responding to this factor in accordance with Application Submission Requirements in Sections VI(B)(5)(a), (8)(h), and of this NOFA.

In rating this factor, HUD will consider the extent to which your application demonstrates your ability to carry out a successful conversion of the project and to implement the plan to deliver the supportive services on a long-term basis, considering the following:

(1) (9 points). The practicality of your plan and timetable to carry out the physical conversion of the development to the ALF.

(2) (10 points). Your past experience in providing or arranging for supportive

services either on or off site for those who are frail. (If you are applying to convert an unused or underutilized commercial facility to assisted living and you do not own or operate a project with frail elderly residents, you must provide information on any past experience in providing or arranging supportive services for those who are frail.) Examples are: Meals delivered to apartment of resident or in a congregate setting (2 points), arranging for or providing personal care (3 points), providing 24-hour staffing (1 point), providing or making available on-site preventive health care (2 points) and other support services (2 points).

(3) (1 point). Your organization is a ''grassroots'' organization as defined in the General Section of the SuperNOFA.

Rating Factor 2: Need/Extent of the Problem (20 Points)

This factor addresses the extent to which the conversion is needed by the categories of elderly persons and persons with disabilities that the ALF is intended to serve (very low income elderly persons and persons with disabilities who have limitations in three or more activities of daily living). The application must provide evidence of current needs among project residents (not applicable to applications proposing to convert unused or underutilized commercial facilities) and needs of potential residents in the housing market area for such persons including economic and demographic information on very-low income frail elderly and persons with disabilities and information on current assisted living resources in the market area.

The factor also addresses your inability to fund the repairs or conversion activities from existing financial resources. In making this determination, HUD will consider project financial information or the organization's financial information for unused or underutilized commercial facilities. Submit information responding to this factor in accordance with Application Submission Requirements in Section VI(B)(4)(a) through (d), (2)(c) and (9)(a) through (c) of the NOFA. In evaluating this factor, HUD will consider:

(1) (7 points). The need for assisted living among the elderly and disabled residents of the project taking into consideration those currently in need and the depth of future needs given aging in place. (Not applicable to applications to convert unused or underutilized commercial facilities to assisted living.)

(2) (3 points (10 points for applications to convert unused or underutilized commercial facilities to assisted living.)). The need for assisted living among very-low income elderly persons and persons with disabilities in the housing market area.

(3) (9 points). Insufficient funding for any needed conversion work, as evidenced by the project's financial statements and specifically the lack of excess reserve for replacement dollars (R4R) and residual receipts. If the available R4R and residual receipts are less than 10% of the total funds needed = 9 points; if the available R4R and residual receipts are 10–50% of need = 5 points; and, if the available R4R and residual receipts are 51% or more of the total funds needed = 0 points). For commercial properties, if the available working capital exceeds 10 percent of the total conversion = 5 points; if the working capital is less than 10 percent of the total conversion = 9 points.

(4) (1 point). The Department will provide one (1) point to those applications which establish a connection between the proposed ALF and the community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization.

Rating Factor 3: Soundness of Approach (40 Points)

This factor addresses the quality and effectiveness of your proposal in addressing the proposed conversion, effectiveness of service coordination and management planning and the meals and supportive services which the ALF intends to provide and the extent to which you have evidenced general support for conversion by participating in your community's Consolidated Planning Process, involving the residents in the planning process (not applicable to applications proposing to convert unused or underutilized commercial facilities). There must also be a relationship between the proposed activities, the project's and the community's needs and purposes of the program funding for your application to receive points for this factor. Submit information responding to this factor in accordance with Application Submission Requirements in Sections VI(B)(2)(a) through (c), VI(B)(5)(b) through (e) and (h) and (7 and VI(B)(8))(a) through (e) and (g) and (h) of this NOFA. In evaluating this factor, HUD will consider the following:

(1) (12 points). The extent to which the proposed ALF design will meet the special physical needs of frail elderly persons or persons with disabilities expected to be served at reasonable cost (consider the ALF design: meets needs = 12 points; ALF design partially meets needs = 6 points; and ALF design does not meet needs = 0 points).

(2) (12 points). The extent to which the ALF's proposed management and operational plan ensures that the provision of both meals and supportive services planned will be accomplished over time. (Consider ALF design/management plan: meets needs of management operations = 12 points; ALF design/management plan partially meets needs of management operations = 6 points; and ALF design/management plan does not meet needs of management operations = 0 points.)

(3) (7 points). The extent to which the proposed supportive services meet the anticipated needs of the frail elderly and disabled residents (does meet = 7 points; partially meets needs = 4 points; and, does not meet needs = 0 points); and

(4) (7 points). The extent to which the service coordination function is addressed and explained as onsite and sufficient, onsite and augmented or new, and addresses the ongoing procurement of needed services for the residents of the ALF (does meet = 7 points, partially meets = 4 points, does not meet = 0 points).

(5) (2 points). The extent to which you demonstrated that you have been actively involved (or if not currently active, the steps you will take to become actively involved) in your community's Consolidated Planning/AI processes to identify and address a need/problem that is related in whole or part, directly or indirectly to the proposed project.

Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses your ability to secure other community resources which can be combined with HUD's grant funds to achieve program purposes. For the ALCP to succeed, you must generate local funding for the necessary supportive services to operate the ALF. HUD also encourages local funding for some of the necessary conversion work, or other work needed in the project (*e.g.*, general modernization) which is not specifically linked to the ALF).

Submit information responding to this factor in accordance with Application Submission Requirements in Section VI(B)(5)(f), (g), and (B)(6) and B(8)(f) of this NOFA.

(1) (5 points). The extent to which there are commitments for the funding needed for the meals and the supportive services planned for the ALF and that the total cost of the estimated budget of

the ALF is covered. Consider 90% or more commitment for the total budget with no more than 10% general support = 5 points; 80–89.9% or more commitment for the total budget with no more than 20% general support = 4 points; 65–79.9% firm commitment with no more than 35% general support = 3 points; 40–64.9% firm commitment for the total budget with more than 60% general commitment = 2 points; less than 40% firm commitment for the total budget with no more than 60% general support = 0 points.

(2) (3 points). The extent of local organizations' support which is firmly committed to providing at least 50 percent of the total cost of ALF conversion (consider 50% or more = 3 points, 20–49.9% = 2 points, and under 20% = 0 points).

(3) (2 points). The extent of local organizational support which is firmly committed to providing funds for additional repair or retrofit necessary for the project NOT specifically directed to activities eligible under this NOFA (consider yes = 2 points, no = 0 points).

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability. This factor emphasizes HUD's commitment to ensure that promises you made in the application are kept; and to ensure performance goals with outcomes are established and are met (see the General Section of this SuperNOFA for more detail). Outcomes may include the extent to which your project will implement practical solutions that will result in assisting residents in achieving independent living and an improved living environment, as well as the extent to which the project will be viable absent HUD funds but rely more on state, local and private funds. Submit information responding to this factor in accordance with Application Submission Requirements in Section VI(B)5(a)–(g)(2)(d), (B)(8)(a)–(e) of this NOFA.

(1) (4 points). The extent to which your conversion timeframe reflect the length of time it will take to convert the units describing how residents will benefit from the conversion of the units; and how the converted units will result in ALF residents being able to age in place;

(2) (2 points). The extent to which your assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment.

(3) (2 points). The extent to which you demonstrate that the project will be viable absent HUD funds while relying more on state, local and private funds.

(4) (2 point). The extent to which there is an operating philosophy which promotes the autonomy and independence of the frail elderly persons it is intended to serve (is fully addressed = 2 points, no or not addressed = 0 points).

VI. Application Submission Requirements

(A) *Application—General.* Your application must include all of the information, materials, forms, and exhibits listed in Section VI(B). In cases where your (i) articles of incorporation and (ii) by-laws have NOT changed since the project was originally approved by HUD, self-certification to that effect—that the documents on file with HUD are current—is sufficient. Items in Section VI(B) for which self-certification of currency is possible are denoted by a ''**''.

In addition to the relief of paperwork burden in preparing applications, you will not have to submit certain new/recent information and exhibits you have previously prepared. See individual item descriptions, below to identify such items. An example of such an item may be the FY 2002 Annual Financial Statement.

(B) *General Application Requirements.* (1) Application Summary for the Assisted Living Conversion Program and Evidence that you are a private non-profit organization or nonprofit consumer cooperative and have the legal ability to operate an ALF program, per the following:

(a) Articles of Incorporation, constitution, or other organizational documents, or self-certification of these documents, if there has been no change in the Articles since they were originally filed with HUD;** and

(b) By-laws, (for non-profits) or self-certification of by-laws, if there has been no change in the by-laws since they were originally filed with HUD.**

(2) A description of your community ties and established linkages:

(a) A description of your links to the community at large and to the minority and elderly communities in particular; and

(b) A description of your efforts to involve elderly persons, including minority elderly persons and persons with disabilities in:

(i) The development of the application;

(ii) The development of the ALF operating philosophy;

(iii) Review of the application prior to submission to HUD; and

(iv) Your intent to involve eligible ALF residents in the operation of the project or not.

Also, in communities that have significant numbers of persons with limited English proficiency, applicants should demonstrate that they have made the application available to the residents of the project (in their language(s)) AND requested and considered comments from them (in their language(s)). Applicants of converted commercial facilities should indicate that the application will be made available to the residents of the project in their language(s) and will request and consider comments from them in their language(s).

(c) A description of your involvement in your community's Consolidated Planning and Analysis of Impediments to Fair Housing (AI) processes including:

(i) An identification of the lead/facilitating agency(ies) that organizes/administers the processes;

(ii) A listing of the Consolidated Plan/AI issue areas in which you participate; and

(iii) The level of your participation in the processes, including active involvement with any neighborhood-based organizations, associations, or any committees that support programs and activities that enhance projects or the lives of residents of the projects, such as the one proposed in your application.

If you are not currently active, describe the specific steps you will take to become active in the Consolidated Planning and AI processes. (Consult the local HUD Office for the identification of the Consolidated Plan community process for the appropriate area.)

(d) A description of how the assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment. The description should include a discussion of performance goals with performance indicators (see the General Section of the SuperNOFA for further detail).

(3) Evidence of your project being in occupancy for at least five years as of the date of application to HUD. (Not applicable to commercial facilities.)

(4) A market analysis of the need for the proposed ALF units, including information from both the project and the housing market, containing:

(a) Evidence of need for the ALF by current project residents: (Not applicable to commercial facilities.)

(i) A description of the demographic characteristics of the elderly residents

currently living in the project, including the current number of residents, distribution of residents by age and sex, an estimate of the number of residents with frailties/limitations in activities of daily living and an estimate of the number of residents in need of assisted living services. (Not applicable to commercial facilities.)

(ii) A description of the services which are currently available to the residents and/or provided on or off-site and what services are lacking; (Not applicable to commercial facilities.)

(b) Evidence of the need for ALF units by very low income elderly and disabled households in the market area; a description of the trend in elderly and disabled population and household change; data on the demographic characteristics of the very low income elderly in need of assisted living services (age, race, sex, household size and tenure) and extent of residents with frailty/limitations in existing federally-assisted housing for the elderly (HUD and Rural Housing Service); and an estimate of the very low income elderly and disabled in need of assisted living taking into consideration any available State or local data.

(c) A description of the extent, types and availability and cost of alternate care and services locally, such as: home health care, adult day care, housekeeping services, meals programs, visiting nurses, on-call transportation services, health care and providers of supportive services who address the needs of the local low income population.

(d) A description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the ALF (covering items in Section VI(B)(4)(a) and (b) of this NOFA).

(5) A description of the physical ALF conversion, including the following:

(a) How you propose to carry out the physical conversion (including a timetable and relocation planning).

(b) A short narrative stating the number of units, special design features, community and office space/storage, dining and kitchen facility and staff space and the physical relationship to the rest of the project. Also, you must describe how this design will facilitate the delivery of services in an economical fashion in the most integrated setting appropriate to the needs of the participating residents with disabilities and accommodate the changing needs of the residents over at least the next 10 years.

(c) A copy of the original plans for all units and other areas of the development, which will be included in the conversion. (If you are applying to convert an unused or underutilized commercial facility to assisted living, provide a copy of the original plans of the facility as well as a copy of the plans of the facility as most recently operated, if different).

(d) A description of the conversion must clearly address the following accessibility issues: All door openings must have a minimum clear opening of 32 inches; and, all bathrooms and kitchens must be accessible to and functional for persons in wheelchairs, according to the ''Uniform Federal Accessibility Standards.''

(e) Architectural sketches of the conversion to a scale of 1/4 inch to one foot that indicate the following:

(i) All doors being widened;

(ii) Typical kitchen and bathroom reconfiguration: show all wheelchair clearances, wall reinforcing, grab bars and elevations of counters and work surfaces;

(iii) Bedroom/living/dining area modification, if needed;

(iv) Any reconfigured common space;

(v) Added/reconfigured office and storage space;

(vi) Monitoring stations, and

(vii) The kitchen and dining facility.

All architectural modifications must meet section 504 and ADA requirements as appropriate.

(f) A budget showing at least estimated costs for materials, supplies, fixtures and labor for each of the items listed in Section VI(B)(5)(e), items i through vii, above.

(g) Include firm commitment letters with specific dollar amounts from appropriate organization(s) for conversion needs (within the scope of the ALF conversion NOFA) which will be supported by non-HUD funding.

(h) A description of any relocation of current tenants including a statement that: (Not applicable to commercial property applicants.)

(i) Indicates the estimated cost of temporary relocation payments and other related services;

(ii) Identifies the staff organization that will carry out the relocation activities; and

(iii) Identifies all tenants that will have to be temporarily moved to another unit within the development OR from the development during the period that the physical conversion of the project is under way.

Note: If any of the relocation costs will be funded from sources other than the ALCP grant, you must provide evidence of a firm commitment of these funds. When evaluating applications, HUD will consider the total cost of proposals (*i.e.*, cost of conversion, temporary relocation, service coordinator and other project costs).

(6) A description of any retrofit or renovation which will be done at the project (with third party funds) that is separate and distinct from the ALF conversion. With such description, attach firm commitment letters from third party organizations in specific dollar amounts which will cover the cost of any work outside the scope of this NOFA.

(7) Evidence of permissive zoning, showing that the modifications to include the ALF into the project as proposed are permissible under applicable zoning ordinances or regulations, or a statement of the proposed action required to make the proposed project permissible and the basis for your belief that the proposed action will be completed successfully within six months of the date of grant award by HUD (*e.g.*, a summary of the results of any requests for rezoning and/or the procedures for obtaining special or conditional use permits on land in similar zoning classifications and the time required for such rezoning, or preliminary indications of acceptability from zoning bodies, etc.);

(8) A supportive services plan (SSP), a copy of which must be submitted to the appropriate state and/or local agency as instructed in Section IV(B) of this NOFA. For those applicants needing to contact state Medicaid offices, a list is provided on the Internet at *www.hcfa.gov/medicaid/medicaid.htm.* The SSP must include:

(a) A description of the supportive services needed for the frail elderly the ALF is expected to serve. This must include at least (i) meals and such other supportive services required locally or by the State, and (ii) such optional services or care to be offered on an ''as needed'' basis.

Examples of both mandatory and optional services (which will vary from state to state) are: two meals and two snacks or three meals daily; 24-hour protective oversight; personal care; housekeeping services; personal counseling and transportation.

(b) A description of how you will provide the supportive services to those who are frail and have disabilities (*i.e.*, on or off-site or combination of on or off-site), including an explanation of how the service coordination role will facilitate the adequate provision of such services to ALF residents, and how the services will meet the identified needs of the residents. Also indicate how you intend to fund the service coordinator role.

(c) A description of how the operation of your ALF will work. Address: (i) General operating procedures; (ii) ALF philosophy and how it will promote the

autonomy and independence of the frail elderly and persons with disabilities; (iii) what will the service coordination function do and the extent to which this function already exists, or will be augmented or new; (iv) ALF staff training plans; and (v) the degree to which and how the ALF will relate to the day-to-day operations of the rest of the project.

(d) The monthly individual rate for board and supportive services for the ALF listing the total fee and components of the total fee for the items required by state or local licensing AND list the appropriate rate for any optional services you plan to offer to the ALF residents. Provide an estimate of the total annual costs of the required board and supportive services you expect to provide and an estimate of the amount of optional services you expect to provide.

(e) List who will pay for the board and supportive services (*e.g.*, $_____ for meals by sponsor, $_____ for housekeeping services by city government; $_____ for personal care by State Department of Health; $_____ for _____ by state _____ program; $_____ in fees by tenants; and, $_____ by _____).

The amounts and commitments from both tenants and/or providers must equal the estimated amounts necessary to cover the monthly rates for the number of people expected to be served. If you include tenant fees in the proposal, list and show any proposed scaling mechanism. All amounts committed/collected must equal the annualized cost of the monthly rates calculated by the expected percentage of units filled.

(f) A support/commitment letter from each listed proposed funding source per paragraph (e), above, for the planned meals and supportive services listed in the application. The letter must cover the total planned annual commitment (and multiyear amount total, if different), length of time for the commitment, and the amounts payable for each service covered by the provider/paying organization. There must be a letter from EACH participating organization listed in Section VI(B)(8)(e) of this NOFA, above.

(g) A support letter from each governmental agency which provides licensing for ALFs in that jurisdiction.

(h) A description of your relevant experience in arranging for and/or delivering supportive services to frail residents. (If you are applying to convert an unused or underutilized commercial facility to assisted living, provide information on your relevant experience in arranging for and/or delivering supportive services to frail elderly persons). The description should include any supportive services facilities owned/operated; your past or current involvement in any project-based programs that demonstrates your management capabilities. The description should include data on the facilities and specific meals and/or supportive services provided on a regular basis, the racial/ethnic composition of the populations served, if available, and information and testimonials from residents or community leaders on the quality of the services.

Note: If a funds request for service coordination for the ALF and/or the whole project is included as part of this application, the Form HUD–424, indicating the dollars requested must be attached as Exhibit 10(a). Do not attach the whole service coordinator application.

(9) A description of your project's resources: (Items (9)(a)–(b) are not applicable to applicants of commercial property.)

(a) A copy of the most recent project Repair and Replacement (R4R) account statement, and an R4R analysis showing plans for its use over the next five years, and any approvals received from the HUD field office to date.

(b) A copy of the most recent Residual Receipts Account statement. Indicate any approvals for the use of such receipts from the field office for over $500/unit.

(c) Annual Financial Statement (AFS). If your FY 2003 AFS was due to REAC more than 120 days BEFORE the due date for this application, in the interest of reducing work burden, only include the date that it was sent to REAC. If the AFS was due to REAC 120 days or less from the due date of this application, you MUST include a paper copy. For commercial properties, the most recent financial statement or annual report.

(10) *Forms and Certifications.* The following exhibits, forms, certifications and assurances are required:

(a) *Form HUD–424, Application for Federal Assistance, including Federal Assistance Matrix,* and compliance with Executive Order 12372 (a certification that you have submitted a copy of your application, if required, to the State agency (Single Point of Contact) for State review in accordance with Executive Order 12372 (see the General Section of the SuperNOFA for instructions in submitting this form).

(b) *Form HUD–424B, Applicant Assurances and Certifications, Certification of a Drug-free Workplace, Certificaiton to Influence Federal Transaction and Standard Form LLL, Disclosure of Lobbying Activities and Certification Regarding Debarment and Suspension.*

(c) *Form-HUD 2880, Applicant/Recipient Disclosure/Update Report, including Social Security and Employment Identification numbers.* A disclosure of assistance from other government sources received in connection with the project.

(d) Form HUD–2991, Certification of Consistency with the Consolidated Plan (Plan), for the jurisdiction in which the proposed ALF will be located. The certification must be made by the unit of general local government if it is required to have, or has, a complete Plan. Otherwise, the certification may be made by the State, or by the unit of general local government if the project will be located within the jurisdiction of the unit of general local government authorized to use an abbreviated strategy, and if it is willing to prepare such a Plan.

All certifications must be made by the public official responsible for submitting the plan to HUD. The certifications must be submitted as part of the application by the application submission deadline date set forth herein. The Plan regulations are published in 24 CFR part 91.

VII. Environmental Requirements

Your ALCP application is subject to the National Environmental Policy Act of 1969 and applicable related Federal environmental authorities. (See 24 CFR part 50, as applicable.) An environmental review will be completed by HUD before the award of any grant under this program. Pursuant to 24 CFR part 55, ALCP projects are critical actions for purposes of floodplain management review.

VIII. Authority

The Assisted Living Conversion Program is authorized by Section 202(b) of the Housing Act of 1959 (12 U.S.C. 1701q–2) and the Fiscal Year 2003 Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act.

Appendix A.—HUD Field Office List for Mailing Assisted Living Conversion Program Applications

HUD—Boston Hub

Boston Office, Thomas P. O'Neill, Jr., Federal Building, 10 Causeway Street, Room 301, Boston, MA 02222–1092, (617) 565–5234, TTY Number: (617) 565–5453

HUD—New York Hub

New York Office, 26 Federal Plaza—32nd Floor, New York, NY 10278–0068, (212) 264–8000, TTY Number: (212) 264–0927

HUD—Buffalo Hub

Buffalo Office, Lafayette Court Building, 465 Main Street, 2nd Floor, Buffalo, NY 14203, (716) 551–5755 ext 5000, TTY Number: (716) 551–5787

HUD—Philadelphia Hub

Philadelphia Office
The Wanamaker Building, 100 Penn Square East, Philadelphia, PA 19107–3380, (215) 656–0600, TTY Number: (215) 656–3452

HUD—Baltimore Hub

Baltimore Office, City Crescent Building, 10 South Howard Street, 5th Floor, Baltimore, MD 21201–2505, (410) 962–2520, TTY Number: (410) 962–0106

HUD—Greensboro Hub

Greensboro Office, Koger Building, 2306 West Meadowview Road, Greensboro, NC 27407–3707, (336) 547–4069, TTY Number: (336) 547–4020

HUD—Atlanta Hub

Atlanta Office, 40 Marietta Street—Five Points Plaza, Atlanta, GA 30303–2806, (404) 331-4976, TTY Number: (404) 730–2654

HUD—Jacksonville Hub

Jacksonville Office, Southern Bell Tower, 301 West Bay Street, Suite 2200, Jacksonville, FL 32202–5121, (904) 232–2626, TTY Number: (904) 232–2631

HUD—Chicago Hub

Chicago Office, Ralph H. Metcalfe Federal Building, 77 West Jackson Boulevard, Chicago, IL 60604–3507, (312) 353–5680, TTY Number: (312) 353–5944

HUD—Detroit Hub

Detroit Office, Patrick V. McNamara Federal Building, 477 Michigan Avenue—Suite 1635, Detroit, MI 48226–2592, (313) 226–7900, TTY Number: (313) 226–6899

HUD—Columbus Hub

Columbus Office, 200 North High Street, 7th Floor, Columbus, OH 43215–2499, (614) 469–5737, TTY Number: (614) 469–6694

HUD—Minneapolis Hub

Minneapolis Office, 920 Second Avenue, South, Minneapolis, MN 55401–2195, (612) 370–3000, TTY Number: (612) 370–3186

HUD—Ft. Worth Hub

Ft. Worth Office, 801 N. Cherry Street, P.O. Box 2905, Fort Worth, TX 76113–2905, (817) 978–9000, TTY Number: (817) 978–9273

HUD—Kansas City Hub

Kansas City Office, Room 200, Gateway Tower II, 400 State Avenue, Kansas City, KS 66101–2406, (913) 551–5462, TTY Number: (913) 551–6972

HUD—Denver Hub

Denver Office, 633 17th Street, Denver, CO 80202–3607, (303) 672–5343, TTY Number: (303) 672–5248

HUD—San Francisco Hub, San Francisco Office, Philip Burton Federal Building and U.S. Courthouse, 450 Golden Gate Avenue, P.O. Box 36003, San Francisco, CA 94102–3448, (415) 436–6550, TTY Number: (415) 436–6594

HUD—Los Angeles Hub

Los Angeles Office, 611 West 6th Street, Suite 800, Los Angeles, CA 90017–3106, (213) 894–8000, TTY Number: (213) 894–8133

HUD—Seattle Hub

Seattle Office, Seattle Federal Office Building, 909 1st Avenue, Suite 200, Seattle, WA 98104–1000, (206) 220–5101, TTY Number: (206) 220–5185

Note: The first line of the mailing address for all offices is the U. S. Department of Housing and Urban Development. Telephone numbers listed are not toll free.

Appendix B

HUD—Boston Hub

Hartford Office, One Corporate Center, 19th Floor, Hartford, CT 06103–3220, (860) 240–4800, TTY Number: (860) 240–4665
Boston Office, Room 301, Thomas P. O'Neill, Jr., Federal Building, 10 Causeway Street, Boston, MA 02222–1092, (617) 565–5234, TTY Number: (617) 565–5453
Manchester Office, Norris Cotton Federal Building, 275 Chestnut Street, Manchester, NH 03101–2487, (603) 666–7510, TTY Number: (603) 666–7518
Providence Office, 10 Weybosset Street, Sixth Floor, Providence, RI 02903–2808, (401) 528–5230, TTY Number: (401) 528–5403

HUD—New York Hub

New York Office, 26 Federal Plaza, Room 3200, New York, NY 10278–0068, (212) 264–8000, TTY Number: (212) 264–0927

HUD—Buffalo Hub

Buffalo Office, Lafayette Court Building, 465 Main Street, 2nd Floor, Buffalo, NY 14203–1780, (716) 551–5755 ext 5000, TTY Number: (716) 551–5787

HUD—Philadelphia Hub

Philadelphia Office, The Wanamaker Building, 100 Penn Square East, Philadelphia, PA 19107–3380, (215) 656–0600, TTY Number: (215) 656–3452
Charleston Office, Suite 708, 405 Capitol Street, Charleston, WV 25301–1795, (304) 347–7000, TTY Number: (304) 347–5332
Newark Office, Thirteenth Floor, One Newark Center, Newark, NJ 07102–5260, (973) 622–7900, TTY Number: (973) 645–3298
Pittsburgh Office, 339 Sixth Avenue, Sixth Floor, Pittsburgh, PA 15222–2515, (412) 644–6428, TTY Number: (412) 644–5747

HUD—Baltimore Hub

Baltimore Office, Fifth Floor, City Crescent Building, 10 South Howard Street, Baltimore, MD 21201–2505, (410) 962–2520, TTY Number: (410) 962–0106
Washington, DC Office, 820 First Street, NE, Suite 300, Washington, DC 20002–4205, (202) 275–9200, TTY Number: (202) 275–0772
Richmond Office, The 3600 Centre 600 East Broad Street, Richmond, VA 23219, (804) 771–2100 ext. 3839, TTY Number: (804) 771–2038

HUD—Greensboro Hub

Greensboro Office, Koger Building, 2306 West Meadowview Road, Greensboro, NC 27407–3707, (336) 547–4069, TTY Number: (336) 547–4020
Columbia Office, Strom Thurmond Federal Building, 1835–45 Assembly Street, Columbia, SC 29201–2480, (803) 765–5592, TTY Number: (803) 253–3209

HUD—Atlanta Hub

Atlanta Office, Richard B. Russell Federal Building 75 Spring Street, S.W., Suite 600, 40 Marietta Street—Five Points Plaza, Atlanta, GA 30303–3388 2806, (404) 331–4976, TTY Number: (404) 730–2654
San Juan Office, Edificio Administracion de Terrenos 171 Carlos Chardon Avenue, Suite 301, San Juan, PR 00918–0903, (787) 766–5400, TTY Number: (787) 776–5609
Louisville Office, 601 West Broadway, Louisville, KY 40202, (502) 582–5251, TTY Number: 1–800–648–6056
Knoxville Office, Third Floor, John J. Duncan Federal Building 710 Locust Street, Knoxville, TN 37902–2526, (423) 545–4384, TTY Number: (423) 545–4559
Nashville Office, Suite 200, 251 Cumberland Bend, Nashville, TN 37228–1803, (615) 736–5213, TTY Number: (615) 736–2886

HUD—Jacksonville Hub

Jacksonville Office, Southern Bell Tower, 301 West Bay Street, Suite 2200, Jacksonville, FL 32202–5121, (904) 232–2626, TTY Number: (904) 232–2631
Birmingham Office, Medical Forum Building, 920 22nd Street, North, Suite 900, Birmingham, AL 35203–5301, (205) 731–2624, TTY Number: (205) 731–2624
Jackson Office, Doctor A.H. McCoy Federal Building, 100 West Capitol Street, Suite 910, Jackson, MS 39269–1096, (601) 965–4700, TTY Number: (601) 965–4171

HUD—Chicago Hub

Chicago Office, Ralph H. Metcalfe Federal Building, 77 West Jackson Boulevard, Chicago, IL 60604–3507, (312) 353–5680, TTY Number: (312) 353–5944
Indianapolis Office, 151 North Delaware Street, Indianapolis, IN 46204–2526, (317) 226–6303, TTY Number: (317) 226–7081

HUD—Detroit Hub

Detroit Office, Patrick V. McNamara Federal Building, 477 Michigan Avenue, Suite 1635, Detroit, MI 48226–2592, (313) 226–7900, TTY Number: (313) 226–6899
Grand Rapids Office, Trade Center Building, 50 Louis Street, NW, Third Floor, Grand Rapids, MI 49503–2648, (616) 456–2100, TTY Number: (616) 456–2159

HUD—Columbus Hub

Columbus Office, 200 North High Street, 7th Floor, Columbus, OH 43215–2499, (614) 469–5737, TTY Number: (614) 469–6694
Cleveland Office, US Bank Centre 1350 Euclid Avenue, Suite 500, Cleveland, OH 44115–1815, (216) 522–4058, TTY Number: (216) 522–2261

HUD—Minneapolis Hub

Minneapolis Office, 920 Second Avenue, South, Minneapolis, MN 55401–2195, (612) 370–3000, TTY Number: (612) 370–3186

Milwaukee Office, Suite 1380, Henry S. Reuss Federal Plaza, 310 West Wisconsin Avenue, Suite 1380, Milwaukee, WI 53203–2289, (414) 297–3214 ext. 8673, TTY Number: (414) 297–1423

HUD—Ft. Worth Hub

Little Rock Office, Suite 900, TCBY Tower, 425 West Capitol Avenue, Little Rock, AR 72201–3488, (501) 324–5931, TTY Number: (501) 324–5931

New Orleans Office, Ninth Floor, Hale Boggs Federal Building, 501 Magazine Street, New Orleans, LA 70130–3099, (504) 589–7200, TTY Number: (504) 589–7279

Ft. Worth Office, 801 N. Cherry Street, P.O. Box 2905, Fort Worth, TX 76113–2905, (817) 978–9000, TTY Number: (817) 978–9273

Houston Office, Suite 200, Norfolk Tower, 2211 Norfolk, Houston, TX 77098–4096, (713) 313–2274, TTY Number: (713) 834–3274

San Antonio Office, 106 South St. Mary's, Suite 405, San Antonio, TX 78205, (210) 475–6800, TTY Number: (210) 475–6885

HUD—Great Plains

Des Moines Office, Room 239, Federal Building, 210 Walnut Street, Des Moines, IA 50309–2155, (515) 284–4583, TTY Number: (515) 284–4728

Kansas City Office, Room 200, Gateway Tower II, 400 State Avenue, Kansas City, KS 66101–2406, (913) 551–5462, TTY Number: (913) 551–6972

Omaha Office, Executive Tower Centre, 10909 Mill Valley Road, Omaha, NE 68154–3955, (402) 492–3122, TTY Number: (402) 492–3183

St. Louis Office, Third Floor, Robert A. Young Federal Building, 1222 Spruce Street, Room 3207, St. Louis, MO 63103–2836, (314) 539–6583, TTY Number: (314) 539–6331

Oklahoma City Office, 500 West Main Street, Suite 400, Oklahoma City, OK 73102–2233, (405) 553–7401, TTY Number: 1–800–877–8339

HUD—Denver Hub

Denver Office, 633 17th Street, Denver, CO 80202–3607, (303) 672–5343, TTY Number: (303) 672–5248

HUD—San Francisco Hub

Phoenix Office, One North Central #600, Phoenix, AZ 85004, (602) 379–4434, TTY Number: (602) 379–4464

San Francisco Office, Philip Burton Federal Building and U.S. Courthouse, 450 Golden Gate Avenue, P.O. Box 36003, San Francisco, CA 94102–3448, (415) 436–8356, TTY Number: (415) 436–6594

Honolulu Office, 500 Ala Moana Boulevard, Suite 3A, Honolulu, HI 96813, (808) 522–8185, TTY Number: (808) 522–8193

HUD—Los Angeles Hub

Los Angeles Office, 611 West 6th Street, Suite 800, Los Angeles, CA 90017–3106, (213) 894–8000, TTY Number: (213) 894–8133

HUD—Seattle Hub

Portland Office, 400 Southwest 6th Avenue, Suite 700, Portland, OR 97204, (503) 326–2561, TTY Number: (503) 326–3656

Anchorage Office, 949 East 36th Avenue, Suite 401, Anchorage, AL 99508, (907) 271–4170

Seattle Office, 909 First Avenue, Suite 200, Seattle, WA 98104–1000, (206) 220–5101, TTY Number: (206) 220–5185

Note: The first line of the mailing address for all offices is the U.S. Department of Housing and Urban Development. Telephone numbers listed are not toll free.

BILLING CODE 4210–32–P

APPENDIX C

Fiscal Year 2003
Assisted Living Conversion Program
Application
Application Due Date: July 10, 2003

U.S. Department of Housing and Urban Development
Office of Housing
Office of MultiFamily Housing Programs

The public reporting burden for this collection of information for the Assisted Living Conversion Program (ALCP) is estimated to average 80 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, Paperwork Reduction Project, in the Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, DC 20410-3600. When providing comments, please refer to OMB Approval No. 2502-0542 for the Assisted Living Conversion Program. HUD may not conduct, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The information submitted in response to the Notice of Funding Availability for the Assisted Living Conversion Program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545).

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

SECTION I
FISCAL YEAR 2003
ASSISTED LIVING CONVERSION PROGRAM FOR ELIGIBLE MULTIFAMILY PROJECTS
APPLICATION

GENERAL PROGRAM REQUIREMENTS, FORMS AND CERTIFICATIONS

APPLICATION
ASSISTED LIVING CONVERSION PROGRAM

INTRODUCTION: This constitutes the Application to apply for a grant under the Assisted Living Conversion Program (ALCP). **You MUST contact the HUD Multifamily Hub Office with jurisdiction over your development to obtain information about the submission of applications relevant to that Office. (NOTE: A list of the HUD Multifamily Hub Offices with Program Centers under each Hub is attached as Appendix B of the ALCP NOFA for you to use in determining the appropriate HUD Multifamily Hub Office to which you should submit your application.)**

You must submit an original and four (4) copies of your application in response to a Federal Register Notice of Funding Availability (NOFA) to the HUD Multifamily Hub Office. **Do not send the application to the HUD Multifamily Program Center with which you routinely interact. You may not hand-delivered your application. Applications for the Assisted Living Conversion Program should be sent via e United States Postal Service (USPS, as access by other services is not guaranteed. Applications must be received** by the deadline date and time set forth in the NOFA. **Applications by facsimile will not be accepted.**

CONTENTS OF THE APPLICATION: The ALCP Application consists of six parts with a total of ten Exhibits. Included with the ten Exhibits are prescribed forms, and certifications. The components of the Application are:

Part I - Application Summary, Eligibility and Community Involvement (Exhibits 1, 2 and 3)

Part II - Evidence of Need for ALF Units (Exhibit 4)

Part III - Conversion and Retrofit Activities (Exhibits 5, 6 and 7)

Part IV - Supportive Services Plan (Exhibit 8)

Part V - Project Resources (Exhibit 9)

Part VI - General Application Requirements, and Certifications (Exhibit 10)

All required application exhibits are identified in the NOFA.

GENERAL INSTRUCTIONS FOR PREPARING APPLICATION: The application must be submitted using the attached Application format and **MUST BE INDEXED AND TABBED ACCORDINGLY.** The Application includes:

1. The Table of Contents which identifies the order in which the application is to be assembled. It also serves as the application checklist by providing you with a space for identifying the submission page for the exhibit or portion of the exhibit.

2. The Rating Factors which identify how your application will be rated.

3. The Application Contents identified by the Part of the application and the relevant exhibits. Parts I through V include exhibits related to the rating criteria. Part VI includes all the necessary forms and certifications.

4. The Application Evaluation for you to provide HUD with comments and suggestions about the Application Kit.

5. The Acknowledgment of Application Receipt you will receive with an indication of the date that HUD received your application and whether or not your application will receive further consideration.

NOTE: **If you apply for any program under the Department's SuperNOFA, you need only submit one original signed Form HUD-424 and one set of original signatures for other standard forms and certifications; as long as you submit copies of these documents in any additional application you submit. Your application should identify the program for which you submitted the original signature for these standard forms and certifications.**

If there is a discrepancy between the information provided in this kit and the information published in the SuperNOFA, the SuperNOFA prevails.

The application deadline date for the Assisted Living Conversion Program is July 10, 2003.

Before preparing your application, you should carefully review the requirements of the NOFA. Note: Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedure, 72 Stat. 967 shall apply to all information supplied in the application submission). (18 U.S.C. 1001, among other things, provides that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious,

fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000 or imprisoned for not more than five years, or both.)

TABLE OF CONTENTS

		PAGE
PART I -	**APPLICATION SUMMARY, ELIGIBILITY AND COMMUNITY INVOLVEMENT**	_____
EXHIBIT 1:	**Application Summary and Your Legal Status:**	
	(a) Articles of Incorporation (or other organizational documents), or self-certification	_____
	(b) By-laws, or self-certification	_____
EXHIBIT 2:	**Description of your community ties and established linkages:**	
	(a) Ties/links to the community at large and to the minority and elderly population	_____
	(b) Efforts to involve elderly persons	_____
	(i) in the development of the application	_____
	(ii) in the development of the ALF operating philosophy	_____
	(iii) in the review of the application	_____
	(iv) your intent to involve eligible ALF residents in the operation of the project.	_____
	Also, in communities that have significant number of persons with limited English proficiency, applicants should demonstrate that the application was made available to residents of the project (in their language(s))	

EXHIBIT 2 (CONT'D) **Page**

AND that you requested and considered comments from them (in their language(s)). Applicants of converted commercial facilities should indicate the application will be made available to the residents of the project in their language(s) and will request and consider comments in their language(s). ____

(c) Involvement in the community's Consolidated Planning process including:

(i) Agency that organizes/ administers the process ____

(ii) Consolidated Plan issue areas in which you participate ____

(iii) Level of your participation in the process including your involvement with any faith-based organizations, associations or committees ____

OR

Specific steps you will take to become active in the process ____

(d) The assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment (including a discussion of performance goals with performance indicators ____

EXHIBIT 3: Evidence of your project being in occupancy for at least five years as of the date of the application to HUD (Not required by nonprofit applicants of unused and underutilized commercial facilities) ____

		Page
PART II -	**EVIDENCE OF NEED FOR ALF UNITS**	
EXHIBIT 4:	**A market analysis of the need for the proposed ALF units, including information from the project and the housing market:**	
	(a) Evidence of need for ALF by current residents (Not required by nonprofit applicants of unused and underutilized commercial facilities)	____
	(i) Description of demographic characteristics of current elderly residents	____
	(ii) Description of services currently available to residents	____
	(b) Evidence of need for ALF by very low income elderly and disabled households in market area	____
	(c) Description of local alternate care and services	____
	(d) Description of how Analysis of Impediments to Fair Housing Choice was used in documenting need	____
PART III -	**CONVERSION AND RETROFIT ACTIVITIES**	
EXHIBIT 5:	**A Description of the Physical ALF Conversion**	
	(a) Description of how the physical conversion will be carried out, including time-table and relocation planning	____
	(b) Narrative including number of units being converted, design features, community and office space, storage, dining/kitchen facility and staff space and physical relationship to rest of project; and, how design will facilitate service delivery and changing needs of residents	____

EXHIBIT 5 (CONT'D) **Page**

(c) Original plans for all units and spaces involved in conversion ____

(d) Description of accessibility features ____

(e) Architectural sketches of conversion including: ____

(i) All doors being widened ____

(ii) Kitchen/bathroom reconfiguration ____

(iii) Bedroom/living/dining area modification, if needed ____

(iv) Reconfigured common space ____

(v) Added/reconfigured office/storage space ____

(vi) Monitoring stations ____

(vii) Kitchen and dining facility ____

(f) Budget for all costs of items in (e) above ____

(g) Firm Commitment Letters for non-HUD funding ____

(h) Description of relocation: (not applicable to applicants of commercial properties)

(i) Cost of temporary relocation payments/related services ____

(ii) Staff organization to carry out relocation ____

(iii) Identification of tenants that will be temporarily relocated ____

EXHIBIT 6: Description of any retrofit/renovation to be done with third party funds with firm commitment letters ____

		Page
EXHIBIT 7:	**Evidence of permissive zoning**	_____
PART IV -	**SUPPORTIVE SERVICES PLAN**	
EXHIBIT 8:	**Supportive Services Plan, including:**	
	(a) A description of the supportive services needed by residents of the ALF units	_____
	(b) A description of how the supportive services will be provided; the service coordination role and how it will be funded; and how services will meet needs of residents	_____
	(c) A description of the ALF operation:	
	(i) general operating procedures	_____
	(ii) ALF philosophy	_____
	(iii) what the service coordination role will be and whether existing, augmented or new	_____
	(iv) ALF staff training plans	_____
	(v) relationship of ALF to daily operations of the project	_____
	(d) Individual monthly rate for board and supportive services of ALF and estimate of total annual cost	_____
	(e) Identification of funding sources for the board and supportive services	_____
	(f) Support/commitment letters from each source identified in (e) above	_____
	(g) Support letter from each governmental agency which will license the ALF	_____
	(h) Description of your experience in arranging/delivering services	_____

Page

PART V - PROJECT RESOURCES

EXHIBIT 9: A description of your project's resources, including: ((a) and (b) not applicable to applicants of unused and underutilized commercial properties)

(a) Copy of most recent R4R account statement and analysis _____

(b) Copy of most recent Residual Receipts Account statement _____

(c) Your annual financial statement or date sent to REAC; if commercial property, annual financial statement or annual report _____

PART VI - GENERAL APPLICATION REQUIREMENTS, CERTIFICATIONS

EXHIBIT 10: FORMS and CERTIFICATIONS

(a) Form HUD-424 _____

(b) Form HUD-424B, Applicant Assurances and Certifications

(f) Applicant/Recipient Disclosure/Update Report (HUD-2880) _____

(g) Certification of Consistency with the Consolidated Plan (HUD-2991) _____

RATING FACTORS

Below are the Rating Factors and the corresponding application Exhibits that will be reviewed to determine the ratings:

1. CAPACITY OF THE APPLICANT AND RELEVANT ORGANIZATIONAL STAFF
(Exhibit References: Exhibits 5(a), 8(h))

In rating this factor, HUD will consider the extent to which the application demonstrates your ability to carry out a successful conversion of the project and the plan to deliver the supportive services on a long-term basis, considering the following: **(20 points)**

(a) The practicality of your plan and timetable to carry out the physical conversion of the development to an ALF. **(9 points)**

(b) Your past experience in providing or arranging for supportive services either on or off site for those who are frail. (If you are applying to covert an unused or underutilized commercial facility to assisted living and you do not own or operate a project with frail elderly residents, you must provide information on any past experience in providing or arranging supportive services for those who are frail.) **(10 points)**

Examples are: Meals delivered to apartment of resident or in a congregate setting **(2 points)**, arranging for or providing personal care **(3 points)**, providing 24-hour staffing **(1 point)**, providing or making available on-site preventive health care **(2 points)**, and other supportive services **(2 points).**

(c) Your organization is a "grassroots" organization. **(1 point)**

2. NEED/EXTENT OF THE PROBLEM
(Exhibit References: Exhibits 4(a) through (d), 2(c), and 9(a) through (c))

In determining the extent to which the conversion is needed by the categories of elderly persons and persons with disabilities that the ALF is intended to serve (very low income elderly persons and persons with disabilities who have limitations in three or more activities of daily living), HUD will consider the evidence in your application of the current needs among project residents (not applicable to applications proposing to convert unused or underutilized commercial facilities) and the needs of potential residents

in the housing market area including economic and demographic information on very-low income frail elderly and persons with disabilities and information on current assisted living resources in the market area. In addition, HUD will consider your inability to fund the repairs or conversion activities from existing financial resources by examining project financial information or the organizations financial information for unused and underutilized commercial facilities. HUD will also consider your level of participation in your community's Consolidated Plain/AI, including your involvement with any faith-based organizations, associations, or any committees that support programs and activities that will enhance the project or the lives of the residents of the project. In evaluating this factor, HUD will consider the following: **(20 points)**

(a) The need for assisted living among the elderly and disabled residents of the project taking into consideration those currently in need and the depth of future needs given aging in place. (Not applicable to applications to covert unused or underutilized commercial facilities to assisted living). **(7 points)**

(b) The need for assisted living among very-low income elderly persons and persons with disabilities in the housing market area. **(3 points (10 points for applications to convert unused or underutilized commercial facilities to assisted living))**

(c) Insufficient funding for any needed conversion work, as evidenced by the project's financial statements and specifically the lack of excess reserve for replacement dollars (R4R) and residual receipts; for unused and underutilized commercial facilities, by the organization's annual financial statement or annual report. **(9 points)**

If reserves and residual receipts are less than 10% of the total funds needed **(9 points);** if reserves and residual receipts are 10-50% of need **(5 points);** and if reserves and residual receipts are 51% or more of the total funds needed **(0 points)**.

For commercial properties, if the organization's available working capital exceeds 10 percent of the total conversion **(5 points)**, if the working capital is less than 10 percent of the total conversion **(9 points).**

(d) If the application establishes a connection between the proposed ALF and the Community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. **(1 point)**

- **SOUNDNESS OF APPROACH**
(Exhibit References: Exhibits 5(b) through (e) and (h), 7, and 8(a) through (e) and (g) and (h))

This factor addresses the quality and effectiveness of your proposal in addressing the proposed conversion, effectiveness of service coordination and management planning and the meals and supportive services which the ALF intends to provide and the extent to which you have evidence general support for the conversion by participating in your community's Consolidated Planning Process, involving the residents in the planning process (not applicable to applicants proposing to convert unused or underutilized commercial facilities). There must be a relationship between the proposed activities, the project's and the community's needs and purposes of the program funding for your application to receive points for this factor.

In evaluating this factor, HUD will consider the following: **(40 points)**

(a) The extent to which the proposed ALF design will meet the special physical needs of the frail elderly or persons with disabilities expected to be served at reasonable cost. **(12 points)**

(ALF design meets needs - **12 points**) (ALF design partially meets needs - **6 points**) (ALF design does not meet needs - **0 points**)

(b) The extent to which the ALF's proposed management and operational plan ensures that the provision of both meals and supportive services will be accomplished over time. **(12 points)**

(ALF design/management plan meets needs of management operations - **12 points;** ALF design/management plan partially meets needs of management operations - **6 points;** ALF design/management plan does not meet needs of management operations - **0 points**)

(c) The extent to which the proposed supportive services meet the needs of the anticipated frail elderly and disabled residents. **(7 points)**

(services meet needs - **7 points**; partially meet needs - **4 points**; does not meet needs - **0 points**)

(d) The extent to which the service coordination function is addressed and explained as onsite and sufficient, onsite and augmented or new, and addresses the ongoing procurement of needed services for the residents of the ALF. **(7 points)**

(fully addressed and explained - **7 points**; partially addressed and explained - **4 points**; not addressed and explained - **0 points**)

(e) The extent to which you have demonstrated that you have been actively involved (or if not currently active, the steps you will take to become actively involved) in your community's Consolidated Planning/AI process to identify and address a need/problem that is related in whole or part, directly or indirectly to the proposed project. **(2 points)**

4. LEVERAGING RESOURCES
(Exhibit References: 5(f) and (g), 6 and 8(f))

In determining your ability to secure other community resources which can be combined with HUD's grant funds to achieve program purposes, HUD will consider: **(10 points)**

(a) The extent to which there are commitments for the funding needed for the meals and the supportive services planned for the ALF and that the total cost of the estimated budget of the ALF is covered. **(5 points)**

(90% or more commitment for the total budget with no more than 10% general support - **5 points**; 80 - 89.9% or more commitment for the total budget with no more than 20% general support - **4 points**; 65 - 79.9% commitment with no more than 35% general support - **3 points**; 40 - 64.9% firm commitment for the total budget with more than 60% general commitment - **2 points**; less than 40% firm commitment for the total budget with no more than 60% general support - **0 points**)

(b) The extent of local organizations' support which is firmly committed to providing at least 50 percent of the total cost of ALF conversion. **(3 points)**

(support is 50% or more - **3 points**; support is 20 - 49.9% - **2 points**; support is under 20% - **0 points**)

(c) The extent of local organizational support which is firmly committed to providing funds for additional repair or retrofit necessary for the project NOT specifically directed to activities eligible under this NOFA. **(2 points)**

(support exists - **2 points**; support does not exist - **0 points**)

5. ACHIEVING RESULTS AND PROGRAM EVALUATION
(Exhibit References: Exhibits 5(a) and (b), and 8(a) through (e)

This factor address your intent to keep the promises made in the conversion timetable that will result in the timely conversion of your project; the extent to which you have indicated how the converted units will result in ALF residents being able to age in place; the extent to which the project will implement practical solutions that will result in assisting residents in achieving independent living; and the extent to which the project will be viable absent HUD funds and relying more on state, local and private funds, HUD will consider: **(10 points)**

(a) The extent to which your conversion timetable reflects the length of time it will take to convert the units and describing how the converted units will benefit the residents as they age in place. **(4 points)**

(b) The extent to which the assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment. **(2 points)**

(c) The extent to which you demonstrate that the project will be viable absent HUD funds while relying more on state, local and private funds. **(2 points)**

(d) The extent to which there is an operating philosophy which promotes the autonomy and independence of the frail elderly persons it is intended to serve. **(2 points)**

(operating philosophy addressed - **2 points**; not addressed - **0 points**)

PART I

ELIGIBILITY AND COMMUNITY INVOLVEMENT

EXHIBIT 1

Multifamily Housing Assisted Living Conversion Program APPLICATION SUMMARY SHEET

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Owner (Funds Recipient) Name _____

Address _____

City _____ State _____ Zip _____

Phone (Include Area Code) _____

Grant Contact Person (Name) _____

Phone (Include Area Code) _____

E-mail address _____

List the specific development(s) targeted for assistance under this grant. Use additional sheets as needed.

_____

Development Name _____

Address _____

_____

City _____ State _____ Zip _____

FHA/Project Number _____ Sec.8 Number _____

Project Type (e.g., 236) _____ No. of Units _____

Location (Urban, suburban, or rural) _____

Number of Residents _____ Estimated number of frail elderly _____

Estimated number of non-elderly people with disabilities _____

Estimated number of at-risk elderly _____

Are you applying for a Service Coordinator Grant? _____ Yes _____ No

Will this development share a service coordinator with other developments? _____ Yes _____ No

If yes, please give name and address of the development(s) if different.

_____

_____

Senators 1. _____ 2. _____

Congressional Representative(s) Name(s) 1. _____ District(s) 1. _____

2. _____ 2. _____

EXHIBIT 1 (Cont'd)

Application Summary and Evidence of your legal status - Provide evidence that you are a private nonprofit or nonprofit consumer cooperative and have the legal ability to operate an ALF program, including the following:

(a) Articles of Incorporation, constitution, or other organizational documents, or self-certification thereof, if there has been no change in the Articles since they were originally filed with HUD

(b) By-laws, or self-certification thereof, if there has been no change in the Articles since they were originally filed with HUD

EXHIBIT 2 - Description of your community ties and established linkages:

(a) Describe your ties/links to the community at large and to the minority and elderly communities in particular.

(b) A description of your efforts to involve elderly persons, including minority elderly persons and persons with disabilities in:

(i) The development of the application;

(ii) The development of the ALF operating philosophy;

(iii) The review of the application prior to submission to HUD; and

Your intent to involve eligible ALF residents in the operation of the project.

Also demonstrate that you made the application available to the residents of the project (in their language(s)) AND requested and considered comments from them (in their language(s)). Applicants of converted commercial facilities should indicate that the application will be made available to the residents of the project in their language(s) and will request and consider comments from them in their language(s).

(c) A description of your involvement in your community's Consolidated Planning and Analysis of Impediments to Fair Housing (AI) processes, including:

(i) An identification of the lead/facilitating agency(ies) that organizes/administers the processes;

(ii) A listing of the Consolidated Plan/AI issue areas in which you participate;

EXHIBIT 2 (CONT'D)

(iii) The level of your participation in the processes, including active involvement with any neighborhood-based organizations, associations, or any committees that support programs and activities that enhance projects or the lives of residents of the projects, such as the one proposed;

OR

If you are not currently active, describe the specific steps you will take to become active in the Consolidated Planning and AI processes.

(c) A description of how the assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living conditions.

EXHIBIT 3 - Evidence of your project being in occupancy for at least five years as of the date of the application to HUD. This evidence must be submitted by all applicants. (Not applicable for applicants of unused and underutilized commercial facilities)

PART II

EVIDENCE OF NEED FOR ALF UNITS

EXHIBIT 4 - A market analysis of the need for the proposed ALF units, including information from both the project and the housing market

(a) Evidence of need for the ALF by current project residents: (Not applicable for applicant of an unused or underutilized commercial facility)

(i) A description of the demographic characteristics of the elderly residents currently living in the project, including the current number of residents, distribution of residents by age and sex, an estimate of the number of residents with frailties/ limitations in activities of daily living and an estimate of the number of residents in need of assisted living services. (Not applicable to applicants of a commercial facility)

(ii) A description of the services which are currently available to the residents and/or provided on or off-site and what services are lacking. (Not applicable to applicants of a commercial facility)

(b) Evidence of the need for ALF units by very low income elderly and disabled households in the market area; a description of the trend in elderly and disabled population and household change; data on the demographic characteristics of the very low income elderly in need of assisted living services (age, race, sex, household size and tenure) and extent of residents with frailty/limitations in existing federally-assisted housing for the elderly (HUD and Rural Housing Services). And an estimate of the very low income elderly and disabled in need of assisted living taking into consideration any available State or local data.

(c) A description of the extent, types and availability and cost of alternate care and services locally, such as: home health care, adult day care, housekeeping services, meals programs, visiting nurses,

EXHIBIT 4 (CONT'D)

on-call transportation services, health care and providers of supportive services who address the needs of the local low income population.

(d) A description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the ALF (covering items (a) and (b) above)

PART III

CONVERSION AND RETROFIT ACTIVITIES

EXHIBIT 5 - A description of the physical ALF conversion

(a) Describe how you propose to carry out the physical conversion, including a timetable and a discussion of relocation planning.

(b) Include a short narrative which states the number of units being converted, special design features, community and office space/storage, dining and kitchen facility and staff space and the physical relationship to the rest of the project. Describe how the design will facilitate the delivery of services in an economical fashion and accommodate the changing needs of the residents over at least the next 10 years.

(c) Provide a copy of the original plans for all units and other areas of the development which will be included in the conversion. (Applicants converting an unused or underutilized commercial facility to assisted living, provide a copy of the original plans of the facility).

(d) Describe how the conversion will address accessibility; such as, doorways being at least 32 inches wide and kitchens and bathrooms meeting the specifications of the Uniform Federal Accessibility Standards.

(e) Provide architectural sketches of the conversion to a scale of 1/4 inch to one foot (1/4"= 1'-0") that indicate the following:

(i) All doors being widened;

(ii) Typical kitchen and bathroom reconfiguration: show all wheelchair clearances, wall reinforcing, grab bars and elevations of counters and work surfaces;

(iii) Bedroom/living/dining area modification, if needed;

(iv) Any reconfigured common space;

EXHIBIT 5 (CONT'D)

(v) Added/reconfigured office and storage space;

(vi) Monitoring stations; and

(vii) The kitchen and dining facility.

All architectural modifications must meet section 504 and ADA requirements, as appropriate.

(f) Provide a budget showing at least estimated costs for materials, supplies, fixtures and labor for each of the items in (e)(i) through (vii) above.

(g) Include firm commitment letters with specific dollar amounts from appropriate organization(s) for conversion needs (within the scope of the ALCP NOFA) which will be supported by non-HUD funding.

(h) A description of any relocation of current tenants as a result of the conversion activities. (Not applicable to commercial property applicants).

(i) Provide the estimated cost of temporary relocation payments and other related services;

(ii) Identify the staff organization that will carry out the relocation activities; and

(iii) Identify all tenants that will have to be temporarily moved to another unit within the development OR from the development during the conversion.

NOTE: If any of the relocation costs will be funded from sources other than the ALCP grant, you must provide evidence of a firm commitment of these funds. When evaluating applications, HUD will consider the total cost of proposals (i.e., cost of conversion, temporary relocation, service coordinator and other project costs).

EXHIBIT 6 - A description of any retrofit or renovation which will be done at the project (with third party funds) that is separate and distinct from the ALF conversion. Attach firm commitment letters from third party organizations in specific dollar amounts which will cover the cost of any work outside the scope of the ALF NOFA.

EXHIBIT 7 - Evidence of permissive zoning, showing that the modifications to include the ALF into the project as proposed are permissible under applicable zoning ordinances or regulations, or a statement of the proposed action required to make the proposed project permissible and the basis of your belief that the proposed action will be completed successfully within six months of the date of grant award by HUD. (e.g., a summary of the results of any requests for rezoning and/or the procedures for obtaining special or conditional use permits on land in similar zoning classifications and the time required for such rezoning, or preliminary indications of acceptability from zoning bodies, etc.)

PART IV

SUPPORTIVE SERVICES PLAN

EXHIBIT 8 - Supportive Services Plan

You must submit a copy of the SSP to each appropriate State or local service funding organization well in advance of the application deadline, for appropriate review. The State or local funding organization(s) must return the SSP to you with appropriate comments and indication of funding commitment, which you must include with this application.

You must also submit a copy of your application to the appropriate organization(s) which license ALFs in your jurisdiction. The licensing agency(ies) must approve your plan, and must also certify that the ALF and the proposed supportive services in your SSP are consistent with local statute and regulations and well designed to serve the needs of the frail elderly and people with disabilities who will reside in the ALF portion of your project.

(a) Describe the supportive services needed for the frail elderly the ALF is expected to serve. This must include: (i) meals and such other supportive services required locally or by the State, and (ii) such optional services or care to be offered on an "as needed" basis.

Examples of both mandatory and optional services (which will vary from state to state)are: two meals and two snacks or three meals daily; 24-hour protective oversight; personal care; housekeeping services; personal counseling and transportation.

(b) Describe how you will provide the supportive services to those who are frail and have disabilities (i.e., on or off-site or combination of the two), including an explanation of how the service coordination role will facilitate the adequate provision of such services to ALF residents and how it will be funded, and how the services will meet the identified needs of the residents.

EXHIBIT 8 (CONT'D)

(c) Describe how the operation of your ALF will work, including:

(i) general operating procedures;

(ii) ALF philosophy and how it will promote the autonomy and independence of the frail elderly and persons with disabilities;

(iii) what the service coordination function will do and the extent to which it is existing, augmented or new;

(iv) ALF staff training plans;

(v) the degree to which and how the ALF will relate to the day-to-day operations of the rest of the project.

(d) The monthly individual rate for board and supportive services for the ALF listing the total fee and components of the total fee for the items required by State or local licensing AND list the appropriate rate for any optional services you plan to offer ALF residents. Provide an estimate of the total annual costs of the required board and supportive services you expect to provide and an estimate of the amount of optional services you expect to provide.

(e) List who will pay for the board and supportive services, e.g., $___ for meals by sponsor, $___ for housekeeping services by city government; $___ for personal care by State Department of Health; $___ for ___ by State ___ program; $___ in fees by tenants; and, $___ by ___.

The amounts and commitments from both tenants and/or providers must equal the estimated amounts necessary to cover the monthly rates for the number of people expected to be

EXHIBIT 8 (CONT'D)

served. If you include tenant fees in the proposal, list and show any proposed scaling mechanism. All amounts committed/collected must equal the annualized cost of the monthly rates calculated by the expected percentage of units filled.

(f) Provide a support/commitment letter from **EACH** listed proposed funding source in (e) above, for the planned meals and supportive services. The letter must cover the total planned annual commitment (and multiyear amount total, if different), length of time for the commitment, and the amounts payable for each service covered by the provider/paying organization.

(g) Provide a support letter from **EACH** governmental agency(ies) which provides licensing for ALFs in that jurisdiction.

(h) Describe your relevant experience in arranging for and/or delivering supportive services to frail residents. The description should include any supportive services facilities owned/operated; your past or current involvement in any project-based programs that demonstrates your management capabilities. Include data on the facilities and specific meals and/or supportive services provided on a regular basis, the racial/ethnic composition of the populations served, if available, and information and testimonials from residents or community leaders on the quality of the services.

NOTE: If a request for funding under the Service Coordinators in Multifamily Housing NOFA for the ALF and/or the whole project (Section 202 projects with PRAC are not eligible for such funding because PRAC funds can cover the cost of service coordination) is included as part of this application, the Form HUD-424, indicating the dollars requested must be attached as Exhibit 10 (a). Do **NOT** attach the entire service coordinator application.

PART V

PROJECT RESOURCES

EXHIBIT 9 - A description of your project's resources. (Not applicable to commercial properties.)

(a) Provide a copy of the most recent project Repair and Replacement (R4R) account statement, and an R4R analysis showing plans for its use over the next five years, and any approvals received from the HUD field office to date.

(b) Provide a copy of the most recent Residual Receipts Account statement. Indicate any approvals for the use of such receipts from the field office for over $500/unit.

(c) Provide your annual financial statement (AFS). If your FY 2003 AFS was due to REAC more than 120 days BEFORE the due date for this application, in the interest of reducing work burden, only include the date that it was sent to REAC. If the AFS was due to REAC 120 days or less from the due date of this application, you MUST include a paper copy. For commercial properties, the most recent statement or annual report.

PART VI

GENERAL APPLICATION REQUIREMENTS, FORMS, AND CERTIFICATIONS

EXHIBIT 10: Forms and Certifications

(a) Standard Form 424, Application for Federal Assistance, including Funding Matrix and compliance with Executive Order 12372 (A certification that you have submitted a copy of your application, if required, to the State agency single point of contact for State review.)

(b) Standard Form 424B, Applicant Assurances and Certifications

(c) Form HUD-2880, Applicant/Recipient Disclosure/Update Report, including Social Security and Employee Identification Numbers - A disclosure of assistance from other government sources received in connection with the project.

(d) Certification of Consistency with the Consolidated Plan (Plan), (HUD-2991) for the jurisdiction in which the proposed ALF will be located.

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission
☐ Application ☐ Preapplication

2. Date Submitted

3. Date and Time Received by HUD

4. HUD Application Number

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

8. Organizational Unit

9. Address (give city, county, State, and zip code)
A. Address:
B. City:
C. County:
D. State:
E. Zip Code:

10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)
A. Name:
B. Title:
C. Phone:
D. Fax:
E. E-mail:

11. Employer Identification Number (EIN) or SSN

12. Type of Applicant (enter appropriate letter in box)

A. State	I. University or College
B. County	J. Indian Tribe
C. Municipal	K. Tribally Designated Housing Entity (TDHE)
D. Township	L. Individual
E. Interstate	M. Profit Organization
F. Intermunicipal	N. Non-profit
G. Special District	O. Public Housing Authority
H. Independent School District	P. Other (Specify)

13. Type of Application
☐ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es) ☐ ☐
A. Increase Amount B. Decrease Amount C. Increase Duration
D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency
U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number
1 4 ---
Title:
Component Title:

16. Descriptive Title of Applicant's Program

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)

18a. Proposed Program start date

18b. Proposed Program end date

19a. Congressional Districts of Applicant

19b. Congressional Districts of Program

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?
A. Yes ☐ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date_____
B. No ☐ Program is not covered by E.O. 12372
☐ Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt? ☐ No
☐ Yes If "Yes," explain below or attach an explanation.

Previous versions of HUD-424 and 424-M are obsolete

form **HUD-424** (01/2003)
ref. OMB Circular A-102

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Grand Totals									

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official	Name (printed)
Title	Date (mm/dd/yyyy)

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/2003)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report ☐ **or an Update Report** ☐

1. Applicant/Recipient Name, Address, and Phone (include area code): ( ) -	2. Social Security Number or Employer ID Number: - -
3. HUD Program Name	4. Amount of HUD Assistance Requested/Received

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

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).
☐ **Yes** ☐ **No**

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9
☐ **Yes** ☐ **No.**

If you answered "**No**" to either question 1 or 2, **Stop**! You do not need to complete the remainder of this form. ***However***, you must sign the certification at the end of the report.

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

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

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

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

Part III Interested Parties. You must disclose:

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

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

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

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: X	Date: (mm/dd/yyyy)

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

Instructions

Overview.

A. Coverage. You must complete this report if:
   (1) You are applying for assistance from HUD for a specific project or activity **and** you have received, or expect to receive, assistance from HUD in excess of $200,000 during the during the fiscal year;
   (2) You are updating a prior report as discussed below; or
   (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. **Update reports (filed by "Recipients" of HUD Assistance): General**. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to ***either*** questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

   Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

   The following information must be provided:

   1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
   2. State the type of other government assistance (e.g., loan, grant, loan insurance).
   3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
   4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD ***and any other source*** - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

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).
   Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

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: _____

form **HUD-2991** (3/98)

Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

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

(fold line)

Type or clearly print the following information:

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

To Be Completed by HUD

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

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

- ☐ Enclosed
- ☐ Being sent under separate cover

Processor's Name _____

Date of Receipt _____

form **HUD-2993** (2/99)

Client Comments and Suggestions

U.S. Department of Housing and Urban Development

You are our Client! Your comments and suggestions, please!

The Department of Housing and Urban Development in preparing this Notice of Funding Availability and application forms, has tried to produce a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to this document. You may leave this form attached to your application, or feel free to detach the form and return it to:

The Department of Housing and Urban Development
Office of Departmental Grants Management and Oversight
Room 3156
451 7th Street, SW
Washington, DC 20410

Please Provide Comments on HUD's Efforts:

The NOFA (insert title) _____

is: (please check one)

(a) ☐ is clear and easily understandable

(b) ☐ better than before, but still needs improvement (please specify)

(c) other (please specify)

The application form (insert title) _____

is: (please check one)

(a) ☐ is acceptable given the volume of information required by statute and the volume of information required for accountability in selecting and funding projects.

(b) ☐ is simpler and more user-friendly than before, but still needs work (please specify).

(c) other comments (please specify)

Name & Organization (Optional):

Are additional pages attached? ☐ Yes ☐ No

Previous versions obsolete form **HUD-2994** (03/2003)

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

SERVICE COORDINATORS IN MULTIFAMILY HOUSING

Billing Code 4210-32-C

Funding Availability for Service Coordinators in Multifamily Housing

Program Overview

Purpose of the Program. The purpose of this Service Coordinator program is to allow multifamily housing owners to assist elderly individuals and people with disabilities living in HUD-assisted housing and in the surrounding area to obtain needed supportive services from the community, in order to enable them to continue living as independently as possible in their own homes.

Available Funds. Approximately $25 million, Fiscal Year 2003 funds.

Eligible Applicants. Only owners of eligible developments may apply for and become the recipient of grant funds. Property management companies may administer grant programs but are not eligible applicants. See Section III for more detailed eligibility criteria.

Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following additional information.

I. Application Due Date, Application, Further Information, and Technical Assistance

Application Due Date. Your completed application (an original and two copies) is due on or before 3:30 p.m., local time, on July 10, 2003 at the address given below.

Application Delivery. You may not hand deliver applications. HUD will reject any hand-delivered applications.

You must submit your application to the Field Office that has jurisdiction for the housing developments included in your application.

You may send your application via any mail delivery service. However, HUD recommends that you send your application through the United States Postal Service, as access to HUD offices by other delivery services is not guaranteed.

If you mail your application to the wrong Field Office and it is not received by the Office designated for receipt by the due date and time, it will be deemed late and will not be considered for funding. HUD is not responsible for directing it to the appropriate Office. Also, see the General Section of this SuperNOFA for further discussion concerning the form of application submission.

Addresses for Submitting Applications. Appendix A to this program section contains a list of HUD Field Offices where you must send your application by the deadline. Please address your application to the Director, Multifamily Housing Hub or Program Center in your local HUD Field Office. You should not submit any copies of your application to HUD Headquarters.

For Applications. Please note that all information needed for the preparation and submission of your application is included in this program NOFA and in the General Section of the SUPERNOFA. However, for your convenience and ease of submission, an application is being provided as Appendix B to this NOFA. To obtain a printed application, please call the SuperNOFA Information Center at 1–800–HUD–8929. If you have a hearing or speech impairment, please call the Center's TTY number at 1–800–HUD–2209. When requesting an application, please refer to the Multifamily Housing Service Coordinator Program and provide your name, address (including zip code) and telephone number (including area code). An application also will be available on the Internet at *http://www.hud.gov.*

For Further Information and Technical Assistance. You may contact your local HUD Field Office staff for questions you have regarding this program section of the SuperNOFA and your application. Please contact the Multifamily Housing Resident Initiatives Specialist or Service Coordinator contact person in your local Office. If you are an owner of a Section 515 development, contact the HUD Field Office that monitors your Section 8 contract. If you have a question that the Field staff is unable to answer, please call Carissa Janis, Housing Project Manager, Office of Housing Assistance and Grants Administration, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 6146, Washington, DC 20410; (202) 708–2866, extension 2487 (this is not a toll free number). If you are hearing or speech impaired, you may access this number via TTY by calling the Federal Information Relay Service at 1–800–877–8339.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you should contact your local Field office staff or consult the HUD web site at *http://www.hud.gov.*

II. Amount Allocated

(A) *Available Funding.* Of the estimated $50 million appropriated in the FY 2003 Consolidated Appropriations, approximately $25 million will be used to fund Service Coordinator Programs through this SuperNOFA. Additionally, approximately $25 million will be used to fund one-year extensions to expiring Service Coordinator and Congregate Housing Services Program (CHSP) grants.

(B) *Maximum Grant Award.* There is no maximum grant amount. The grant amount you request will be based on the Service Coordinator's salary and the number of hours worked each week by that Service Coordinator (and/or aide). You should base your determination of the appropriate number of weekly work hours on the number of people in the development who are frail, at-risk, or non-elderly people with disabilities. Under normal circumstances, a full-time Service Coordinator should be able to serve about 50–60 frail or at-risk elderly or non-elderly people with disabilities on a continuing basis. Your proposed salary must also be supported by evidence of comparable salaries in your area. Gather data from programs near you to compare your estimates with the salaries and administrative costs of currently operating programs. Field staff can provide you with contacts at local program sites.

(C) *Funding Process.* Prior to the selection process, HUD will first fund the FY 2002 Service Coordinator application submitted by Prentis Jewish Federation Apartments, Oak Park, Michigan, in the amount of $207,350. This application was not funded in FY 2002 due to HUD error. HUD will then fund Service Coordinator applications submitted by FY 2003 Assisted Living Conversion Program (ALCP) applicants, whose ALCP applications are selected for funding under that program's NOFA. HUD estimates that approximately $1 million will be used to fund ALCP Service Coordinator applications. Any funds not used by the ALCP program to fund service coordinators will be added to the funds available for the National Lottery.

HUD will use remaining funds to make grant awards through the use of a national lottery. A computer program performs the lottery by randomly selecting eligible applications. HUD will fully fund as many applications as possible with the given amount of funds available. After all fully fundable applications have been selected by lottery, HUD may make an offer to partially fund the next application on the lottery's list, in order to use the entire amount of funds allocated. If the applicant selected for partial funding turns down the offer, HUD will make an offer to partially fund the following application. HUD will continue this process until an applicant accepts the partial funding offer.

(D) *Reduction in Requested Grant Amount.* HUD may make an award in an amount less than requested, if:

(1) HUD determines that some elements of your proposed program are ineligible for funding;

(2) There are insufficient funds available to make an offer to fully fund the application; or

(3) HUD determines that a reduced grant amount would prevent duplicative federal funding.

(E) *Alternative Funding for Service Coordinators.* If your development has available residual receipts or excess income, you must use these funds prior to receiving grant monies, as long as they are not already allocated for other critical development expenses. Owners may submit requests to use residual receipts, or Section 8 or Project Rental Assistance Contract (PRAC) operating funds following instructions in Housing's Management Agent Handbook 4381.5, REVISION–2, CHANGE–2, Chapter 8. Refer to Housing Notice H 02–14 for information on using Section 236 excess income to fund a Service Coordinator. HUD Field staff may approve use of these project funds at any time, consistent with current policy. You should discuss these alternative funding options with your Field Office staff prior to submitting a grant application.

III. Program Description; Eligible Applicants; Eligible Activities

(A) *Program Description.* The Service Coordinator Program provides funding for the employment and support of Service Coordinators in insured and assisted housing developments that were designed for the elderly and persons with disabilities and continue to operate as such. Service Coordinators help residents obtain supportive services from the community that are needed to enable independent living and aging in place.

A Service Coordinator is a social service staff person hired or contracted by the development's owner or management company. The Service Coordinator is responsible for assuring that elderly residents, especially those who are frail or at risk, and those non-elderly residents with disabilities are linked to the supportive services they need to continue living independently in their current homes. All services should meet the specific desires and needs of the residents themselves. The Service Coordinator may not require any elderly individual or person with a disability to accept any specific supportive service(s).

You may want to review the Management Agent Handbook 4381.5 REVISION–2, CHANGE–2, Chapter 8 for further guidance on service coordinators. This Handbook is accessible through HUDCLIPS on HUD's Web site at *http://www.hudclips.org.* The Handbook is in the Handbooks and Notices—Housing Notices database. Enter the Handbook number in the ''Document Number'' field to retrieve the Handbook.

(B) *Definition of Terms Used in this Program NOFA.*

(1) *''Activities of daily living (ADLs)''* means eating, dressing, bathing, grooming, and household management activities, as further described below:

(a) Eating—May need assistance with cooking, preparing, or serving food, but must be able to feed self;

(b) Bathing—May need assistance in getting in and out of the shower or tub, but must be able to wash self;

(c) Grooming—May need assistance in washing hair, but must be able to take care of personal appearance;

(d) Dressing—Must be able to dress self, but may need occasional assistance; and

(e) Home management activities—May need assistance in doing housework, grocery shopping, laundry, or getting to and from activities such as going to the doctor and shopping, but must be mobile. The mobility requirement does not exclude persons in wheelchairs or those requiring mobility devices.

(2) *''At-risk elderly person''* is an individual 62 years of age or older who is unable to perform one or two ADLs, as defined in the above paragraph.

(3) *''Frail elderly person''* means an individual 62 years of age or older who is unable to perform at least three ADLs as defined in the above paragraph.

(4) *''People with disabilities''* means those individuals who:

(a) Have a disability as defined in Section 223 of the Social Security Act;

(b) Have a physical, mental, or emotional impairment expected to be of long, continued, and indefinite duration that impedes the individual's ability to live independently; or

(c) Have a developmental disability.

(5) *''Reasonable costs''* mean that costs are consistent with salaries and administrative costs of similar programs in your Field office's jurisdiction.

(C) *Functions of a Service Coordinator.* The major functions of the Service Coordinator include the following:

(1) Refer and link the residents of the development to supportive services provided by the general community. Such services may include case management, personal assistance, homemaker, meals-on-wheels, transportation, counseling, occasional visiting nurse, preventive health screening/wellness, and legal advocacy.

(2) Educate residents on service availability, application procedures, client rights, etc.

(3) Establish linkages with agencies and service providers in the community. Shop around to determine/develop the best ''deals'' in service pricing, to assure individualized, flexible, and creative services for the involved resident. Provide advocacy as appropriate.

(4) Provide case management when such service is not available through the general community. This might include evaluation of health, psychological and social needs, development of an individually tailored case plan for services, and periodic reassessment of the resident's situation and needs. Service Coordinators can also set up a Professional Assessment Committee (PAC) to assist in performing initial resident assessments. (See the guidance in the CHSP regulations at 24 CFR 700.135 (or 1944.258 for Rural Housing developments). Grantees cannot use grant funds to pay PAC members for their services.

(5) Monitor the ongoing provision of services from community agencies and keep the case management and provider agency current with the progress of the individual. Manage the provision of supportive services where appropriate.

(6) Help the residents build informal support networks with other residents, family and friends.

(7) Work and consult with tenant organizations and resident management corporations. Provide training to the development's residents in the obligations of tenancy or coordinate such training.

(8) Create a directory of providers for use by both development staff and residents.

(9) Educate other staff of the management team on issues related to aging in place and Service Coordination, to help them to better work with and assist the residents.

During work hours paid for by this grant, Service Coordinators may not perform the following activities:

(i) Act as a recreational or activities director;

(ii) Provide supportive services directly;

(iii) Assist with property management work; or

(iv) Act as a Neighborhood Networks program director or coordinator.

(D) *Basic Qualifications of Service Coordinators and Aides.*

(1) Service Coordinator Qualifications include the following:

(a) A Bachelor of Social Work or degree in Gerontology, Psychology or

Counseling is preferable; a college degree is fully acceptable. *You may also consider individuals who do not have a college degree, but who have appropriate work experience.*

(b) Knowledge of the aging process, elder services, disability services, eligibility for and procedures of federal and applicable state entitlement programs, legal liability issues relating to providing Service Coordination, drug and alcohol use and abuse by the elderly, and mental health issues.

(c) Two to three years experience in social service delivery with senior citizens and people with disabilities. Some supervisory or management experience may be desirable if the Service Coordinator will work with aides.

(d) Demonstrated working knowledge of supportive services and other resources for senior citizens and non-elderly people with disabilities available in the local area.

(e) Demonstrated ability to advocate, organize, problem-solve, and provide results for the elderly and people with disabilities.

(2) *Aides Working with a Service Coordinator.* Aides should either have a college degree or appropriate experience in working with the elderly and/or people with disabilities. An example of an aide position could be an internship or work-study program with local colleges and universities to assist in carrying out some of the Service Coordinator's functions.

(E) *Eligible Applicants and Developments.* To be eligible for funding:

(1) You must meet all of the applicable threshold requirements of Sections V (B) and (D) of the General Section of the SuperNOFA.

(2) You must be an owner of a development assisted under one of the following programs:

(a) Section 202 Direct Loan;

(b) Project-based Section 8 (including Section 8 Moderate Rehabilitation); or

(c) Section 221(d)(3) below-market interest rate, and 236 developments that are insured or assisted.

(3) Additionally, developments listed in paragraph (2), above, are eligible only if they meet the following criteria:

(a) Have frail or at-risk elderly residents and/or non-elderly residents with disabilities who together total at least 25 percent of the building's residents. (For example, in a 52-unit development, at least 13 residents must be frail, at-risk, or non-elderly people with disabilities.)

(b) Were designed for the elderly or persons with disabilities and continue to operate as such. This includes any building within a mixed-use development that was designed for occupancy by elderly persons or persons with disabilities at its inception and continues to operate as such, or consistent with title VI, subtitle D of the Housing and Community Development Act of 1992 (Pub. L. 102–550). If not so designed, a development in which the owner gives preferences in tenant selection (with HUD approval) to eligible elderly persons or persons with disabilities, for all units in that development.

(c) Are current in mortgage payments or are current under a workout agreement.

(d) Meet HUD's Uniform Physical Conditions Standards (codified in 24 CFR part 5, subpart G), based on the most recent physical inspection report and responses thereto, as evidenced by a score of 60 or better on the last physical inspection or by an approved plan for developments scoring less than 60.

(e) Are in compliance with their regulatory agreement, Housing Assistance Payment (HAP) Contract, and other outstanding directives.

(f) Have insufficient surplus cash available at the time of application that otherwise could be used to hire a Service Coordinator. HUD Field staff will make this determination based on the surplus cash statement of the development's last Annual Financial Statement.

(4) If your eligibility status changes during the course of the grant term, making you ineligible to receive a grant (*e.g.* due to prepayment of mortgage, sale of property, or opting out of a Section 8 HAP contract), HUD has the right to terminate your grant.

(F) *Ineligible Applicants and Developments.*

(1) Property management companies, area agencies on aging, and other like organizations are *not* eligible applicants for Service Coordinator funds. Such agents may prepare applications and sign application documents if they provide written authorization from the owner corporation as part of the application. In such cases, the owner corporation must be indicated on all forms and documents as the funding recipient.

(2) Developments not designed for the elderly or people with disabilities or those no longer operating as such.

(3) Section 221(d)(4) developments without project-based Section 8 assistance.

(4) Section 202 and 811 developments with a PRAC. Owners of Section 202 PRAC developments may obtain funding by requesting an increase in their PRAC payment consistent with Handbook 4381.5 REVISION–2, CHANGE–2, Chapter 8.

(G) *Eligible Activities.*

(1) Service Coordinator Program grant funds may be used to pay for the salary, fringe benefits, and related support costs of employing a service coordinator.

(2) You may use grant funds to pay for Quality Assurance (QA) in an amount that does not exceed five (5) percent of the Service Coordinator's salary. Eligible QA activities are those that evaluate your program, to assure that the position is effectively implemented. A qualified, objective third party must perform the program evaluation work and must have supervisory work experience and education in social or health care services. Your QA activities must include two program evaluation reviews during the first year of program operation and one review each successive year. The program evaluations must identify short and long term program outcomes and performance indicators that will help you measure your performance.

On-site housing management staff cannot perform QA and you may not augment current salaries of in-house staff for this purpose.

(3) You may propose reasonable costs associated with setting up a confidential office space for the Service Coordinator. Such expenses must be one-time only administrative start-up costs. Such costs may involve acquisition, leasing, rehabilitation, or conversion of space. HUD Field Office staff must approve both the proposed costs and activity and must perform an environmental assessment on such proposed work prior to grant award.

(4) You may use funds to augment a current Service Coordinator program, by increasing the hours of a currently employed Service Coordinator, or hiring an additional Service Coordinator or aide on a part-or full-time basis. Likewise, ALCP applicants may apply for new or augmented Service Coordinator costs to serve Assisted Living residents and/or all residents of the development.

(5) You may use funds to continue a Service Coordinator program that has previously been funded through other sources. In your application, you must provide evidence that this funding source has already ended or will discontinue within six months following the application deadline date and that no other funding mechanism is available to continue the program. This applies only to funding sources other than the subsidy awards and grants provided by the Department through program Notices beginning in FY 1992.

HUD currently provides one-year extensions to these subsidy awards and grants through a separate funding action.

(6) You may provide service coordination to low-income elderly individuals or people with disabilities living in the vicinity of an eligible development. Community residents should come to your housing development to meet with and receive service from the Service Coordinator. However, you must make reasonable accommodations for those individuals unable to travel to the housing site.

(H) *Ineligible Activities.*

(1) You may not use funds available through this NOFA to replace currently available funding from other sources for a Service Coordinator or for some other staff person who performs service coordinator functions.

(2) Owners with existing service coordinator subsidy awards or grants may not apply for renewal or extension of those programs under this NOFA.

(3) Congregate Housing Services Program (CHSP) grantees may not use these funds to meet statutory program match requirements and may not use these funds to replace current CHSP program funds to continue the employment of a service coordinator.

(4) The cost of application preparation is not eligible for reimbursement.

(5) Grant funds cannot be used to increase a project's management fee.

(6) You cannot hire an additional part or full-time Service Coordinator for the sole purpose of serving community residents.

IV. Program Requirements

To receive and administer a Service Coordinator grant, you must meet the requirements in Section IV of this program section of the SuperNOFA. These requirements apply to all activities, programs, and functions used to plan, budget, and evaluate the work funded under your program.

In addition to the requirements listed below, you must also meet the requirements of Section V of the General Section of this SuperNOFA. (Please note that paragraphs E, G, and M of Section V do not apply to the Service Coordinator program.)

(A) You must make sufficient separate and private office space available for the Service Coordinator and/or aides, without adversely affecting normal activities.

(B) The Service Coordinator must maintain resident files in a secured location. Files must be accessible ONLY to the Service Coordinator, unless residents provide signed consent otherwise. These policies must be consistent with maintaining confidentiality of information related to any individual per the Privacy Act of 1974.

(C) Grantees must ensure that the Service Coordinator receives appropriate supervision, training, and ongoing continuing education requirements, consistent with statutory and HUD administrative policies. This includes 36 hours of training in age-related and disability issues during the first year of employment, if the Service Coordinator has not received recent training in these areas, and 12 hours of continuing education each year thereafter.

(D) *Administrative Costs.* The administrative costs of your program cannot exceed 10% of the program's cost.

(E) *Reports.* Grantees must submit semi-annual financial status and program performance reports. They must also provide information supporting program expenses at the time of receipt of grant funds for cost reimbursement. The objectives of the Service Coordinator program are to enhance a resident's quality of life and ability to live independently and age in place. The data that HUD collects on the performance report measures the grantee's success in meeting these intended program outcomes. The data reported include the numbers of residents served, their ages, frailty levels, and the range of services provided to them. In addition, the performance report assesses the Service Coordinator's efficiency in providing coordination, by reporting the number of hours worked, the amount of time spent doing administrative tasks, the types of professional training attended, and examples of problems encountered throughout the course of their work.

(F) As a condition of receiving a grant, Section 202 developments with project-based Section 8 must open a Residual Receipts account separate from the Reserve for Replacement account, if they do not already have such a separate account.

(G) *Term of Funded Activities.* The grant term is three years. HUD will renew grants subject to the availability of funds and acceptable program performance.

(H) *Subgrants and Subcontracts.* You may directly hire a Service Coordinator or you may contract with a qualified third party to provide this service.

V. Application Selection Process

(A) *General.* HUD will not award Service Coordinator Program grant funds through a rating and ranking process. Instead, the Department will hold one national lottery for all eligible applications forwarded from Multifamily HUB and Multifamily Program Centers (a list of these offices is found in Appendix A to this notice).

(B) *Threshold Eligibility Review.* HUD Multifamily Field Office staff will review applications for completeness and compliance with the eligibility criteria set forth in Section III of this NOFA. Field Office staff will forward application information to Headquarters for entry into the lottery if the application was received by the deadline date, meets all eligibility criteria, proposes reasonable costs for eligible activities, and includes all technical corrections by the designated deadline date.

VI. Application Submission Requirements

(A) *Single Applications.*

(1) You may submit one application for one or more developments that your corporation owns.

(2) You may submit more than one application to a single Field Office, if you wish to increase your chances of selection in the lottery. Each application must propose a separate, stand-alone program and the development(s) must all be located in the same Field Office jurisdiction.

(3) If you wish to apply on behalf of developments located in different Field Office jurisdictions, you must submit a separate application to each Field Office.

(B) *Joint Applications.* You may join with one or more other eligible owners to share a Service Coordinator and submit a joint application. In the past, joint applications have been used by small developments that joined together to hire and share a part or full-time Service Coordinator.

(C) *Application Submission Requirements for ALCP Applicants.* If you are an ALCP applicant and you request new or additional Service Coordinator costs specifically for your proposed Assisted Living Program, you must submit an application containing all required documents and information listed in this NOFA. Be sure to indicate the amount of grant funds you are requesting for both programs on your HUD–424 forms. HUD Field Office staff will review both applications simultaneously.

ALCP applicants must submit all the required items in the Service Coordinator application listed in Section VI.(E) of this NOFA. You may provide a copy of all standard forms in your Service Coordinator application. If you do not provide either an original or copy of these forms, your Service

Coordinator application will be incomplete.

If you currently do not have a Service Coordinator working at the development proposed in your ALCP application and your ALCP application is selected to receive an award, HUD will fund a Service Coordinator to serve either ALCP residents only or all residents of the development dependent upon your request. If your development currently has a Service Coordinator, you may request additional hours for the Service Coordinator to serve the Assisted Living residents. If you request additional hours, you must specify the number of additional hours per week and provide an explanation based on the anticipated needs of the Assisted Living residents. Provide this explanation in your ALCP application as instructed in the ALCP NOFA.

If you request Service Coordinator funding to serve all residents of your development, your request can be entered into the national lottery if your ALCP application is not selected to receive an award.

Owners applying for ALCP grants may also submit separate Service Coordinator applications for entry into the lottery for other eligible developments they own and that are not included in their ALCP application.

(D) *Your application must contain the items listed in this Section VI(D).* These items include the standard forms, certifications, and assurances listed in the General Section of the SuperNOFA that are applicable to this funding (collectively, referred to as the ''standard forms''). The standard forms and other required forms can be found in the Application found in Appendix B to this NOFA. The items are as follows:

Standard Forms

(1) Application for Federal Assistance (HUD–424)

(2) Applicant Assurances and Certifications (HUD–424B)

(3) If engaged in lobbying, the Disclosure Form Regarding Lobbying (SF-LLL)

(4) Applicant/Recipient Disclosure/ Update Report Form (HUD–2880)

(5) Acknowledgment of Application Receipt (HUD–2993)

(6) Client Comments and Suggestions (HUD–2994)

Other Application Items:

All applications for funding under the Service Coordinator Program must contain the following documents and information:

(1) Service Coordinator Funding Request, forms HUD–91186 and HUD–91186-i.

(2) If more than one owner is proposing to share a Service Coordinator, one agency must designate itself the ''lead''. This lead agency must submit a letter along with the completed application materials from each owner. The letter must be on organization letterhead and contain the number of developments, their names and addresses, and the dollar amount requested for each site. The legal signatory for the owner corporation must sign the letter, indicating agreement to administer grant funds for the housing developments listed in the letter.

(3) Evidence of comparable salaries in your local area.

(4) *Narratives.* (a) Explain your method of estimating how many residents of your development are frail or at-risk elderly or non-elderly people with disabilities. Please document that individuals meeting these criteria make up at least 25% of your resident population. (Do not include elderly individuals or people with disabilities who do not live in the eligible developments included in your application.)

(b) Explain how you will provide on-site private office space for the Service Coordinator, to allow for confidential meetings with residents.

(c) If you include quality assurance in your proposed budget, provide a justification and explanation of who will perform this work, what responsibilities are involved, and how often the work will be done.

(d) If you propose to serve community residents, present a description of your plan.

(e) If you are applying for an ALCP grant: (i) Describe how the new or additional Service Coordinator hours will support your proposed assisted living program, by following the instruction provided in the ALCP NOFA; and (ii) indicate if you want your Service Coordinator application entered into the lottery if your ALCP application is not selected to receive an award.

(5) If applicable, evidence that prior funding sources for your development's Service Coordinator program are no longer available or will expire within six months following the application deadline date.

(6) A bank statement showing the current residual receipts or excess income balance in the development's account.

(7) Applicant checklist.

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 program are categorically excluded from NEPA and related environmental authorities under 24 CFR 50.19(b)(3), (4), (12), or (13). If grant funds will be used to cover the cost of any activities which are not exempted from environmental review requirements—such as acquisition, leasing, construction, or building rehabilitation, HUD will perform an environmental review to the extent required by 24 CFR part 50, prior to grant award.

IX. Authority

Section 808 of the Cranston-Gonzalez National Affordable Housing Act (Pub. L. 101–625, approved November 28, 1990), as amended by sections 671, 674, 676, and 677 of the Housing and Community Development Act of 1992 (Pub. L. 102–550, approved October 28, 1992), and section 851 of the American Homeownership and Economic Opportunity Act of 2000 (Pub. L. 106–569, approved December 27, 2000).

Appendix A

HUD Field Office List for Mailing Service Coordinator Applications

Alabama—Multifamily Housing Program Center, HUD—Birmingham Office, 600 Beacon Parkway West, Rm. 300, Birmingham, AL 35209–3144, OFC Phone: (205) 290–7611, FAX: (205) 290–7632, TTY Number: (205) 731–2624

Alaska—Multifamily Housing Hub, HUD Seattle Office, 909 First Avenue, Suite 190, MS–0AHM, Seattle, WA 98104–1000, OFC Phone: (206) 220–5228 ext. 3250, FAX: (206) 220–5206, TTY Number: (206) 220–5254

Arizona—Multifamily Housing Program Center, HUD Phoenix Office, 400 North Fifth Street, Suite 1600, Phoenix, AZ 85004–2361, OFC Phone: (602) 379–4434, FAX: (602) 379–3985 TTY Number: (602) 379–4557

Arkansas—Multifamily Housing Program Center, HUD Little Rock Office, 425 West Capitol Avenue #900, Little Rock, AR 72201–3488, OFC Phone: (501) 324–5401, FAX: (501) 324–6142, TTY Number: (501) 324–5931

California—Multifamily Housing Hub, HUD—San Francisco Office, 450 Golden Gate Avenue, PO Box 36003, San Francisco, CA 94102–3448, OFC Phone: (415) 436–6505, FAX: (415) 436–8996, TTY Number: (415) 436–6594

Los Angeles Multifamily Hub, 611 West Sixth Street, Suite 800, Los Angeles, CA 90017, OFC Phone: (213) 894–8000 x3634,

Fax: (213) 894–8255, TTY Number: (213) 894–8133

Colorado—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 11th Floor, Denver, CO 80202–3607, OFC Phone: (303) 672–5343, FAX: (303) 672–5153, TTY Number: (303) 672–5113

Connecticut—Multifamily Housing Program Center, HUD—Hartford Office, One Corporate Center, 19th floor, Hartford, CT 06103–3220, OFC Phone: (860) 240–4800 Ext. 3068, FAX: (860) 240–4850, TTY Number: (860) 240–4665

Delaware—Multifamily Housing Hub, HUD Philadelphia Office, The Wanamaker Building, 100 Penn Square, East, Philadelphia, PA 19107–3380, OFC Phone: (215) 656–0609 Ext. 3533, FAX: (215) 656–3427, TTY Number: (215) 656–3452

District of Columbia—Multifamily Housing Program Center, HUD Washington, DC Office, Suite 300, 820 First Street, N.E., Washington, DC 20032–4205, OFC Phone: (202) 275–9200, FAX: (202) 275–9212, TTY Number: (202) 275–0772

Florida—Multifamily Housing Hub, HUD—Jacksonville Office, 301 West Bay Street, Suite 2200, Jacksonville, FL 32202–5121, OFC Phone: (904) 232–1777 x2144, FAX: (904) 232–2731, TTY Number: (904) 232–2631

Georgia—Multifamily Housing Hub, HUD—Atlanta Office, Five Points Plaza Building, 40 Marietta Street, S.W., Atlanta, Georgia 30303–2806, OFC Phone: (404) 331–4976, FAX: (404) 331–4028, TTY Number: (404) 730–2654

Hawaii—Multifamily Housing Program Center, HUD Honolulu Office, 7 Waterfront Plaza, 500 Ala Moana Blvd. #500, Honolulu, HI 96813–4918, OFC Phone: (808) 522–8185 Ext. 244, FAX: (808) 522–8194, TTY Number: (808) 522–8193

Idaho—Multifamily Housing Hub, HUD Seattle Office, 909 First Avenue, Suite 190, MS–0AHM, Seattle, WA 98104–1000, OFC Phone: (206) 220–5228 ext. 3250, FAX: (206) 220–5206, TTY Number: (206) 220–5254

Illinois—Multifamily Housing Hub, HUD—Chicago Office, Ralph Metcalfe Federal Building, 77 West Jackson Boulevard, Chicago, IL 60604–3507, OFC Phone: (312) 353–6236 Ext. 2202, FAX: (312) 886–2729, TTY Number: (312) 353–5944

Indiana—Multifamily Housing Program Center, HUD Indianapolis Office, 151 North Delaware Street, Suite 1200, Indianapolis, IN 46204–2526, OFC Phone: (317) 226–6303, FAX: (317) 226–7308, TTY Number: (317) 226–7081

Iowa—Multifamily Housing Program Center, HUD Des Moines Office, 210 Walnut Street, Room 239, Des Moines, IA 50309–2155, OFC Phone: (515) 284–4736, FAX: (515) 284–4743, TTY Number: (515) 284–4728

Kansas—Multifamily Housing Hub, HUD Kansas City Office, 400 State Avenue, Room 200, Kansas City, KS 66101–2406, OFC Phone: (913) 551–6844, FAX: (913) 551–5469, TTY Number: (913) 551–6972

Kentucky—Multifamily Housing Program Center, HUD—Louisville Office, 601 West Broadway, PO Box 1044, Louisville, KY 40201–1044, OFC Phone: (502) 582–6124, FAX: (502) 582–6547, TTY Number: (800) 648–6056

Louisiana—Multifamily Housing Program Center, HUD New Orleans Office, Hale Boggs Bldg.—501 Magazine Street, 9th Floor, New Orleans, LA 70130–3099, OFC Phone: (504) 589–7236, FAX: (504) 589–6834, TTY Number: (504) 589–7279

Maine—Multifamily Housing Program Center, HUD—Manchester Office, Norris Cotton Federal Bldg., 275 Chestnut Street, Manchester, NH 03101–2487, OFC Phone: (603) 666–7684, FAX: (603) 666–7697, TTY Number: (603) 666–7518

Maryland—Multifamily Housing Hub, HUD Baltimore Office, 5th Floor, 10 South Howard Street, Baltimore, MD 21201–2505, OFC Phone: (410) 962–2520 Ext. 3474, FAX: (410) 962–1849, TTY Number: (410) 962–0106

Massachusetts—Multifamily Housing Hub, HUD—Boston Office, O'Neil Federal Building, 10 Causeway Street, Rm.375, Boston, MA 02222–1092, OFC Phone: (617) 565–5162, FAX: (617) 565–6557, TTY Number: (617) 565–5453

Michigan—Multifamily Housing Hub, HUD Detroit Office, 477 Michigan Avenue, Detroit, MI 48226–2592, OFC Phone: (313) 226–7900, FAX: (313) 226–5611, TTY Number: (313) 226–6899

Multifamily Housing Program Center, HUD Grand Rapids, Trade Center Building, 50 Louis Street, N.W., Grand Rapids, MI 49503–2648, OFC Phone: (616) 456–2100, FAX: (616) 456–2191, TTY Number: (616) 456–2159

Minnesota—Multifamily Housing Hub, HUD Minneapolis Office, 220 Second Street, South, Minneapolis, MN 55401–2195, OFC Phone: (612) 370–3051, FAX: (612) 370–3090, TTY Number: (612) 370–3186

Mississippi—Multifamily Housing Program Center, HUD Jackson Office—McCoy Federal Building, 100 W. Capitol Street, Room 910, Jackson, MS 39269–1096, OFC Phone: (601) 965–4738, FAX: (601) 965–4773, TTY Number: (601) 965–4171

Missouri—Multifamily Housing Hub, HUD Kansas City Office, 400 State Avenue, Room 200, Kansas City, KS 66101–2406, OFC Phone: (913) 551–6844, FAX: (913) 551–5469, TTY Number: (913) 551–6972

Multifamily Housing Program Center—HUD St. Louis Office, Robert A. Young Federal Building, 1222 Spruce Street, Third Floor, St. Louis, MO 63103–2836, OFC Phone: (314) 539–6382, FAX: (314) 539–6356, TTY Number: (314) 539–6331

Montana—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 14th Floor, Denver, CO 80202–3607, OFC Phone: (303) 672–5343, FAX: (303) 672–5153, TTY Number: (303) 672–5248

Nebraska—Multifamily Housing Program Center, HUD Omaha Office, 10909 Mill Valley Road, Suite 100, Omaha, NE 68154–3955, OFC Phone: (402) 492–3113, FAX: (402) 492–3184, TTY Number: (402) 492–3183

Nevada—Multifamily Housing Program Center, HUD Las Vegas Office, 333 N. Rancho Drive—Atrium Bldg. Suite 700, Las Vegas, NV 89106–3714, OFC Phone: (702) 388–6525, FAX: (702) 388–6244, TTY Number: (702) 388–6246

New Hampshire—Multifamily Housing Program Center, HUD—Manchester Office, Norris Cotton Federal Bldg., 275 Chestnut Street, Manchester, NH 03101–2487, OFC Phone: (603) 666–7684, FAX: (603) 666–7697, TTY Number: (603) 666–7518

New Jersey—Multifamily Housing Program Center, HUD—Newark Office—13th Floor, One Newark Center, Newark, NJ 07102–5260, OFC Phone: (973) 622–7900 Ext. 3400, FAX: (973) 645–2271, TTY Number: (973) 645–3298

New Mexico—Multifamily Housing Hub, HUD Ft. Worth Office, 801 Cherry Street, PO Box 2905, Ft. Worth, TX 76102–2905, OFC Phone: (817) 978–5764, FAX: (817) 978–5520, TTY Number: (817) 978–9278

New York—Multifamily Housing Hub, HUD—New York Office, 26 Federal Plaza—Room 3214, New York, NY 10278–0068, OFC Phone: (212) 264–0777 Ext. 3713, FAX: (212) 264–1277, TTY Number: (212) 264–0927

Multifamily Housing Hub, HUD—Buffalo Office, Lafayette Court, 5th Floor, 465 Main Street, Buffalo, NY 14203–1780, OFC Phone: (716) 551–5755 Ext. 5509, FAX: (716) 551–3252, TTY Number: (716) 551–5787

North Carolina—Multifamily Housing Hub, HUD Greensboro Office—Koger Building, 2306 West Meadowview Road, Greensboro, NC 27407, OFC Phone: (336) 547–4034, FAX: (336) 547–4121, TTY Number: (336) 547–4020

North Dakota—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 14th Floor, Denver, CO 80202–3607, OFC Phone: (303) 672–5343, FAX: (303) 672–5153, TTY Number: (303) 672–5248

Ohio—Multifamily Housing Hub, HUD Columbus Office, 200 North High Street, Columbus, OH 43215–2499, OFC Phone: (614) 469–5737, Ext. 8111, FAX: (614) 469–2432, TTY Number: (614) 469–6694

Multifamily Housing Program Center, HUD Cincinnati Office, 525 Vine Street, Suite 700, Cincinnati, OH 45202–3188, OFC Phone: (513) 684–2350, FAX: (513) 684–6224, TTY Number: (513) 684–6180

Multifamily Housing Program Center, HUD Cleveland Office, 1350 Euclid Avenue, Suite 500, Cleveland, OH 44115–1815, OFC Phone: (216) 522–4058 Ext. 7000, FAX: (216) 522–4067, TTY Number: (216) 522–2261

Oklahoma—Multifamily Housing Program Center, HUD Oklahoma City Office, 500 W. Main Street, Suite 400, Oklahoma City, OK 73102–2233, OFC Phone: (405) 553–7410, FAX: (405) 553–7406, TTY Number: (1) 800–877–8339

Oregon—Multifamily Housing Hub, HUD Seattle Office, 909 First Avenue, Suite 190, MS–0AHM, Seattle, WA 98104–1000, OFC Phone: (206) 220–5228 ext. 3250, FAX: (206) 220–5206, TTY Number: (206) 220–5254

Pennsylvania—Multifamily Housing Hub, HUD Philadelphia Office, The Wanamaker Building, 100 Penn Square, East, Philadelphia, PA 19107–3380, OFC Phone: (215) 656–0609 Ext. 3533, FAX: (215) 656–3427, TTY Number: (215) 656–3452

Multifamily Housing Program Center, HUD Pittsburgh Office, 339 Sixth Avenue—Sixth

Floor, Pittsburgh, PA 15222–2515, OFC Phone: (412) 644–6639, FAX: (412) 644–5872, TTY Number: (412) 644–5747

Puerto Rico—Multifamily Housing Program Center, HUD Caribbean Office, 171 Carlos E. Chardon Avenue, San Juan, PR 00918–0903, OFC Phone: (787) 766–5401, FAX: (787) 766–5522, TTY Number: (787) 766–5909

Rhode Island—Multifamily Housing Program Center, HUD—Providence Office, 10 Weybosset Street, Sixth Floor, Providence, RI 02903–2808, OFC Phone: (401) 528–5230, FAX: (401) 528–5097, TTY Number: (401) 528–5403

South Carolina—Multifamily Housing Program Center, HUD Columbia Office, 1835 Assembly Street, Columbia, SC 29201–2480, OFC Phone: (803) 765–5162, FAX: (803) 253–3043, TTY Number: (803) 253–3209

South Dakota—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 14th Floor, Denver, CO 80202–3607, OFC Phone: (303) 672–5343, FAX: (303) 672–5153, TTY Number: (303) 672–5248

Tennessee—Multifamily Housing Program Center, HUD—Knoxville Office, 710 Locust Street, SW, Knoxville, TN 37902–2526, OFC Phone: (423) 545–4411, FAX: (423) 545–4578, TTY Number: (423) 545–4559

Multifamily Housing Program Center HUD—Nashville Office, 251 Cumberland Bend Drive, Suite 200, Nashville, TN 37228–1803, OFC Phone: (615) 736–5748, FAX: (615) 736–2018, TTY Number: (615) 736–2886

Texas—Multifamily Housing Hub, HUD Ft. Worth Office, 801 Cherry Street, PO Box 2905, Ft. Worth, TX 76102–2905, OFC Phone: (817) 978–5764, FAX: (817) 978–5520, TTY Number: (817) 978–5965

Multifamily Housing Program Center, HUD Houston Office, 2211 Norfolk, #200, Houston, TX 77098–4096, OFC Phone: (713) 313–2274 Ext. 7015, FAX: (713) 313–2319, TTY Number: (713) 834–3274

Multifamily Housing Program Center, HUD San Antonio Office, 800 Dolorosa, San Antonio, TX 78207–4563, OFC Phone: (210) 475–6831, FAX: (210) 472–6897, TTY Number: (210) 475–6885

Utah—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 14th Floor, Denver, CO 80202–3607, OFC Phone: (303) 672–5343, FAX: (303) 672–5153, TTY Number: (303) 672–5248

Vermont—Multifamily Housing Program Center, HUD—Manchester Office, Norris Cotton Federal Bldg., 275 Chestnut Street, Manchester, NH 03101–2487, OFC Phone: (603) 666–7684, FAX: (603) 666–7697, TTY Number: (603) 666–7518

Virginia—Multifamily HUD Richmond Office, 3600 West Broad Street, Richmond, VA 23230–4920, OFC Phone: (804) 278–4500 Ext. 3146, FAX: (804) 278–4613, TTY Number: (804) 771–2038

Washington—Multifamily HUD Seattle Office, 909 First Avenue, Suite 190, MS–0AHM, Seattle, WA 98104–1000, OFC Phone: (206) 220–5228 ext. 3250, FAX: (206) 220–5206, TTY Number: (206) 220–5254

West Virginia—Multifamily HUD—Charleston Office, 405 Capitol Street, Suite 708, Charleston, WV 25301–1795, OFC Phone: (304) 347–7000 Ext. 103, FAX: (304) 347–7050, TTY Number: (304) 347–5332

Wisconsin—Multifamily, HUD Milwaukee Office, 310 West Wisconsin Avenue, Room 1380, Milwaukee, WI 53203–2289, OFC Phone: (414) 297–3214 Ext. 8662, FAX: (414) 297–3204, TTY Number: (414) 297–1423

Wyoming—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 14th Floor, Denver, CO 80202–3607, OFC Phone: (303) 672–5343, FAX: (303) 672–5153, TTY Number: (303) 672–5248

APPENDIX B

MULTIFAMILY HOUSING

Service Coordinator Program

Grant Application 2003

Application Due Date: July 10, 2003

U.S. Department of Housing and Urban Development
Office of Housing
Office of Multifamily Housing Programs

Table of Contents

Helpful HINTS 1

1 Introduction 2

2 APPLICATION SUBMISSION 2
2.1 Deadline Date 2
Number of Copies 2
2.3 Number of Applications 2
2.4 Applications with Multiple Developments and Joint Applications 2
2.4.1 Multiple Development Applications 3
2.4.2 Joint Applications 3
2.5 Grant Amount 3
2.6 Applicant Checklist 4
2.7 Application Submission 5
2.7.1 SubmissionAddress 5
2.7.2 Delivery Options 5
2.8 Technical Assistance 6
2.9 To Obtain Copies of Applications and NOFAS 6
2.10 Other Funding Sources 6

3 ELIGIBILITY CRITERIA 7
3.1 Eligible and Ineligible Applicants 7
3.2 Eligible and Ineligible Developments 7
3.2.1 Eligible Developments 7
3.2.2 Ineligible Developments 8
3.3 Eligible and Ineligible Activities 9
3.3.1 Eligible Activities 9
3.3.2 Ineligible Activities 10

4 Service Coordination 10
4.1 General 10
4.2 Who Does Service Coordination? 11
4.3 Indications of Existing Service Coordination 11
4.4 Functions of a Service Coordinator 12
4.5 Ineligible Work Responsibilities 13
4.6 Basic Qualification Guidelines for Service Coordinators and Aides 13
4.6.1 Service Coordinator Qualifications 13

4.6.2 Aides Working with a Service Coordinator 14

5 STAFFING CONSIDERATIONS 15
5.1 Contracting Out 15
5.2 Sharing a Coordinator 15
5.3 Guidelines for Work Time 15
5.4 Quality Assurance 16

6 FRAILTY CONSIDERATIONS 16

7 DETERMINING PROGRAM COSTS 18
7.1 Determining Program Costs 18
7.2 Use of Residual Receipts or Excess Income 18

8 Selection and Funding Process 19
8.1 Selection Process 19
8.2 Funding Process 19

9 Assisted Living Conversion Program Applicant's Information 20
9.1 General 20
9.2 Application Requirements 20

10 Program Requirements 21

Attachments

1. Applicant Checklist
2. Service Coordinator Funding Request (forms HUD-91186 and HUD-91186-i)
3. Transmittal Letter Format for Designated Lead Agency
4. Application for Federal Assistance (HUD-424)
5. Applicant Assurances and Certifications (HUD-424B)
6. Disclosure Form Regarding Lobbying (SF-LLL)
7. Applicant/Recipient Disclosure/Update Report Form (HUD-2880)
8. Acknowledgment of Application Receipt (HUD-2993)
9. Client Comments and Suggestions (HUD-2994)
10. Fiscal Year 2003 Service Coordinator Notice of Funding Availability with Field Office List

HELPFUL HINTS

- Be sure to read the application materials carefully and thoroughly.
- If you have any questions about any part of this application, do not make assumptions or guesses. Contact HUD Field staff for assistance.
- The owner corporation is the only eligible applicant and recipient of Service Coordinator funds. Property management companies and other agents may prepare applications, but may not receive funds (Section 3.1).
- Section 202 with Project Rental Assistance Contracts (PRAC) and Section 811 developments are not eligible for funding (Section 3.2.2).
- Only developments designed for the elderly or people with disabilities and continuing to operate as such are eligible for funding. Developments designed for primary residence by families are not eligible (Section 3.2).
- There is no minimum unit number to be eligible for funding (Section 3.2.1(G)).
- You may request funds to augment the time of a current Service Coordinator or hire an additional Service Coordinator or aide (Section 3.3.1(D)).
- You may request funding to continue a Service Coordinator program paid through other resources, if those resources are no longer available or will discontinue within six months following the application due date (Section 3.3.1(E)).
- As part of your program, you may provide service coordination to low-income elderly or disabled families living in the vicinity of an eligible development (Section 3.3.1(F)).
- When preparing your application, please number all pages and clearly identify all components of your application package.
- The Standard Form 424 requests the Catalogue of Federal Domestic Assistance (CFDA) number for this program. The number is 14.191.

1. Introduction

This application package contains instructions and materials for Service Coordinator grants for multifamily assisted housing developments for the elderly and people with disabilities. Applicants will submit requests to their local Field Office. Field staff will review applications and will forward to HUD Headquarters funding request information for those applications that meet threshold eligibility criteria. HUD Headquarters staff will place all eligible applications in a national lottery. HUD will make three-year grants through this process and will award approximately $25 million. All grants are renewable in the future, subject to the availability of funds and acceptable program performance.

2. APPLICATION REQUIREMENTS

2.1 Deadline Date: The Application deadline date is July 10, 2003. Applicants must submit applications to their local Field office as directed in the Service Coordinator Notice of Funding Availability (NOFA) and in this application package.

2.2 Number of Copies. You must submit **one original application and two copies** to the appropriate Field Office.

2.3 Number of Applications

A. You may submit one application for one or more developments that your corporation owns.

OR

B. You may submit more than one application to a single Field Office, if you wish to increase your chances of selection in the lottery. Each application must propose a stand-alone program at separate sites and the development(s) must all be located in the same Field Office jurisdiction.

C. If you wish to apply on behalf of developments located in different Field Office jurisdictions, you must submit a separate application to each Field Office.

2.4 Applications With Multiple Developments and Joint Applications

2.4.1 Multiple Development Applications

You may propose to hire a Service Coordinator who will be shared among eligible developments that your corporation owns. You need submit only one transmittal letter and set of other required attachments. In your letter, be sure to list all developments that will share the coordinator and provide all pertinent development information.

2.4.2 Joint Applications

You may join with one or more owners to share a Service Coordinator and so submit a joint application. In the past, owners of small developments have joined together to submit one application for one Service Coordinator who will serve all sites.

One entity must act as the "lead applicant" and submit a transmittal letter covering all requests, (see sample letter format, Attachment 3). Send all owners' applications together, with the transmittal letter as the cover letter for the group of applications. This insures that all multiple requests are reviewed together.

The applicants must show the grant amount, and residual receipts/excess income, if appropriate, for **EACH** development. HUD will not award funds to one owner or a third party organization (e.g., a management agent) to be parceled out to the other owners.

2.5 Grant Amount

There is no maximum grant amount. The grant amount you request will be based on the Service Coordinator's salary and the number of hours worked each week by that Service Coordinator (and/or aide). You should base your determination of the appropriate number of weekly work hours on the number of people in the development who are frail, at-risk, or non-elderly people with disabilities. Under normal circumstances, a full-time Service Coordinator should be able to serve about 50-60 frail or at-risk elderly or non-elderly people with disabilities on a continuing basis. Your proposed salary must also be supported by evidence of comparable salaries in your area. Gather data from programs near you to compare your estimates with the salaries and administrative costs of currently operating programs. Field staff can provide you with contacts at local program sites.

2.6 Applicant Checklist

Make sure that you have included all required components and information in your application. Use the Applicant Checklist (Attachment 1) to help you keep track of these items. Check off each item as you put your application together and include the checklist as part of your application package. Your application must include the below items:

A. Service Coordinator Funding Request (forms HUD-91186 and HUD-91186-i)

B. If more than one owner is proposing to share a Service Coordinator, one agency must designate itself the "lead". This lead agency must submit a letter along with the completed application materials from each owner. The letter must be on organization letterhead and contain the number of developments, their names and addresses, and the dollar amount requested for each site. The legal signatory for the owner corporation must sign the letter, indicating agreement to administer grant funds for the housing developments listed in the letter.

C. Evidence of comparable salaries in your local area.

D. Narratives

1) Explain your method of estimating how many residents of your development are frail or at-risk elderly or non-elderly people with disabilities. Please document that individuals meeting these criteria make up at least 25% of your resident population. (Do not include elderly individuals or people with disabilities who do not live in the eligible developments included in your application.)

2) Explain how you will provide on-site private office space for the Service Coordinator, to allow for confidential meetings with residents.

3) If you include quality assurance in your proposed budget, provide a justification and explanation of who will perform this work, what responsibilities are involved, and how often the work will be done.

4) If you propose to serve community residents, present a description of your plan.

5) If you are applying for an ALCP grant, (a) describe how the new or additional Service Coordinator hours will support your proposed assisted living program, by following the instruction provided in the ALCP NOFA and (b) indicate if you want your Service Coordinator application entered into the lottery if your ALCP application is not selected to receive an award.

E. If applicable, Evidence that prior funding sources for your development's Service Coordinator program are no longer available or will expire within six months following the application deadline date.

F. A bank statement showing the current residual receipts or excess income balance in the development's account.

G. Applicant checklist

H. Standard Forms:
   1) Application for Federal Assistance (HUD-424)
   2) Applicant Assurances and Certifications (HUD-424B)
   3) If engaged in lobbying, the Disclosure Form Regarding Lobbying (SF-LLL)
   4) Applicant/Recipient Disclosure/Update Report Form (HUD-2880)
   5) Acknowledgment of Application Receipt (HUD-2993)
   6) Client Comments and Suggestions (HUD-2994)

2.7 Application Submission

2.7.1 Submission Address

Send your application to the local HUD Field Office that serves the jurisdiction in which the development proposed for funding is located. Address your application to the Director, Multifamily Housing Hub or Program Center. See list of Field Offices in Appendix A to the NOFA. Do not send any copies of applications to HUD Headquarters.

2.7.2 Delivery Options

A. You may not hand deliver applications. HUD will reject any hand-delivered applications.

B. You may send your application via any mail delivery service. However, HUD recommends that you send your application through the United States Postal Service, as access to HUD offices by other delivery services is not guaranteed and access may be denied for security reasons.

C. To be considered for funding, HUD must receive your mailed application no later than 3:30 PM *local time* on the application due date.

If you mail your application to the wrong Field Office and it is not received by the Office designated for receipt by the due date and time, it will be considered late and disqualified from funding. HUD is not responsible for directing it to the appropriate Office. **Proof of timely submission to HUD field offices will be the Certificate of**

Mailing (USPS Form 3817). Please remember that mail to Federal facilities is screened prior to delivery, so please allow time for your package to be delivered. If an application does not meet the filing requirements it will not receive funding consideration. Also, see the **General Section** of the SuperNOFA for further discussion concerning the form of application submission.

2.8 Technical Assistance

Field Office staff may provide limited technical assistance to owners to assist them in completing their applications. Technical Assistance includes such activities as explaining and responding to questions about program regulations, defining terms in an application package, and providing other forms of technical guidance that may be described in a NOFA. It does not include advising the applicant how to make substantive improvements to an application. See Appendix A to the NOFA for a list of Field Offices.

You also may email questions to Carissa_L._Janis@hud.gov. Your message may be forwarded to your local HUD Field Office contact person, so be sure to include your city and state in your message so we can respond promptly.

2.9 To Obtain Copies of this Application and NOFAs

You may obtain additional copies of this grant application by calling the SuperNOFA Information Center at 1-800-HUD-8929. If you have a hearing or speech impairment, please call the Center's TTY number at 1-800-HUD-2209. When requesting an application, please refer to the Multifamily Housing Service Coordinator Program and provide your name, address (including zip code) and telephone number (including area code). Application materials also will be available on the Internet at http://www.hud.gov.

2.10 Other Funding Sources

Some owners may have available residual receipts, excess income, or Section 8 funds (through their Housing Assistance Payment [HAP] contract). If these excess funds are sufficient to cover the costs of employing a Service Coordinator, you should use these resources first, whenever financially feasible, before applying for a grant. You will find procedures for applying for and using these funds in Housing's *Management Agent* Handbook 4381.5, Revision-2, Change-2, Chapter 8, and Notice 99-28 "Calculating and Retaining Section 236 Excess Income", Section II.C(3). Field Office staff will approve such requests consistent with current Section 8 and housing management policy. To the extent possible, HUD wants Service Coordinators to become permanent members of the management team and so this budget-based mechanism is a preferable long-term approach.

3. ELIGIBILITY CRITERIA

3.1 Eligible and Ineligible Applicants

Only owners of eligible multifamily assisted housing developments listed in Section 3.1, below, may request Service Coordinator funding. The owner entity must be the official applicant.

Property management companies, area agencies on aging, and other like organizations are not eligible applicants for Service Coordinator funds. However, such agents may prepare applications and sign application documents. To do so, **the application must include evidence that the owner has given authority for the agent to apply for the funds and to sign the application documents on behalf of the owner corporation**. A letter from the owner corporation stating this authority is acceptable evidence. In such cases, the owner corporation **must** be indicated on all forms and documents as the official funding recipient.

To be eligible for funding, you must meet all of the applicable threshold requirements of Section V(B) and (D) of the **General Section** of the SuperNOFA and must be owners of developments assisted under the following programs:

A. Section 202 Direct loan;

B. Project-based Section 8 (including Section 8 Moderate Rehabilitation), or

C. Section 221(d)(3) below-market interest rate, and 236 developments that are insured or assisted.

If your eligibility status changes during the course of the grant term making you ineligible to receive a grant (e.g. due to prepayment of mortgage, sale of property, or opting out of a Section 8 Housing Assistance Payment (HAP) contract), HUD has the right to terminate your grant.

3.2 Eligible and Ineligible Developments

3.2.1 Eligible Developments

Developments listed in section 3.1, above, are eligible only if they meet the following criteria:

A. Have frail or at-risk elderly residents and/or non-elderly residents with disabilities who together total at least 25 percent of the building's residents.

B. Are designed for the elderly or persons with disabilities and continue to operate as such. This includes any building within a mixed-use development that was designed for occupancy by elderly persons or persons with disabilities at its inception and continues to operate as such, or consistent with title VI, subtitle D of the Housing and Community Development Act of 1992. If not so designed, a development in which the owner gives preferences in tenant selection (with HUD approval) to eligible elderly persons or persons with disabilities, for all units in that development.

C. Are current in mortgage payments or are current under a workout agreement.

D. Meet HUD's Uniform Physical Conditions Standards (codified in 24 CFR part 5, subpart G), based on the most recent physical inspection report and responses thereto, as evidenced by a score of 60 or better or an approved plan for developments scoring less than 60.

E. Are in compliance with their regulatory agreement, HAP Contract, and other outstanding directives.

F. Have insufficient surplus cash available at the time of application that otherwise could be used to hire a Service Coordinator. HUD Field staff will make this determination based on the surplus cash statement of the development's last Annual Financial Statement.

G. Please note that there is no minimum unit number eligibility criterion. This means, for example, an owner of a 20-unit development may submit an application for a Service Coordinator to serve only those 20 units. However, this development still must meet all eligibility criteria and the owner must carefully conform to the hiring guidelines presented in Section 5.3, below, in proposing salary and number of work hours.

3.2.2 Ineligible Developments

Ineligible developments include those that are:

A. For primary residence by families (i.e. not designed for the elderly or disabled or no longer operating as such).

B. Financed through Section 221(d)(4) **and without project-based Section 8.**

C. Section 202 or 811 developments with a Project Rental Assistance Contract (PRAC). Owners of Section 202 PRAC developments may obtain funding by requesting an increase in their PRAC payment consistent with the *Management Agent Handbook* 4381.5 Revision-2, Change-2, Chapter 8. There is no statutory authority for Service Coordinators in Section 811 developments.

D. Developments with project-based Section 8 vouchers are not eligible to receive Service Coordinator grants.

3.3 Eligible and Ineligible Activities

3.3.1 Eligible Activities

A. Service Coordinator Program grant funds may be used to pay for the salary, fringe benefits, and related support costs for employing a Service Coordinator.

B. You may use grant funds to pay for Quality Assurance (QA) in an amount that does not exceed five (5) percent of the Service Coordinator's salary. Eligible QA activities are those that evaluate your program, to assure that the position is effectively implemented. A qualified third party must perform the program evaluation work and must have supervisory work experience and education in social or health care services. Your QA activities must include two program evaluation reviews during the first year of program operation and one review each successive year. On-site housing management staff cannot perform QA and you may not augment current salaries of in-house staff for this purpose.

C. You may propose reasonable costs associated with setting up a confidential office space for the Service Coordinator. Such expenses must be one-time only administrative start-up costs. Such costs may involve acquisition, leasing, rehabilitation, or conversion of space. HUD Field Office staff must approve both the proposed costs and activity and must perform an environmental assessment on such proposed work prior to grant award.

D. You may use funds to augment a current Service Coordinator program, by increasing the hours of a currently employed Service Coordinator, or hiring an additional Service Coordinator or aide on a part- or full-time basis.

E. You may use funds to continue a Service Coordinator program that has previously been funded through other sources. In your application, you must provide evidence that this funding source has already ended or will discontinue within six months following the application due date and that no other funding mechanism is available to continue the program.

This does not apply to the Service Coordinator grants previously awarded between 1992 and 1999. HUD will provide one-year extensions to these expiring grants through a separate funding action.

F. You may provide service coordination to low-income elderly or disabled families living in the vicinity of an eligible development. Community residents should come to your housing development to meet with and receive service from the Service Coordinator. However, you must make reasonable accommodations for those individuals unable to travel to the housing site.

3.3.2 Ineligible Activities

A. You may not use funds available through the Service Coordinator NOFA to replace currently available funding from other sources for a Service Coordinator or for some other staff person who performs Service Coordinator functions.

B. Owners with existing Service Coordinator subsidy awards or grants may not apply for renewal or extension of those programs.

C. Congregate Housing Services Program (CHSP) grantees may not use these funds to meet statutory program match requirements and may not use these funds to replace current CHSP program funds to continue the employment of a Service Coordinator.

D. The cost of application preparation is not eligible.

E. Grant funds cannot be used to increase a project's management fee.

F. You cannot hire an additional part or full-time Service Coordinator for the sole purpose of serving low-income elderly or disabled families who live in the vicinity of your development.

4. SERVICE COORDINATION

4.1 General

A Service Coordinator is a social service staff person hired by the development owner or Management Company. The coordinator is responsible for linking elderly residents, especially those who are frail or at-risk, or non-elderly residents with disabilities to the supportive services they need to continue living independently.

Service coordination means the activity of linking a resident to needed supportive services or medical services which may be provided by private practitioners or agencies in the general community. Additionally, the term may cover case management, both formal and informal, in which the Service Coordinator assesses service needs; determines eligibility for public services, and makes resource allocation decisions.

4.2 Who Does Service Coordination?

Service coordination may be performed by:

- An on-site or off-site staff person hired by the development owner or management agent, or shared among these employers;
- An on-site or off-site staff person hired by a third party agency, and contracted to the development owner or management agent, or
- A staff person hired by a third party agency, who provides case management and service coordination for a development resident in concert with the distribution of that agency or another agency's funding.

4.3 Indications of Existing Service Coordination

If Service Coordination is currently in-place and paid for by HUD or resources other than HUD's, the costs may not be shifted to these grant funds. These services may often be performed by staff with job titles other than "Service Coordinator" or be performed on a part-time basis by other members of the management team. No part of this activity's cost, regardless of who performs the service, may be transferred to this grant program.

The following may be indicators of existing coordination arrangements:

- Supplemental Security Income (SSI) and/or Medicaid payments going directly to the development's management for rent and service costs;
- The management of the development coordinates the services (and possibly their payment);
- Third party staff persons are placed on the premises without charge to the current HUD budget for the development, and
- Any combination of the above.

Case managers, social workers, or Service Coordinators may provide these services. These staff may be employed by a development owner or Management Company, or a state/local government agency. Not all developments for people with disabilities have a Service Coordinator in place or can provide this service for their residents. Therefore, HUD will individually evaluate each application to determine whether it may qualify for funding under this program, regardless of the population served.

4.4 Functions of a Service Coordinator

The major functions of the Service Coordinator include the following:

A. Provide general case management (including intake) and referral services to all residents needing such assistance.

B. Provide formal case management (i.e., evaluation of health, psychological and social needs, development of an individually tailored case plan for services and periodic reassessment of the resident's situation and needs) for a resident when such service is not available through the general community.

   There may be times when there will be difficulty in linking up residents with a community assessment agency in a timely manner. Therefore, the Service Coordinator may want to consider setting up a Professional Assessment Committee (PAC) to work with the Service Coordinator to perform initial assessments. (See the guidance in the CHSP regulations at 24 CFR 700.135 (or 1944.258 for Rural Housing developments). A PAC member shall NOT be paid for his/her services with grant funds.

C. Establish linkages with agencies and service providers in the community; shop around to determine/develop the best "deals" in service pricing, to assure individualized, flexible, and creative services for the involved resident(s).

D. Create a directory of providers for use by both development staff and residents.

E. Refer and link the residents of the development to service providers in the general community. Examples are: Case management, personal assistance, homemaker, meals-on-wheels, transportation, counseling, occasional visiting nurse, preventive health screening/wellness and legal advocacy.

F. Educate residents on service availability, application procedures, client rights, etc. Provide advocacy as appropriate.

G. Monitor the ongoing provision of services from community agencies and keep the case manager and provider agency current with the progress of the individual. Manage the provision of supportive services where appropriate.

H. Help the residents build informal support networks with other residents, family and friends.

I. Set up volunteer support programs with service organizations in the community.

J. Provide training to the development's residents in the obligations of tenancy or coordinate such training.

K. Educate other staff of the management team on issues related to aging in place and Service Coordination, to help them to better work with and assist the residents.

L. Develop case plans in coordination with community assessment services or with a PAC.

M. Work and consult with tenant organizations and resident management corporations.

4.5 Ineligible Work Responsibilities

During work hours paid for by this grant, Service Coordinators may not perform the following activities:

A. Act as a recreational or activities director;

B. Provide supportive services directly;

C. Assist with property management work, and

D. Act as a Neighborhood Networks director or coordinator.

4.6 Basic Qualification Guidelines for Service Coordinators and Aides

4.6.1 Service Coordinator Qualifications

Qualifications include the following:

A. A Bachelor of Social Work or degree in Gerontology, Psychology or Counseling is preferable; a college degree is fully acceptable. <u>However, individuals without a degree, but with appropriate work experience, may be hired. Such situations must not be rejected out of hand</u>.

B. Training in the aging process, elder services, disability services, eligibility for and procedures of Federal and applicable State entitlement programs, legal liability issues relating to providing Service Coordination, drug and alcohol use and abuse by the elderly, and mental health issues.

This requirement is not a prerequisite for hiring. The owner must certify and put in the project files, that the training requirements, if not met at the point of hiring, will be satisfied within one year. See Housing's *Management Agent* Handbook 4381.5 Revision-2, Change-2, Chapter 8.

C. Two to three years experience in social service delivery with senior citizens and people with disabilities. Some supervisory or management experience may be desirable.

D. Demonstrated working knowledge of supportive services and other resources for senior citizens and non-elderly people with disabilities in the area served by the development.

E. Demonstrated ability to advocate, organize, problem-solve, and provide results for the elderly and disabled served.

4.6.2 Aides Working with a Service Coordinator

A. It is desirable, but not required, that aides have a college degree. They should, however, have appropriate experience in working with the elderly and/or people with disabilities.

B. Options for structuring an "aide" situation:

- Set up an internship or work study program with local colleges and universities to assist in carrying out some of the functions noted under Section 4.4, above.
- Use local college and university programs to provide planning guidance to development staff or provide program evaluation/assessment functions.

5. STAFFING CONSIDERATIONS

5.1 Contracting Out

The Service Coordinator functions may be contracted out by the owner if the contract is with a single individual or with a third party agency that commits the time of a single individual to do the necessary work. Such individual should meet the qualification guidelines stated previously in section 4.6.

5.2 Sharing a Coordinator

Owners of eligible developments may combine efforts to hire a part-time or full-time Service Coordinator. Sharing is especially encouraged for smaller buildings. Owners may join together to share a Service Coordinator and may submit a combined application as described below.

5.3 Guidelines for Work Time

Under normal circumstances, a full-time Service Coordinator should be able to serve about 50-60 frail or at-risk elderly or non-elderly people with disabilities. However, the population of most developments will contain a significant number of residents who are not frail, at-risk, or disabled. Thus, the determination of whether or not a Service Coordinator is full time should be related to the number of people in the development who are frail, at-risk, or disabled, with less consideration given to the other residents of the development.

The requirement that 25 percent of the residents must be frail or at-risk elderly, and/or non-elderly people with disabilities means, for example, that in a 50-unit development, at least 13 residents must be frail, at-risk, or disabled.

Example 1: In a 50-unit development, 13 residents are frail and 15-20 others are at-risk. The development could justify a 1/2 time coordinator.

Example 2: In a 75-unit development, 20 residents are frail and 15-20 others are at-risk. This development could justify at least a 3/4 time Service Coordinator.

Example 3: In a 110-unit development, 40 residents are frail and 40 others are at-risk. This development could justify a full-time coordinator and possibly a part-time aide.

Example 4: Three developments of 20, 20 and 51 units (91 units, total) join forces. Among them, they have 10 frail residents and 15 others that are at-risk. These developments could justify at least a 3/4 time coordinator (after making allowances for travel time between sites).

Example 5: In a 80-unit development there are no frail individuals, but about 40 who are at-risk. This development could justify a 3/4 to full-time coordinator.

Example 6: In a 150 unit development, 45 residents are frail and another 60 are at-risk. This development could justify at least one full-time and an additional part-time Service Coordinator.

All above examples are guidelines that you should adapt to local situations. Non-elderly people with disabilities would factor the same in the above examples as either frail or at-risk elderly.

5.4 Quality Assurance

Management must assure that the Service Coordinator function is effectively implemented. Therefore, quality assurance (i.e. program evaluation) is an allowable program expense and HUD strongly encourages you to include this practice in your program. You may propose a cost of up to five (5) percent of the Service Coordinator salary to pay for on going program evaluation activities. Your QA activities must include two program evaluation reviews during the first year of program operation and one review each successive year.

In your application, provide a narrative description of your proposed QA activities and indicate the qualifications of potential consultants who you would use to evaluate your program. A qualified third party must perform the program evaluation work. Basic qualifications include supervisory experience and education in social or health care services. If you receive a Service Coordinator grant, you will be required to provide evidence of your consultant's qualifications and to maintain copies of your program evaluation reports in your grant files.

In-house and management staff may NOT perform this function and their salaries may not be augmented for this purpose.

6. FRAILTY CONSIDERATIONS

While a Service Coordinator may serve any resident of a development who needs assistance, priority must be given to frail or at-risk elderly or non-elderly people with disabilities.

Frailty is defined as being deficient in at least three Activities of Daily Living (ADL) (see below). An at-risk person will be deficient in 1-2 ADLs. The **MINIMUM** requirements necessary to qualify for an ADL deficiency are as follows:

A. *EATING*: May need assistance with cooking, preparing or serving food, but must be able to feed self;

B. *DRESSING*: Must be able to dress self, but may need occasional assistance.

C. *BATHING*: May need assistance in getting in and out of the shower or tub, but must be able to wash self;

D. *GROOMING*: May need assistance in washing hair, but must be able to take care of personal appearance;

E. *TRANSFERRING*: May need assistance in getting in and out of bed and chairs, walking, going outdoors, using the toilet; and,

F. *HOME MANAGEMENT ACTIVITIES*: May need assistance in doing housework or laundry or getting to and from one location to another, for activities such as going to the doctor or shopping, but must be mobile. The mobility requirement does not exclude persons in wheelchairs or those requiring mobility devices.

Each of the ADLs noted above includes a requirement that a person must be able to perform at a specified minimum level (e.g., to satisfy the eating ADL, the person must be able to feed him/herself). The determination of whether a person meets this minimal level of performance must include consideration of those services being performed by a spouse, relatives or other attendants to be provided by the individual. Take for example, a person who requires assistance with cooking, preparing, or serving food plus needs assistance in feeding him/herself. That individual meets the minimum performance level and thus satisfies the eating ADL if a spouse, relative or attendant provides assistance with feeding the person. Should such assistance become unavailable at any time, the owner is not obligated to provide individualized services beyond those offered to the resident population in general.

The ADL analysis is NOT used for a determination of eligibility for occupancy, or for determination of whom the Service Coordinator will assist. Rather, the owner must estimate the number of frail or at-risk elderly and/or non-elderly people with disabilities in the development and certify that this number is at least 25 percent of the total number of residents.

7. DETERMINING PROGRAM COSTS

7.1 Determining Program Costs

Be sure to carefully review the instructions to the Service Coordinator Funding Request (forms HUD-91186 and HUD-91186-i). It lists the eligible cost categories and indicates how costs should be presented on the budget part of the form. Please fill out all of the detailed information requested; if you do not, HUD may not clearly understand or approve your request. As with other application components, do not guess if you are unsure how to respond to the information requested. Please call your local HUD field Office staff for assistance.

HUD will approve your proposed program expenses if they are reasonable. Reasonable costs are generally those that are consistent with salaries and administrative costs of similar programs in your Field office's jurisdiction. Use the staffing guidelines in Section 5, above, to determine the appropriate number of work hours for your proposed program. Gather data from programs near you to compare your estimates with the salaries and administrative costs of currently operating programs. Field staff can provide you with contacts at local program sites.

Please note that you may base your estimated program costs for years two and three on an annual inflation factor of up to five percent. Any one-time, first-year start-up costs must be subtracted from the year 1 total before calculating the years two and three estimates.

7.2 Use of Residual Receipts or Excess Income

If your development has available residual receipts or excess income, you are strongly encouraged to use these funds prior to receiving grant monies. You should use these excess amounts as long as they are not already allocated for other critical development expenses. If you propose to use residual receipts to supplement grant funds, you must submit a copy of the residual receipts account statement to the Field office for verification. If your development does not have a residual receipts account or has insufficient funds to use for this program, so state.

Do not forget that your budget worksheet should reflect your estimated total program costs. If you will be using residual receipts or excess income in combination with grant funds, be sure to subtract this amount from the total cost, to determine the three-year grant amount to request.

Section 202/8 developments may use any residual receipts amount that exceeds $500 per unit.

8. Selection and Funding Process

8.1 Selection Process

HUD will not award Service Coordinator Program grant funds through a rating and ranking process. Instead, the Department will hold one national lottery for all eligible applications forwarded from Multifamily Hub and Multifamily Program Centers. (A list of these offices is an appendix to the NOFA.)

8.1.1 Threshold Eligibility Review. HUD Multifamily Field Office staff will review applications for completeness and compliance with the eligibility criteria set forth in Section III of the Service Coordinator NOFA and Section 3 of this application. Field Office staff will forward application information to Headquarters for entry into the lottery if the application was received by the deadline date; meets all eligibility criteria; proposes reasonable costs for eligible activities, and includes all technical corrections by the designated deadline date.

8.2 Funding Process

HUD will first fund Service Coordinator Costs in FY 2003 Assisted Living Conversion Program applications selected for funding under that program NOFA. HUD estimates that approximately $1 million will be used to fund ALCP Service Coordinator applications. Any funds not used by the ALCP program to fund service coordinators will be added to the funds available for the National Lottery.

HUD will use remaining funds to make grant awards through the use of a national lottery. A computer program performs the lottery by randomly selecting eligible applications. HUD will fully fund as many applications as possible with the given amount of funds available. After all fully fundable applications have been selected by lottery, HUD may make an offer to partially fund the next application on the lottery's list, in order to use the entire amount of funds allocated. HUD may make an award in an amount less than requested, if:

A. HUD determines that some elements of your proposed program are ineligible for funding;

B. There are insufficient funds available to make an offer to fully fund the application, or

C. HUD determines that a reduced grant amount would prevent duplicative Federal funding.

9. Assisted Living Conversion Program Applicant's Information

9.1 General

Owners applying for an ALCP grant may also apply for Service Coordinator funding through the Service Coordinator NOFA. Owners may apply if they meet the following conditions:

A. Do not currently have a Service Coordinator program. If your development does not have a program, you can apply for funds to serve ALCP residents and/or the other non-assisted living residents in the development.

B. Have a Service Coordinator program, but need additional hours or staff to serve the assisted living residents.

C. In either case described above, you do not have available residual receipts, excess income, or Section 8 funds to cover the cost of a new or augmented Service Coordinator program.

Describe in your Service Coordinator and ALCP applications how the new or additional Service Coordinator hours will support your proposed assisted living program. To do this, follow the instruction provided in the ALCP NOFA.

9.2 Application Requirements

You must submit all required components of this Service Coordinator application package. However, you will also submit the following forms as part of your ALCP application. Therefore, you may submit copies of these forms in your Service Coordinator application. HUD only needs one form with an original signature, but we do need a copy of the form to make each application complete:

- Application for Federal Assistance (HUD-424)
- Disclosure Form Regarding Lobbying (SF-LLL)
- Applicant/Recipient Disclosure/Update Report Form (HUD-2880)

Also, be sure to complete all relevant ALCP questions on the Request for Service Coordinator Funding (form HUD-91186).

10. Program Requirements

To receive and administer a Service Coordinator grant, you must meet the requirements of this Section and of Section V of the **General Section** of the SuperNOFA. (Please note that paragraphs E, G, and M of Section V do not apply to the Service Coordinator program.) These requirements apply to all activities, programs, and functions used to plan, budget, and evaluate the work funded under your program.

A. You must make sufficient separate and private office space available for the Service Coordinator and/or aides, without adversely affecting normal activities.

B. The Service Coordinator must maintain resident files in a secured location. Files must be accessible ONLY to the Service Coordinator, unless residents provide signed consent otherwise. These policies must be consistent with maintaining confidentiality of information related to any individual per the Privacy Act of 1974.

C. Grantees must ensure that the Service Coordinator receives appropriate supervision, training, and ongoing continuing education requirements, consistent with statutory and HUD administrative policies. This includes 36 hours of training in age-related and disability issues during the first year of employment, if the Service Coordinator has not received recent training in these areas, and 12 hours of continuing education each year thereafter.

D. Administrative Costs. The administrative costs of your program cannot exceed 10% of the program's cost.

E. Reports. Grantees must submit semi-annual financial status and program performance reports. They must also provide information supporting program expenses at the time of receipt of grant funds for cost reimbursement. The objectives of the Service Coordinator program are to enhance a resident's quality of life and ability to live independently and age in place. the data that HUD collects on the Performance Report measures the grantee's success in meeting these intended program outcomes. The data reported include the numbers of residents served, their ages, frailty levels, and the range of services provided to them. In addition, the Performance Report assesses the Service Coordinator's efficiency in providing coordination, by reporting the number of hours worked, the amount of time spent doing administrative tasks, the types of professional training attended, and examples of problems encountered throughout the course of their work.

F. As a condition of receiving a grant, Section 202 developments with project-based Section 8 must open a Residual Receipts account separate from the Reserve for Replacement account, if they do not already have such a separate account.

G. Term of Funded Activities. The grant term is three years. HUD will renew grants subject to the availability of funds and acceptable program performance.

H. Subgrants and Subcontracts. You may directly hire a Service Coordinator or you may contract with a qualified third party to provide this service.

APPLICANT CHECKLIST

Use this checklist to review your package and insure that all materials are properly completed and included. Submit a copy of this form with your request to HUD.

- ☐ 1. Service Coordinator Funding Request (forms HUD-91186 and HUD-91186-i)
- ☐ 2. Lead agency letter (*if applicable*)
- ☐ 3. Evidence of comparable salaries in local area
- ☐ 4. Narratives of proposed program components:
  - ☐ a. Method of estimating numbers of frail and at-risk elderly individuals and people with disabilities
  - ☐ b. Providing private office space for the Service Coordinator
  - ☐ c. Providing Quality assurance
  - ☐ d. Serving community residents
  - ☐ e. If your application requests additional hours or staff for an existing program, describe your program's needs. ALCP applicants should also explain why they will need additional time or staff for their proposed assisted living program.
- ☐ 5. *(If applicable)* Evidence that prior funding sources for your development's Service Coordinator program are no longer available or will expire within six months following the application deadline date.
- ☐ 6. A bank statement showing the development's current residual receipts or excess income balance.
- ☐ 7. ALCP applicant's Statement of whether or not your Service Coordinator application should be entered into the lottery, if not selected for an ALCP award.
- ☐ 8. Applicant Checklist
- ☐ 9. Application for Federal Assistance (HUD-424)
- ☐ 10. Applicant Assurances and Certifications (HUD-424B)

- ❒ 11. If engaged in lobbying, the Disclosure Form Regarding Lobbying (SF-LLL)
- ❒ 12. Applicant/Recipient Disclosure/Update Report Form (HUD-2880
- ❒ 13. Acknowledgment of Application Receipt (HUD-2993)
- ❒ 14. Client Comments and Suggestions (HUD-2994, *optional*)

OMB Approval Number 2502-044
(exp. 06/30/2003)

Instructions for Completing the Service Coordinator Funding Request

Item	Discussion
Section 1: Project Information	
Items are self-explanatory. Please remember to submit a full set of information for EACH housing development included in your application.	
Section 2: Budget Information **	
(Please note: You may increase costs from year to year by no more than five percent (5%)).	
a. Personnel (Direct Labor)	This section should show the labor costs for The Service Coordinators and/or aides. Use the hourly labor cost for salaried employees (use 2080 hours per year or the value your organization uses to perform this calculation). Indicate if an individual is employed by a contractor or sub-grantee. Do not show fringe or other indirect costs in this section.
b. Fringe Benefits	Use the standard fringe rates used by your organization. You may use a single fringe rate (a percentage of the total direct labor) or list each of the individual fringe charges. Use the Total Direct Labor Cost as the base for the fringe calculation. If your organization calculates fringe benefits differently, use a different base and discuss how you calculate fringe as a comment.
c. Quality Assurance	Indicate the individuals you will use. Give the professional's title (e.g. MSW), the number of hours over the year you expect to use them, and their hourly rate. Remember that Quality Assurance is limited to program evaluation activities.
d. Construction of office space	List expenses associated with setting up a private office for the Service Coordinator. List each anticipated cost. You may incur These costs only during the first year of your program.
e. Office furniture and equipment	List start-up expenses related to furniture, computers, printers, and other office equipment. List the quantity and unit cost. These should be items you anticipate purchasing only in the first year of your program.
f. Administrative Costs (1) Direct Costs	
a. Training	Give fees and rates for appropriate training programs, to the extent known. Otherwise estimate and provide basis for the anticipated cost.
b. Travel	Provide mileage and cost estimates for use of private vehicles or public transportation; show the estimated cost of airfare required to attend training programs, and list necessary per diem rates in accordance with your organization's policies. Give travel destinations if known.
c. Supplies and Materials	List the supplies you propose to purchase. You can use an anticipated consumption rate to estimate the cost of office or other common supplies, (e. g. 1 box paper clips every 3 months). Include

	replacement of office equipment. List items individually along with the quantity and their anticipated cost.
d. Other Direct Costs	• Include costs such as telephone and Internet Service, printing, postage, and maintenance of office equipment. When such costs are incurred solely for Service Coordinator program activities.
F(2) Indirect Costs	OMB Circular A87 defines indirect costs as those that have been incurred by multiple programs for common or joint purposes. Indirect costs are associated with the centralized services distributed throughout your agency and cannot be readily identified with one particular program. Additionally, the costs should not be otherwise treated as direct costs. If your organization already has an established indirect cost rate, use this rate and explain how it is calculated.
Total Administrative Costs	Sum costs in items f(1)(a through d) and f)2) to get the total administrative cost. This cost cannot exceed ten percent (10%) of the sum of lines "a" through "e".
g. Grand Total	Sum lines "a" through "f" for each year. Then add the annual totals together to get to the total 3-year amount.
h. Contracts (Sub-Grantees)	If you will contract with a public or private agency to provide the Service Coordinator or Quality Assurance, list the activities and costs included in the contract in this section.
i. Quality Assurance percent of Direct Labor Cost (line "a")	Quality Assurance costs cannot exceed five percent (5%) of your total direct labor cost. Calculate your percentage and include on this line, to ensure you are within the 5% cap.
j. Administrative costs percent of program costs(line "f" divided by sum of lines "a" through").	Administrative costs included in line f cannot exceed ten percent (10%) of the total amount of all other program costs. Figure the sum of lines "a" through "e". Divide this sum into the total amount of costs included in line "f". Make sure the result is no greater than 10%.
Section 3: Funding Sources and Time Periods	
Housing owners can use any of the four funding sources to pay the costs of a Service Coordinator program. You may use these resources individually or in combination with each other. Indicate which funding sources you propose to use, by giving the dollar amount, the number of years and months during which you will use the funds, and the exact time period, (e.g. from May 1, 2003 to April 30, 2006). If you are applying for a grant, the dollar amount you give in the "Grant" line will be the application amount entered into the lottery.	

OMB Approval Number 2502-0447
(exp. 06/30/2003)

Service Coordinator Funding Request Form

The public reporting burden for this collection of information for the Multifamily Housing Service Coordinator Programs is estimated to average 40 hours per response for applicants, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. When providing comments, please refer to OMB Approval No. 2502-0477. HUD may not conduct, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The information submitted in response to the Notice of Funding Availability for the Service Coordinator Program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545)

Name and Address of Applicant/Owner:

1. Project Information: please provide the information for every project included in your request; add more pages if needed.

a. Project Name:	b. FHA or Project Number:
c. Section 8 Number: _____	d. Indicate type of project: ❒ Section 202 ❒ Section 221d(3)BMIR ❒ Section 8 ❒ Section 236
e.Total Number of Rental Units:	f. Project uses which method: ❒ Budget-Based Rent Increases ❒ AAF Increases

g. Resident Info:	Number	% of Total	Estimate the Number of residents to be serviced by ALSCP (if applicable)
Total # of Residents: _____	Estimate # of Frail Elderly: _____	XX	_____
	Estimate # of at Risk Elderly: _____		

form **HUD-91186** (03/19/2003)

h. If you plan to share the Service Coordinator with other HUD eligible developments, give proportionate amount of time Service Coordinator will serve each site:	
Project Name(s)	# of Hours per week

i. Do you currently have a Service Coordinator working at this site? ❒ Yes ❒ No

If yes, -

1) How many hours per week does the Service Coordinator currently work?

2) How many hours per week do you want to add to your program?

3) Will you extend current employees hours or hire additional staff?

4) Provide a narrative explanation of why the extra time/staff is needed.

2. Budget Information **

a. Personnel (Direct Labor)	Estimated Hours	Rate per hour	Estimated Cost	Year 1	Year 2	Year 3
Identify Service Coordinator or Aide						
Total Direct Labor Cost						
					Total 3 Year Amount	

b. Fringe Benefits	Rate (%)	Base	Estimated Cost	Year 1	Year 2	Year 3
Total Fringe Benefits Cost						
					Total 3 Year Amount	

c. Quality Assurance (Maximum is 5% of "a")	Hours	Rate Per Hour	Estimated Cost	Year 1	Year 2	Year 3

Total Quality Assurance						
					Total 3 Year Amount	
d. Construction of Private Office Space	Quantity	Unit Cost	Estimated Cost	Year 1	XXXXXX	XXXXXX
					XXXXXX	XXXXXX
					XXXXXX	XXXXXX
					XXXXXX	XXXXXX
					XXXXXX	XXXXXX
Total Construction						
					Total 3 Year Amount	
e. Office Furniture/Equipment (Start-up Costs)	Quantity	Unit Cost	Estimated Cost	Year 1	XXXXXX	XXXXXXX
					XXXXXX	XXXXXXX
					XXXXXX	XXXXXX
					XXXXXX	XXXXXX
					XXXXXX	XXXXXX
Total Cost of Furniture/Equipment						
					Total 3 Year Amount	
f. Admin Costs						
1) Direct Costs						
Training	Quantity	Unit Cost	Estimated Cost	Year 1	Year 2	Year 3
Travel	Mileage	Rate per mile	Estimated Cost	Year 1	Year 2	Year 3
Supplies/Equipment	Quantity	Unit Cost	Estimated Cost	Year 1	Year 2	Year 3

Other						
2). Indirect Admin Costs						
Total Admin Cost						
g. Grand Total						

h. Contracts. If you plan to contract out for a Service Coordinator or for Quality Assurance, list related cost. Give item and related cost

i. Quality Assurance is what percent of total direct labor costs ("a")? _____% (Can't exceed 5%)

j. Line f can't exceed 10% of sum of lines a-e.			
Sum of lines a-e $ _____		Line f is _____% of this total program cost.	

*** Please note: You may increase costs from year to year by no more than 5%.

3. Funding Sources and Time Periods (Indicate all that apply.)						
Grant	$	Years	Months	From Date	to Date	
Residual Receipts	$	Years	Months	From Date	to Date	
Excess Income	$	_____Years	____Months	From Date	to Date ____	

form **HUD-91186** (03/19/2003)

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission
☐ Application ☐ Preapplication

2. Date Submitted

3. Date and Time Received by HUD

4. HUD Application Number

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

8. Organizational Unit

9. Address (give city, county, State, and zip code)
A. Address:
B. City:
C. County:
D. State:
E. Zip Code:

10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)
A. Name:
B. Title:
C. Phone:
D. Fax:
E. E-mail:

11. Employer Identification Number (EIN) or SSN

12. Type of Applicant (enter appropriate letter in box)

A. State	I. University or College
B. County	J. Indian Tribe
C. Municipal	K. Tribally Designated Housing Entity (TDHE)
D. Township	L. Individual
E. Interstate	M. Profit Organization
F. Intermunicipal	N. Non-profit
G. Special District	O. Public Housing Authority
H. Independent School District	P. Other (Specify)

13. Type of Application
☐ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es) ☐ ☐
A. Increase Amount B. Decrease Amount C. Increase Duration
D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency
U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number
14 ---
Title:
Component Title:

16. Descriptive Title of Applicant's Program

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)

18a. Proposed Program start date

18b. Proposed Program end date

19a. Congressional Districts of Applicant

19b. Congressional Districts of Program

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?
A. Yes ☐ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date_____
B. No ☐ Program is not covered by E.O. 12372
☐ Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt? ☐ No
☐ Yes If "Yes," explain below or attach an explanation.

Previous versions of HUD-424 and 424-M are obsolete

form **HUD-424** (01/2003)
ref. OMB Circular A-102

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Grand Totals									

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official	Name (printed)
Title	Date (mm/dd/yyyy)

Instructions for the HUD-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form must be used by applicants requesting funding from the Department of Housing and Urban Development. This application form HUD-424 incorporates the Assurances and Certifications (HUD-424-B). You may either (1) attach the Assurances and Certifications to the application or (2) renew the certifications that you previously made on behalf of your organization and submitted to HUD if the legal name of your organization has not changed and you were the authorized representative who signed the Assurances and Certifications.

Item Number Instructions

1. Please indicate whether your application is for a formal application submission or a preliminary application (pre-application). HUD does not accept pre-applications for programs funded through the SuperNOFA.
2. Enter the date you are submitting your application to HUD.
3. This box will be completed by HUD. When received by HUD, your application will be stamped:
   (a) with a date; and
   (b) with the time received.
4. Leave Blank. This will be completed by the HUD program office receiving your application. When HUD accepts electronic applications for the grant program you are applying for, this number will be computer generated.
5. If your application is to renew or continue an existing grant, provide the existing grant number. If a new award, please leave blank.
6. Leave blank if you have not been provided a HUD ID number or user number. If you are a Public Housing Authority, enter your HUD issued Public Housing Authority ID number.
7. Enter the legal name of your organization applying for HUD funding.
8. Enter the name of the primary unit in your organization, if applicable, which will be responsible for the program.
9. Enter the complete address of your organization.
10. Enter the name, title, telephone number, fax number, and E-mail of the person to contact on matters related to your application.
11. Enter your organization's Employer Identification Number (EIN) as assigned by the Internal Revenue Service or if you are applying as an individual, your Social Security Number.
12. Choose from the list and enter the appropriate letter in the space provided. You must be an eligible applicant to apply for assistance. You must read the program information requirements to determine if you are a type of applicant that is eligible to apply for assistance under the program.
13. Enter the type of application you are submitting for funding consideration.

Check the appropriate box.

"New" means you are applying for a new grant award.

"Continuation" means you are requesting an extension of an existing award.

"Renewal" means you are requesting funding for renewal of an existing grant. e.g. Supportive Housing Program (SHP) or Shelter + Care grant.

"Revision" means you are submitting a revision prior to the application due date in response to HUD's request for clarification or modification to your initial submission.

14. Pre-filled.
15. Enter the Catalog of Federal Domestic Assistance (CFDA) number and title and, if applicable, component title of the program.
16. Enter a brief description of your program and key activities.
17. Identify the location(s) where your activities will take place. If this is the entire state, enter "Entire State".

18a. Enter the proposed start date.

18b. Enter the proposed end date.

19a. List the Congressional District(s) where your organization is located.

19b. List any Congressional District(s) where your program of activities or project sites will be located.

20. You must complete the funding matrix on page 2 of this form. Enter the following information:

Grant Program: The HUD funding program under which you are applying.

HUD Share: Please check the program requirements. Enter the amount of HUD funds you are requesting in your application.

Applicant Match: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Other Federal Share: Enter the amount of other Federal funds for your program of activities.

Applicant Assurances and Certifications | **U.S. Department of Housing and Urban Development** | OMB Approval No. 2501-0017 (exp. 03/31/2005)

Instructions for the HUD-424-B Assurances and Certifications

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or an an individual must provide the following assurances and certifications. By signing this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

As the duly authorized representative of the applicant, I certify that the applicant [Insert below the Name and title of the Authorized Representative, name of Organization and the date of signature]:

Name:_____, Title:_____.

Organization:_____, Date:_____.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the applicant to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR Part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance **OR** if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR Part 8, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR Part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status, or national origin; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR Part 24 and 24 CFR 42, Subpart A.

6. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 *et seq.*) and related Federal authorities prior to the commitment or expenditure of funds for property acquisition and physical development activities subject to implementing regulations at 24 CFR parts 50 or 58.

7. Will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required in Paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

Applicant Assurances and Certifications (Continued)	U.S. Department of Housing and Urban Development	OMB Approval No. 2501-0017 (exp. 03/31/2005)

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee has worked, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(h). The applicant may insert in the space provided below the site(s) for the performance of work or may provide this information in connection with each application.

(i). Place of Performance (street address, city, county, state, zip code)

8. In accordance with 24 CFR Part 24, and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three year period preceding this proposal, been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in the preceding paragraph of this certification; and

(d) Where the applicant is unable to certify to any of the statements in this certification, an explanation shall be attached.

(e) Will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transaction, " provided by the HUD without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

These certifications and assurances are material representations of the fact upon which HUD can rely when awarding a grant. If it is later determined that I, the applicant, knowingly made an erroneous certifications or assurance, I may be subject to criminal prosecution. HUD may also terminate the grant and take other available remedies.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

MAINSTREAM HOUSING OPPORTUNITIES FOR PERSONS WITH DISABILITIES (MAINSTREAM PROGRAM)

Billing Code 4210-32-C

Funding Availability for Mainstream Housing Opportunities for Persons With Disabilities (Mainstream Program)

Program Overview

Purpose of the Program. The purpose of this program is to provide vouchers under the Housing Choice Voucher Program to enable persons with disabilities (elderly and non-elderly) to access affordable private housing.

Available Funds. Approximately $53.6 million in five-year budget authority, derived from FY 2003 Section 811 funding, for approximately 1,800 vouchers is available to public housing agencies (PHAs) and nonprofit organizations.

See section II (A) of this funding announcement, which fully addresses the source of the $53.6 million in five-year budget authority appropriated by Congress for FY 2003 under Section 811 of the Cranston-Gonzalez National Affordable Housing Act (NAHA) (42 U.S.C. 12701 *et seq.*), available under this funding announcement. All future references in this funding announcement to five-year budget authority are based upon this funding source.

Eligible Applicants. PHAs and nonprofit organizations that provide services to disabled families are eligible to apply. PHAs or nonprofit organizations that fall into any of the categories in section VII (B)(2) of this announcement are ineligible to have an application funded under this announcement. Indian Housing Authorities (IHAs), Indian tribes and their tribally designated housing entities are not eligible to apply because the Native American Housing Assistance and Self-Determination Act of 1996, (25 U.S.C. 4101 *et seq.*) does not allow HUD to enter into new housing choice voucher annual contributions contracts (ACC) with IHAs after September 30, 1997.

The vouchers that HUD will provide under this announcement must be made available to eligible disabled families regardless of their type of disability. (See the definition of disabled family in Section IV (E)(1) of this announcement.) The Mainstream Program vouchers must not be issued by the administering agency on the basis of any preference system favoring any particular type of disability over another, nor shall the vouchers be issued solely on the basis of an administering agency's waiting list which is based on that agency heretofore having served only certain types of disabled persons. The Housing Choice Voucher Program regulations provide at 24 CFR 982.207(b)(3) that a PHA may give preference for admission of families that include a person with disabilities; however, the PHA may not give preference for admission of persons with a specific disability. This regulatory requirement is also applicable to nonprofit organizations that receive funding under this announcement; as such organizations must comply with the regulatory requirements applicable to the Housing Choice Voucher Program.

Application Deadline. June 18, 2003.

Match. None

Additional Information

If you are interested in applying for funding under the Mainstream Program, please review carefully the General Section of this SuperNOFA and the following additional information.

I. Application Due Date, Application Kits, Further Information and Technical Assistance

Application Due Date. Submit your completed application (an original and one copy) to HUD on or before midnight of June 18, 2003. This application deadline date is firm. In the interest of fairness to all competing PHAs and nonprofit organizations, HUD will not consider any application that is submitted after the application deadline. Applicants should take this practice into account and make early submission of their materials to avoid any risk of loss of eligibility brought about by unanticipated delays or other delivery-related problems. HUD will not accept, at any time during the competition under this funding announcement, application materials sent via facsimile (FAX) transmission. *See the paragraph titled ''ADDRESSES AND APPLICATION SUBMISSION PROCEDURES'' in the General Section of the SuperNOFA regarding HUD's mailing, delivery and receipt procedures pertinent to the submission of your application.*

Address for Submitting Applications. Your completed application consists of one original and one copy. Submit your original application and one copy to: Grants Management Center, Mail Stop: Mainstream Program, 2001 Jefferson Davis Hwy, Suite 703, Arlington, VA 22202.

The Grants Management Center (GMC) is the official place of receipt for all applications in response to this announcement of funding availability. Applications not submitted to the GMC will not be considered. A copy of the application is not required to be submitted to the local HUD Field Office. For ease of reference, the term ''local HUD Field Office'' will be used in this announcement to mean the local HUD Field Office Hub and the local HUD Field Office Program Center. A listing of HUD Field Offices is attached to the General Section of the SuperNOFA.

Application Kits. An application kit is not necessary for submitting an application in response to this announcement. This announcement contains all the information necessary for the submission of your application for voucher funding for the Mainstream Program.

Further Information and Technical Assistance. Prior to the application due date, you may contact George C. Hendrickson, Housing Program Specialist, Room 4216, Office of Public Housing and Voucher Programs, Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410; telephone (202) 708–0477, ext. 4064. Subsequent to application submission, you may contact the Grants Management Center at (202) 358–0221. (These are not toll-free numbers.) Persons with hearing or speech impairments may access these numbers via TTY (text telephone) by calling the Federal Information Relay Service at 1–800–877–8339 (this is a toll-free number).

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of an application. For more information about the date and time of this broadcast, you should consult the HUD web site at *www.hud.gov.*

II. Amount Allocated

(A) *Available Funding for Mainstream Program*. Approximately $53.6 million in five-year funding is available for approximately 1,800 vouchers. This allocation is consistent with the Consolidated Appropriations Resolution, FY 2003 (Pub. L. 108–7, approved February 20, 2003), which provides that the Secretary of HUD may designate up to 25 percent of the amounts appropriated for supportive housing for persons with disabilities, under section 811 of the Cranston-Gonzalez National Affordable Housing Act (NAHA), for tenant-based assistance. The five-year budget authority made available to applicants under this Mainstream Program funding announcement does not exceed 25 percent of the $248,886,653 million (dollar amount after rescission action) made available for the section 811 Program under the FY 2003 HUD Appropriations Act. All of the approximately $53.6 million in Mainstream funding is for use in the housing of elderly and non-elderly disabled families.

(B) *Funding for the Section 811 Program*. The Section 811 Program of Supportive Housing for Persons With Disabilities, located elsewhere in the SuperNOFA, provides capital advances and project rental assistance in FY 2003. The Section 811 Program of Supportive Housing for Persons With Disabilities will provide funding to nonprofit organizations (sponsors) for the development and operation of small, scattered-site housing to enable adults with disabilities to live as independently as possible in the community. The capital advance does not need to be repaid as long as the housing is used for its intended purpose for at least 40 years. The project rental assistance funds cover the difference between the HUD-approved operating expenses of the housing and the tenant's contribution towards rent, which is 30 percent of adjusted income. The types of housing that are typically developed through the program are small group homes for no more than six persons, independent living projects containing individual apartment units for no more than 14 persons, and condominium units. Sponsors are required to ensure that residents have access to any necessary supportive services but cannot require the acceptance of such as a condition of occupancy.

(C) Housing Choice Voucher Funding

(1) *Funding Methodology*. HUD will select applications for funding that meet all of the application submission requirements in section VI of this NOFA and that score a sufficient number of points under the selection criteria listed in section V of this NOFA. Applications will be ranked from highest to lowest score in descending order, with the highest ranked application selected first for funding, and so forth. Where two or more applicants have exactly the same score under the selection criteria in section V (B) of this NOFA and insufficient funding remains to fund all of them, applicants will be funded in the order of the exact percentage of disabled persons at or below the poverty level that is in each applicant's primary market area. The applicant with the highest percentage will be funded first, etc.

HUD will limit the number of applications selected for funding from any State to 10 percent of the budget authority available for the Mainstream Program. If establishing this geographic limit would result, however, in unreserved budget authority, HUD may modify this limit to assure that all available funds are used.

When remaining budget authority is insufficient to fund the last selected application in full, the application will be funded to the extent of the funding available, unless the applicant indicates that it will only accept a higher number of units. In that event, the next selected application shall be the one indicating a willingness to accept the lesser amount of funding for the units available.

(2) *Maximum Voucher Request*. There is a limit on the number of vouchers that may be requested. An eligible applicant may apply for a maximum of 50 vouchers. No more than 50 vouchers will be awarded to any applicant under the FY 2003 Mainstream Program.

(3) *Determination of Funding Amount for the Applicant's Requested Number of Vouchers*. HUD will determine the amount of funding that an applicant will be awarded under this announcement based upon an actual annual per unit cost {except for Moving to Work (MTW) agencies in which the per unit cost will be calculated in accordance with the agency's MTW Agreement for MTW units}, using the following two-step process:

(a) HUD will extract the total expenditures for the PHA's housing choice voucher program and the unit months leased information from the most recent approved year-end statement (Form HUD–52681) that the PHA has filed with HUD. HUD will divide the total expenditures for the PHA's housing choice voucher program by the unit months leased to derive an average monthly per unit cost.

(b) HUD will multiply the monthly per unit cost by 12 (months) to obtain an annual per unit cost.

Note: Applicants who do not currently administer a housing choice voucher program shall have their voucher funding based upon the actual annual per unit costs of the PHA in their most immediate area administering a housing choice voucher program, using the two step process described immediately above.

(4) *Preliminary Fee*. A preliminary fee of up to $500 per unit for start-up expenses will be paid to applicants selected for funding under this announcement who have not previously administered their own housing choice voucher program. The preliminary fee will be provided to such applicants only in their first year of administering housing choice vouchers.

III. Program Description, Eligible Applicants and Eligible Participants

(A) *Program Description*. The Secretary has established a Mainstream Housing Opportunities for Persons with Disabilities Program (Mainstream Program) to provide vouchers to enable persons with disabilities to access affordable private housing of their choice.

The Mainstream Program will assist PHAs and nonprofit organizations in providing housing choice vouchers to a segment of the population recognized by HUD's housing research as having one of the worst housing needs of any group in the United States, i.e., very low-income households with adults with disabilities. In addition, the Mainstream Program will assist persons with disabilities who often face difficulties in locating suitable and accessible housing on the private market.

(B) *Eligible Applicants*. Public housing agencies (PHAs) and nonprofit organizations that provide services to the disabled (as defined in section IV(E) of this announcement) are eligible applicants for the five-year budget authority funding available under this funding announcement. PHAs or nonprofit organizations that fall into any of the categories in section VII(B)(2) of this announcement are ineligible to have an application funded under this announcement. Indian Housing Authorities (IHAs), Indian tribes and their tribally designated housing entities are not eligible to apply for new increments of housing choice voucher funding because the Native American Housing Assistance and Self-Determination Act of 1996 does not allow HUD to enter into new housing choice voucher annual contributions contracts (ACC) with IHAs after September 30, 1997.

(1) *PHAs*.

(a) A PHA may submit only one application under this announcement. This one application per PHA limit applies regardless of whether or not the PHA is a State or regional PHA, except in those instances where such a PHA has more than one PHA code number due to its operating under the jurisdiction of more than one HUD Field Office. In such an instance, a separate application under each code shall be considered for funding, with the cumulative total of vouchers applied for under the applications not to exceed the maximum of 50 vouchers the PHA is eligible to apply for under Section II (C)(2) of this announcement, i.e., no more than the number of vouchers the same PHA would be eligible to apply for if it only had one PHA code number.

(b) PHAs are encouraged to involve nonprofit organizations that provide services to disabled families, as defined in Section III(B)(2) of this announcement, in the administration of the Mainstream Program's vouchers. In the past, such organizations have frequently demonstrated a capacity to assist disabled families, as well as have

an in-depth knowledge of the disability community.

(i) A nonprofit organization could function as either a contract administrator for the PHA's Mainstream vouchers, or as a subcontractor responsible for providing case management services or assisting disabled families to locate suitable housing, gain access to supportive services, or identify private funding sources to cover the costs of unit modifications needed as a reasonable accommodation.

(ii) Such contractual arrangements must, however, ensure equal opportunity among the wide variety of disabled populations in the PHA's service area.

(c) In some cases an applicant currently administering the housing choice voucher program has, at the time of publication of this SuperNOFA, been designated by HUD as troubled under the Section 8 Management Assessment Program (SEMAP), has major program management findings from Inspector General audits that are unresolved, or has other significant program compliance problems. HUD will not accept an application from such an applicant as a contract administrator if, on the application due date, the troubled designation under SEMAP has not been removed by HUD, and the findings or other significant program compliance problems are not resolved. If the applicant wants to apply for funding under this announcement, it must submit an application that designates another contractor that is acceptable to HUD. The application must include an agreement by the other contractor to administer the new funding increment on behalf of the applicant, and (in the instance of an applicant with unresolved major program management findings or other significant program compliance problems) a statement that outlines the steps the applicant is taking to resolve the program findings or compliance problems.

Immediately after the publication of this SuperNOFA, the Office of Public Housing in the local HUD Field Office will notify, in writing, those PHAs and nonprofit organizations that have been designated by HUD as troubled under SEMAP, and those PHAs and nonprofit organizations with unresolved major program management findings or other significant program compliance problems that are not eligible to apply without such an agreement. Concurrently, the local HUD Field Office will provide a copy of each such written notification to the Director of the Grants Management Center. The applicant may appeal the decision, in writing, if HUD has mistakenly classified the applicant as having unresolved major program findings or other significant program compliance problems. The applicant may not appeal its designation as troubled under SEMAP. Any appeal with respect to unresolved major program management findings or other significant program compliance problems must be accompanied by conclusive evidence of HUD's error (i.e., documentation showing that the finding has been cleared or the program compliance problem has been resolved) and must be received prior to the application deadline. The appeal should be submitted to the local HUD Field Office where a final determination shall be made. Concurrently, the local HUD Field Office shall provide the Grants Management Center with a copy of the applicant's written appeal and the Field Office's written response to the appeal. Copies of all letters of ineligibility and matters that relate to PHA appeals referenced in this paragraph must be submitted to the GMC by the Field Office so as to be received by the GMC no later than 10 days after the application deadline date. Major program management findings, or significant program compliance problems, are those that would cast doubt on the capacity of the applicant to effectively administer any new housing choice voucher funding in accordance with applicable HUD regulatory and statutory requirements. (Note: If any additional PHAs or nonprofit disability organizations fall into the above category prior to HUD's announcement of awards under this NOFA, but subsequent to the local HUD Field Office's notification of the GMC addressed above, the Field Office shall immediately notify the GMC of the applicant's name and the category into which the applicant falls, i.e., designated as troubled under SEMAP, major unresolved OIG management findings, or other significant program compliance problems. As indicated in Section VII(B)(2) of this NOFA, an applicant must be eligible for funding at the time of the application due date, as well as at such subsequent time of HUD's selection of awardees. No PHA appeals, based upon Field Office letters of ineligibility issued after the application deadline date, shall be considered for purposes of eligibility for funding under this funding announcement.)

(2) *Nonprofit Organization.* A nonprofit organization may submit only one application under this announcement. For purposes of the Mainstream Program, a nonprofit organization shall be defined as an organization, no part of the net earnings of which inures to the benefit of any member, founder, contributor, or individual, that provides services to persons with disabilities and has received a federal tax-exempt designation, under section 501(c)(3) of the Internal Revenue Code, from the U.S. Internal Revenue Service.

(a) The nonprofit entity must:

(i) Have a voluntary board;

(ii) Be authorized by its charter or State law to enter into a contract with the Federal Government to provide housing assistance to persons with disabilities;

(iii) Have a functioning accounting system that is operated in accordance with generally accepted accounting principles, or designate an entity that will maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles;

(iv) Practice nondiscrimination in the provision of assistance; and

(v) Provide services to the disabled as part of its ongoing activities and responsibilities.

(b) A nonprofit organization meeting the definition of a nonprofit organization as defined in this section III(B)(2), and wishing to apply for the funding available under this announcement, must have the capacity to:

(i) Comply with the Section 8 Management Assessment Program (SEMAP) certification requirements under 24 CFR part 985.

(ii) Carry out such housing choice voucher and SEMAP-specific related activities as making determinations as to rent reasonableness, performing housing quality standards (HQS) inspections and enforcement, conducting annual reexaminations of participant families, as well as otherwise meeting housing choice voucher program requirements under 24 CFR part 982.

(iii) Manage the Mainstream Program vouchers in a manner equivalent to an overall performance rating under SEMAP (24 CFR part 985) of at least ''standard'' during the first fiscal year of its receiving Mainstream Program funding under this funding announcement.

(iv) Administer rental housing programs or manage rental housing, as demonstrated by a specific list of rental housing programs the nonprofit organization has administered or the rental housing the organization has managed (e.g., private rental housing,

HUD or State-related housing programs, etc.).

Nonprofit organizations are encouraged to seek out PHAs in their geographic area to develop cooperative contractual relationships under the Mainstream Program, and to enhance services to disabled families. In addition to contacting local PHAs, nonprofit organizations may also wish to contact regional (multi-county), or statewide PHAs who may be applying for Mainstream Program funding.

(C) *Eligible Participants*. Only a disabled family that is income eligible under 24 CFR 982.201(b)(1), as well as otherwise eligible under the regulations at 24 CFR 982.201, may receive a voucher awarded under the Mainstream Program. Applicants with disabilities must be selected from the PHA's or nonprofit organization's housing choice voucher waiting list. Additional information on those families and individuals eligible to receive a voucher is located at the following HUD Web site: *http://www.hud.gov/offices/pih/programs/hcv.*

IV. Program Requirements and Definitions

(A) *Civil Rights and Fair Housing*. To be eligible to receive funding under this funding announcement, the applicant must meet all the civil rights and fair housing requirements detailed in Sections V (B)(2), (C) and (D) of the General Section of the SuperNOFA.

(B) *Certifications and Assurances*. Each applicant is required to submit signed copies of Assurances and Certifications. The standard Assurances and Certifications are on Form HUD–52515, Funding Application, which includes the Equal Opportunity Certification, Certification Regarding Lobbying, and Certification Regarding Drug-Free Workplace Requirements.

(C) Voucher Assistance Requirements

(1) *Housing Choice Voucher Program Regulations*. Applicants must administer the Mainstream Program in accordance with HUD regulations and requirements governing the Housing Choice Voucher Program. The only exception to this requirement shall be for nonprofit organizations which shall not be required to comply with the requirements of 24 CFR part 903, subpart B concerning the requirement for a PHA Plan.

(2) *Housing Choice Voucher Program Admission Requirements*. Housing choice voucher assistance must be provided to eligible disabled families in conformity with regulations and requirements governing the Housing Choice Voucher Program and the PHA's administrative plan.

(3) *Turnover*. When a voucher under this announcement becomes available for reissue (*e.g.*, the family initially selected for the program drops out of the program or is unsuccessful in the search for a unit), the voucher may be used only for another family eligible for assistance under this announcement for five years for the five-year funding from the date the rental assistance is placed under an annual contributions contract (ACC). In addition, any renewal by HUD of the five-year voucher funding (where the source of the renewal funding is Section 811 derived) shall require the continued reissuance of the vouchers to disabled families.

If there is ever an insufficient pool of disabled families on the PHA's or nonprofit organization's housing choice voucher waiting list, the PHA or nonprofit organization shall conduct outreach to encourage eligible persons to apply for this special allocation of vouchers. Outreach may include contacting independent living centers, advocacy organizations for persons with disabilities, and medical, mental health, and social service providers for referrals of persons receiving such services who would benefit from housing choice voucher assistance. If the PHA's or nonprofit organization's housing choice voucher waiting list is closed, and if the PHA or nonprofit organization has insufficient applicants on its housing choice voucher waiting list to use all awarded vouchers under this announcement, the PHA or nonprofit disability organization should open the waiting list for applications from disabled families. PHAs and nonprofit organizations must take care to keep track of the number of disabled vouchers they have been awarded under this funding announcement versus the number of such vouchers that have actually been issued to disabled families.

(D) *PHA and Nonprofit Organization Responsibilities*. In addition to the responsibilities under the Housing Choice Voucher Program and HUD regulations concerning nondiscrimination based on disability (24 CFR 8.28) and to affirmatively further fair housing, PHAs and nonprofit organizations that receive voucher funding shall:

(1) Where requested by an individual, assist program participants to gain access to supportive services available within the community, but not require eligible applicants or participants to accept supportive services as a condition of participation or continued occupancy in the program.

(2) Identify public and private funding sources to assist participants in covering the costs of modifications that need to be made to their units as a reasonable accommodation for their disabilities.

(3) Not deny persons who qualify for rental assistance under this program other housing opportunities, or otherwise restrict access to PHA or nonprofit organization programs to eligible applicants who choose not to participate.

(4) Provide housing choice voucher search assistance.

(5) In accordance with regulatory guidance, provide higher rents to owners necessary for the provision of accessible units and structural modifications for persons with disabilities.

(6) Provide technical assistance to owners for making reasonable accommodations or making units accessible to persons with disabilities.

(E) *Definitions*. The following definitions apply to the approximately $53.6 million in five-year budget authority available under this funding announcement.

(1) *Disabled Family*. Disabled family means a family whose head, spouse, or sole member is a person with disabilities. It may include two or more persons with disabilities living together, or one or more persons with disabilities living with one or more live-in aides.

(2) *Person with disabilities*.

(a) Means a person who:

(i) Has a disability as defined in 42 U.S.C. 423;

(ii) Is determined, pursuant to HUD regulations, to have a physical, mental or emotional impairment that:

(A) Is expected to be of long-continued and indefinite duration;

(B) Substantially impedes his or her ability to live independently; and

(C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions;

(iii) Has a developmental disability as defined in 42 U.S.C. 6001;

(b) Does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome;

(c) For purposes of qualifying for low-income housing, does not include a person whose disability is based solely on any drug or alcohol dependence.

(3) *Housing choice voucher search assistance*. Assistance to increase access by program participants to housing units in a variety of neighborhoods (including areas with low poverty

concentrations) and to locate and obtain units suited to their needs.

(F) *Homeownership and Family Self-Sufficiency (FSS).* Applicants are encouraged to establish or expand upon an existing housing choice voucher homeownership program, as well as complete the closing process on homeownership units. Applicants are also encouraged to fill slots under a mandatory FSS program and to establish a voluntary FSS program and fill slots thereunder where a mandatory FSS program is not required.

(G) *Increasing the Participation of Faith-Based and Community-Based Organizations in HUD Program Implementation.* HUD believes that grassroots organizations, e.g., faith communities, civic organizations, and other community-based organizations, have not been effectively utilized. These grassroots organizations have a strong history of providing vital community services such as assisting the homeless and preventing homelessness; counseling individuals and families on fair housing rights; providing elderly housing opportunities; developing first time homeownership programs; increasing homeownership and rental housing opportunities; developing affordable and accessible housing in neighborhoods across the country; and creating economic development programs. The goal of this policy priority is to make HUD's housing choice voucher program more effective, efficient, and accessible by expanding opportunities for faith-based and other community-based organizations to participate in developing solutions for their own neighborhoods. Applicants are encouraged to coordinate with and otherwise involve faith-based and other community-based organizations in those activities under the housing choice voucher program where their services, expertise and knowledge may be most effective.

(H) *Conducting Business in Accordance With Core Values and Ethical Standards.* To reflect core values, all PHAs shall develop and maintain a written code of conduct in the PHA administrative plan that (1) requires compliance with the conflict of interest requirements of the Housing Choice Voucher Program at 24 CFR 982.161, and (2) prohibits the solicitation or acceptance of gifts or gratuities, in excess of a nominal value, by any officer or employee of the PHA, or any contractor, subcontractor or agent of the PHA. The PHA's administrative plan shall state PHA policies concerning PHA administrative and disciplinary remedies for violation of the PHA code of conduct. The PHA shall inform all officers, employees and agents of its organization of the PHA's code of conduct.

(I) *Pre-Award Accounting System Surveys.* See Section V (B)(5) of the General Section of the SuperNOFA regarding those applicants that may be subject to HUD's arranging for a pre-award survey of an applicant's financial management system.

V. Application Selection Process

(A) *Rating and Ranking.* After the Grants Management Center has screened and disapproved any applications found unacceptable for further processing, the Grants Management Center will review all acceptable applications to ensure that they are technically adequate and responsive to the requirements of this announcement. HUD Headquarters will fund all applications from PHAs and nonprofit organizations that are recommended for funding by the Grants Management Center unless HUD receives approvable applications for more funds than are available. HUD will select applicants to be funded based upon the methodology indicated in Section II (C)(1) of this NOFA. Applications meeting all the application submission requirements of Section VI of this NOFA will be rated and ranked on the basis of their score under the selection criteria in Section V (B) of this NOFA. The maximum score under the selection criteria is 100 points.

(B) Selection Criteria

(1) Selection Criterion 1, Disabled Persons at or Below the Poverty Level. (40 points)

(a) *Description:* This criterion assesses the number of disabled persons at or below the poverty level in the primary market area served by the applicant, as a percentage of such disabled persons on a national basis using 2000 census data. The primary market area is defined as the geographic area in which the applicant is legally authorized to operate and where the vouchers will be issued. (*See* section VI (I) of this NOFA regarding the description of the primary market area required to be included in each PHA's/nonprofit organization's application.) A table listing all the cities and counties with a population of 10,000 or more persons within the nation (States and territories) will be listed with this funding announcement at the following HUD Web site: *http://www.hud.gov/offices/adm/grants/fundsavail.cfm.* Also indicated on the table will be the number of disabled persons/percentage of such disabled persons at or below the poverty level within each city or county, as a percentage of the number of disabled persons at or below the poverty level within the nation. An applicant (and the GMC during the review of applications) will use the table to determine the percentage of disabled persons at or below the poverty level that is in the applicant's primary market area. The percentage will determine the number of points that the applicant is eligible for under Selection Criterion 1.

(b) *Rating and Assessment:* Points will be assigned based upon the number of disabled persons at or below the poverty level in the applicant's primary market area, as a percentage of such persons within the nation. For each tenth of one percent (.001) within the applicant's primary market area the applicant will receive 5 points. Percentages of .0015, .0025, etc. or higher but less than the next whole tenth of one percent, i.e., .002, .003, etc. shall be rounded to the next whole tenth of a percentage point. An applicant having a primary market area with a population of 10,000 or fewer or for which disability percentages are not listed on the table will receive 5 points under Selection Criterion 1. Likewise, an applicant having a primary market area comprised of more than one community with a population of 10,000 or fewer shall receive a total of 5 points for all such communities combined. A maximum of 40 points is available under Selection Criterion 1 regardless of how high a percentage of disabled persons at or below the poverty level is located within the applicant's primary market area.

(2) Selection Criterion 2, Lease-Up and Budget Authority Utilization. (25 points)

(a) *Description:* This criterion focuses on a PHA's and nonprofit organization's success in leasing its housing choice vouchers, and using the budget authority associated with its vouchers. While a PHA or nonprofit organization must have either a lease-up or budget authority utilization rate of at least 97 percent under section VII (B)(2)(c) of this NOFA in order to have an acceptable application, Selection Criterion 2 provides for the award of selection points to those PHAs having a voucher lease-up rate or a budget authority utilization rate of 99 percent or higher. The lease-up and budget authority utilization percentages for a PHA's or nonprofit organization's voucher program will be calculated by HUD based upon the methodology indicated in Appendix A of this NOFA, and shall cover fiscal years ending December 31, 2001; March 31, 2002; June 30, 2002; and September 30, 2002.

Lease-up or budget authority utilization rates of a half or more of one percentage point will be rounded to the next highest percentage point for purposes of qualifying for the points available under Selection Criterion 2 (for example, 98.5 percent will be rounded up to 99 percent). PHAs or nonprofit organizations that meet either the 97 percent lease-up or budget authority utilization threshold requirement in section VII(B)(2)(c) of this NOFA, or that have a 99 percent or higher lease-up or budget authority utilization rate and qualify for the points available under Selection Criterion 2 will be listed with this funding announcement at the following HUD Web site: *http://www.hud.gov/offices/adm/grants/fundsavail.cfm.* A PHA or nonprofit organization not listed may submit information with its application, following the methodology of Appendix B and using the format of Appendix C which includes a completed example and the blank form format to be filled out and submitted with the PHA's or nonprofit organization's application, for its fiscal year December 31, 2001; March 31, 2002; June 30, 2002; September 30, 2002 or subsequent fiscal year not yet processed by HUD but certified by the applicant.

See Section VI (G) of this NOFA regarding the certification requirement applicable to MTW PHAs in connection with qualifying for the points available under Selection Criterion 2.

(b) *Rating and Assessment:* The GMC will assign point values as follows:

- *25 points:* The PHA or nonprofit organization has a lease-up or budget authority utilization rate for its voucher program of 99 percent.

Note: PHAs or nonprofit organizations without a voucher program or whose total voucher program is excluded (annual budget authority associated with new funding increments obligated during the applicant's last fiscal year and annual budget authority for litigation) from the lease-up/budget authority utilization calculation as per the methodology in Appendix A of this funding announcement may also be eligible to receive 25 points under Selection Criterion 2. In order to get the 25 points, the PHA or nonprofit organization will be required to submit a certification statement with its application certifying that it will lease all vouchers it is awarded under this NOFA within 180 days of the award of funding.

(3) Selection Criterion 3, Area-Wide Housing Opportunities (15 Points)

(a) *Description:* This criterion addresses the voluntary efforts that an applicant may take to provide area-wide housing opportunities for families. The efforts described in response to this criterion must be beyond those required by federal law or regulation such as the portability provisions of the Housing Choice Voucher Program. Applicants should take note that the difference between being eligible for 15 points versus 10 points under this selection criterion requires undertaking efforts to end chronic homelessness on the part of disabled families.

(b) *Rating and Assessment:* The GMC will assign point values as follows:

- *15 points:* The applicant provides information indicating that it will provide housing counseling for disabled families that want to move to low-poverty or non-minority areas, or the applicant has established a contractual relationship with a PHA, nonprofit agency or local governmental entity to provide housing counseling for disabled families that want to move to low-poverty or non-minority areas. In addition, the applicant must target not less than 10 percent of the vouchers awarded under this funding announcement to assisting those disabled families that are chronically homeless as defined in section II (H) of the General Section of the SuperNOFA, and as part of the counseling provided to such families undertake two or more of the activities listed in that section. (The five PHAs approved for the FY 1993 Moving to Opportunity (MTO) for Fair Housing Demonstration, the 11 PHAs approved under the Housing Search Assistance Program (HSAP), and any other PHAs that receive housing counseling funds from HUD (*e.g.*, in settlement of litigation involving the desegregation or demolition of public housing, regional opportunity counseling, or mixed population projects) may qualify for points under this assessment, but these PHAs must identify all activities to be undertaken, other than those funded by HUD, to expand housing opportunities.)
- *10 points:* The applicant provides information indicating that it will provide housing counseling for disabled families that want to move to low-poverty or non-minority areas, or the applicant has established a contractual relationship with a PHA, nonprofit agency or local governmental entity to provide housing counseling for disabled families that want to move to low-poverty or non-minority areas. (The five PHAs approved for the FY 1993 Moving to Opportunity (MTO) for Fair Housing Demonstration, the 11 PHAs approved under the Housing Search Assistance Program (HSAP), and any other PHAs that receive housing counseling funds from HUD (*e.g.*, in settlement of litigation involving the desegregation or demolition of public housing, regional opportunity counseling, or mixed population projects) may qualify for points under this assessment, but these PHAs must identify all activities to be undertaken, other than those funded by HUD, to expand housing opportunities.)
- *5 points:* The applicant provides information indicating that it has implemented other initiatives that have resulted, and will continue to result, in expanding housing opportunities for disabled families in areas that do not have undue concentrations of poverty or minority families.

(4) Selection Criterion 4, Commitments From Outside Agencies (10 Points)

(a) *Description:* The applicant documents that it has entered into agreements with one or more organizations to assist disabled families with moving costs, security deposits, utility hook-up fees, utility deposits, medical care, transportation, educational opportunities, employment and child care.

(b) *Rating and Assessment:* The GMC will assign points as follows:

- *10 points:* The applicant provides copies of the agreements that it has entered into with three or more organizations to assist disabled families with moving costs, security deposits, utility hook-up fees, utility deposits, medical care, transportation, educational opportunities, employment and child care. The applicant must also provide information indicating it has taken one or more of the activities to promote the participation of grass-roots and other community-based organizations indicated in Section II (6) of the General Section of the SuperNOFA, as relates to the aforementioned agreements. The applicant's provision of the former, but not the latter information, shall result in the application receiving no more than 8 points under this Selection Criterion 4, as indicated below.
- *8 points:* The applicant provides copies of the agreements that it has entered into with three or more organizations to assist disabled families with moving costs, security deposits, utility hook-up fees, utility deposits, medical care, transportation, educational opportunities, employment and child care.
- *5 points:* The applicant provides copies of the agreements it has entered into with two organizations to assist disabled families with moving costs, security deposits, utility hook-up fees, utility deposits, medical care, transportation, educational opportunities, employment and child care.

• *3 points:* The applicant provides copies of the agreements it has entered into with one organization to assist disabled families with moving costs, security deposits, utility hook-up fees, utility deposits, medical care, transportation, educational opportunities, employment and child care.

(5) Selection Criterion 5, Achieving Results and Program Evaluation (10 Points)

(a) *Description:* This criterion emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and assess their performance in meeting performance goals. HUD requires Mainstream Program applicants to develop an effective, quantifiable, outcome oriented *monitoring and evaluation plan* for measuring performance and determining that *goals* have been met. The plan must include *interim products or activities* that lead to the ultimate achievement of the applicant's goals. *Performance indicators* must also be developed by the applicant to measure performance. Performance indicators must be objectively quantifiable and measure actual achievements against planned achievements. The applicant's evaluation and monitoring plan must identify what it is going to measure, how it will be measured, and the steps that will be taken to make adjustments to the plan if performance targets are not met within established deadlines.

An example of a goal is that the applicant will have 100 percent of the Mainstream vouchers under lease by disabled families within 180 days of the effective date of the Annual Contributions Contract (ACC) for the funding increment. Examples of interim activities to achieve such a goal might include assisting disabled families with transportation to rental properties, efforts to identify and provide lists of accessible units, approval of exception payment standards, or use of special housing types. An example of related performance indicators might include assisting disabled families with transportation needs within 24 hours of a disabled family's request to visit a potential rental unit, and that 50 percent of all the Mainstream vouchers are to be under lease within 90 days of the ultimate goal of having all vouchers under lease within 180 days.

Examples of other areas in which applicants may wish to consider establishing goals are with respect to Selection Criterion 3, Selection Criterion 4, any one or more of the areas to be addressed in the applicant's Mainstream Program Operating Plan (see Section IV (D) of this NOFA), etc.

(b) *Rating and Assessment:* The GMC will assign points as follows:

• *10 points:* The applicant submits a monitoring and evaluation plan meeting the descriptive requirements outlined immediately above.

VI. Application Submission Requirements

Applicants are requested to *read this section very carefully, as it addresses the specific information that must be in the applications submitted to HUD* under this NOFA. Applications failing to provide this information will be determined either ineligible for processing, or in the instance of an application having a curable (correctable) technical deficiency (see the General Section of the SuperNOFA), the applicant will be requested to submit additional information.

Those application submission items identified below in this Section VI as ''not curable'' shall mean that any item, e.g., Mainstream Program Operating Plan, for which the applicant does not provide all the requested information shall result in the application being determined ineligible for processing. The turnaround times established by HUD in the instance of curable technical deficiencies are relatively brief, so the initial submission of a carefully prepared and complete application is extremely important. Applicants should also *carefully review sections VII (B)(2)(b) and (c)* of this funding announcement to determine if their SEMAP designation, OIG status, existence of significant program compliance problems, or voucher lease-up/budget authority utilization rate will require the submission of additional information with their application.

(A) *Form HUD–52515.* All applicants must complete and submit Form HUD–52515, Funding Application, for the Housing Choice Voucher Program. This form includes all necessary certifications for Fair Housing, Drug Free Workplace, and Lobbying Activities. Applicants are *required to enter their housing authority code number (for example, CT002), telephone number, facsimile number and electronic mail address in the same space at the top of the form where they also are to enter the applicant's name and mailing address.* Section C of the form should be left blank. The form must be completed in its entirety, with the exception of Section C, signed and dated. A copy of Form HUD–52515 is included in the forms found in Appendix B to the General Section of the SuperNOFA. Copies of the form may also be downloaded from the following HUD Web site: *http://www.hud.gov.* (On the HUD web site click on ''handbooks and forms,'' then click on ''forms,'' then click on ''HUD–5'' and click on ''HUD–52515.'' In addition, the Form HUD–52515 will also be posted with the Mainstream funding announcement at the following HUD Web site: *http://www.hud.gov/offices/adm/grants/fundsavail.cfm.*

In the instance of a nonprofit organization that does not currently manage a housing choice voucher program, the nonprofit organization shall fill in Section B, Proposed Assisted Dwelling Units, on the form by either using numbers based on information requested from the nearest public housing agency, based upon its housing choice voucher waiting list, or based upon information from local advocacy groups and local public and private service agencies familiar with the needs of elderly and non-elderly persons with disabilities, census data, and pertinent information from the Consolidated Plan applicable to the applicant's jurisdiction. Section C, Average Monthly Adjusted Income, should be left blank. Section F, New HA Information, requires information on Financial and Administrative Capability and Qualification as a HA. For Financial and Administrative Capability, a nonprofit organization may reference that part of its application addressing the requirements of Section VI (E) of this announcement. For Qualification as an HA, the nonprofit organization must submit information validating its qualifications as a nonprofit organization as defined in section III (B)(2) of this announcement. The submission of enabling legislation is not required to accomplish this purpose, but a legal opinion supportive of the applicant's status as a nonprofit organization, as defined in the first sentence of section III (B)(2)(a) of this announcement is required.

The Form HUD–52515 must be signed and dated by the applicant. The signature and date shall signify that the information provided on the form is complete and accurate, and that all other information provided by the applicant in its application (including any certifications) are complete and accurate.

(B) *Letter of Intent and Narrative.* The applicant must state in its cover letter to the application whether it is a PHA applying for five-year funding, or a nonprofit organization applying for five-year funding. The applicant also must indicate the number of vouchers being requested, whether it will accept a reduction in the number of vouchers,

and the minimum number of vouchers the applicant will accept, since the funding is limited and HUD may only have enough funds to approve an amount smaller than the number of vouchers requested. The maximum number of vouchers that an applicant may apply for under this announcement is limited to 50.

The letter of intent and narrative should also include information addressing how the applicant meets the selection criteria in section V (B) of this NOFA. Failure of the applicant to provide information in connection with selection criteria 1 and 2 shall result in the GMC scoring the applicant solely on the basis of information HUD already has on-hand. *Failure of the applicant to provide the information called for under selection criteria 3, 4 and 5 shall be considered not curable, but shall not make the application ineligible for processing. Failure to provide the information shall simply mean that the applicant is ineligible for the points under the categories for which it failed to provide the information requested in this funding announcement.*

PHAs and nonprofit organizations that do not currently administer a housing choice voucher program must identify the nearest PHA (including the full name, address, and telephone no.) that does administer a housing choice voucher program. This information will be necessary for HUD to calculate annual per unit costs for voucher funding awarded under this funding announcement for such PHAs and nonprofit organizations (see section II (C)(3) of this funding announcement).

(C) *Description of Need for Mainstream Program Vouchers.* The PHA's and nonprofit organization's application must demonstrate a need for Mainstream Program vouchers by providing information documenting that the demand for housing for non-elderly and elderly persons with disabilities in connection with a request for five-year funding under this announcement would equal or exceed the requested number of vouchers. The applicant must assess and document the housing need for elderly and non-elderly persons with disabilities using a range of sources including, but not limited to: census data, information from the applicant's waiting list (both public housing and housing choice voucher), statistics on recent public housing admissions and housing choice voucher use, data from local advocacy groups and local public and private service agencies familiar with the housing needs of elderly and non-elderly persons with disabilities, and pertinent information from the Consolidated Plan [including the Analysis of Impediments to Fair Housing Choice (AI)] applicable to the applicant's jurisdiction. {See 24 CFR 91.205(d).}

Failure of the applicant to provide the information required under this section (C) shall be determined not curable and the application deemed ineligible for processing.

(D) *Mainstream Program Operating Plan.* The application must include a description of an adequate plan for operating a program to serve eligible disabled families, including:

(1) A description of how the applicant will carry out its responsibilities under 24 CFR 8.28 to assist recipients in locating units with needed accessibility features; and

(2) A description of how the applicant will identify private or public funding sources to help participants cover the costs of modifications that need to be made to their units as reasonable accommodations to their disabilities.

(3) A description of how the applicant will use a nonprofit organization or PHA (if any) under a contract to administer the Mainstream Program vouchers, or to otherwise provide services.

Failure of the applicant to provide the information required under this section (D) shall be determined not curable and the application deemed ineligible for processing.

(E) *Certification Applicable to Nonprofit Organizations.* A nonprofit organization applying for funding available under this announcement must provide a certification stating that the applicant can meet the capacity requirements applicable to a nonprofit organization delineated in section III (B)(2)(b) of this announcement. The certification must specifically list the four capacity requirements from that paragraph, and must specifically list the rental housing programs the nonprofit organization has administered or the rental housing the nonprofit organization has managed.

Failure of the applicant to provide the information required under this section (E) shall be determined not curable and the application deemed ineligible for processing.

(F) *Statement Regarding the Steps the PHA and Nonprofit Organization Will Take to Affirmatively Further Fair Housing.* The statement must include specific steps to address the categories outlined in sections V (D)(1), (2) and (3) in the General Section of the HUD SuperNOFA.

(G) *Moving to Work (MTW) PHA Certification.* MTW agencies required to report under SEMAP, as well as those MTW agencies not required to report under SEMAP, shall be required to meet the 97 percent lease-up and budget authority utilization requirement addressed in Section VII (B)(2)(c) of this funding announcement. MTW agencies must submit a certification with their application certifying as to their voucher lease-up and budget authority utilization percentages. Submission of Appendix B information by MTW PHAs is not required.

Failure of the applicant to provide the certification required under this section (G) shall be determined not curable and the application deemed ineligible for processing.

(H) *Form HUD–2993.* All applicants must complete and submit Form HUD–2993, Acknowledgement of Application Receipt. In addition to the applicant's entering its name and address on the form, the full title of the program under which the applicant is seeking funding must also be entered. This form is located in the General Section of the SuperNOFA and is also available at the following HUD Web site: *http://www.hud.gov.* On this web site click on ''handbooks and forms.''

(I) *Identification of Primary Market Area.* Each applicant must specify in the application its primary market area, *i.e.*, the geographic area in which it is legally authorized to operate and where the vouchers will be issued. This information may be different from that entered by such an applicant on the Form HUD–52515, as the form calls for the applicant to identify its ''legal area of operation'' which may be far more geographically expansive than the specific city, county, or area within a State where a PHA (particularly a regional or State PHA), or nonprofit organization intends to issue the vouchers. This information is critical because, as indicated in section V (B)(1)(a) of this funding announcement, the geographic area in which the vouchers are intended to be issued and in which the applicant is legally authorized to operate a Housing Choice Voucher Program will be used by the applicant (and subsequently by the GMC during the review of applications) to determine the percentage of the nation's housing needs for disabled persons at or below the poverty level that are within the applicant's primary market area. For example, although an applicant may be legally authorized to operate throughout the entire county in which it is located, if the vouchers will be issued only in two cities within that county then the primary market area is those two cities and not the entire county. Conversely, if the applicant is planning to issue vouchers to all cities within a county, then the applicant

must list the county only and not list the individual cities within that county (the county is the sum of all housing needs for cities within a county). If, in addition to the county, there are individual cities outside the county where the applicant also will be issuing vouchers, the PHA then also must list these cities. A State PHA or nonprofit organization legally authorized to operate throughout the entire State, but which intends to issue the fair share vouchers in only one county, must list solely that county as its primary market area. In addition, the primary market area shall not include a geographic area in which the applicant is issuing vouchers, outside its normal, legally authorized area of operation, based upon an agreement with another agency/PHA to issue vouchers in the other agency's/PHA's jurisdiction.

VII. Corrections to Deficient Applications

(A) *Acceptable Applications.* The application must include all of the information specified in Section VI, Application Submission Requirements, of this announcement. The General Section of the SuperNOFA provides the procedures for corrections to deficient applications. {Note: The submission by applicants of clarifications or corrections of technical deficiencies under this funding announcement must be provided to HUD within *7 calendar days* (not the 14 calendar days indicated in the General Section of the SuperNOFA) of receipt of the HUD notification.}

(B) *Unacceptable Applications.* (1) After the 7-calendar day technical deficiency correction period, the Grants Management Center will disapprove all applications from PHAs and nonprofit organizations that the Grants Management Center determines are not acceptable for processing. The Grants Management Center's notification of rejection letter must state the basis for the decision. The applicant may request an applicant debriefing. Beginning not less than 30 days after the awards for assistance are announced in the **Federal Register**, and for not longer than 120 days, HUD will, upon receiving a written request from the applicant, provide a debriefing to the requesting applicant. (See the General Section of the SuperNOFA for additional information regarding a debriefing.) Applicants requesting to be debriefed must send a written request to Michael Diggs, Director, Grants Management Center, Department of Housing and Urban Development, 501 School Street, SW., Suite 800, Washington, DC 20024.

(2) Applications from PHAs or nonprofit organizations that fall into any of the following categories will not be processed:

(a) PHAs or nonprofit organizations that do not meet the fair housing and civil rights compliance threshold requirements of sections V(B)(2), (C) and (D) of the General Section of the SuperNOFA.

(b) The applicant is designated as troubled by HUD under SEMAP, or has major program management findings in an Inspector General audit for its voucher program that are unresolved, or has other significant program compliance problems that are not resolved. Major program management findings, or significant program compliance problems, are those that would cast doubt on the capacity of the applicant to effectively administer any new housing choice voucher funding in accordance with applicable HUD regulatory and statutory requirements. The only exception to this category is if the applicant has been identified under the policy established in section III (B)(1)(c) of this announcement and the applicant makes application with a designated contract administrator.

(c) The PHA or nonprofit organization has failed to achieve a lease-up or budget authority utilization rate of 97 percent for its voucher units under contract for its fiscal year ending on either December 31, 2001; March 31, 2002; June 30, 2002; or September 30, 2002. Applicants that have been determined by HUD to have passed either the 97 percent lease-up, or 97 percent budget authority utilization requirement for their fiscal year ending on December 31, 2001; March 31, 2002; June 30, 2002; or September 30, 2002, will be listed with the Mainstream funding announcement at the following HUD Web site: *http://www.hud.gov/offices/adm/grants/fundsavail.cfm.* An applicant not listed may submit monthly lease-up and budget authority utilization information (following the methodology of Appendix A of this announcement and using the format in Appendix B, which also includes a blank version of the format) as part of its application supportive of its contention that it should have been included among those potential applicants HUD listed on the HUD Web site as having achieved either a 97 percent lease-up rate or 97 percent budget authority utilization rate for fiscal years ending on December 31, 2001; March 31, 2002; June 30, 2002; September 30, 2002; or subsequent full fiscal year not yet processed by HUD but certified by the applicant. Applicants not listed on the aforementioned HUD Web site must submit utilization information using the blank form in Appendix B, as the application will otherwise be determined ineligible for funding under this announcement.

Note: The lease-up and budget authority utilization requirement shall not apply to applicants not currently administering a voucher program, or to new units associated with funding increments obligated during the applicant's last fiscal year and units obligated for litigation. In addition, lease-up or budget authority utilization rates of 96.5 percent but less than 97 percent shall be rounded up to 97 percent.)

See section VI (G) of this funding announcement which addresses the certification to be submitted by MTW agencies in connection with the 97 percent lease-up and budget authority utilization requirements referenced above.

(d) The PHA or nonprofit organization is involved in litigation and HUD determines that the litigation may seriously impede the ability of the applicant to administer the vouchers.

(e) An application that does not comply with the requirements of 24 CFR 982.103 and this program section after the expiration of the 7-calendar day technical deficiency correction period will be rejected from processing.

(f) The application was submitted after the application due date.

(g) The application was not submitted to the official place of receipt as indicated in the paragraph entitled ''Address for Submitting Applications'' at the beginning of this announcement.

(h) The applicant has been debarred or otherwise disqualified from providing assistance under the program.

(i) The PHA did not have its PHA plans approved by HUD for the FY 2001 plan cycle on the application due date for this funding announcement. (This category of ineligibility does not apply to nonprofit organizations whose housing choice voucher program is based solely upon previously approved housing choice vouchers under the Mainstream Program.)

VIII. Environmental Requirements

In accordance with 24 CFR 50.19(b)(11) and 58.35(b)(1) of the HUD regulations, tenant-based rental activities under this program are categorically excluded from the requirements of the National Environmental Policy Act of 1969 (NEPA) and are not subject to environmental review under the related laws and authorities. Activities under the homeownership option of this program are categorically excluded from NEPA requirements and excluded from other environmental requirements

under 24 CFR 58.5 in accordance with 24 CFR 58.35(b)(5), but PHAs and nonprofit organizations are responsible for the environmental requirements in 24 CFR 982.626(c).

IX. Authority

Authority for this program is found in the Consolidated Appropriations Resolution, FY 2003 (Pub. L. 108–7, approved February 20, 2003).

APPENDIX A

METHODOLOGY FOR DETERMINING LEASE-UP AND BUDGET AUTHORITY UTILIZATION PERCENTAGE RATES

Using data from the HUDCAPS system, HUD determined which PHAs and nonprofit organizations met the 97% budget authority utilization or 97% lease-up requirement addressed in section VII (B)(2)(c) of this NOFA. The data used in the determination were based on PHA and nonprofit organization fiscal years ending December 31, 2001; March 31, 2002; June 30, 2002; and September 30, 2002. The budget authority utilization and lease-up rates were determined based upon the methodology indicated below

Budget Authority Utilization

Percentage of budget authority utilization was determined by comparing the total contributions required to the annual budget authority (ABA) available for the PHA or nonprofit organization fiscal year ending December 31, 2001; March 31, 2002; June 30, 2002; or September 30, 2002, for the PHA's or nonprofit organization's voucher program. Annual budget authority associated with new funding increments obligated during the last PHA or nonprofit organization fiscal year and annual budget authority for litigation were excluded.

Total contributions required were determined based on the combined actual costs approved by HUD on the form HUD-52681, Year End Settlement Statement. The components that make up the total contributions required are the total of housing assistance payments, ongoing administrative fees earned, hard to house fees earned, and IPA audit costs. From this total any interest earned on administrative fees is subtracted. The net amount is the total contributions required.

ABA is the prorated portion applicable to the PHA/nonprofit organization year for each funding increment that had an active contract term during all or a portion of the PHA/nonprofit organization year. ABA is adjusted for new funding increments obligated during the last PHA/nonprofit organization fiscal year and for litigation funding increments.

EXAMPLE:
PHA ABC
Fiscal year 10/1/01 through 9/30/02.

HUD 52681 Approved Data:	
HAP	$2,150,000
Administrative Fee	$ 215,000
Hard to House Fee	$ 1,000
Audit	$ 2,000
Total	$2,368,000
Program Receipts other than Annual Contributions	($2,500)

Total contributions required **$2,365,500**

Calculation of Annual Budget Authority

Increments	Contract Term	Total BA	ABA
001	11/01/01 -10/31/02	$1,300,000	$1,191,667
002	01/01/02-12/31/02	$1,200,000	$ 900,000
003	04/01/02-03/31/03	$ 950,000	$ 475,000
004	07/01/02-06/30/03	$1,500,000	$ 375,000
Totals		$4,950,000	$2,941,667
ABA associated with litigation			($475,000)
Total ABA			($2,466,667)

Budget Authority Utilization

Total contributions required divided by	**$2,365,500**
Annual budget authority equals	**$2,466,667**
Budget Authority Utilization	**95.9%**

Lease-up Rate

The lease-up rate was determined by comparing the reserved units (funding increments active as of the end of the PHA/nonprofit organization year) to the unit months leased (divided by 12) reported on the combined HUD 52681, Year End Settlement Statement(s) for December 31, 2001; March 31, 2002; June 30, 2002; or September 30, 2002.

Units associated with new funding increments obligated during the last PHA/nonprofit organization fiscal year and units obligated for litigation were excluded from the reserved units.

EXAMPLE:

Increments	Contract Term	Units
001	11/01/ 01-10/31/02	242

002	01/01/02-12/31/02	224
003	04/01/02-03/31/03	178
004	07/01/02-06/30/03	280
Totals		924
Increment 003 litigation		(178)
Adjusted contract units		**746**

Unit months leased reported by PHA/nonprofit organization	8,726	
divided by 12		727
Units Leased		**727**

Lease-up Rate	
Units leased	**727**
divided by adjusted contract units	**746**
equals	
Lease-up Rate	**97.5%**

APPENDIX B

Example

Main Street HA 12/31/02 Year End, January 1, 2002 through December 31, 2002
ACC units applicable: 653 (Litigation and new units obligated during the fiscal year are excluded)

Month	Total HAP	UMLs	Admin Fee	HH Fee	Requirements	Cumulative Total	Annual Budget Authority (ABA)
January	$291,874	623	$29,119	$0	$320,993	$320,993	$295,650
February	$211,945	620	$30,058	$1,125	$243,128	$564,121	$295,650
March	$234,521	618	$29,961	$450	$264,932	$829,053	$295,650
April	$226,489	620	$30,058	$750	$257,297	$1,086,350	$295,650
May	$240,414	616	$29,864	$675	$270,953	$1,357,303	$295,650
June	$245,600	614	$29,767	$825	$276,192	$1,633,495	$295,650
July	$251,300	615	$29,815	$675	$281,790	$1,915,285	$309,103
August	$265,304	611	$29,621	$900	$295,825	$2,211,110	$309,103
September	$285,504	610	$29,573	$375	$315,452	$2,526,562	$309,103
October	$298,503	612	$29,670	$525	$328,698	$2,855,260	$309,103
November	$325,008	628	$30,445	$300	$355,753	$3,211,013	$309,103
December	$355,006	640	$31,027	$225	$386,258	$3,597,271	$309,105
Totals	**$3,231,468**	**7,427**	**$358,978**	**$6,825**		**$3,597,271**	**$3,628,520**

Leaseup Rate: **94.78% (UMLs/ACC units)**
ABA Utilization **99.14% (Requirements/ABA)**

Certification:

_____
Executive Director

_____
Section 8 Program Administrator

HA Name and fiscal year end:
ACC Units applicable in fiscal year:

Month	Total HAP	UMLs	Admin Fee	Hard to House Fee	Requirements	Cumulative Total	Annual Budget Authority (ABA)
Totals							

Lease-up Rate: **(UMLs/ACC 0.00% units)**

ABA Utilization: **(Requirements/A 0.00%BA)**

Certification:

_____

Executive Director

_____

Section 8 Program Administrator

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

SECTION 202 SUPPORTIVE HOUSING FOR THE ELDERLY PROGRAM (SECTION 202 PROGRAM)

Billing Code 4210-32-C

Funding Availability for Section 202 Supportive Housing for the Elderly Program (Section 202 Program)

Program Overview

Purpose of the Program. This program provides supportive housing for very low-income persons 62 years of age or older.

Available Funds. Approximately $473.8 million, plus any carryover funds available.

Eligible Applicants. Private nonprofit organizations and nonprofit consumer cooperatives (see Section III(B) of this program NOFA). (See Section VIII of this program NOFA for information regarding the formation of the Owner corporation).

Eligible Activities. New construction, rehabilitation, or acquisition of housing with or without rehabilitation (see Section III(C) of this NOFA).

Application Deadline. June 13, 2003.

Match Requirements. None.

Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following additional information.

I. Application Due Date, Further Information, and Technical Assistance

Application Due Date. An original and four copies of your completed application must be submitted to the appropriate HUD field office no later than the application due date.

See the General Section, Mailing and Receipt Procedures and Proof of Timely Submission, of this SuperNOFA for specific procedures governing the submission of applications to HUD Field Offices.

Address for Submitting Applications. Submit an original and four copies of your completed application to the Director of the appropriate Multifamily Hub Office or Multifamily Program Center as listed in Appendix B to the Section 811 program section of this SuperNOFA with the following exceptions:

1. Applications for projects proposed to be located within the jurisdiction of the Sacramento, California Office must be submitted to the San Francisco, California Office.

2. Applications for projects proposed to be located within the jurisdiction of the Cincinnati, Ohio Office must be submitted to the Columbus, Ohio Office.

3. Applications for projects proposed to be located within the jurisdiction of the Washington, DC Office must be submitted to the Baltimore, Maryland Office.

4. Applications for projects proposed to be located within the jurisdiction of the Grand Rapids, Michigan Office must be submitted to the Detroit, Michigan Office.

The SuperNOFA also includes a listing of the Multifamily Hubs and Program Centers, their addresses and telephone numbers, including TTY (text telephone) numbers. This information is also available from HUD's SuperNOFA Information Center at 1–800–HUD–8929 and from the Internet through the HUD Web site at *http://www.hud.gov/grants.* Persons with hearing or speech impairments may call the Center's TTY number at 1–800–HUD–2209.

All information required to complete and return a valid application is included in the General Section and this Program Section of the SuperNOFA, including appendices. Copies of the General Section, this Program Section, and appendices, including the application, are available and may be downloaded from HUD's Web site at *http://www.hud.gov.*

For Further Information and Technical Assistance. You may contact the appropriate Multifamily Hub Office or Multifamily Program Center, or Evelyn Berry at HUD Headquarters at (202) 708–3000 (this is not a toll-free number), or access the Internet at *http://www.hud.gov/grants.* Persons with hearing and speech impairments may access the above number via TTY by calling the Federal Relay Service at 1–800–877–8339 (this is a toll-free number).

HUD encourages minority organizations and grassroots organizations (*e.g.*, civic organizations, faith-communities and grassroots faith-based and other community-based organizations) to participate in this program and strongly recommends that prospective applicants attend the local HUD Office workshop. At the workshops, HUD will explain application procedures and requirements as well as address concerns such as local market conditions, building codes and accessibility requirements, historic preservation, floodplain management, other environmental requirements, displacement and relocation, zoning, and housing costs. If you are interested in attending the workshop, make sure that your name, address and telephone number are on the appropriate HUD Office's mailing list so that you will be informed of the date, time and place of the workshop. Persons with disabilities should call the appropriate HUD Office to ensure that any necessary arrangements can be made to enable their attendance and participation in the workshop.

If you cannot attend the workshop, call the appropriate HUD Office if you have any questions concerning the submission of applications to that particular office and to request any materials distributed at the workshop.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. It is strongly recommended that potential applicants, especially those who may be applying for section 202 funding for the first time, tune in to this broadcast, if at all possible. Copies of the broadcast tapes are also available from the SuperNOFA Information Center. For more information about the date and time of the broadcast, you should consult the HUD Web site at *http://www.hud.gov/grants.*

II. Amount Allocated

For FY 2003, $473,750,170 is available for capital advances for the supportive housing for the elderly program. The Consolidated Appropriations Resolution, 2003 (Pub. L. 108–7), approved February 20, 2003, (FY 2003 Consolidated Appropriations) provides $683,286,000 for capital advances, including amendments to capital advance contracts, for supportive housing for the elderly as authorized by section 202 of the Housing Act of 1959 (12 U.S.C. 1701q), as amended by section 801 of the Cranston-Gonzalez National Affordable Housing Act (Pub. L. 101–625, approved November 28, 1990), and for project rental assistance, and amendments to contracts for project rental assistance, and renewal of expiring contracts for such assistance for up to a one-year term, for supportive housing for the elderly under section 202(c)(2) of the Housing Act of 1959.

Additionally, the FY 2003 Consolidated Appropriations provide $25 million for predevelopment grants to private nonprofit organizations and consumer cooperatives in connection with the development of housing under the section 202 program. The announcement of the availability of these funds will be addressed in a separate NOFA to be issued in the future.

In accordance with the waiver authority provided in the FY 2003 Consolidated Appropriations, the Secretary is waiving the following statutory and regulatory provision: the term of the project rental assistance contract is reduced from 20 years to 5 years. HUD anticipates that at the end of the contract terms, renewals will be approved subject to the availability of

funds. In addition to this provision, HUD will reserve project rental assistance contract funds based on 75 percent rather than on 100 percent of the current operating cost standards for approved units in order to take into account the average tenant contribution toward rent.

The allocation formula used for section 202 reflects the ''relevant characteristics of prospective program participants,'' as specified in 24 CFR 791.402(a). The FY 2003 formula consists of two data elements from the 2000 Census: (1) Number of elderly renter households of all sizes (householder age 65 and older) and (2) number of elderly households (householder age 60 and older) living alone with incomes below the poverty level.

Under section 202, 85 percent of the total capital advance amount is allocated to metropolitan areas and 15 percent to nonmetropolitan areas. In addition, each HUD Office jurisdiction receives sufficient capital advance funds for a minimum of 20 units in metropolitan areas and 5 units in nonmetropolitan areas. The total amount of capital advance funds to support these minimum set-asides are subtracted from the respective (metropolitan or nonmetropolitan) total capital advance amounts available. The remainder is fair shared to each HUD Office jurisdiction whose fair share exceeds the minimum set-aside based on the allocation formula fair share factors described below.

Note: The allocations for metropolitan and nonmetropolitan portions of the Multifamily Hub or Program Center jurisdictions reflect the most current definitions of metropolitan and nonmetropolitan areas, as defined by the Office of Management and Budget.

A fair share factor is developed for each metropolitan and nonmetropolitan portion of each local HUD Office jurisdiction by dividing the number of elderly renter households in the respective metropolitan and nonmetropolitan portion of the jurisdiction by the total number of elderly rental households in the metropolitan and nonmetropolitan portions of the United States. The resulting percentage for each local HUD Office jurisdiction is then adjusted to reflect the relative cost of providing housing among the HUD Office jurisdictions. The adjusted needs percentage for the applicable metropolitan or nonmetropolitan portion of each jurisdiction is then multiplied by the respective total remaining capital advance funds available nationwide. Based on the allocation formula, HUD has allocated the available capital advance funds as shown on the following chart:

FY 2003 SECTION 202 ALLOCATIONS BY FIELD OFFICE

	METROPOLITAN		NONMETRO		TOTALS	
OFFICES	UNITS	CAPITAL ADVANCE	UNITS	CAPITAL ADVANCE	**UNITS**	**CAPITAL ADVANCE**
BOSTON HUB						
BOSTON	156	14,932,702	5	480,068	161	15,412,770
HARTFORD	77	7,317,872	5	477,581	82	7,795,453
MANCHESTER	43	3,317,869	28	2,138,386	71	5,456,255
PROVIDENCE	47	4,580,681	5	490,018	52	5,070,699
TOTAL	323	30,149,124	43	3,586,053	366	33,735,177
NEW YORK HUB						
NEW YORK	338	40,351,656	5	596,976	343	40,948,632
BUFFALO HUB						
BUFFALO	113	9,706,710	21	1,811,747	134	11,518,457
PHILADELPHIA HUB						
CHARLESTON	20	1,482,490	18	1,323,483	38	2,805,973
NEWARK	171	17,607,889			171	17,607,889
PHILADELPHIA	176	16,255,887	19	1,766,807	195	18,022,694
PITTSBURGH	90	7,065,508	16	1,274,083	106	8,339,591
TOTAL	457	42,411,774	53	4,364,373	510	46,776,147
BALTIMORE HUB						
BALTIMORE	74	5,925,919	10	770,979	84	6,696,898
RICHMOND	76	5,232,195	24	1,663,196	100	6,895,391
WASHINGTON	68	5,577,584			68	5,577,584
TOTAL	218	16,735,698	34	2,434,175	252	19,169,873

OFFICES	METROPOLITAN UNITS	METROPOLITAN CAPITAL ADVANCE	NONMETRO UNITS	NONMETRO CAPITAL ADVANCE	TOTALS UNITS	TOTALS CAPITAL ADVANCE
GREENSBORO HUB						
COLUMBIA	65	4,902,565	20	1,511,717	85	6,414,282
GREENSBORO	103	9,310,862	42	3,746,240	145	13,057,102
TOTAL	168	14,213,427	62	5,257,957	230	19,471,384
ATLANTA HUB						
ATLANTA	88	6,014,762	37	2,532,809	125	8,547,571
KNOXVILLE	50	3,253,956	15	948,613	65	4,202,569
LOUISVILLE	53	3,932,028	33	2,474,050	86	6,406,078
NASHVILLE	58	3,966,153	20	1,381,882	78	5,348,035
SAN JUAN	108	8,552,474	14	1,105,329	122	9,657,803
TOTAL	357	25,719,373	119	8,442,683	476	34,162,056
JACKSONVILLE HUB						
BIRMINGHAM	78	5,295,482	26	1,795,380	104	7,090,862
JACKSON	36	2,348,015	31	2,002,532	67	4,350,547
JACKSONVILLE	317	21,315,915	19	1,278,578	336	22,594,493
TOTAL	431	28,959,412	76	5,076,490	507	34,035,902
CHICAGO HUB						
CHICAGO	181	17,512,508	27	2,591,634	208	20,104,142
INDIANAPOLIS	84	6,395,358	22	1,700,484	106	8,095,842
TOTAL	265	23,907,866	49	4,292,118	314	28,199,984
COLUMBUS HUB						
CINCINNATI	60	4,272,943	5	358,186	65	4,631,129
CLEVELAND	109	8,761,247	13	1,037,994	122	9,799,241
COLUMBUS	51	3,731,036	17	1,203,664	68	4,934,700
TOTAL	220	16,765,226	35	2,599,844	255	19,365,070

OFFICES	METROPOLITAN UNITS	METROPOLITAN CAPITAL ADVANCE	NONMETRO UNITS	NONMETRO CAPITAL ADVANCE	TOTALS UNITS	TOTALS CAPITAL ADVANCE
DETROIT HUB						
DETROIT	110	9,229,049	5	420,371	115	9,649,420
GRAND RAPIDS	49	3,532,275	18	1,270,098	67	4,802,373
TOTAL	159	12,761,324	23	1,690,469	182	14,451,793
MINNEAPOLIS HUB						
MINNEAPOLIS	67	6,010,497	26	2,320,859	93	8,331,356
MILWAUKEE	78	6,644,383	27	2,284,925	105	8,929,308
TOTAL	145	12,654,880	53	4,605,784	198	17,260,664
FT. WORTH HUB						
FT. WORTH	148	9,278,060	36	2,290,937	184	11,568,997
HOUSTON	84	5,425,520	13	859,128	97	6,284,648
LITTLE ROCK	45	2,678,163	27	1,599,199	72	4,277,362
NEW ORLEANS	88	5,719,114	20	1,277,143	108	6,996,257
SAN ANTONIO	86	5,271,379	16	964,830	102	6,236,209
TOTAL	451	28,372,236	112	6,991,237	563	35,363,473
KANSAS CITY HUB						
DES MOINES	37	2,639,008	24	1,714,937	61	4,353,945
KANSAS CITY	68	4,913,251	28	2,083,994	96	6,997,245
OKLAHOMA CITY	54	3,417,029	23	1,462,849	77	4,879,878
OMAHA	20	1,492,440	16	1,184,354	36	2,676,794
ST LOUIS	54	4,536,501	20	1,661,719	74	6,198,220
TOTAL	233	16,998,229	111	8,107,853	344	25,106,082
DENVER HUB						
DENVER	97	6,517,787	37	2,481,840	134	8,999,627

OFFICES	METROPOLITAN UNITS	METROPOLITAN CAPITAL ADVANCE	NONMETRO UNITS	NONMETRO CAPITAL ADVANCE	TOTALS UNITS	TOTALS CAPITAL ADVANCE
SAN FRANCISCO HUB						
SAN FRANCISCO	158	17,584,566	12	1,212,506	170	18,797,072
HONOLULU	20	3,581,856	5	895,464	25	4,477,320
PHOENIX	80	5,582,194	12	815,509	92	6,397,703
SACRAMENTO	60	5,493,345	10	892,209	70	6,385,554
TOTAL	318	32,241,961	39	3,815,688	357	36,057,649
LOS ANGELES HUB						
LOS ANGELES	299	27,652,264	5	462,656	304	28,114,920
SEATTLE HUB						
SEATTLE	85	7,567,048	18	1,592,537	103	9,159,585
ANCHORAGE	20	3,581,856	5	895,464	25	4,477,320
PORTLAND	67	5,419,794	25	1,956,581	92	7,376,375
TOTAL	172	16,568,698	48	4,444,582	220	21,013,280
NATIONAL TOTAL	4,764	402,687,645	925	71,062,525	5,689	473,750,170

III. Program Description; Eligible Applicants; Eligible Activities

(A) *Program Description.* HUD provides capital advances and contracts for project rental assistance in accordance with 24 CFR part 891. Capital advances may be used for the construction or rehabilitation of a structure, or acquisition of a structure with or without rehabilitation (including structures from the Federal Deposit Insurance Corporation (FDIC). Capital advance funds bear no interest and are based on development cost limits published in Section IV(D). Repayment of the capital advance is not required as long as the housing remains available for occupancy by very low-income elderly persons for at least 40 years.

Project rental assistance contract (PRAC) funds are used to cover the difference between the tenants' contributions toward rent (30 percent of adjusted income) and the HUD-approved expense to operate the project. PRAC funds may also be used to provide supportive services and to hire a service coordinator in those projects serving frail elderly residents. The supportive services must be appropriate to the category or categories of frail elderly residents to be served.

(B) *Eligible Applicants.* Private nonprofit organizations and nonprofit consumer cooperatives who meet the threshold requirements contained in section V of the General Section of the SuperNOFA are the only eligible applicants under this section 202 Program. Neither a public body nor an instrumentality of a public body is eligible to participate in the program. See section IV(B) regarding limits on the total number of units and projects that an applicant may request.

(C) *Eligible Activities.* Section 202 capital advance funds must be used to finance the development of housing through new construction, rehabilitation, or acquisition of housing with or without rehabilitation. Capital advance funds may also be used in combination with other non-Section 202 funding sources to develop additional units for a mixed-finance project. Project rental assistance funds are provided to cover the difference between the HUD-approved operating costs and the amount the residents pay (each resident pays 30 percent of adjusted income) as well as to provide supportive services to frail elderly residents.

Note: For purposes of approving section 202 capital advances, HUD will consider proposals involving mixed-financing for additional units. However, you must obtain funds to assist the additional units with other than PRAC funds. HUD will not provide PRAC funds for non-section 202 units.

(D) *Ineligible Activities.* Section 202 funds may not be used for nursing homes, infirmaries, medical facilities, mobile home projects, community centers, headquarters for organizations for the elderly, nonhousekeeping accommodations, or refinancing of sponsor-owned facilities without rehabilitation.

Note: You may propose to rehabilitate an existing currently owned or leased structure that may or may not already serve elderly persons, except that the refinancing of any Federally funded or assisted project or project insured or guaranteed by a Federal agency is not permissible under this section 202 NOFA. HUD does not consider it appropriate to utilize scarce program resources to refinance projects that have already received some form of assistance under a Federal program. (For example, section 202 or section 202/8 direct loan projects cannot be refinanced with capital advances and project rental assistance.)

IV. Program Requirements

By signing Form HUD–92015–CA, Application for section 202 Capital Advance, you are certifying that you will comply with all program requirements listed in the General Section of this SuperNOFA as well as the following requirements:

(A) *Statutory and Regulatory Requirements.* In addition to the statutory, regulatory, threshold and public policy requirements listed in section V of the General Section of this SuperNOFA, you must comply with all statutory and regulatory requirements listed in sections III, IV and IX of this program section of the SuperNOFA.

(B) *Application Unit/Project Limits.* A Sponsor or Co-sponsor may not apply for more than 200 units of housing for the elderly in a single Hub or more than 10 percent of the total units allocated to all HUD Offices. Also, no single application may propose more than the number of units allocated to a HUD Office or 125 units, whichever is less. Reservations for projects will not be approved for fewer than 5 units. If the proposed project will be a scattered-site development, the 5-unit minimum requirement will apply to each site. Affiliated entities that submit separate applications are considered to be a single entity for the purpose of these limits.

(C) *HUD/RHS Agreement.* HUD and the Rural Housing Service (RHS) have an agreement to coordinate the administration of the agencies' respective rental assistance programs. As a result, HUD is required to notify RHS of applications for housing assistance it receives. This notification gives RHS the opportunity to comment if it has concerns about the demand for additional assisted housing and possible harm to existing projects in the same housing market area. HUD will consider RHS' comments in its review and application selection process.

(D) *Development Cost Limits.* (1) The following development cost limits, adjusted by locality as described in section IV(D)(2) of this program section of the SuperNOFA, below, will be used to determine the capital advance amount to be reserved for projects for the elderly:

(a) The total development cost of the property or project attributable to dwelling use (less the incremental development cost and the capitalized operating costs associated with any excess amenities and design features you must pay for) may not exceed:

Nonelevator Structures

$41,238 per family unit without a bedroom;

$47,548 per family unit with one bedroom;

$57,344 per family unit with two bedrooms;

For Elevator Structures

$43,398 per family unit without a bedroom;

$49,748 per family unit with one bedroom;

$60,493 per family unit with two bedrooms.

(b) These cost limits reflect those costs reasonable and necessary to develop a project of modest design that complies with HUD minimum property standards; the accessibility requirements of § 891.120(b); and the project design and cost standards of § 891.120 and § 891.210.

(2) Increased development cost limits.

(a) HUD may increase the development cost limits set forth in Section IV(D)(1) of this program section of the SuperNOFA, above, by up to 140 percent in any geographic area where the cost levels require, and may increase the development cost limits by up to 160 percent on a project-by-project basis. This increase may include covering additional costs to make dwelling units accessible through rehabilitation.

(b) If HUD finds that high construction costs in Alaska, Guam, the Virgin Islands, or Hawaii make it infeasible to construct dwellings, without the sacrifice of sound standards of construction, design, and livability, within the development cost limits provided in Section IV(D)(1) of this

program section of the SuperNOFA, above, the amount of the capital advances may be increased to compensate for such costs. The increase may not exceed the limits established under this section (including any high cost area adjustment) by more than 50 percent.

(E) *Minimum Capital Investment.* Selected nonprofit organizations must provide a minimum capital investment of one-half of one percent of the HUD-approved capital advance amount, not to exceed $10,000 in accordance with § 891.145, with the following exception. If you, as Sponsor or Co-Sponsor, have one or more Section 202 or one or more Section 811 project(s) under reservation, construction, or management in two or more different HUD geographical regions (Hubs), the minimum capital investment shall be one half of one percent of the HUD-approved capital advance amount, not to exceed $25,000.

(F) *Accessibility.* Your project must meet accessibility requirements published at 24 CFR 891.120, 24 CFR 891.210, and Section 504 of the Rehabilitation Act of 1973, and, if new construction, the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100. In addition, 24 CFR 8.4(b)(5) prohibits the selection of a site or location which has the purpose or effect of excluding persons with disabilities from the Federally assisted program or activity. HUD will award higher points to applications that add accessible design features beyond those required under civil rights laws and regulations. (See section II of the General Section of this SuperNOFA.)

(G) *Conducting Business in Accordance with HUD Core Values and Ethical Standards.* Section 202 Sponsors are not subject to the requirements of 24 CFR parts 84 and 85 as outlined in the General Section of this SuperNOFA. However, Sponsors are still subject to the core values and ethical standards as they relate to the conflict of interest provisions in 24 CFR 891.130. To ensure compliance with the program's conflict of interest provisions, you are required to sign a Conflict of Interest Resolution and include it in your Section 202 application. Further, if awarded a section 202 fund reservation, the officers, directors, board members, trustees, stockholders and authorized agents of the section 202 Sponsor and Owner entities will be required to submit to HUD individual certifications regarding compliance with HUD's conflict of interest requirements.

(H) *Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses.* Although the section 202 program is not subject to the provisions of 24 CFR 85.36(e) as described in the corresponding paragraph in the General Section of the SuperNOFA, you are required to comply with Executive Order 12432, Minority Business Enterprise Development and Executive Order 11625, Prescribing Additional Arrangements for Developing and Coordinating a National Program for Minority Business Enterprise as they relate to the encouragement of HUD grantees to utilize minority business enterprises.

(I) *Fair Housing Requirements.* See Section V of the General Section of this SuperNOFA.

(J) *Economic Opportunities for Low and Very Low-Income Persons (Section 3).* See section V of the General Section of this SuperNOFA.

(K) *Design and Cost Standards.* You must comply with HUD's Section 202 design and cost standards (24 CFR 891.120 and 891.210), the Uniform Federal Accessibility Standards (24 CFR 40.7), Section 504 of the Rehabilitation Act of 1973 and HUD's implementing regulations at 24 CFR part 8, and for covered multifamily dwellings designed and constructed for first occupancy after March 13, 1991, the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100, and, where applicable, the Americans with Disabilities Act of 1990.

(L) *Acquisition and Relocation.* You must comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (49 CFR part 24, and 24 CFR 891.155(e)) (URA) which covers the acquisition of sites, with or without, existing structures and with 24 CFR 8.4(b)(5) of the Section 504 regulations which prohibits discrimination based on disability in determining the site or location of a Federally-assisted facility. However, you are exempt from complying with the site acquisition requirements of the URA if you do not have the power of eminent domain and prior to entering into a contract of sale, option to purchase or any other method of obtaining site control, you inform the seller of the land (1) that you do not have the power of eminent domain and, therefore, you will not acquire the property if negotiations fail to result in an amicable agreement, and (2) of the estimate of the fair market value of the property. An appraisal is not required to meet this requirement, however, your files must include an explanation (with reasonable evidence) of the basis for the estimate.

(M) *Formation of Owner Corporation.* You must form an Owner (in accordance with 24 CFR 891.205) after issuance of the capital advance, must cause the Owner to file a request for determination of eligibility and a request for capital advance, and must provide sufficient resources to the Owner to ensure the development and long-term operation of the project, including capitalizing the Owner at firm commitment processing in an amount sufficient to meet its obligations in connection with the project.

(N) *Supportive Services.* You must not require residents to accept any supportive services as a condition of occupancy.

(O) *Davis-Bacon.* You must comply with the Davis-Bacon requirements and the Contract Work Hours and Safety Standards Act.

(P) *Flood Disaster Protection Act of 1973 and Coastal Barrier Resources Act.* You must comply with the requirements under the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001–4128) and the Coastal Barrier Resources Act (16 U.S.C. 3601).

(Q) *National Environmental Policy Act.* You must comply with the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. 4321) and applicable related environmental authorities at 24 CFR 50.4, HUD's programmatic implementing regulations at 24 CFR part 50 and 24 CFR 891.155(b), especially but not limited to the provision of information to HUD at 24 CFR 50.31(b) and you must comply with any environmental ''conditions and safeguards'' at 24 CFR 50.3(c).

(R) *Sites.* (1) *Site Control.* You must provide evidence of site control as described in this program section of the SuperNOFA and Exhibit 4(d) of Appendix A of the section 811 program section of this SuperNOFA.

(2) *Phase I Environmental Site Assessment (ESA).* You must submit a Phase I ESA in accordance with the American Society for Testing and Material (ASTM) Standards E 1527–97, as amended, completed or updated no earlier than six months prior to the application deadline date. Therefore, it is important that you start the Phase I ESA process as soon after publication of this SuperNOFA as possible. Documents providing guidance in choosing an environmentally safe site, entitled ''Choosing an Environmentally Safe Site'' and the ''Supplemental Guidance, Environmental Information'', are available on HUD's Web site at *http://www.HUD.gov.*

(a) For a project that involves demolition and/or rehabilitation of structures built before 1978, the Phase I

ESA must include the following: (i) An asbestos report that identifies the location and condition of any asbestos and (ii) a certification that any asbestos identified in the asbestos report that is in friable condition will be abated, that any non-friable asbestos that has been identified in the asbestos report and that will be affected by the demolition/rehabilitation will be abated, and that any asbestos to be abated have been included within the project costs.

(b) For a project that does not involve demolition and/or rehabilitation of structures built before 1978, the Phase I ESA must include a certification to the same.

If the Phase I ESA indicates the possible presence of contamination and/or hazards, you must decide whether to continue with this site or choose another site. Should you choose another site, the same Phase I ESA process identified above must be followed for the new site.

Note: If the property is to be acquired from the FDIC, include a copy of the FDIC prepared Transaction Screen Checklist or Phase I ESA, and applicable documentation, per the FDIC Environmental Guidelines.

(3) *Phase II ESA.* If you choose to continue with the original site on which the Phase I ESA indicated contamination or hazards, you must undertake a detailed Phase II ESA by an appropriate professional. If the Phase II ESA reveals site contamination, the extent of the contamination and a plan for clean-up of the site must be submitted to the local HUD Office.

The plan for clean-up must include a contract for remediation of the problem(s) and an approval letter from the applicable Federal, State, and/or local agency with jurisdiction over the site.

In order for the application to be considered for review under this FY 2003 funding competition, you must submit this information to the local HUD Office on or before July 14, 2003.

Note: This could be an expensive undertaking. You must pay for the cost of any clean-up and/or remediation.

(S) *Delinquent Federal Debt.* See Section V of the General Section of this SuperNOFA.

(T). *Commercial Facilities.* A commercial facility for the benefit of the residents may be located and operated in the section 202 project. However, the commercial facility cannot be funded with the use of section 202 capital advance or PRAC funds. The maximum amount of space permitted for a commercial facility and other community space cannot exceed 10 percent of the total project cost. An exception to this 10 percent limitation is if the project involves acquisition or rehabilitation and the additional space was incorporated in the existing structure at the time the proposal was submitted to HUD. Commercial facilities are considered public accommodations under Title III of the Americans with Disabilities Act of 1990 (ADA), and thus must comply with all the accessibility requirements of the ADA.

(U) *False Statements.* See section V of the General Section of this SuperNOFA.

(V) *Expiration of Section 202 Funds.* The FY 2003 Consolidated Appropriations require HUD to obligate all Section 202 funds appropriated for FY 2003 by September 30, 2006. Under 31 U.S.C. Section 1551, no funds can be disbursed from the account after September 30, 2011. Under Section 202, obligation of funds occurs for both capital advances and project rental assistance upon fund reservation and acceptance. If all funds are not disbursed by HUD and expended by the project Owner by September 30, 2011, the funds, even though obligated, will expire and no further disbursements can be made from this account. In submitting an application you need to carefully consider whether your proposed project can be completed through final capital advance closing no later than September 30, 2011. Furthermore, all unexpended balances, including any remaining balance on PRAC contracts, will be cancelled as of October 1, 2011. Amounts needed to maintain PRAC payments for any remaining term on the affected contracts beyond that date will have to be funded from other current appropriations.

V. Application Selection Process

(A) *Review for Curable Deficiencies.* You should ensure that your application is complete and that you have an original and four copies before submitting it to the appropriate HUD Office. HUD will screen all applications received by the deadline for curable deficiencies. A curable deficiency is a missing Exhibit or portion of an Exhibit that will not affect the rating of the application. The following is a list of the deficiencies that will be considered curable in a Section 202 application:

Exhibits (See Appendix A of the Section 811 Program Section of the SuperNOFA)

(1) Form 92015–CA (Application Form)*
(2) (a) Articles of Incorporation*
(b) By-laws*
(c) IRS tax exemption ruling*
(4) (c)(ii) Energy efficiency
(d)(i) Evidence of site control
(d)(ii) Evidence site is free of limitations, restrictions or reverters
(d)(vi) Phase I Environmental Site Assessment
(d)(vii) Letter from State Historic Preservation Officer (SHPO)
(7) Relocation
(8) (a) Form HUD 424, Application for Federal Assistance
(b) Standard Form LLL, Disclosure of Lobbying Activities, if applicable
(c) Form HUD–424B, Applicant Assurances and Certifications
(d) Form HUD 2880, Applicant/Recipient Disclosure/Update Report
(e) Form HUD–2991, Certification of Consistency with Consolidated Plan
(f) Form–HUD–92041, Sponsor's Conflict of Interest Resolution
(g) Form HUD–92042, Sponsor's Resolution for Commitment to Project*
(i) Form HUD–2530, Previous Participation Certification.

The HUD Office will notify you in writing if your application is missing any of the above exhibits or portions of exhibits and you will be given 14 days from the date of the HUD notification to submit the information required to cure the noted deficiencies. The items identified by an asterisk (*) must be dated on or before the application deadline date.

(B) *Rating.* HUD will review and rate your application in accordance with the Application Selection Process in the General Section of this SuperNOFA with the following exception. HUD will not reject your application based on technical review without notifying you of that rejection with all the reasons for rejection, and providing you an opportunity to appeal. You will have 14 calendar days from the date of HUD's written notice to appeal a technical rejection to the HUD Office.

Your application will be either rated or technically rejected at the end of technical review. If your application meets all program eligibility requirements after completion of technical review, including HUD approval of you, the section 202 applicant, based on HUD's evaluation of the applicant's previous participation activities as reported on Form HUD–2530, Previous Participation Certification, it will be rated according to the rating factors in Section V(D) below. The HUD Office will make a determination on any appeals before making its selection recommendations.

If an Exhibit or portion of an Exhibit listed above as curable is not discovered as a missing item until technical processing, HUD will provide you with 14 calendar days in which to cure the deficiency.

(C) *Ranking and Selection Procedures.* Applications submitted in response to the advertised metropolitan allocations or nonmetropolitan allocations that have a total base score (without the addition of RC/EC/EZ bonus points) of 75 points or more and meet all of the applicable threshold requirements of section V(B) of the General Section of the SuperNOFA will be eligible for selection, and HUD will place them in rank order per metropolitan or nonmetropolitan allocation. These applications, after adding any bonus points for RC/EC/EZ, will be selected based on rank order, up to and including the last application that can be funded out of each HUD Program Center Office's metropolitan or nonmetropolitan allocation. HUD Program Center Offices will *not* skip over any applications in order to select one based on the funds remaining. After making the initial selections in each allocation area, however, HUD Program Center Offices may use any residual funds to select the next rank-ordered application by reducing the number of units by no more than 10 percent, rounded to the nearest whole number, provided the reduction will not render the project infeasible. For this purpose, however, HUD will not reduce the number of units in projects of five units or less.

Once this process has been completed, HUD Program Center Offices may combine their unused metropolitan and nonmetropolitan funds in order to select the next ranked application in either category, using the unit reduction policy described above, if necessary.

After the HUD Program Center Offices have funded all possible projects based on the process above, combined metropolitan and nonmetropolitan residual funds from all HUD Program Center Offices within each Multifamily Hub will be combined. First, these funds will be used to restore units to projects reduced by HUD Program Center Offices based on the above instructions. Second, additional applications within each Multifamily Hub will be selected in rank order with only one application selected per HUD Program Center Office. More than one application may be selected per HUD Program Center Office if there are no approvable applications in other HUD Program Center Offices within the Multifamily Hub. This process will continue until there are no more approvable applications within the Multifamily Hub that can be selected with the remaining funds. Applications may *not* be skipped over to select one based on funds remaining. However, the HUD Multifamily Hub may use any remaining residual funds to select the next rank-ordered application by reducing the number of units by no more than 10 percent rounded to the nearest whole number, provided the reduction will not render the project infeasible or result in the project being less than five units.

Funds remaining after the Multifamily Hub selection process is completed will be returned to Headquarters. HUD Headquarters will use these residual funds first to restore units to projects reduced by HUD Program Center or Multifamily Hub Offices as a result of the instructions for using their residual funds. Second, HUD Headquarters will use these funds for selecting applications based on HUD Program Center Offices' rankings, beginning with the highest rated application *nationwide.* However, after restoring units to projects where necessary, priority will be given to those applications for projects in non-metropolitan areas, if necessary to meet the statutory requirement pertaining to section 202 funding in nonmetropolitan areas. Only one application will be selected per HUD Program Center Office from the national residual amount. If there are no approvable applications in other HUD Program Center Offices, the process will begin again with the selection of the next highest rated application nationwide. This process will continue until all approvable applications are selected using the available remaining funds. In order to use as much of the available remaining funds as possible, HUD Headquarters may skip over a higher-rated application.

(D) *Factors for Award Used To Evaluate and Rate Applications.* HUD will rate applications that successfully complete technical processing using the Rating Factors set forth below and in accordance with the application submission requirements identified in Appendix A of the section 811 program section of the SuperNOFA. The maximum number of points an application may receive under this program is 102. This includes two RC/EZ/EC bonus points, as described in the General Section of the SuperNOFA.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (25 Points)

This factor addresses the extent to which you have the organizational resources to successfully implement the proposed activities in a timely manner. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 2, 3(a), 3(b), 3(e) and 6 of Appendix A of the Section 811 program section of the SuperNOFA.

In rating this factor, HUD will consider the extent to which your application demonstrates your ability to develop and operate the proposed housing on a long-term basis, considering the following:

(a) (15 points). The scope, extent, and quality of your experience in providing housing or related services to those proposed to be served by the project and the scope of the proposed project (*i.e.*, number of units, services, relocation costs, development, and operation) in relationship to your demonstrated development and management capacity as well as your financial management capability;

(b)(i) (5 points). The scope, extent, and quality of your experience in providing housing or related services to minority persons or families.

(b)(ii) (5 points). The scope, extent, and quality of your ties to the community at large and to the minority and elderly communities in particular.

For the purpose of this program section of the SuperNOFA, the term ''minority'' encompasses the basic racial and ethnic categories for Federal statistics and administrative reporting, as defined in the General Section of the SuperNOFA in the section entitled ''Race and Ethnicity.''

To earn the maximum number of points under this subcriterion, you must describe both your relationships over time with the minority community and significant previous experience in providing housing and/or supportive services to minorities generally and to minority elderly in particular. For the purpose of this competition, ''significant previous experience'' means that the previous housing assistance or related services to minorities, *i.e.*, the percentage of minorities being provided housing or related services in your current developments, was equal to or greater than the percentage of minorities in the jurisdiction where the previous housing or services occurred.

(c) (-2 to -4 points). HUD will deduct (except if the delay was beyond your control) 2 points if a fund reservation you received under either the section 202 Program of Supportive Housing for the Elderly or the section 811 Program of Supportive Housing for Persons with Disabilities has been extended beyond 24 months, 3 points if beyond 36 months, and 4 points if beyond 48 months. Examples of such delays include, but are not limited to, initial closing delays that are: (1) Directly attributable to HUD, (2) directly attributable to third party opposition, including litigation, and (3) due to a

disaster, as declared by the President of the United States.

(d) (−1 point). HUD will deduct 1 point if amendment money was required as a result of the delay (except if the delay was beyond your control).

Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor addresses the extent to which there is a need for funding the proposed activities to address a documented problem in the target area. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 4(a) and 4(b) of Appendix A of the section 811 program section of the SuperNOFA. HUD will take into consideration the following in evaluating this factor:

The extent of the need for the project in the area based on a determination by the HUD Office. In making this determination, HUD will consider your evidence of need in the area, as well as other economic, demographic, and housing market data available to the HUD Office. The data should include a general assessment of the current conditions in the market for the type of housing proposed, an estimate of the demand for additional housing of the type proposed in the applicable housing market area; as well as, information on the numbers and types of existing comparable Federally assisted housing units for the elderly (HUD and RHS), current occupancy in such housing and recent market experience, comparable assisted housing for the elderly under construction or for which fund reservations have been issued, and, in accordance with an agreement between HUD and RHS, comments from RHS on the demand for additional comparable subsidized housing and the possible harm to existing projects in the same housing market areas. The Department will also review more favorably those applications which establish a connection between the proposed project and the community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. You must show how your proposed project will address an impediment to fair housing choice described in the AI or meet a need identified in the other type of planning document.

In evaluating this Factor, HUD will rate your application as follows:

(a) (12 points). The extent of the need for the project in the area based on a determination by the HUD Office, taking into consideration the Sponsor's evidence of need in the area, as well as other economic, demographic and housing market data available to HUD.

(b) (3 points). The extent that a connection has been established between the project and the community's Consolidated Plan, Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization.

Rating Factor 3: Soundness of Approach (45 Points)

This factor addresses the quality and effectiveness of your proposal and the extent to which you involve elderly persons, including elderly minority persons, in the development and operation of the project. There must be a clear relationship between your proposed design, proposed activities, the community's needs and purposes of the program funding for your application to receive points for this factor. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 3(f), 4(c), 4(d) and 5 of Appendix A of the section 811 program section of the SuperNOFA. In evaluating this factor, HUD will consider the following:

(a)(i) (15 points). The proximity or accessibility of the site to shopping, medical facilities, transportation, places of worship, recreational facilities, places of employment, and other necessary services to the intended occupants; adequacy of utilities and streets; freedom of the site from adverse environmental conditions; compliance with site and neighborhood standards (24 CFR 891.125(a), (d) and (e));

(a)(ii) (−1 point). The site(s) is not already permissively zoned for the intended use.

(b) (10 points). The suitability of the site from the standpoints of promoting a greater choice of housing opportunities for minority elderly persons/families, and affirmatively furthering fair housing. In reviewing this criterion, HUD will assess whether the site meets the site and neighborhood standards at 24 CFR 891.125(b) and (c) by examining relevant data in your application or in the HUD Office. Where appropriate, HUD may visit the site.

(i) The site will be deemed acceptable if it increases housing choice and opportunity by:

—Expanding housing opportunities in non-minority neighborhoods (if located in such a neighborhood). The term ''nonminority area'' is defined as one in which the minority population is lower than 10 percent; or

—Contributing to the revitalization of and reinvestment in minority neighborhoods, including improvement of the level, quality and affordability of services furnished to minority elderly. You should refer to the Site and Neighborhood Standards provisions of the regulations governing the section 202 Supportive Housing for the Elderly program (24 CFR 891.125(b) and (c)) when considering sites for your project.

(ii) For the purpose of this competition, the term ''minority neighborhood (area of minority concentration)'' is defined as one where any one of the following statistical conditions exists:

—The percentage of persons of a particular racial or ethnic minority is at least 20 points higher than the minority's or combination of minorities' percentage in the housing market as a whole; or,

—The neighborhood's total percentage of minority persons is at least 20 points higher than the total percentage of minorities for the housing market as a whole; or,

—In the case of a metropolitan area, the neighborhood's total percentage of minority persons exceeds 50 percent of its population.

(c) (4 points). The extent to which your proposed design will meet the special physical needs of elderly persons;

(d) (3 points). The extent to which the proposed size and unit mix of the housing will enable you to manage and operate the housing efficiently and ensure that the provision of supportive services will be accomplished in an economical fashion;

(e) (3 points). The extent to which the proposed design of the housing will accommodate the provision of supportive services that are expected to be needed, initially and over the useful life of the housing, by the category or categories of elderly persons the housing is intended to serve;

(f) (3 points). The extent to which the proposed supportive services meet the identified needs of the anticipated residents; and

(g) (3 points). The extent to which you demonstrate that the identified supportive services will be provided on a consistent, long-term basis.

(h) (1 point). The proposed design incorporates visitability standards and universal design in the construction or rehabilitation of the project.

(i) (3 points) Your involvement of elderly persons, particularly minority elderly persons, in the development of the application and your intent to involve elderly persons, particularly

minority elderly persons, in the development and operation of the project.

Rating Factor 4: Leveraging Resources (5 Points)

This factor addresses your ability to secure other community resources which can be combined with HUD's program resources to achieve program purposes. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 3(c) and 3(d) of Appendix A of the section 811 program section of the SuperNOFA.

(a) (2 points). The extent of local government support (including financial assistance, donation of land, provision of services, etc.) for the project; and

(b) (3 points). The extent of your activities in the community, including previous experience in serving the area where the project is to be located, and your demonstrated ability to enlist volunteers and raise local funds.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability and, as such, emphasizes HUD's commitment to ensuring that you keep the promises made in your application. This factor requires that you clearly identify the benefits or outcomes of your project and develop an evaluation plan to measure performance, which includes what you are going to measure, how you are going to measure it, and the steps you will have in place to make adjustments to your project development timeline should you not be able to achieve any of the major milestones. This Factor addresses the extent to which your project will implement practical solutions that result in residents achieving independent living, educational opportunities, and improved living environments. Finally, this factor addresses the extent to which the long-term viability of your project will be sustained for the duration of the 40-year capital advance period. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 3(g), 3(h), and 3(i) of Appendix A of the section 811 program section of the SuperNOFA.

(a) (5 points). The extent to which your project development timeline is indicative of your full understanding of the development process and will, therefore, result in the timely development of your project.

(b) (2 points). The extent to which your project will implement practical solutions that will result in assisting residents in achieving independent living, educational opportunities, and improved living environments; and

(c) (3 points). The extent to which you demonstrated that your project will remain viable as housing with the availability of supportive services for very low-income elderly persons for the 40-year capital advance period.

Bonus Points

(2 bonus points) Location of proposed site in an RC/EZ/EC area, as described in the General Section of this SuperNOFA. Submit the information responding to the bonus points in accordance with the Application Submission Requirements in Exhibit 8(h) of Appendix A of the section 811 program section of the SuperNOFA.

(E) *Applicant Debriefing.* You may request a debriefing on your application in accordance with the General Section of this SuperNOFA, with the exception that the request must be made to the Director of Multifamily Housing in the HUD Field Office to which you sent your application.

VI. Application Submission Requirements

The application submission requirements are contained in Appendix A of the section 811 program section of this SuperNOFA. Your application must include all of the information, materials, forms, and exhibits listed in Appendix A of the section 811 program section of the SuperNOFA (unless you were selected for a section 202 fund reservation within the last three funding cycles). If you qualify for this exception, you are not required to submit the information described in Exhibits 2(a), (b), and (c) of Appendix A of the section 811 program section of the SuperNOFA, which are the articles of incorporation, (or other organizational documents), by-laws, and the IRS tax exemption, respectively. If there has been a change in any of these documents since your previous HUD approval, you must submit the updated information in your application. The HUD Office will verify your indication of previous HUD approval by checking the project number and approval status with the appropriate HUD Office based on the information submitted.

In addition to this relief of paperwork burden in preparing applications, you will be able to submit information and exhibits you have previously prepared for prior applications under section 202, section 811, or other funding programs. Examples of exhibits that may be readily adapted or amended to decrease the burden of application preparation include, among others, those on previous participation in the section 202 or section 811 Programs, your experience in the provision of housing and services, supportive services plans, community ties, and experience serving minorities.

VII. Corrections to Deficient Applications

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

VIII. Formation of Owner Corporation for Development of Section 202 Projects and for Section 202 Projects Involving Mixed-Financing

Applicant eligibility for purposes of applying for a section 202 fund reservation under this NOFA has not changed; *i.e.*, all section 202 Sponsors and Co-Sponsors must be private nonprofit organizations and nonprofit consumer cooperatives. However, the Owner corporation, when later formed by the Sponsor, may be (1) a single-purpose private nonprofit organization that has tax-exempt status under section 501(c)(3) or section 501(c)(4) of the Internal Revenue Code of 1986, (2) nonprofit consumer cooperative, OR (3) for purposes of developing a mixed-finance project for developing additional units over and above the section 202 units, a for-profit limited partnership with a nonprofit entity as the sole general partner.

IX. Authority

The Section 202 Supportive Housing for the Elderly Program is authorized by section 202 of the Housing Act of 1959 (12 U.S.C. 1701q), as amended by section 801 of the Cranston-Gonzalez National Affordable Housing Act (Pub. L. 101–625; approved November 28, 1990); the Housing and Community Development Act of 1992 (Pub. L. 102–550; approved October 28, 1992), the Rescissions Act (Pub. L. 104–19; enacted on July 27, 1995); the American Homeownership and Economic Opportunity Act of 2000 (Pub. L. 106–569; approved December 27, 2000); and the Consolidated Appropriations Resolution, 2003 (Pub. L. 108–7, approved February 20, 2003).

Appendix A

Addresses for Submitting Applications

Please see Appendix B of the section 811 program section of this SuperNOFA. Submit your completed application (an original and four copies) to the Director of the appropriate Multifamily Hub Office or Multifamily Program Center as listed in Appendix B of the section 811 program section of this SuperNOFA. See section I., Address for Submitting Applications, of this program

NOFA, for the exceptions regarding where to file your application.

Appendix B

The forms, which are required for your section 202 program application are in Appendix A of the section 811 program section of this SuperNOFA.

BILLING CODE 4210–32–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

SECTION 811 PROGRAM OF SUPPORTIVE HOUSING FOR PERSONS WITH DISABILITIES (SECTION 811 PROGRAM)

Billing Code 4210-32-C

Funding Availability for the Section 811 Program of Supportive Housing for Persons with Disabilities (Section 811 Program)

Additional Overview

Purpose of the Program. This program provides funding for supportive housing for very low-income persons with disabilities who are at least 18 years old. Additionally, organizations receiving funds must assure that an array of community support services are identified and available. (Please note that funding for a related program, Mainstream Housing Opportunities for Persons with Disabilities, is found elsewhere in this SuperNOFA.)

Available Funds. Approximately $116.8 million plus any carryover funds available.

Eligible Applicants. Nonprofit organizations that have a section 501(c)(3) tax exemption from the Internal Revenue Service. (See section III(B) of this NOFA). (See section VIII of this NOFA for information regarding the formation of the Owner corporation.)

Eligible Activities. New construction, rehabilitation, or acquisition (with or without rehabilitation) of housing (see section III(C) of this NOFA).

Application Deadline. June 13, 2003.

Match Requirements. None.

Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following additional information.

I. Application Due Date, Further Information, and Technical Assistance

Application Due Date. An original and four copies of your completed application must be submitted to the appropriate HUD field office no later than the application due date.

See the General Section, Mailing and Receipt Procedures and Proof of Timely Submission, of this SuperNOFA for specific procedures governing the submission of applications to HUD field offices.

Address for Submitting Applications. Submit an original and four copies of your completed application to the Director of the appropriate Multifamily Hub Office or Multifamily Program Center as listed in Appendix B to this program section of the SuperNOFA with the following exceptions:

1. Applications for projects proposed to be located within the jurisdiction of the Sacramento, California Office must be submitted to the San Francisco, California Office.

2. Applications for projects proposed to be located within the jurisdiction of the Cincinnati, Ohio Office must be submitted to the Columbus, Ohio Office.

3. Applications for projects proposed to be located within the jurisdiction of the Washington, DC Office must be submitted to the Baltimore, Maryland Office.

4. Applications for projects proposed to be located within the jurisdiction of the Grand Rapids, Michigan Office must be submitted to the Detroit, Michigan Office.

The SuperNOFA also includes a listing of the Multifamily Hubs and Program Centers, their addresses and telephone numbers, including TTY (text telephone) numbers. This information is also available from HUD's SuperNOFA Information Center at 1–800–HUD–8929 and from the Internet through the HUD Web site at *http://www.hud.gov/grants.* Persons with hearing or speech impairments may call the Center's TTY number at 1–800–HUD–2209.

All information required to complete and return a valid application is included in the General Section and this Program Section of the SuperNOFA, including appendices. Copies of the General Section, this Program Section, and appendices, including the application, are available and may be downloaded from HUD's Web site at *http://www.hud.gov.*

For Further Information and Technical Assistance. You may contact the appropriate Multifamily Hub Office or Multifamily Program Center, or Gail Williamson at HUD Headquarters at (202) 708–3000 (this is not a toll-free number), or access the Internet at *http://www.hud.gov/grants.* Persons with hearing and speech impairments may access the above number via TTY by calling the Federal Relay Service at 1–800–877–8339 (this is a toll-free number).

HUD encourages minority organizations and grassroots organizations (*e.g.*, civic organizations, faith-communities and grassroots faith-based and other community-based organizations) to participate in this program and strongly recommends prospective applicants attend the local HUD Office workshop. At the workshops, HUD will explain application procedures and requirements, as well as address concerns such as local market conditions, building codes and accessibility requirements, historic preservation, floodplain management, other environmental requirements, displacement and relocation, zoning, and housing costs. If you are interested in attending the workshop, make sure that your name, address and telephone number are on the appropriate HUD Office's mailing list so that you will be informed of the date, time and place of the workshop. Persons with disabilities should call the appropriate HUD Office to assure that any necessary arrangements can be made to enable their attendance and participation in the workshop.

If you cannot attend the workshop, call the appropriate HUD Office if you have any questions regarding the submission of applications to that particular office and to request any materials distributed at the workshop.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. It is strongly recommended that potential applicants, especially those who may be applying for section 811 funding for the first time, tune in to this broadcast, if at all possible. Copies of the broadcast tapes are also available from the SuperNOFA Information Center. For more information about the date and time of the broadcast, you should consult the HUD Web site at *http://www.hud.gov/grants.*

II. Amount Allocated

For FY 2003, $116,810,724 for capital advances is available for the Section 811 Program of Supportive Housing for Persons with Disabilities. The Consolidated Appropriations Resolution, 2003 (Pub. L. 108–7, approved February 20, 2003) (FY 2003 Consolidated Appropriations) provides $250,515,000 for capital advances, including amendments to capital advance contracts for supportive housing for persons with disabilities, as authorized by section 811 of the National Affordable Housing Act of 1990 (NAHA); and for project rental assistance for supportive housing for persons with disabilities under section 811 of the NAHA, including amendments to contracts for such assistance and renewal of expiring contracts for such assistance for up to a 1-year term and for tenant-based rental assistance contracts and renewal of expiring contracts for such assistance entered into pursuant to section 811 of the NAHA.

$53.6 million (25% of the appropriated amount remaining after the deductions for project rental assistance (PRAC) renewals, renewals of expiring contracts for tenant-based assistance, and the amount to be transferred to the Working Capital Fund) is available for tenant-based rental assistance for persons with disabilities. These funds are administered through public housing agencies (PHAs) and nonprofit

organizations under the Mainstream Housing Opportunities for Persons with Disabilities Program that is found elsewhere in this SuperNOFA.

In accordance with the waiver authority provided in the FY 2003 Consolidated Appropriations, the Secretary is waiving the following statutory and regulatory provision: The term of the project rental assistance contract is reduced from 20 years to 5 years. HUD anticipates that at the end of the contract terms, renewals will be approved subject to the availability of funds. In addition to this provision, HUD will reserve project rental assistance contract funds based on 75 percent rather than on 100 percent of the current operating cost standards for approved units in order to take into account the average tenant contribution toward rent.

The allocation formula used for section 811 reflects the ''relevant characteristics of prospective program participants,'' as specified in 24 CFR 791.402(a). The FY 2003 formula consists of the following data element from the 2000 Census: The number of non-institutionalized persons age 16 to 64 with a disability. The data on disability status were derived from answers to a two-part question that asked about the existence of the following long-lasting conditions: (a) Blindness, deafness, or a severe vision or hearing impairment (sensory disability) and (b) a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying (physical disability); and a four-part question that asked if the individual had a physical, mental, or emotional condition lasting 6 months or more that made it difficult to perform certain activities. The four activity categories were: (a) Learning, remembering, or concentrating (mental disability); (b) dressing, bathing, or getting around inside the home (self-care disability); (c) going outside the home alone to shop or visit a doctor's office (going outside the home disability); and (d) working at a job or business (employment disability). Under the Section 811 Program, each HUD Office jurisdiction receives sufficient capital advance funds for a minimum of 10 units. The total amount of capital advance funds to support this minimum set-aside is then subtracted from the total capital advance available. The remainder is fair shared to each HUD Office jurisdiction whose fair share would exceed the set-aside based on the allocation formula fair share factors described below.

The fair share factors were developed by taking the count of disabilities in the data element for each state, or state portion, of each local HUD Office jurisdiction as a percent of the data element from the 2000 Census, described above, for the total United States. The resulting percentage for each local HUD Office is then adjusted to reflect the relative cost of providing housing among the local HUD Office jurisdictions. The adjusted needs percentage for each local HUD Office is then multiplied by the total amount of capital advance funds available nationwide.

The section 811 capital advance funds have been allocated, based on the formula above, to 51 local HUD Offices as shown on the following chart:

BILLING CODE 4210–32–P

Fiscal Year 2003 Allocations for Supportive Housing for Persons with Disabilities

[Fiscal Year 2003 Section 811 Allocations]

Office	Capital Advance Authority	Units
Boston Hub:		
Boston	$3,632,336	39
Hartford	2,245,965	24
Manchester	1,751,827	24
Providence	953,813	10
Total	**8,583,941**	**97**
New York Hub:		
New York	6,641,995	58
Total	**6,641,995**	**58**
Buffalo Hub:		
Buffalo	2,141,585	26
Total	**2,141,585**	**26**
Philadelphia Hub:		
Newark	4,482,779	45
Pittsburgh	1,656,375	22
Philadelphia	3,324,883	37
Charleston	1,475,945	21
Total	**10,939,982**	**125**
Baltimore Hub:		
Baltimore	1,697,173	22
Richmond	1,918,803	29
D.C.	2,186,276	27
Total	**5,802,252**	**78**
Greensboro Hub:		
Columbia	2,376,877	32
Greensboro	4,522,261	52
Total	**6,899,138**	**84**

Atlanta Hub:		
Atlanta	3,394,946	51
San Juan	2,744,052	36
Louisville	2,455,763	34
Knoxville	629,536	10
Nashville	1,119,399	17
Total	**10,343,696**	**148**
Jacksonville Hub:		
Jacksonville	6,038,870	92
Birmingham	2,320,615	35
Jackson	1,679,904	26
Total	**10,039,389**	**153**
Chicago Hub:		
Chicago	5,910,337	63
Indianapolis	2,783,123	38
Total	**8,693,460**	**101**
Columbus Hub:		
Cincinnati	696,103	10
Cleveland	1,372,104	18
Columbus	707,514	10
Total	**2,775,721**	**38**
Detroit Hub:		
Detroit	2,638,606	32
Grand Rapids	696,103	10
Total	**3,334,709**	**42**
Minneapolis Hub:		
Milwaukee	2,478,760	30
Minneapolis	2,355,869	27
Total	**4,834,629**	**57**
Fort Worth Hub:		
Fort Worth	3,836,864	63
Houston	629,536	10
Little Rock	1,531,828	26
New Orleans	2,140,496	34
San Antonio	596,252	10
Total	**8,734,976**	**143**
Kansas City Hub:		
Des Moines	1,424,719	21
Kansas City	1,715,413	25
Omaha	724,632	10
Oklahoma City	1,736,312	28
St. Louis	816,875	10
Total	**6,417,951**	**94**

Denver Hub:		
Denver	3,172,424	47
Total	**3,172,424**	**47**
San Francisco Hub:		
Honolulu (Guam)	1,711,728	10
Phoenix	2,293,719	34
Sacramento	890,099	10
San Francisco	3,066,499	32
Total	**7,962,045**	**86**
Los Angeles Hub:		
Los Angeles	3,598,683	40
Total	**3,598,683**	**40**
Seattle Hub:		
Anchorage	1,711,728	10
Portland	1,281,595	18
Seattle	2,900,835	33
Total	**5,894,158**	**61**
National Total	**$116,810,724**	**1,478**

BILLING CODE 4210–32–C

III. Program Description; Eligible Applicants; Eligible Activities

(A) *Program Description.* HUD provides capital advances and contracts for project rental assistance in accordance with 24 CFR part 891. Capital advances may be used to construct, rehabilitate, or acquire structures (including structures from the Federal Deposit Insurance Corporation (FDIC)), to be developed into a variety of housing options described in section III(C) below. Capital advance funds bear no interest and are based on development cost limits in section IV(E) below. Repayment of the capital advance is not required as long as the housing remains available for at least 40 years for occupancy by very low-income persons with disabilities. PRAC funds are used to cover the difference between the tenants' contributions toward rent (30 percent of adjusted income) and the HUD-approved cost to operate the project.

(B) *Eligible Applicants.* Nonprofit organizations with a section 501(c)(3) tax exemption from the Internal Revenue Service and who meet the threshold requirements contained in Section V of the General Section of the SuperNOFA are the only eligible applicants for this program. See section IV(B) regarding limits on the total number of units and projects that an applicant may request.

(C) *Eligible Activities.* Section 811 capital advance funds must be used to finance the development of housing through new construction, rehabilitation, or acquisition with or without rehabilitation. Capital advance funds may also be used in combination with other non-Section 811 funding sources to develop additional units for a mixed-finance project. Project rental assistance funds are provided to cover the difference between the HUD-approved operating costs and the amount the residents pay (each resident pays 30 percent of adjusted income). The types of housing that can be developed with Section 811 capital advance funds include independent living projects, dwelling units in multifamily housing developments, condominium and cooperative housing and small group homes.

Note: For purposes of approving Section 811 capital advances, HUD will consider a proposal involving mixed-financing for additional units if you have legal control of an approvable site and the additional units do not cause the project, as a whole, to exceed the project size limits if the additional units will also house persons with disabilities. However, you must obtain funds to assist the additional units with other than PRAC funds. HUD will not provide PRAC funds for non-Section 811 units.

(D) *Ineligible Activities.* Section 811 funds may not be used for any of the following:

(1) Nursing homes, infirmaries and medical facilities;

(2) Transitional housing;

(3) Manufactured housing;

(4) Intermediate care facilities;

(5) Community centers, with or without special components for use by persons with disabilities;

(6) Sheltered workshops and centers for persons with disabilities;

(7) Headquarters for organizations for persons with disabilities; and

(8) Refinancing of Sponsor-owned facilities without rehabilitation.

Note: You may propose to rehabilitate an existing currently-owned or leased structure that may or may not already serve persons with disabilities, except that the refinancing of any federally funded or assisted project or project insured or guaranteed by a federal agency is not permissible under this Section 811 NOFA. HUD does not consider it appropriate to utilize scarce program resources to refinance projects that have already received some form of assistance under a federal program. (For example, section 202, section 202/8 or section 202/PAC direct loan projects cannot be refinanced with capital advances and project rental assistance.)

IV. Program Requirements

By signing Form HUD–92016–CA, Application for a Section 811 Capital Advance, you are certifying that you will comply with the program requirements listed in the General Section of this SuperNOFA as well as the following requirements:

(A) *Statutory and Regulatory Requirements.* In addition to the statutory, regulatory, threshold and public policy requirements listed in Section V of the General Section of this SuperNOFA, you must comply with all statutory and regulatory requirements listed in Sections III, IV and IX of this program section of the SuperNOFA.

(B) *Application Unit/Project Limits.* A Sponsor or Co-Sponsor may not apply for more than 70 units of housing or 4 projects (whichever is less) for persons with disabilities in a single Hub. In addition, a Sponsor or Co-Sponsor may not apply for more units in a given HUD Office than allocated for the section 811 program in that HUD Office, or for more than 10 percent of the total units allocated in all HUD Offices. If the proposed project will be an independent living project, your application must request at least five units, not necessarily in one structure. If your proposed project will be a group home, you must request at least two units per group home. If your proposed project will be a combination of an independent living project and a group home, your application must request at least the minimum number of units for each project type (*i.e.*, 5 units for an independent living project and 2 units for a group home). Affiliated entities that submit separate applications are considered a single entity for the purpose of these limits.

(C) *Project Size Limits.* (1) *Independent living project.* The minimum number of units that can be applied for in one application is five. All of the units are not required to be in one structure and they may be on scattered sites. The maximum number of persons with disabilities that can be housed in an independent living project is 14 plus one additional one or two bedroom unit for a resident manager, if necessary. However, if the proposed independent living project will be located on the same site or on an adjacent site containing existing housing for persons with disabilities, the total persons with disabilities housed in both the existing and the proposed project cannot exceed 14.

(2) If you are submitting an application for an independent living project with site control, you may request an exception to the above project size limit by providing the information required in Exhibit 4(d)(ix) in Appendix A of this program section of the SuperNOFA.

(3) *Group home.* The minimum number of persons with disabilities that can reside in a group home is two, and the maximum number is six. An additional one-bedroom unit can be provided for a resident manager. Only one person per bedroom is allowed, unless two residents choose to share one bedroom or a resident determines he/she needs another person to share his/her bedroom.

(D) *HUD/RHS Agreement.* HUD and the Rural Housing Service (RHS) have an agreement to coordinate the administration of the agencies' respective rental assistance programs. As a result, HUD is required to notify RHS of applications for housing assistance it receives. This notification gives RHS the opportunity to comment if it has concerns about the demand for additional assisted housing and possible harm to existing projects in the same housing market area. HUD will consider RHS comments in its review and application selection process.

(E) *Development Cost Limits.* (1) The following development cost limits, adjusted by locality as described in Section IV(E)(2) below, must be used to

determine the capital advance amount reserved for projects for persons with disabilities:

(a) *For independent living projects and dwelling units in multifamily housing developments, condominium and cooperative housing:* The total development cost of the project attributable to dwelling use (less the incremental development cost and the capitalized operating costs associated with any excess amenities and design features you will pay for) may not exceed:

Non-Elevator Structures:

$41,238 per family unit without a bedroom;
$47,548 per family unit with one bedroom;
$57,344 per family unit with two bedrooms;
$73,400 per family unit with three bedrooms;
$81,770 per family unit with four bedrooms.

For Elevator Structures:

$43,398 per family unit without a bedroom;
$49,748 per family unit with one bedroom;
$60,493 per family unit with two bedrooms;
$78,257 per family unit with three bedrooms;
$85,902 per family unit with four bedrooms.

(b) *For group homes only:*

TYPE OF DISABILITY

# Residents	Physical/ developmental	Chronic mental illness
2	$166,022	$160,262
3	178,533	172,340
4	191,045	183,069
5	203,556	193,798
6	216,054	204,527

(c) These cost limits reflect those costs reasonable and necessary to develop a project of modest design that complies with HUD minimum property standards; the minimum group home requirements of 24 CFR 891.310(a) (if applicable); the accessibility requirements of 24 CFR 891.120(b) and 891.310(b); and the project design and cost standards of 24 CFR 891.120.

(2) Increased Development Cost Limits

(a) HUD may increase the development cost limits set forth in Section IV(E)(1) of this program section of the SuperNOFA by up to 140 percent in any geographic area where the cost levels require, and may increase the development cost limits by up to 160 percent on a project-by-project basis. This increase may include covering additional costs to make dwelling units accessible through rehabilitation.

(b) If HUD finds that high construction costs in Alaska, Guam, the Virgin Islands or Hawaii make it infeasible to construct dwellings, without the sacrifice of sound standards of construction, design, and livability, within the development cost limits provided in Section IV(E)(1) of this program section of the SuperNOFA, the amount of capital advances may be increased to compensate for such costs. The increase may not exceed the limits established under this section (including any high cost area adjustment) by more than 50 percent.

(c) For group homes only, HUD Offices may approve increases in the development cost limits in Section IV(E)(1)(b), above, in areas where you can provide sufficient documentation that high land costs limit or prohibit project feasibility. An example of acceptable documentation is evidence of at least three land sales that have actually taken place (listed prices for land are not acceptable) within the last two years in the area where your project is to be built. The average cost of the documented sales must exceed ten percent of the development cost limit for your project in order for an increase to be considered.

(F) *Minimum Capital Investment.* Selected nonprofit organizations must provide a minimum capital investment of one-half of one percent of the HUD-approved capital advance amount not to exceed a maximum of $10,000 in accordance with 24 CFR 891.145.

(G) *Accessibility.* Your project must meet accessibility requirements published at 24 CFR 891.120, 24 CFR 891.310 and Section 504 of the Rehabilitation Act of 1973, and, if new construction, the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100. In addition, 24 CFR 8.4(b)(5) prohibits the selection of a site or location which has the purpose or effect of excluding persons with disabilities from the federally assisted program or activity. HUD will award higher points to applications that add accessible design features beyond those required under civil rights laws and regulations. See Section II (C) of the General Section of this SuperNOFA.

(H) *Conducting Business in Accordance With Core Values and Ethical Standards.* Section 811 Sponsors are not subject to the requirements of 24 CFR parts 84 and 85 as outlined in the General Section of this SuperNOFA. However, Sponsors are still subject to the core values and ethical standards as they relate to the conflict of interest provisions in 24 CFR 891.130. To ensure compliance with the program's conflict of interest provisions, you are required to submit a signed Conflict of Interest Resolution and include it in your Section 811 application. Further, if awarded a Section 811 fund reservation, the officers, directors, board members, trustees, stockholders and authorized agents of the Section 811 Sponsor and Owner entities will be required to submit to HUD individual certifications regarding compliance with HUD's conflict of interest requirements.

(I) *Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses.* Although the Section 811 program is not subject to the provisions of 24 CFR 85.36(e) as described in the corresponding paragraph in the General Section of the SuperNOFA, you are required to comply with Executive Order 12432, Minority Business Enterprise Development and Executive Order 11625, Prescribing Additional Arrangements for Developing and Coordinating a National Program for Minority Business Enterprise as they relate to the encouragement of HUD grantees to utilize minority business enterprises.

(J) *Fair Housing Requirements.* See Section V of the General Section of this SuperNOFA.

(K) *Economic Opportunities for Low and Very Low Income Persons.* See Section V of the General Section of this SuperNOFA.

(L) *Design and Cost Standards.* You must comply with HUD's Section 811 project design and cost standards (24 CFR 891.120 and 891.310), the Uniform Federal Accessibility Standards (24 CFR 40.7), Section 504 of the Rehabilitation Act of 1973 and HUD's implementing regulations at 24 CFR part 8, and for covered multifamily dwellings designed and constructed for first occupancy after March 13, 1991, the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100, and the Americans with Disabilities Act of 1990, where applicable.

(M) *Acquisition and Relocation.* You must comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (49 CFR part 24 and 24 CFR part 891.155(e)) (URA), which covers the acquisition of sites, with or without existing structures and with 24 CFR 8.4(b)(5) of the Section 504 regulations which prohibits discrimination based

on disability in determining the site or location of a federally-assisted facility. However, you are exempt from complying with the site acquisition requirements of the URA if you do not have the power of eminent domain and prior to entering into a contract of sale, option to purchase or any other method of obtaining site control, you inform the seller of the land: (1) That you do not have the power of eminent domain and, therefore, you will not acquire the property if negotiations fail to result in an amicable agreement, and (2) of the estimate of the fair market value of the property. An appraisal is not required to meet this requirement, however, your files must include an explanation, with reasonable evidence of the basis for the estimate.

(N) *Formation of Owner Corporation.* You must form an ''Owner'' in accordance with 24 CFR 891.305 after issuance of the capital advance; cause the Owner to file a request for determination of eligibility and a request for capital advance, and provide sufficient resources to the Owner to ensure the development and long-term operation of the project, including capitalizing the Owner at firm commitment processing in an amount sufficient to meet its obligations in connection with the project.

(O) *Supportive Services.* You are required to include a Supportive Services Plan and a certification from the appropriate state or local agency that the provision of services identified in your Supportive Services Plan is well designed to address the individual health, mental health and other needs of persons with disabilities who will live in your proposed project. Exhibit 5 in Appendix A of this program section of the SuperNOFA, below, outlines the information that must be in the Supportive Services Plan. You must submit one copy of your Supportive Services Plan to the appropriate state or local agency well in advance of the application submission deadline date for the state or local agency to review your Supportive Services Plan and complete the Supportive Services Certification and return it to you so that you can include it in the application you submit to HUD.

(1) HUD will reject your application if the supportive services certification:

(a) Is not submitted with your application *and* is not submitted to HUD within the 14-day cure period; or

(b) Indicates that the provision of supportive services is not well designed to address the individual health, mental health and other needs of persons with disabilities who will live in your project; or

(c) Indicates that the provision of supportive services will not enhance independent living success or promote the dignity of the persons with disabilities who will live in your proposed project.

(2) In addition, if the agency completing the certification will be a major funding or referral source for your proposed project or be responsible for licensing the project, HUD will reject your application if either the agency's supportive services certification indicates—or, where the agency fails to complete item 3 or 4 of the certification, HUD determines that:

(a) You failed to demonstrate that supportive services will be available on a consistent long-term basis; and/or

(b) The proposed housing is not consistent with state or local agency plans/policies addressing the housing needs of people with disabilities.

Any prospective resident of a Section 811 project who believes he/she needs supportive services must be given the choice to be responsible for acquiring his/her own services or to take part in your Supportive Services Plan which must be designed to meet the individual needs of each resident.

You must not require residents to accept any supportive services as a condition of occupancy or admission.

(P) *Davis-Bacon.* You must comply with the Davis-Bacon Requirements and the Contract Work Hours and Safety Standards Act.

(Q) *Flood Disaster Protection Act of 1973 and Coastal Barriers Resources Act.* You must comply with the requirements under the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001–4128) and the Coastal Barrier Resources Act (16 U.S.C. 3601).

(R) *National Environmental Policy Act.* You must comply with the National Environmental Policy Act of 1969 (NEPA)(42 U.S.C. 4321) and applicable related environmental authorities at 24 CFR 50.4 and HUD's programmatic implementing regulations at 24 CFR part 50 and 24 CFR 891.155(b), especially, but not limited to, the provision of information to HUD at 24 CFR 50.31(b) and you must comply with any environmental conditions and safeguards at 24 CFR 50.3(c).

(S) *Sites.* (1) *Site Control or Site Identification.* In your application, you must provide either:

(a) *Evidence of Site Control*—If you have control of a site at the time you submit your application, you must include evidence of such as described in Exhibit 4(d)(i) in Appendix A of this program section of the SuperNOFA relative to site control.

or

(b) *Site Identification*—If you do not have site control of one or more of your sites, you must provide the information required in Exhibit 4(d)(x) in Appendix A of this program section of the SuperNOFA under ''site identified'' for any site not under control as a reasonable assurance that site control will be obtained within six months of fund reservation notification.

(2) *Phase I Environmental Site Assessment (ESA)*—If you have control of the site(s) at the time you submit your application, you must submit a Phase I ESA, in accordance with the American Society for Testing and Material (ASTM) Standards E 1527–97, as amended, completed or updated no earlier than six months prior to the application deadline date, in order for the application to be considered as an application with site control. The Phase I ESA must be completed and submitted with the application. The Phase I study is not a curable deficiency for the Section 811 Program. Therefore, it is important that you start the Phase I ESA process as soon after publication of this SuperNOFA as possible. Documents providing guidance in choosing an environmentally safe site, entitled ''Choosing An Environmentally Safe Site'' and the ''Supplemental Guidance Environmental Information'', are available on HUD's Web site at *www.hud.gov.*

(a) For a project that will involve demolition and/or rehabilitation of a structure(s) built before 1978, the Phase I must include the following: (i) an asbestos report that identifies the location and condition of any asbestos, and (ii) a certification that any asbestos identified in the asbestos report that is in friable condition will be abated, that any non-friable asbestos that has been identified in the asbestos report and that will be affected by the demolition/rehabilitation will be abated, and that any asbestos to be abated have been included within the project costs.

(b) For a project that does not involve demolition/rehabilitation of a structure(s) built before 1978, the Phase I must include a certification to the same.

If the Phase I ESA indicates the possible presence of contamination and/or hazards, you must decide whether to continue with this site or choose another site. Should you choose another site, the same Phase I ESA process identified above must be followed for the new site.

Note: If the property is to be acquired from the FDIC, include a copy of the FDIC prepared Transaction Screen Checklist or Phase I ESA, and applicable documentation, per the FDIC Environmental Guidelines.

(3) *Phase II ESA*—If you choose to continue with the original site on which the Phase I ESA indicated contamination or hazards, you must undertake a detailed Phase II ESA by an appropriate professional. If the Phase II ESA reveals site contamination, the extent of the contamination and a plan for clean-up of the site must be submitted to the local HUD Office. The plan for clean-up must include a contract for remediation of the problem(s) and an approval letter from the applicable federal, state, and/or local agency with jurisdiction over the site.

In order for your application to be considered as an application with site control you must submit this information to the local HUD Office on or before July 14, 2003.

Note: This could be an expensive undertaking. You must pay for the cost of any clean-up and/or remediation.

(4) If your application contains evidence of site control where either the evidence or the site is not approvable, your application will *not* be rejected provided you indicate in your application that you are willing to seek an alternate site and provide an assurance that site control will be obtained within six months of fund reservation notification.

(T) *Lead-Based Paint.* You must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821–4846) and implementing regulations at 24 CFR part 35.

(U) *Delinquent Federal Debt.* See Section V of the General Section of this SuperNOFA.

(V) *Commercial Facilities.* A commercial facility for the benefit of the residents may be located and operated in the Section 811 project. However, the commercial facility cannot be funded with the use of Section 811 capital advance or PRAC funds. The maximum amount of space permitted for a commercial facility and other community space cannot exceed 10 percent of the total project cost. An exception to this 10 percent limitation is if the project involves acquisition or rehabilitation and the additional space was incorporated in the existing structure at the time the proposal was submitted to HUD. Commercial facilities are considered public accommodations under Title III of the Americans with Disabilities Act of 1990 (ADA), and thus must comply with all the accessibility requirements of the ADA.

(W) *False Statements.* See Section V of the General Section of this SuperNOFA.

(X) *Expiration of Section 811 Funds.* The FY 2003 Consolidated Appropriations requires HUD to obligate all Section 811 funds appropriated for FY 2003 by September 30, 2006. Under 31 U.S.C. 1551, no funds can be disbursed from this account after September 30, 2011. Under Section 811, obligation of funds occurs for both capital advances and project rental assistance upon fund reservation and acceptance. If all funds are not disbursed by HUD and expended by the project Owner by September 30, 2011, the funds, even though obligated, will expire and no further disbursements can be made from this account. In submitting an application, you need to carefully consider whether your proposed project can be completed through final capital advance closing no later than September 30, 2011. Furthermore, all unexpended balances, including any remaining balance on PRAC contracts, will be cancelled as of October 1, 2011. Amounts needed to maintain PRAC payments for any remaining term on the affected contracts beyond that date will have to be funded from other current appropriations.

V. Application Selection Process

(A) *Review for Curable Deficiencies.* You should ensure that your application is complete and that you have an original and four copies before submitting it to the appropriate HUD office. HUD will screen all applications received by the deadline to determine if there are any curable deficiencies. A curable deficiency is a missing Exhibit or portion of an Exhibit that will not affect the rating of your application. The following is a list of the only deficiencies that will be considered curable in a Section 811 application:

Exhibits

(1) Form 92016–CA (Application Form)*
(2) (a) Articles of Incorporation*
(b) By-laws*
(c) IRS tax exemption ruling*
(4) (c)(ii) Energy efficiency
(d)(vii) Letter from the State Historic Preservation Officer (SHPO)
(d)(viii) Seek alternate site
(5) Supportive Services Plan
(7) Relocation
(8) (a) Form HUD–424, Application for Federal Assistance
(b) Standard Form LLL, Disclosure of Lobbying Activities (if applicable)
(c) Form HUD–424B, Applicant Assurances and Certifications
(d) Form HUD–2880, Applicant/Recipient Disclosure/Update Report
(e) Form HUD–2991, Certification of Consistency with Consolidated Plan
(f) Form HUD–92041, Sponsor's Conflict of Interest Resolution
(g) Form HUD–92042, Sponsor's Resolution for Commitment to Project*
(i) Form HUD–2530, Previous Participation Certification
(j) Form HUD–92043, Supportive Services Certification

The HUD Office will notify you in writing if your application is missing any of the above exhibits or portions of exhibits and will give you 14 days from the date of the HUD notification to submit the information required to cure the noted deficiencies. The items identified by an asterisk (*) must be dated on or before the application deadline date.

(B) *Rating.* HUD will review and rate your application in accordance with the Application Selection Process in the General Section of this SuperNOFA with the following exception. HUD will not reject your application based on technical review without notifying you of the rejection with all the reasons for rejection and providing you an opportunity to appeal. You will have 14 calendar days from the date of HUD's written notice to appeal a technical rejection to the HUD Office.

Your application(s) will be either rated or technically rejected at the end of technical review. If your application meets all program eligibility requirements after completion of technical review, including HUD approval of you, the Section 811 applicant, based on HUD's evaluation of your previous participation activities as reported on Form HUD–2530, Previous Participation Certification, your application will be rated according to the Rating Factors in Section V(D) below. The HUD Office will make a determination on any appeals before making its selection recommendations.

If an Exhibit or portion of an Exhibit listed above as curable is not discovered as missing until technical processing, HUD will provide you with 14 calendar days in which to cure the deficiency.

(C) *Ranking and Selection Procedures.* Applications that have a total base score of 75 points or more (without the addition of RC/EC/EZ bonus points) and meet all of the applicable threshold requirements of Section V(B) of the General Section of the SuperNOFA will be eligible for selection and will be placed in rank order. HUD will select applications, after adding any bonus points for RC/EC/EZ, based on rank order, up to and including the last application that can be funded out of each HUD Program Center Office's allocation. HUD Program Center Offices will not skip over any applications in order to select one based on the funds

remaining. After making the initial selections, however, HUD Program Center Offices may use any residual funds to select the next rank-ordered application by reducing the number of units by no more than 10 percent, rounded to the nearest whole number, provided the reduction will not render the project infeasible. For this purpose, however, HUD will not reduce the number of units in projects of five units or less.

After the HUD Program Center Offices have funded all possible projects based on the process above, residual funds from all HUD Program Center Offices within each Multifamily Hub will be combined. First, these funds will be used to restore units to projects reduced by HUD Program Center Offices based on the above instructions. Second, additional applications within each Multifamily Hub will be selected in rank order with only one application selected per HUD Program Center Office. More than one application may be selected per HUD Program Center Office if there are no approvable applications in other HUD Program Center Offices within the Multifamily Hub. This process will continue until there are no more approvable applications within the Multifamily Hub that can be selected with the remaining funds. Applications may not be skipped over to select one based on funds remaining. However, the HUD Multifamily Hub may use any remaining residual funds to select the next rank-ordered application by reducing the number of units by no more than 10 percent rounded to the nearest whole number, provided the reduction will not render the project infeasible or result in the project being less than 5 units.

Funds remaining after the Multifamily Hub selection process is completed will be returned to Headquarters. HUD Headquarters will use these funds first to restore units to projects reduced by HUD Program Center or Multifamily Hub Offices as a result of the instructions for using their residual funds. Second, HUD Headquarters will use these funds for selecting applications based on HUD Program Center Offices' rankings, beginning with the highest rated application nationwide. Only one application will be selected per HUD Program Center Office from the national residual amount. If there are no approvable applications in other HUD Program Center Offices, the process will begin again with the selection of the next highest rated application nationwide. This process will continue until all approvable applications are selected using the available remaining funds. Headquarters may skip over a higher rated application in order to use as much of the available remaining funds as possible.

(D) *Factors For Award Used To Evaluate and Rate Applications.* HUD will rate applications that successfully complete technical processing using the Rating Factors set forth below and in accordance with the application submission requirements in Appendix A of this program section of the SuperNOFA. The maximum number of points an application may receive under this program is 102. This includes two (2) RC/EZ/EC bonus points, as described in the General Section of this SuperNOFA.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (30 Points)

This factor addresses the extent to which you have the organizational resources to successfully implement the proposed activities in a timely manner. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 2, 3(a), 3(b), 3(e), and 6 of Appendix A to this program section of the SuperNOFA.

In rating this factor, HUD will consider the extent to which your application demonstrates your ability to develop and operate the proposed housing on a long-term basis, considering the following:

(a) (15 points) The scope, extent, and quality of your experience in providing housing or related services to those proposed to be served by the project and the scope of the proposed project (i.e., number of units, services, relocation costs, development, and operation) in relationship to your demonstrated development and management capacity as well as your financial management capability;

(b)(i) (5 points) The scope, extent, and quality of your experience in providing housing or related services to minority persons or families.

(b)(ii) (5 points) The scope, extent, and quality of your ties to the community at large and to the minority and disability communities in particular.

For the purpose of this program section of the SuperNOFA, the term ''minority'' encompasses the basic racial and ethnic categories for federal statistics and administrative reporting, as defined in the General Section of the SuperNOFA in the section entitled ''Race and Ethnicity.''

To earn the maximum number of points under this subcriterion, you must describe both your relationships over time with the minority community and significant previous experience in providing housing and/or supportive services to minorities generally and to minority persons with disabilities, in particular. For the purpose of this competition, ''significant previous experience'' means that the previous housing assistance or related services to minorities, i.e., the percentage of minorities being provided housing or related services in your current developments, was equal to or greater than the percentage of minorities in the jurisdiction where the previous housing or services occurred.

(c) (−2 to −4 points) HUD will deduct (except if the delay was beyond your control) 2 points if a fund reservation you received under either the Section 811 program of Supportive Housing for Persons with Disabilities or the Section 202 program of Supportive Housing for the Elderly has been extended beyond 24 months, 3 points if beyond 36 months, and 4 points if beyond 48 months. Examples of delays beyond your control include, but are not limited to, initial closing delays that are: (1) Directly attributable to HUD, (2) directly attributable to third party opposition, including litigation, and (3) due to a disaster, as declared by the President of the United States.

(d) (−1 point) HUD will deduct 1 point if amendment money was required as a result of the delay (except if the delay was beyond your control).

(e) (5 points) You have experience in developing integrated housing (e.g., condominium units scattered within one or more buildings or non-contiguous independent living units on scattered sites) and/or the proposed project will be an integrated housing model.

Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor addresses the extent to which there is a need for funding the proposed activities to address a documented problem in the target area. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 4(a) and 4(b) of Appendix A of this program section of the SuperNOFA. HUD will consider the following in evaluating this factor:

The extent of the need for the project in the area based on a determination by the HUD Office. In making this determination, HUD will consider your evidence of need in the area, as well as other economic, demographic, and housing market data available to the HUD Office. The data should include a general assessment of the current conditions in the market for the type of

housing proposed, an estimate of the demand for additional housing of the type proposed in the applicable housing market area; as well as, information on the numbers and types of existing comparable subsidized housing for persons with disabilities, current occupancy in such housing and recent market experience, comparable subsidized housing for persons with disabilities under construction or for which fund reservations have been issued, and, in accordance with an agreement between HUD and RHS, comments from RHS on the demand for additional comparable subsidized housing and the possible harm to existing projects in the same housing market area. The Department also will review more favorably those applications which establish a connection between the proposed project and the community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. You must show how the proposed project will address an impediment to fair housing choice described in the AI or meet a need identified in the other type of planning document.

In evaluating this factor, HUD will rate your application as follows:

(a) (12 points) The extent of the need for the project in the area based on a determination by the HUD Office, taking into consideration the Sponsor's evidence of need in the area, as well as other economic, demographic and housing market data available to HUD.

(b) (3 points) The extent that a connection has been established between the project and the community's Consolidated Plan, Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization.

Rating Factor 3: Soundness of Approach (40 Points)

This factor addresses the quality and effectiveness of your proposal, the extent to which you involved persons with disabilities, including minority persons with disabilities in the development of the application and will involve them in the development and operation of the project, and the extent to which you coordinated your application with other organizations, including local independent living centers, with which you share common goals and objectives and are working toward meeting these objectives in a holistic and comprehensive manner. There must be a clear relationship between the proposed activities, the community's needs and purposes of the program funding for your application to receive points for this factor. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 2(d), 3(f), 3(j), 4(c), 4(d), and 5 of Appendix A of this program section of the SuperNOFA. In evaluating this factor, HUD will consider the following:

(a)(i) (10 points) Site approvability—The proximity or accessibility of the site to shopping, medical facilities, transportation, places of worship, recreational facilities, places of employment, and other necessary services to the intended tenants; adequacy of utilities and streets, and freedom of the site from adverse environmental conditions (based on site visit for site control projects only); and compliance with site and neighborhood standards in 24 CFR 891.125(a), (d), and (e). Sites where amenities are accessible other than by project residence or private vehicle will be rated more favorably;

(a)(ii) (5 points) Site control—If your application contains legally acceptable site control for all proposed sites and all of the proposed sites are approvable (i.e., receive a score of 1 or higher on Criterion (a)(i)), your application will receive 5 points for site control.

(a)(iii) (−1 point) One or more of your proposed sites is not permissively zoned for the intended use.

(b) (10 points) The suitability of the site from the standpoints of promoting a greater choice of housing opportunities for minorities and persons with disabilities and affirmatively furthering fair housing. In reviewing this criterion, HUD will assess whether the site meets the site and neighborhood standards at 24 CFR 891.125(b) and (c) by examining relevant data in your application or in the HUD Office. If appropriate, HUD may visit the site.

(i) The site will be deemed acceptable if it increases housing choice and opportunity by:

—Expanding housing opportunities in non-minority neighborhoods if located in such a neighborhood. (''Nonminority area'' is defined as one in which the minority population is lower than 10 percent); or

—Contributing to the revitalization of and reinvestment in minority neighborhoods, including improvement of the level, quality and affordability of services furnished to minority persons with disabilities. You should refer to the Site and Neighborhood Standards provisions of the regulations governing the Section 811 Supportive Housing Program (24 CFR 891.125(b) and (c)) when considering sites for your projects.

(ii) For the purpose of this competition, the term ''minority neighborhood (area of minority concentration)'' is defined as one where any one of the following statistical conditions exists:

—The percentage of persons of a particular racial or ethnic minority is at least 20 points higher than the minority's or combination of minorities' percentage in the housing market as a whole; or,

—The neighborhood's total percentage of minority persons is at least 20 points higher than the total percentage of minorities for the housing market area as a whole; or

—In the case of a metropolitan area, the neighborhood's total percentage of minority persons exceeds 50 percent of its population.

(c)(i) (4 points) The extent to which the proposed design of the project (exterior and interior) and its placement in the neighborhood will meet the individual needs of the residents and will facilitate their integration into the surrounding community and promote their ability to live as independently as possible;

(c)(ii) (1 point) The proposed design incorporates visitability standards and universal design in the construction or rehabilitation of the project.

(d) (5 points) At least 51% of your board members are persons with disabilities.

(e) (3 points) You involved persons with disabilities (including minority persons with disabilities) in the development of the application, and will involve persons with disabilities (including minority persons with disabilities) in the development and operation of the project;

(f) (2 points) The extent to which you coordinated your application with other organizations (including local independent living centers; a list of such can be obtained from the local HUD Office) that will not be directly participating in your project, but with which you share common goals and objectives and are working toward meeting these goals and objectives in a holistic and comprehensive manner;

Rating Factor 4: Leveraging Resources (5 Points)

This factor addresses your ability to secure other community resources that can be combined with HUD's program resources to achieve program purposes. Submit information responding to this factor in accordance with Application

Submission Requirements in Exhibits 3(c) and (d) of Appendix A of this program section of the SuperNOFA.

(a) (2 points) The extent of local government support (including financial assistance, donation of land, provision of services, etc.) for the project; and

(b) (3 points) The extent of your activities in the community, including previous experience in serving the area where the project is to be located and your demonstrated ability to enlist volunteers and raise local funds.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability and, as such, emphasizes HUD's commitment to ensuring that you keep the promises made in your application. This factor requires that you clearly identify the benefits or outcomes of your project and develop an evaluation plan to measure performance, which includes what you are going to measure, how you are going to measure it and the steps you will have in place to make adjustments to your project development timeline should you not be able to achieve any of the major milestones. This factor addresses the extent to which your project will implement practical solutions that result in residents achieving independent living, economic empowerment, educational opportunities and improved living environments. Finally, this factor addresses the extent to which the long-term viability of your project will be sustained for the duration of the 40-year capital advance period. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 3(g), 3(h), and 3(i), in Appendix A of this program section of the SuperNOFA.

(a) (5 points) The extent to which your project development timeline is indicative of your full understanding of the development process and will, therefore, result in the timely development of your project.

(b) (2 points) The extent to which your project will implement practical solutions that will result in assisting residents in achieving independent living, economic empowerment, educational opportunities, and improved living environments (*e.g.,* activities that will improve computer access, literacy and employment opportunities).

(c) (3 points) The extent to which you demonstrated that your project will remain viable as housing with the availability of supportive services for very low income persons with disabilities for the 40-year capital advance period.

Bonus Points

(2 bonus points) Location of proposed site in an RC/EZ/EC area, as described in the General Section of this SuperNOFA. Submit the information responding to the bonus points in accordance with the Application Submission Requirements in Exhibit 8(h) in Appendix A of this program section of the SuperNOFA.

(E) *Applicant Debriefing.* You may request a debriefing on your application in accordance with the General Section of this SuperNOFA, with the exception that the request must be made to the Director of Multifamily Housing in the HUD Field Office to which you sent your application.

VI. Application Submission Requirements

The application submission requirements are contained in Appendix A of this program section of the SuperNOFA. Your application must include all of the information, materials, forms, and exhibits listed in Appendix A of this program section of the SuperNOFA (unless you were selected for a Section 811 fund reservation within the last three funding cycles). If you qualify for this exception, you are not required to submit the information described in Exhibit 2(a), (b), and (c), in Appendix A of this program section of the SuperNOFA, which are the articles of incorporation (or other organizational documents), by-laws, and the IRS tax exemption, respectively. If there has been a change in any of these documents since your previous HUD approval, you must submit the updated information in your application. The HUD Office will verify your indication of previous HUD approval by checking the project number and approval status with the appropriate HUD Office based on information submitted.

In addition to this relief of paperwork burden in preparing applications, you are able to use information and exhibits previously prepared for prior applications under Section 811, Section 202, or other funding programs. Examples of exhibits that may be readily adapted or amended to decrease the burden of application preparation include, among others, those on previous participation in the Section 202 or Section 811 programs, your experience in the provision of housing and services, supportive services plans, community ties, and experience serving minorities.

VII. Corrections to Deficient Applications

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

VIII. Formation of Owner Corporation for Development of Section 811 Projects and for Section 811 Projects Involving Mixed-Financing

Applicant eligibility for purposes of applying for a Section 811 fund reservation under this NOFA has not changed; *i.e.,* all Section 811 Sponsors and Co-Sponsors must be nonprofit organizations. However, the Owner corporation, when later formed by the Sponsor, may be (1) a single-purpose nonprofit organization that has tax-exempt status under Section 501(c)(3) of the Internal Revenue Code of 1986, or (2) for purposes of developing a mixed-finance project for developing additional units over and above the Section 811 units, a for-profit limited partnership with the nonprofit entity as the sole general partner.

IX. Authority

Section 811 of the Cranston-Gonzalez National Affordable Housing Act (Pub. L. 101–625, approved November 28, 1990), as amended by the Housing and Community Development Act of 1992) (Pub. L. 102–550, approved October 28, 1992); the Rescissions Act (Pub. L. 104–19, approved July 27, 1995); the American Homeownership and Economic Opportunity Act of 2000 (Pub. L. 106–569, approved December 27, 2000) and the Fiscal Year 2003 Consolidated Appropriations (Pub. L. 108–7, approved February 20, 2003) authorized a new supportive housing program for persons with disabilities, and replaced assistance for persons with disabilities previously covered by section 202 of the Housing Act of 1959 (section 202 continues, as amended by section 801 of the NAHA, and the HCD Act of 1992, to authorize supportive housing for the elderly).

BILLING CODE 4210–32–P

APPENDIX A

U.S. Department of Housing and Urban Development
Office of the Assistant Secretary for Housing
Federal Housing Commissioner -2003

SECTION 202

SUPPORTIVE HOUSING FOR THE ELDERLY

APPLICATION

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

SECTION 811

SUPPORTIVE HOUSING FOR

PERSONS WITH DISABILITIES

APPLICATION
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

The public reporting burden for this collection of information is estimated to average 15,960 hours per response for the Section 202 Supportive Housing Program for the Elderly and 10,556 hours per response for the Section 811 Supportive Housing Program for Persons with Disabilities, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, Paperwork Reduction Project, to the Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, DC 20410-3600. When providing comments, please refer to OMB Approval No. 2502-0267 for the Section 202 program and OMB Approval No. 2502-0462 for the Section 811 program. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The information submitted in response to the Notice of Funding Availability for the Section 202 Supportive Housing Program for the Elderly and the Section 811 Supportive Housing Program for Persons with Disabilities is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545).

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

APPLICATION

SECTION 202 OR SECTION 811

INTRODUCTION: This constitutes the Application to apply for funding under the Section 202 Supportive Housing for the Elderly or the Section 811 Supportive Housing for Persons with Disabilities Capital Advance Program. **You MUST contact the local HUD Office to obtain information about the submission of applications relevant to that Office. (NOTE: Attachment 1 is a list of the local HUD Offices for you to use in determining the appropriate HUD Office to which you should submit your application.)**

You must submit an **original and four (4) copies** of your application in response to a Federal Register Notice of Funding Availability (NOFA). The original and four copies **must be postmarked on or before midnight of June 13, 2003, and received in the local HUD Office within 15 days of the due date**. It is strongly recommended that you submit your application by mail **via the United States Postal Service.** Please refer to the General Section of the SuperNOFA for further instructions regarding application mailing and receipt procedures.

NOTE: You may apply for a scattered site project in one application.

CONTENTS OF APPLICATION: The Application for a Section 202 or Section 811 Capital Advance consists of four parts with a total of eight Exhibits. Included with the eight Exhibits are prescribed forms, certifications and resolutions. The components of the Application are:

Part 1 - Application Form for Section 202 or Section 811 Supportive Housing - Capital Advance (Exhibit 1)

Part 2 - Your Ability to Develop and Operate the Proposed Project (Exhibits 2 and 3)

Part 3 - The Need for Supportive Housing for the Target Population in the Area to be Served, Site Control (and/or Identification of Site if 811) and Suitability of Site, Adequacy of the Provision of Supportive Services and of the Proposed Project (Exhibits 4 and 5)

Part 4 - General Application Requirements, Certifications and Resolutions (Exhibits 6 through 8)

GENERAL INSTRUCTIONS FOR PREPARING APPLICATION: Please submit your application using the attached format, indexed and tabbed accordingly. The Application includes:

1. The Table of Contents which serves as a checklist for you to identify the submission page for the exhibit/portion of the exhibit in the order in which the application is to be assembled.

2. The Rating Factors for rating your application and the criteria necessary to receive bonus points.

3. The Application Contents identified by the Part of the application and the relevant exhibits. Parts 2 and 3 include exhibits related to the rating criteria and bonus points. All required forms are included in the section pertaining to the specific exhibits. **(NOTE: Information relating to the Phase I Environmental Site Assessment, Exhibit 4(d)(vi) must be obtained from the local HUD Office.)**

4. Attachments

   1. Letter Requesting SHPO/THPO Review
   2. Choosing An Environmentally Safe Site (found on www.hud.gov)
   3. Supplemental to Choosing An Environmentally Safe Site

5. The Application Evaluation for you to provide HUD with comments and suggestions about the Application.

6. The Acknowledgment of Application Receipt you will receive with the date that HUD received your application and whether or not your application will receive further consideration.

Before preparing your application, you should carefully review the requirements of the Regulations (24 CFR Part 891) and general program instructions in Handbook 4571.3 REV-1, Section 202 Capital Advance Program for Housing the Elderly or Handbook 4571.2, Section 811 Capital Advance Program for Housing Persons with Disabilities. Note: Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedure, 72 Stat. 967 shall apply to all information supplied in the application submission). (18 U.S.C. 1001, among other things, provides that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000 or imprisoned for not more than five years, or both.)

TABLE OF CONTENTS

PAGE

PART I - APPLICATION FORM FOR SECTION 202 OR SECTION 811 SUPPORTIVE HOUSING - CAPITAL ADVANCE

EXHIBIT 1: **Form HUD-92015-CA**, Application for Section 202 Supportive Housing Capital Advance, **OR** ____

Form HUD-92016-CA, Application for Section 811 Supportive Housing Capital Advance ____

PART II - YOUR ABILITY TO DEVELOP AND OPERATE THE PROPOSED PROJECT

EXHIBIT 2: **Your Legal Status**

(a) Articles of Incorporation (or other organizational documents) ____

(b) By-laws ____

(c) IRS Tax Exemption Ruling ____

[EXCEPTION: SEE EXHIBIT TO DETERMINE IF YOU MAY BE EXEMPT FROM SUBMITTING THESE DOCUMENTS.]

(d) **Section 811 Applicants Only** - the number of people on your board and the number of board members who have disabilities ____

EXHIBIT 3: **Your purpose, community ties and experience:**

(a) Purpose(s), current activities, how long you have been in existence ____

(b) Ties to the community at large, to the target population, and description of geographic areas served ____

(c) Local government support for project ____

PAGE

(d) Letters of support for your organization and for the proposed project ____

(e) Housing and/or supportive services experience ____

(f) Efforts to involve target population ____

(g) Description of practical solutions to be implemented ____

(h) Project Development Timeline ____

(i) Description of how project will remain viable ____

(j) **For Section 811 only**, Identification/coordination with other organizations ____

PART III - THE NEED FOR SUPPORTIVE HOUSING FOR THE TARGET POPULATION IN THE AREA TO BE SERVED, SITE CONTROL (AND/OR IDENTIFICATION OF SITE IF 811) AND SUITABILITY OF SITE, ADEQUACY OF THE PROVISION OF SUPPORTIVE SERVICES AND OF THE PROPOSED PROJECT

EXHIBIT 4: Project information including:

(a) Evidence of need for project ____

(b) How project will benefit target population and community ____

(c) A narrative description of the project, including:

(i) Building design ____

(ii) Whether and how project will promote energy efficiency ____

(iii) If applicable, description of plans and actions to create a mixed-finance project ____

(d) Evidence of site control and permissive zoning, **OR** identification of site if applying for Section 811

PAGE

without having site control (in this latter case skip to **Identification of Site** below):

Evidence of Site Control

(i) Site control document(s) ____

(ii) Evidence site is free of limitations, restrictions, or reverters ____

(iii) Evidence of permissive zoning or statement of proposed action required to make project permissible ____

(iv) Narrative topographical/ demographic description of site/area suitability, how site will promote greater housing opportunities for minorities/target population ____

(v) Racial composition/concentration map of site ____

(vi) Phase I Environmental Site Assessment ____

(vii) Letter to State/Tribal Historic Preservation Office (SHPO/THPO) ____

Response from SHPO/THPO ____

NOTE: (viii) through (xiv) apply to 811 Only

(viii) Willingness to seek an alternate site ____

(ix) Request for exception to project size limits (if applicable) - why site was selected and: (ILP with site control only)

(A) Preference/acceptance of people with disabilities to live in proposed housing ____

PAGE

(B) Increased number of people warranted by market conditions in area ____

(C) Compatibility of project with other residential development and population density of the area ____

(D) Increased number of people will not prohibit successful integration into the community ____

(E) Marketability of project in the community ____

(F) Project size consistent with State and/or local policies governing similar housing ____

(G) Willingness to have application processed at project size limit ____

Identification of a Site (811 only):

(x) Location of site ____

(xi) Steps undertaken to identify site; what must be done to obtain site control ____

(xii) Whether site is properly zoned ____

(xiii) Status of the sale of the site ____

(xiv) Whether the site would involve relocation ____

PAGE

EXHIBIT 5: Supportive Services Plan

202 Provision of supportive services:

(a) Description of services ____

(b) Public/private funding sources for proposed services ____

(c) Manner in which services will be provided ____

OR

811

(a) Description of occupancy ____

(b) Request for approval to limit occupancy, if applicable, including:

(i) Description of population to which occupancy will be limited ____

(ii) Why it is necessary to limit occupancy, including:

(A) How goals of 811 will still be achieved ____

(B) Why housing and services needs cannot be met in more integrated setting ____

(iii) Experience in providing housing and/or supportive services to proposed population ____

(iv) How you will ensure occupants will be integrated into neighborhood and community ____

(c) Supportive services needs of proposed population ____

		PAGE
(d)	List of community service providers with letters of intent	____
(e)	Evidence of each service provider's capability and experience	____
(f)	Extent of State and local agency involvement in project	____
(g)	Letter indicating your commitment to make services available or coordinate their availability	____
(h)	How residents will be afforded employment opportunities	____
(i)	Whether project will include manager's unit	____
(j)	Statement that you will not condition occupancy on the resident's acceptance of supportive services	____

PART IV - GENERAL APPLICATION REQUIREMENTS, CERTIFICATIONS AND RESOLUTIONS

EXHIBIT 6: **A list of applications, if any, you have submitted or are planning to submit to any other HUD Office** in response to the Section 202 or Section 811 NOFA, and required information about each ____

EXHIBIT 7: **A statement that:**

(a)	Identifies all persons occupying property on application submission date	____
(b)	Indicates estimated cost of relocation payments/other services	____
(c)	Identifies staff organization that will carry out relocation activities	____

PAGE

(d) Identifies all persons who have moved from site within past 12 months ____

NOTE: Applies to all Section 202 applications and Section 811 applications with site control only

EXHIBIT 8: CERTIFICATIONS AND RESOLUTIONS:

(a) Form HUD-424 ____

(b) Standard Form LLL, Disclosure of Lobbying Activities, if applicable ____

(c) Form HUD-424B, Applicant Assurances and Certifications ____

(d) Applicant/Recipient Disclosure/Update Report (HUD-2880) ____

(e) Certification of Consistency with the Consolidated Plan (HUD-2991) ____

(f) Sponsor's Conflict of Interest Resolution (HUD-92041) ____

(g) Sponsor's Resolution for Commitment to Project (HUD-92042) ____

(h) Certification of Consistency with the RC/EZ/EC Strategic Plan (HUD-2990) ____

(i) Form HUD-2530, Previous Participation Certificate ____

Section 811 ONLY - Also submit the following:

(j) Supportive Services Certification (HUD-92043) ____

RATING FACTORS AND BONUS POINTS

Below are the Rating Factors and Bonus Points and the corresponding application Exhibits that will be reviewed to determine the ratings and the eligibility for bonus points:

1. CAPACITY OF THE APPLICANT AND RELEVANT ORGANIZATIONAL STAFF
(Exhibit References: Exhibits 2, 3(a), 3(b), 3(e), and 5)

In rating this factor, HUD will consider the extent to which the application demonstrates your ability to develop and operate the proposed housing on a long-term basis, considering the following: **(25 points for 202, 30 points for 811)**

(a) The scope, extent and quality of your experience in providing housing or related services to those proposed to be served by the project and the scope of the proposed project (i.e., number of units, services, relocation costs, development, and operation) in relationship to your demonstrated development and management capacity as well as your financial management capability. **(15 points)**

(b)(i) The scope, extent and quality of your experience in providing housing or related services to minority persons or families. **(5 points)**

(ii) The scope, extent and quality of your ties to the community at large and to the minority and elderly (202) disability (811) communities in particular. **(5 points)**

(c) A fund reservation you received under either the Section 202 program of Supportive Housing for the Elderly or the Section 811 program of Supportive Housing for Persons with Disabilities has been extended beyond 24 months **(-2 points),** 36 months **(-3 points),** or 48 months **(-4 points)** (except if the delay was beyond your control).

(d) Amendment money was required as a result of the delay in (c) above (except if the delay was beyond your control). **(-1 point)**

(e) You have experience in developing integrated housing (e.g., condominium units scattered within one or more buildings or non-contiguous independent living units on scattered sites) and/or the proposed project will be an integrated housing model. **(Section 811 only) (5 points)**

2. NEED/EXTENT OF THE PROBLEM
(Exhibit References: Exhibits 4(a) and 4(b))

In determining the extent to which there is a need for funding the proposed supportive housing project to address a documented problem in the target area, HUD will consider the extent of the need for the project in the area based on a determination by the HUD Office. This determination will be made by considering your evidence of need in the area, as well as other economic, demographic, and housing market data available to the HUD Office. HUD will also view more favorably those applications which establish a connection between the proposed project and the Community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. **(15 points)**

(a) The extent of the need for the project in the area based on a determination by the HUD Office, taking into consideration your evidence of need in the area, as well as other economic, demographic and housing market data available to HUD. **(12 points)**

(b) The extent that a connection has been established between the project and the community's Consolidated Plan, Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. **(3 points)**

3. SOUNDNESS OF APPROACH
(Exhibit References: Exhibits 2(d)(811 only), 4(c), 4(d), and 5)

In determining the quality and effectiveness of the project as well as the relationship between the project, the community's needs and purposes of the program funding, HUD will consider: **(45 points for 202, 40 points for 811)**

Section 202

(a)(i) The proximity or accessibility of the site to shopping, medical facilities, transportation, places of worship, recreational facilities, places of employment, and other necessary services to the intended tenants, adequacy of utilities and streets, freedom of the site from adverse environmental conditions, and compliance with site and neighborhood standards. **(15 points)**

(ii) The proposed site is not permissively zoned for the intended use. **(-1 point)**

(b) The suitability of the site from the standpoints of promoting a greater choice of housing opportunities for minority elderly persons/families and affirmatively furthering fair housing. **(10 points)**

(c) The extent to which the proposed design will meet the special physical needs of elderly persons the housing is expected to serve. **(4 points)**

(d) The extent to which the proposed site and unit mix of the housing will enable you to manage and operate the housing efficiently and ensure that the provision of supportive services will be accomplished in an economical fashion. **(3 points)**

(e) The extent to which the proposed design of the housing will accommodate the provision of supportive services that are expected to be needed, initially and over the useful life of the housing, by the category or categories of elderly persons the housing is expected to serve. **(3 points)**

(f) The extent to which the proposed supportive services meet the identified needs of the anticipated residents. **(3 points)**

(g) The extent to which you demonstrated that the identified supportive services will be provided on a consistent, long-term basis. **(3 points)**

(h) The proposed design incorporates visitability standards and universal design in the construction or rehabilitation of the project. **(1 point)**

(i) Your involvement of elderly persons, particularly minority elderly persons, in the development of the application and your intent to involve elderly persons, particularly minority elderly persons in the development and operation of the project. **(3 points)**

Section 811

(a)(i) Site approvability - The proximity or accessibility of the site to shopping, medical facilities, transportation, places of worship, recreational facilities, places of employment, and other necessary services to the intended tenants; adequacy of utilities and streets, and freedom of the site from

adverse environmental conditions (based on site visit for site control projects only); and compliance with site and neighborhood standards in 24 CFR 891.125 (a), (d), and (e). Sites where amenities are accessible other than solely by project residence or private vehicle will be rated more favorably. **(10 points)**

(ii) Site control - If your application contains legally acceptable site control for all proposed sites and all of the proposed sites are approvable (i.e., receive a score of 1 or higher on Criterion (a)(i) above), your application will receive 5 points for site control. **(5 or 0 points)**

(iii) One or more of your proposed sites is not permissively zoned for the intended use. **(-1 point)**

(b) The suitability of the site from the standpoints of promoting a greater choice of housing opportunities for minority persons with disabilities and affirmatively furthering fair housing. **(10 points)**

(c)(i) The extent to which the proposed design of the project (exterior and interior), and its placement in the neighborhood, will meet the individual needs of the residents and will facilitate their integration into the surrounding community and promote their ability to live as independently as possible. **(4 points)**

(ii) The proposed design incorporates visitability standards and universal design. **(1 point)**

(d) At least fifty-one percent of your board is comprised of persons with disabilities. **(5 or 0 points)**

(e) You involved persons with disabilities (including minority persons with disabilities) in the development of the application, and will involve persons with disabilities (including minority persons with disabilities) in the development and operation of the project. **(3 points)**

(f) The extent to which you coordinated your application with other organizations (including local independent living centers; a list of such can be obtained from the local HUD Office) that will not be directly participating in your project, but with which you share common goals and objectives and are working toward meeting these goals and objectives in a holistic and comprehensive manner. **(2 points)**

4. LEVERAGING RESOURCES
(Exhibit References: Exhibits 3(a), 3(b), 3(c), 3(d) and 3(e))

In determining your ability to secure other community resources which can be combined with HUD's program resources to achieve program purposes, HUD will consider: **(5 points)**

(a) The extent of local government support (including financial assistance, donation of land, provision of services, etc.) for the project. **(2 points)**

(b) The extent of your activities in the community, including previous experience in serving the area where the project is to be located, and your demonstrated ability to enlist volunteers and raise local funds. **(3 points)**

5. ACHIEVING RESULTS AND PROGRAM EVALUATION
(Exhibit References: Exhibits, 3(g), 3(h) and 3(i))

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability and, as such, emphasizes HUD's commitment to ensuring that you keep the promises made in your application. This factor requires that you clearly identify the benefits or outcomes of your project and develop an evaluation plan to measure performance, which includes what you are going to measure, how you are going to measure it and the steps you will have in place to make adjustments to your project development timeline should you not be able to achieve any of the major milestones. In addition, this factor addresses the extent to which your project will implement practical solutions that will result in assisting residents in achieving independent living, educational opportunities, economic empowerment (811 only), and improved living environments. Finally, in determining the above as well as how the long-term viability of your project will be sustained over the 40 year capital advance period and whether your project will provide activities to support HUD's FY 2003 SuperNOFA Policy Priorities (811 only) HUD will consider: **(10 points)**

(a) The extent to which your project development timeline is indicative of your full understanding of the development process and will, therefore, result in the timely development of your project. **(5 points)**

(b) The extent to which your project will implement practical solutions that will result in assisting residents to achieve independent living, educational opportunities, economic empowerment (**811 only**) and improved living environments (e.g., activities that

will improve computer access, literacy and employment opportunities (**811 only**). **(2 points)**

(c) The extent to which you demonstrated that your project will remain viable as housing with the availability of supportive services for the target population for the 40-year capital advance period. **(3 points)**

BONUS POINTS (2 bonus pts)
(Exhibit References: Exhibits 1 and 8(h))

Location of proposed site in a high performing Federally designated RC/EZ/EC community that will serve residents of the RC/EZ/EC and is consistent with the strategic plan of the RC/EZ/EC.

PART I

APPLICATION FOR SECTION 202 SUPPORTIVE HOUSING - CAPITAL ADVANCE (FORM HUD-92015-CA)

OR

APPLICATION FOR SECTION 811 SUPPORTIVE HOUSING - CAPITAL ADVANCE (FORM HUD-92016-CA)

EXHIBIT 1

Supportive Housing for the Elderly Section 202

Application for Capital Advance Summary Information

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0267
(exp.7/31/2002)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD Use Only	202 Project Number	PRAC Number

1. Sponsor's Name(s), Address(es) & Telephone Number (s)

1a. Sponsor is a "grassroots" organization ☐ Yes ☐ No

2. Minority Sponsor Designation. A minority sponsor is one in which at least 51 percent of the board members are minority.
Is this sponsor a minority applicant? ☐ Yes ☐ No
If "Yes," place the numeric code as shown below in this box ☐
Codes: 2 - Black; 3 - Native American; 4 - Hispanic; 5 - Asian Pacific; 6 - Asian Indian

3a. Address of Site

3b. Will project be located within the boundaries of a Federally-designated: (1) Empowerment Zone, (2) Enterprise Community, (3) Urban Enhanced Enterprise Community, (4) Strategic Planning Community, or (5) Renewal Community?
(Contact local HUD Office for information on these designated areas.)
☐ Yes ☐ No
If "Yes," please place the appropriate number as shown above in this box ☐

4a. Congressional District
4b. Census Tract

5. Type of Area
☐ Metropolitan
☐ Non-metropolitan

6. Capital Advance Amount Requested
$

7. Project Rental Assistance Contract Amount Requested
$

8. Total No. of 202 Units

8a. Number & Type of Resident Units Proposed
☐ Efficiency ☐ One bedroom

8b. Resident Manager's Unit (check appropriate type)
☐ Efficiency ☐ One bedroom ☐ Two bedroom

9. Number of Buildings

10. Type of Project
☐ New Construction
☐ Rehabilitation
☐ Acquisition
Year Built (yyyy) ☐

11. Type of Building(s)
☐ Row/Townhouse ☐ Semi-detached
☐ Walk-up ☐ Detached
☐ Elevator

12. Number of Stories

13. Number of Parking Spaces

14. Check utilities and services not included in the rent and to be paid directly by the tenant.
☐ Electric ☐ Water ☐ Heat ☐ Gas

15. Off-Site Facilities

	Public	At Site	Feet from Site
Water	☐	☐	
Sewer	☐	☐	
Paving	☐	☐	
Gas	☐	☐	
Electric	☐	☐	

16a. Community Spaces to be included in Project

16b. Mixed-Finance or Mixed-Use Project For Additional Units
☐ Yes ☐ No
No. of Additional Units _____

17. Unusual Site Features
☐ None ☐ Poor Drainage
☐ Cuts ☐ Retaining Walls
☐ Fill ☐ Rock Foundations
☐ Erosion ☐ High Water Table
☐ Other (specify)

18. Mark one box
☐ Consultant
☐ Agent
☐ Authorized Representative

Name, Address & Telephone Number

19. If Sponsor is applying for more than one HUD program from the SuperNOFA, indicate which application(s) contain the forms with original signatures.

Program Name	Form

20. Sponsor's Attorney (name, address & telephone number)

By (Signature of Sponsor's Authorized Representative)

Type in Name

Type in Title

Date (mm/dd/yyyy)

Previous editions are obsolete

form HUD-92015-CA (04/2002)
ref: Handbook 4571.3 Rev-1

EXHIBIT 1

Supportive Housing for Persons with Disabilities
Section 811

Application for Capital Advance Summary Information

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0462
(exp.6/30/2002)

For HUD Use Only | HUD Project Number | PRAC Number

1. Name(s), Address(es), Contact Person, and Telephone Number(s) of Sponsor(s)

1a. Sponsor is a "grassroots" organization ☐ Yes ☐ No

2. Minority Sponsor Designation: A minority sponsor is one in which at least 51 percent of the board members are minority.
Is this sponsor a minority applicant? ☐ Yes ☐ No

If "Yes," identify by numeric code as shown below ..... ☐
Codes: 2 - Black; 3 - Native American
4 - Hispanic; 5 - Asian Pacific 6 - Asian Indian

3a. Location of Site (city & State)

3b. Will project be located within the boundaries of a Federally-designated: (1) Empowerment Zone, (2) Enterprise Community, (3) Urban Enhanced Enterprise Community, (4) Strategic Planning Community, or (5) Renewal Community?
(Contact local HUD Office for information on these designated areas.)

☐ Yes ☐ No

If "Yes," please indicate appropriate number as shown above. ☐

4a. Congressional District

4b. Census Tract

5. Capital Advance Amount Requested
$

6. Project Rental Assistance Contract Amount Requested
$

Note: For a group home(s)in 10. below, include the number of disabled residents in both the "Total Units" and the "Total Disabled Residents" categories. For an independent living project(s), include Resident Manager unit, if applicable, in the "Total Units" category.

7. Application Contains
☐ Evidence of Site Control
☐ Identification of Site

8. Type of Construction
☐ New Construction
☐ Rehabilitation
☐ Acquisition

9a. Occupancy Type
☐ Physically Disabled
☐ Developmentally Disabled
☐ Chronically Mentally Ill
☐ Mixed Occupancy
Identify Categories _____

9b. Restricted Occupancy Requested
☐ Yes
☐ No
If "Yes," identify subcategory _____

10. Project Type & Number of Units/Residents Proposed

a. **Group Home**

Site	No. of Disabled Residents	Resident Mgr. Unit (Y/N)	Address
#1			
#2			
#3			
#4			

b. **Independent Living Project**

Site	Units by No. of Bedrooms				Total Disabled		Resident Mgr. Unit (Y/N)	Total Units	Address
	0	1	2	3	Units	Residents			
#1									
#2									
#3									
#4									

c. **Condominium**

Site	Units by No. of Bedrooms				Total Disabled		Resident Mgr. Unit (Y/N)	Total Units	Address
	0	1	2	3	Units	Residents			
#1									
#2									
#3									
#4									

Note: If an elevator structure in b or c above, indicate by placing an "E" next to the total number of units for each applicable site.

Totals

	Units (Section 811)
	Disabled Residents
	Sites

Mixed Finance or Mixed Use Project for Additional Units
☐ Yes ☐ No # of Add'l Units _____

form **HUD-92016-CA** (04/2002)
ref Handbook 4571.2

Previous editions are obsolete

11. Check utilities and services not included in the rent and to be paid directly by the tenant:

- ☐ Electric
- ☐ Water
- ☐ Heat
- ☐ Gas

12. Unusual Site Features

- ☐ None
- ☐ Cuts
- ☐ Fill
- ☐ Erosion
- ☐ Poor Drainage
- ☐ Retaining Walls
- ☐ Rock Foundations
- ☐ High Water Table
- ☐ Other (specify)

13. Off-Site Facilities:

	Public	At Site	Ft. from Site
Water	☐	☐	_____
Sewer	☐	☐	_____
Paving	☐	☐	_____
Gas	☐	☐	_____
Electric	☐	☐	_____

14. Community Spaces to be Included inProject: (identified by site no. indicated in 10 above):

15. If Sponsor is applying for more than one HUD program from the SuperNOFA, indicate which application(s) contain the forms with original signatures.

Program Name | Form

16. Name, Address and Telephone Number of (mark one box)

- ☐ Consultant
- ☐ Agent
- ☐ Authorized Representative

17. Sponsor's Attorney (name, address and telephone number)

By (signature of sponsor's authorized representative)

Type in Name

Title

Public reporting burden for this collection of information is estimated to average 46 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is in support of HUD's efforts to expand the supply of Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD to determine applicant eligibility and ability to develop housing for disabled with statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste or mismanagement of public funds. This application does not collect any sensitive information. HUD does not ensure confidentiality.

form **HUD-92016-CA** (03/2002)
ref Handbook 4571.2

Previous editions are obsolete

PART II

YOUR ABILITY TO DEVELOP AND OPERATE THE PROPOSED PROJECT

EXHIBIT 2 - **Evidence of your legal status** (Private Nonprofit or Nonprofit Consumer Cooperative if applying for Section 202 or Nonprofit with 501(c)(3) IRS tax exemption if applying for Section 811)(If another organization(s) is co-sponsoring the application with you, each Co-Sponsor must also submit the following):

(a) Articles of Incorporation, constitution, or other organizational documents

(b) By-laws

(c) IRS tax exemption ruling (this must be submitted by all Sponsors, including churches)

[EXCEPTION: IF YOU RECEIVED A SECTION 202 (IF APPLYING FOR SECTION 202) OR SECTION 811 (IF APPLYING FOR SECTION 811) FUND RESERVATION WITHIN THE LAST THREE FUNDING CYCLES, YOU ARE NOT REQUIRED TO SUBMIT THE DOCUMENTS DESCRIBED IN (a), (b), and (c) ABOVE. INSTEAD, SUBMIT THE PROJECT NUMBER OF THE LATEST APPLICATION AND THE HUD OFFICE TO WHICH IT WAS SUBMITTED. IF THERE HAVE BEEN ANY MODIFICATIONS OR ADDITIONS TO THE SUBJECT DOCUMENTS, INDICATE SUCH, AND SUBMIT THE NEW MATERIAL.]

(d) **Section 811 Applicants Only** - The number of people on your board and the number of board members who have disabilities

EXHIBIT 3 - Your purpose, community ties and experience:

(a) A description of your purpose(s), current activities, and how long you have been in existence.

(b) A description of your ties to the community in which your project will be located and to the minority and elderly (202) or disability (811) communities in particular, including a description of the specific geographic area(s) in which you have served.

(c) A description of local government support for the project (including financial assistance, donation of land, provision of services, etc.).

(d) Letters of support for your organization and for the proposed project from organizations familiar with the housing and supportive services needs of the target population (elderly (202) or persons with disabilities ((811) e.g., the local center for independent living, the Statewide Independent Living Council) that you expect to serve in the proposed project.

(e) A description of your housing and/or supportive services experience. The description should include any rental housing projects (including any integrated housing developments if applying for Section 811) and/or supportive services facilities that you sponsored, own and/or operate, your past or current involvement in any programs other than housing that demonstrates your management capabilities (including financial management) and experience, your experience in serving the target population (the elderly, including elderly persons with disabilities, and/or families and minorities (202), or persons with disabilities and minorities (811)); and the reasons for receiving any increases in fund reservations for developing and/or operating previously funded Section 202 or Section 811 projects.

The description should include data on the facilities and services provided, the racial/ethnic composition of the populations served, if available, and information and

(EXHIBIT 3 Cont'd)

testimonials from residents or community leaders on the quality of the activities. Examples of activities that could be described include housing counseling, nutrition and food services, special housing referral, screening and information projects.

(f) A description of your efforts to involve members of the target population (elderly persons, including minority elderly persons (202), or person with disabilities including minority persons with disabilities and persons with disabilities similar to those of the prospective residents (811)) in the development of the application as well as your intent to involve the target population in the development and operation of the project.

(g) **202**

A description of the practical solutions you will implement which will enable residents of your project to achieve independent living. In addition, describe the educational opportunities you will provide for the residents and how you will provide them. This description should include any activities that will enhance the quality of life for the residents. And, finally, describe how your proposed project will be an improved living environment for the residents when compared to their previous place of residence.

811

A description of the practical solutions you will implement which will enable residents of your project to achieve independent living and economic empowerment. In addition, describe the educational opportunities you will provide for the residents and how you will provide them. This description should include the activities you will undertake to improve computer access, literacy and employment opportunities (e.g., provide programs that can teach residents how to use computers to become educated as well as

(EXHIBIT 3 Cont'd)

achieve economic self-sufficiency through job training and placement). And, finally, describe how your proposed project will be an improved living environment for the residents when compared to their previous place of residence.

(h) Describe your plan for completing the proposed project. Include a project development timeline which lists the major development stages for the project with associated dates that must be met in order to get the project to initial closing and start of construction within the 18-month fund reservation period as well as the full completion of the project, including final closing.

(i) Describe how you will ensure that your proposed project will remain viable as housing with the availability of supportive services for the target population for the 40-year capital advance period. This description should address the measures you would take should any of the following occur:

(i) funding for any of the needed supportive services becomes depleted;

(ii) if, for any state funded services for your project, the state changes its policy regarding the provision of supportive services to projects such as the one you propose; or

(iii) if the need for housing for the population you will be serving wanes over time, causing vacancies in your project.

(j) A description of the steps you took to coordinate your application with other organizations (e.g., the local center for independent living) that will not be directly involved in your project but with which you share common goals and objectives, to complement and/or support the proposed project so that the project will provide a comprehensive and holistic solution to the needs of persons with disabilities. (**811 Only**)

PART III

THE NEED FOR SUPPORTIVE HOUSING FOR THE TARGET POPULATION, SITE CONTROL (AND/OR IDENTIFICATION OF SITE IF 811) AND SUITABILITY OF SITE

ADEQUACY OF THE PROVISION OF SUPPORTIVE SERVICES AND OF THE PROPOSED PROJECT

EXHIBIT 4 - Need and Project Information

(a) Evidence of need for supportive housing.

202

Include a description of the category or categories of elderly persons the housing is intended to serve and evidence demonstrating sustained effective demand for supportive housing for that population in the market area to be served, taking into consideration the occupancy and vacancy conditions in existing Federally assisted housing for the elderly (HUD and the Rural Housing Service (RHS)) e.g., public housing), State or local data on the limitations in activities of daily living among the elderly in the area; aging in place in existing assisted rentals; trends in demographic changes in elderly population and households; the numbers of income eligible elderly households by size, tenure and housing condition; the types of supportive services arrangements currently available in the area; and the use of such services as evidenced by data from local social service agencies or agencies on aging. Also, a description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the project.

811

Include a description of the proposed population and evidence demonstrating sustained effective demand for supportive housing for the proposed population in the market area to be served, taking into consideration the occupancy and vacancy conditions in existing comparable subsidized housing for persons with disabilities, State or local needs assessments of persons with disabilities in the area, the types of supportive services arrangements currently available in the area, and the use of such services as evidenced by data from local social service agencies. Also, a description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the project.

(EXHIBIT 4 Cont'd)

(b) A description of how the proposed project will benefit the target population and the community in which it will be located.

(c) Description of the project.

(i) **202**

Narrative description of the building design including a description of the number of units with bedroom distribution, any special design features including any features that incorporate visitability standards and universal design, amenities, and/or community space, and how this design will facilitate the delivery of services in an economical fashion and accommodate the changing needs of the residents over the next 10-20 years.

811

Narrative description of the building(s) including the number and type of structure(s), number of units with bedroom distribution if independent living units (including dwelling units in multifamily housing developments, condominiums and cooperatives), number of bedrooms if group home, number of residents with disabilities, and any resident manager per structure; identification of all community spaces, amenities or features planned for the housing and a description of how the spaces, amenities, or features will be used, and the extent to which they are necessary to accommodate the needs of the proposed residents. A narrative description of the building design (both interior and exterior), including any special design features, as well as any features that incorporate visitability standards and universal design. Also include a description of how the design of the proposed project will facilitate the integration of the residents into the surrounding community and promote

(EXHIBIT 4 Cont'd)

the ability of the residents to live as independently as possible.

NOTE: (202 and 811) If the community spaces, amenities, or features do not comply with the project design and cost standards of 24 CFR 891.120 and the special project standards of 24 CFR 891.210 (202) or 891.310 (811), you must demonstrate your ability and willingness to contribute both the incremental development cost and continuing operating cost associated with the community spaces, amenities, or features;

(ii) Describe whether and how the project will promote energy efficiency, including any plans to incorporate energy efficiency features in the operation of the project through the use of Energy Star labeled products and appliances and, if applicable, innovative construction or rehabilitation methods or technologies to be used that will promote efficient construction.

(iii) For site control applications, if applicable, a description of any plans and actions you have taken to create a mixed-finance project by developing additional units (i.e., in addition to the 202 or 811 units, whichever is applicable) with the use of 202 or 811 capital advance funds, whichever is applicable, in combination with other funding sources. Provide copies of any letters you have sent seeking outside funding for the non-202 or non-811 units and any responses thereto. You must also demonstrate your ability to proceed with the development of a 202 or 811 project that will not involve mixed-financing, as proposed in your application, in the event you are later unable to obtain the necessary outside funding or HUD disapproves your proposal for a mixed-finance project.

(EXHIBIT 4 Cont'd)

NOTES: 1) Approval of the Section 202 or Section 811 capital advance will not necessarily be approval of the mixed-finance proposal. If approved for a reservation of capital advance funds, you will be required to submit, after reservation of capital advance funds, a detailed proposal outlining how you will fund both development and operation of the additional units in accordance with HUD instructions that will be issued later. Based on the strength of your organization and HUD's prior experience with your projects, as well as your outline of your intentions, at the time of making the fund reservation, HUD will determine whether you will be permitted to submit a mixed-finance proposal at a later time. Only those Sponsors that indicate in their application for a fund reservation an intention to propose additional units will be eligible to submit, at a later time, a mixed-finance proposal for additional units. (A mixed-finance project does not include the development of Section 202 or Section 811 units using secondary/supplementary financing or the development of a mixed-use project in which the Section 202 or Section 811 units are mortgaged separately from the other uses of the structure). 2) For a Section 811 mixed-finance project, the additional units cannot cause the project to exceed the project size limit for the type of project proposed, unless the additional units will house people who do not have a disability.

(d) Evidence of site control and permissive zoning.

NOTE: If you are applying for Section 811 without control of any or all of your proposed sites, you must provide the information under **Identification of a Site** below for any site you are submitting without evidence of control of that site.

(EXHIBIT 4 Cont'd)

(i) Acceptable evidence of site control is limited to any one of the following:

(A) Deed or long-term leasehold which evidences that you have title to or a leasehold interest in the site. If a leasehold, the term of the lease must be at least 75 years;

(B) Contract of sale for the site which is free of any limitations affecting ability to deliver ownership to you after you receive and accept a notice of Section 202 or Section 811 capital advance. (The only condition for closing on the sale can be your receipt and acceptance of the capital advance.) The contract of sale cannot require closing earlier than the Section 202 or Section 811 closing (whichever is applicable);

(C) Option to purchase or for a long-term leasehold which must remain in effect for six months from the date on which the applications are due, must state a firm price binding on the seller, and be renewable at the end of the six month option period. The only condition on which the option may be terminated is if you are not awarded a fund reservation;

(D) If the site is covered by a mortgage under a HUD program, (e.g., a previously funded Section 202 or Section 811 project or an FHA-insured mortgage) you must submit evidence that consent to release of the site from the mortgage has been obtained or is being requested from HUD and from the mortgagee, if other than HUD; or

(EXHIBIT 4 Cont'd)

(E) For sites to be acquired from a public body, evidence is needed that the public body possesses clear title to the site and has entered into a legally binding agreement to lease or convey the site to you after you receive and accept a notice of Section 202 or Section 811 capital advance. Where HUD determines that time constraints of the funding round will not permit you to obtain all of the required official actions (e.g., approval of Community Planning Boards) that are necessary to convey publicly-owned sites, you may include in your application a letter from the mayor or director of the appropriate local agency indicating that conveyance or leasing of the site is acceptable without imposition of additional covenants or restrictions, and only contingent on the necessary approval action. Such a letter of commitment will be considered sufficient evidence of site control.

(ii) Whether you have title to the site, a contract of sale, an option to purchase, or are acquiring a site from a public body, you must provide evidence (a title policy or other acceptable evidence) that the site is free of any limitations, restrictions, or reverters which could adversely affect the use of the site for the proposed project for the 40-year capital advance period under HUD's regulations and requirements (e.g., reversion to seller if title is transferred). If the title evidence contains restrictions or covenants, copies of the restrictions or covenants must be submitted with the application. If the site is subject to any such limitations, restrictions, or reverters, the application will be rejected if it's a 202 or the site will be rejected if

(EXHIBIT 4 Cont'd)

it is an 811. Purchase money mortgages that will be satisfied from capital advance funds are not considered to be limitations or restrictions that would adversely affect the use of the site. If the contract of sale or option agreement contains provisions that allow a Sponsor not to purchase the property for reasons such as environmental problems, failure of the site to pass inspection, or the appraisal is less than the purchase price, then such provisions are not objectionable and a Sponsor is allowed to terminate the contract of sale or the option agreement.

NOTE: A proposed project site may not be acquired or optioned from a general contractor (or its affiliate) that will construct the Section 202 or Section 811 project or from any other development team member.

(iii) Evidence that the project as proposed is permissible under applicable zoning ordinances or regulations or a statement of the proposed action required to make the proposed project permissible and the basis for the belief that the proposed action will be completed successfully before the submission of the firm commitment application (e.g., a summary of the results of any requests for rezoning and/or the procedures for obtaining special or conditional use permits on land in similar zoning classifications and the time required for such rezoning, or preliminary indications of acceptability from zoning bodies, etc.).

NOTE: If applying for Section 811, you should be aware that under certain circumstances the Fair Housing Act requires localities to make reasonable accommodations to their zoning ordinances or regulations to offer persons with disabilities an opportunity

(EXHIBIT 4 Cont'd)

to live in an area of their choice. If you are relying upon a theory of reasonable accommodation to satisfy the zoning requirement, then you must clearly articulate the basis for your reasonable accommodation theory.

(iv) Narrative topographical and demographic description of the suitability of the site and area (as well as a description of the characteristics of the neighborhood (811 only)), how the site will promote greater housing opportunities for minority elderly and elderly persons with disabilities (202) or minority persons with disabilities (811), thereby affirmatively furthering fair housing.

NOTE: You can best demonstrate your commitment to affirmatively furthering fair housing by describing how your proposed activities will assist the jurisdiction in overcoming impediments to fair housing choice identified in the applicable jurisdiction's Analysis of Impediments (AI) to Fair Housing Choice, which is a component of the jurisdiction's Consolidated Plan or any other planning document that addresses fair housing issues. The applicable Consolidated Plan and AI may be the Community's, the County's, or the State's, to which input should have been provided by local community organizations, agencies in the community and residents of the community. Alternatively, a document that addresses fair housing issues and remedies to barriers to fair housing in the community that was previously prepared by a local planning, or similar organization, may be used. For **Section 202**, applicable impediments could include the need for improved housing quality and services for elderly minority families, lack of affirmative marketing and outreach to minority elderly persons, and the need for

(EXHIBIT 4 Cont'd)

quality eldercare services within areas of minority concentration when compared with the type and quality of similar services and housing in nonminority areas. For **Section 811**, applicable impediments could include a lack of units that are accessible to persons with disabilities, a lack of transportation services or other assistance that would serve persons with disabilities, or the need for improved quality and services for all persons with disabilities.

(v) A map showing the location of the site, the racial composition of the neighborhood, and any areas of racial concentration.

NOTE: For this competition, when determining the racial and ethnic composition of the neighborhood surrounding the proposed site, you should use the racial and ethnic data categories stated in the general Section of the SuperNOFA in the section entitled "Race and Ethnicity", and data from the 2000 Census of Population. Data from the 2000 Census may be found at www.factfinder.census.gov/servlet/BasicFactsServlet.

(vi) A Phase I Environmental Site Assessment (ESA), in accordance with the American Society for Testing and Material (ASTM) Standards E 1527-97, as amended, must be completed and submitted with the application. In order for the Phase I ESA to be acceptable, it must have been completed or updated no earlier than six months prior to the application deadline date. **For the Section 811 program only, it is NOT a curable deficiency.** Therefore, it is important to start the site assessment process as soon after the publication of the NOFA as possible.

For a project that will involve demolition and/or rehabilitation of a

(EXHIBIT 4 Cont'd)

structure(s) built before 1978, the Phase I must include the following: (1) an asbestos report that identifies the location and condition of asbestos, and (2) a certification that any asbestos identified in the asbestos report that is in friable condition will be abated, that any non-friable asbestos that has been identified in the asbestos report and that will be affected by the demolition/rehabilitation will be abated, and that any asbestos to be abated have been included within the project costs. For a project that does not involve demolition/rehabilitation of a structure(s) built before 1978, the Phase I must include a certification to the same.

If the Phase I ESA indicates the possible presence of contamination and/or hazards, you must decide whether to continue with this site or choose another site. Should you choose another site, the same Phase I ESA process identified above must be followed for the new site. If the property is to be acquired from the FDIC/RTC, include a copy of the FDIC/RTC prepared Transaction Screen Checklist or Phase I ESA and applicable documentation, per the FDIC/RTC Environmental Guidelines. If you choose to continue with the original site on which the Phase I ESA indicated contamination or hazards, you must undertake a detailed Phase II ESA by an appropriate professional.

If the Phase II Assessment reveals site contamination, you must submit the extent of the contamination and a plan for clean-up of the site including a contract for remediation of the problem(s) and an approval letter from the applicable Federal, State and/or local agency with jurisdiction over the site to the local HUD Office. The Phase II and any necessary plan for clean-up does not have to be submitted with the

(EXHIBIT 4 Cont'd)

application but must be submitted to the local HUD office by **July 14, 2003**. If it is not submitted by that date, the application will be rejected if it is a 202 application and the site will be rejected if it is an 811 application.

NOTE: You must pay for the cost of any clean-up or remediation which can be very expensive.

(vii) The letter you sent to the State/Tribal Historic Preservation Officer (SHPO/THPO) initiating consultation with their office and requesting their review of your determinations and findings with respect to the historical significance of your proposed project. A sample letter is included in Attachment 1 to this Application.

Also include the SHPO/THPO response to your letter.

(viii) through (xiv) apply to Section 811 only

(viii) A statement that you are willing to seek a different site if the preferred site is unapprovable and that site control will be obtained within six months of notification of fund reservation. **(Section 811 only)**

(ix) If an exception to the project size limits is being requested, describe why the site was selected and demonstrate the following: **(Only for Section 811 applications for independent living projects [not group homes] with site control)**

(A) People with disabilities have indicated their acceptance or preference to live in housing with as many units/people as proposed for the project.

(EXHIBIT 4 Cont'd)

(B) The increased number of units/people is warranted by the market conditions in the area in which the project will be located.

(C) Your project is compatible with other residential development and the population density of the area in which the project is to be located.

(D) The increased number of people will not prohibit their successful integration into the community.

(E) The project is marketable in the community.

(F) The size of the project is consistent with State and/or local policies governing similar housing for the proposed population.

(G) A statement that you are willing to have your application processed at the project size limit should HUD not approve the exception.

Identification of a Site

If you have identified a site, but do not have it under control, you must submit the following information: **(Section 811 only)**

NOTE: If a Section 811 application is submitted without evidence of site control and does not provide a specific street address for the identified site(s) (e.g., only an indication that the project will be developed in a particular part of town but a site(s) has not been chosen) the application will be rejected.

(x) A description of the location of the site, including its street address, its unit number (if condominium), neighborhood/community characteristics (to include racial and ethnic data), amenities, adjacent housing and/or

(EXHIBIT 4 Cont'd)

facilities, how the site will promote greater housing opportunities for minority persons with disabilities and affirmatively further fair housing.

You can best demonstrate your commitment to affirmatively furthering fair housing by describing how your proposed activities will assist the jurisdiction in overcoming impediments to fair housing choice identified in the community's AI or any other planning document that addresses fair housing issues. Examples of the applicable impediments include the need for improved housing quality and services for minority persons with disabilities and the need for quality services for persons with disabilities within the type and quality of similar services and housing in minority areas.

(xi) A description of the activities undertaken to identify the site, as well as what actions must be taken to obtain control of the site, if approved for funding.

(xii) An indication as to whether the site is properly zoned. If it is not, an indication of the actions necessary for proper zoning and whether these can be accomplished within six months of fund reservation award, if approved for funding.

(xiii) A status of the sale of the site.

(xiv) An indication as to whether the site would involve relocation.

(EXHIBIT 5)

EXHIBIT 5 - Supportive Services Plan

202 Provision of supportive services in the proposed facility.

(a) A detailed description of the supportive services proposed to be provided to the anticipated occupancy.

(b) A description of public or private sources of assistance that reasonably could be expected to fund the proposed services.

(c) The manner in which such services will be provided to such persons (i.e., on or off-site), including whether a service coordinator will facilitate the adequate provision of such services, and how the services will meet the identified needs of the residents.

NOTE: You may not require residents, as a condition of occupancy, to accept any supportive services.

811 A supportive services plan that includes:

NOTE: Your supportive services plan and the supportive services certification (Exhibit 8(j)) must be sent to the appropriate State or local agency (identified by the HUD Office) far enough in advance of the application deadline date so that the agency can review the plan, complete the certification and return both to you for inclusion in your application to HUD.

(a) A detailed description of whether the housing is expected to serve persons with physical disabilities, developmental disabilities, or chronic mental illness or any combination of the three. Include how and from whom/where persons will be referred and admitted for occupancy in the project. You may, with the approval of the Secretary,

(EXHIBIT 5 Cont'd)

limit occupancy within housing developed under this SuperNOFA to persons with disabilities who have similar disabilities and require a similar set of supportive services in a supportive housing environment. However, the Owner must permit occupancy by any qualified person with a disability who could benefit from the housing and/or services provided, regardless of the person's disability.

(b) If requesting approval to limit occupancy, also submit the following:

(i) A description of the population of persons with disabilities to which occupancy will be limited.

(ii) An explanation of why it is necessary to limit occupancy of the proposed project(s) to the population described in (i) above, including the following:

(A) An explanation of how limiting occupancy to a subcategory of persons with disabilities promotes the goals of the Section 811 program.

(B) An explanation of why the housing and/or service needs of this population cannot be met in a more integrated setting.

(iii) A description of your experience in providing housing and/or supportive services to proposed occupants.

(iv) A description of how you will ensure that occupants of the proposed project will be integrated into the neighborhood and community.

(c) A detailed description of the supportive service needs of the persons

(EXHIBIT 5 Cont'd)

with disabilities that the housing is expected to serve.

(d) A list of community service providers, (including consumer-controlled providers), including letters of intent to provide services to proposed residents from as many potential providers as possible.

(e) The evidence of each service provider's capability and experience in providing such supportive services (even if you will be the service provider).

(f) Identification of the extent of State and/or local agency involvement in the project (i.e., funding for the provision of supportive services, referral of residents, or licensing the project). If there will be any State or local agency involvement, a description of the State/local agency's philosophy/policy concerning housing for the population to be served and a demonstration that your application is consistent with State and/or local agency plans and policies governing the development and operation of housing for persons with disabilities.

(g) If you will be making any supportive services available to the residents or will be coordinating the availability of any supportive services, a letter providing:

(i) A description of the supportive services that you will make available to the residents or, if you will be coordinating the availability of any supportive services, a description of the supportive service(s) and how the coordination will be implemented;

(ii) An assurance that any supportive services that you will make

(EXHIBIT 5 Cont'd)

available to the residents will be based on their individual needs;

and

(iii) A commitment to make the supportive services available or coordinate their availability for the life of the project.

(h) A description of how the residents will be afforded opportunities for employment.

(i) An indication as to whether the project will include a unit for a resident manager.

(j) A statement that you will not condition occupancy on the resident's acceptance of any supportive services.

PART IV

GENERAL APPLICATION REQUIREMENTS, CERTIFICATIONS AND RESOLUTIONS

EXHIBIT 6: **A list of the applications, if any, you have submitted or are planning to submit to any other HUD Office in response to the Section 202 or Section 811 NOFA.** Indicate by HUD Office, the proposed location by city and State and the number of units requested for each application. Include a list of all FY 2002 and prior year Section 202 and Section 811 capital advance projects to which you are a party. Identify each by project number and HUD Office and include the following information:

(a) whether the project has initially closed and, if so, when;

(b) if the project was older than 24 months when it initially closed (specify how old) or if older than 24 months now (specify how old) and has not initially closed, provide the reasons for the delay in closing;

(c) whether amendment money was or will be needed for any project in (b) above; and,

(d) those projects which have not been finally closed.

EXHIBIT 7: A statement that: (not applicable to Section 811 applications without site control)

(a) identifies all persons (families, individuals, businesses and nonprofit organizations) by race/minority group, and status as owners or tenants occupying the property on the date of submission of the application for a capital advance.

(b) indicates the estimated cost of relocation payments and other services.

(c) identifies the staff organization that will carry out the relocation activities.

(d) identifies all persons that have moved from the site within the past 12 months.

[NOTE: IF ANY OF THE RELOCATION COSTS WILL BE FUNDED FROM SOURCES OTHER THAN THE SECTION 202 OR SECTION 811 CAPITAL ADVANCE, YOU MUST PROVIDE EVIDENCE OF A FIRM COMMITMENT OF THESE FUNDS. WHEN EVALUATING APPLICATIONS, HUD WILL CONSIDER THE TOTAL COST OF PROPOSALS (i.e., COST OF SITE ACQUISITION, RELOCATION, CONSTRUCTION AND OTHER PROJECT COSTS).]

EXHIBIT 8: **Certifications and Resolutions** (attached) - In addition to the certifications and assurances listed in the **General Section** of the SuperNOFA with the exception of Form HUD-424A, Form HUD-424C, Form HUD-424D, Form HUD-424M and the OMB Circulars which are not required, you are required to submit signed copies of the following:

(a) Form HUD-424 - Application for Federal Assistance, indication of whether you are delinquent on any Federal debt, and compliance with Executive Order 12372 (a certification that you have submitted a copy of your application, if required, to the State agency (Single Point of Contact) for state review in accordance with Executive Order 12372).

(b) Standard Form LLL - Disclosure of Lobbying Activities (if applicable) - a disclosure of activities conducted to influence any Federal transactions. (See instructions for submitting this form in the Consolidated Application Submissions section of the **General Section** of the SuperNOFA.)

(c) Form HUD-424B, Applicant Assurances and Certifications. A certification to provide a drug-free workplace and a certification regarding debarment and suspension that attests to the ability of your principals (pursuant to 24 CFR 24.510).

(d) Applicant/Recipient Disclosure/Update Report, including Social Security and Employee Identification Numbers, (HUD-2880). A disclosure of assistance from other government sources received in connection with the project.

(e) Certification of Consistency with the Consolidated Plan (Plan), (HUD-2991) for the jurisdiction in which the proposed project will be located. The certification must be made by the unit of general local government if it is required to have, or has, a complete Plan. Otherwise, the certification may be made by the State, or by the unit of general local government if the project will be located within the jurisdiction of the unit of general local government authorized to use an abbreviated strategy, and if it is willing

(EXHIBIT 8 Cont'd)

to prepare such a Plan.

All certifications must be made by the public official responsible for submitting the Plan to HUD. The certifications must be submitted as part of the application by the application submission deadline date set forth in the program section of the SuperNOFA. The Plan regulations are published in 24 CFR part 91.

(f) Sponsor's Conflict of Interest Resolution, (HUD-92041). A certified Board Resolution that no officer or director of the Sponsor or Owner has or will have any financial interest in any contract with the Owner or in any firm or corporation that has or will have a contract with the Owner, including a current listing of all duly qualified and sitting officers and directors by title and the beginning and ending dates of each person's term.

(g) Sponsor's Resolution for Commitment to Project, (HUD-92042). A certified Board Resolution acknowledging responsibilities of sponsorship, long-term support of the project(s), your willingness to assist the Owner to develop, own, manage and provide appropriate services in connection with the proposed project, and that it reflects the will of your membership. Also, it shall indicate your willingness to fund the estimated start-up expenses, the Minimum Capital Investment (one-half of one-percent of the HUD-approved capital advance, not to exceed $10,000 or for Section 202 national Sponsors, not to exceed $25,000), and the estimated cost of any amenities or features (and operating costs related thereto) that would not be covered by the approved capital advance.

(h) Certification of Consistency with the RC/EZ/EC Strategic Plan, (HUD-2990). A certification that the project is consistent with the RC/EZ/EC strategic plan, is located within the RC/EZ/EC, and serves RC/EZ/EC residents. (This certification is not required if the project site(s) will not be located in an RC/EZ/EC.)

(EXHIBIT 8 Cont'd)

(i) Form HUD-2530, Previous Participation Certification. This form provides HUD with a certified report of all your previous participation in HUD multifamily housing projects. The information is used to determine if you meet the standards established to ensure that all principal participants in HUD projects will honor their legal, financial and contractual obligations and are acceptable risks from the underwriting standpoint of an insurer, lender or governmental agency.

(j) Supportive Services Certification, (HUD-92043) (Section 811 Only). A certification from the appropriate State or local agency (identified in the application or obtained from the local HUD Office), indicating whether the:

(1) Provision of supportive services is well designed to serve the needs of persons with disabilities the housing is expected to serve;

(2) The provision of supportive services will enhance independent living success and promote the dignity of those who will access your proposed project;

(3) Supportive services will be available on a consistent, long-term basis; and

(4) Proposed housing is consistent with State or local plans and policies addressing the housing needs of people with disabilities if the State or local agency will provide funding for the provision of supportive services, refer residents to the project or license the project. (The name, address, and telephone number of the appropriate agency can also be obtained from the appropriate HUD Office.)

EXHIBIT 8(a)

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission
☐ Application ☐ Preapplication

2. Date Submitted	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name	8. Organizational Unit
9. Address (give city, county, State, and zip code) A. Address: B. City: C. County: D. State: E. Zip Code:	10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: B. Title: C. Phone: D. Fax: E. E-mail:
11. Employer Identification Number (EIN) or SSN	12. Type of Applicant (enter appropriate letter in box) ☐ A. State — I. University or College B. County — J. Indian Tribe C. Municipal — K. Tribally Designated Housing Entity (TDHE) D. Township — L. Individual E. Interstate — M. Profit Organization F. Intermunicipal — N. Non-profit G. Special District — O. Public Housing Authority H. Independent School District — P. Other (Specify)
13. Type of Application ☐ New ☐ Continuation ☐ Renewal ☐ Revision If Revision, enter appropriate letters in box(es) ☐ ☐ A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	14. Name of Federal Agency **U.S. Department of Housing and Urban Development**
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 --- Title: Component Title:	16. Descriptive Title of Applicant's Program
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)	

18a. Proposed Program start date	18b. Proposed Program end date	19a. Congressional Districts of Applicant	19b. Congressional Districts of Program

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?
A. Yes ☐ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date_____
B. No ☐ Program is not covered by E.O. 12372
☐ Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt? ☐ No
☐ Yes If "Yes," explain below or attach an explanation.

Previous versions of HUD-424 and 424-M are obsolete

form **HUD-424** (01/2003)
ref. OMB Circular A-102

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Grand Totals									

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official	Name (printed)
Title	Date (mm/dd/yyyy)

Instructions for the HUD-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form must be used by applicants requesting funding from the Department of Housing and Urban Development. This application form HUD-424 incorporates the Assurances and Certifications (HUD-424-B). You may either (1) attach the Assurances and Certifications to the application or (2) renew the certifications that you previously made on behalf of your organization and submitted to HUD if the legal name of your organization has not changed and you were the authorized representative who signed the Assurances and Certifications.

Item Number Instructions

1. Please indicate whether your application is for a formal application submission or a preliminary application (pre-application). HUD does not accept pre-applications for programs funded through the SuperNOFA.
2. Enter the date you are submitting your application to HUD.
3. This box will be completed by HUD. When received by HUD, your application will be stamped:
   (a) with a date; and
   (b) with the time received.
4. Leave Blank. This will be completed by the HUD program office receiving your application. When HUD accepts electronic applications for the grant program you are applying for, this number will be computer generated.
5. If your application is to renew or continue an existing grant, provide the existing grant number. If a new award, please leave blank.
6. Leave blank if you have not been provided a HUD ID number or user number. If you are a Public Housing Authority, enter your HUD issued Public Housing Authority ID number.
7. Enter the legal name of your organization applying for HUD funding.
8. Enter the name of the primary unit in your organization, if applicable, which will be responsible for the program.
9. Enter the complete address of your organization.
10. Enter the name, title, telephone number, fax number, and E-mail of the person to contact on matters related to your application.
11. Enter your organization's Employer Identification Number (EIN) as assigned by the Internal Revenue Service or if you are applying as an individual, your Social Security Number.
12. Choose from the list and enter the appropriate letter in the space provided. You must be an eligible applicant to apply for assistance. You must read the program information requirements to determine if you are a type of applicant that is eligible to apply for assistance under the program.
13. Enter the type of application you are submitting for funding consideration.

Check the appropriate box.

"New" means you are applying for a new grant award.

"Continuation" means you are requesting an extension of an existing award.

"Renewal" means you are requesting funding for renewal of an existing grant. e.g. Supportive Housing Program (SHP) or Shelter + Care grant.

"Revision" means you are submitting a revision prior to the application due date in response to HUD's request for clarification or modification to your initial submission.

14. Pre-filled.
15. Enter the Catalog of Federal Domestic Assistance (CFDA) number and title and, if applicable, component title of the program.
16. Enter a brief description of your program and key activities.
17. Identify the location(s) where your activities will take place. If this is the entire state, enter "Entire State".

18a. Enter the proposed start date.

18b. Enter the proposed end date.

19a. List the Congressional District(s) where your organization is located.

19b. List any Congressional District(s) where your program of activities or project sites will be located.

20. You must complete the funding matrix on page 2 of this form. Enter the following information:

Grant Program: The HUD funding program under which you are applying.

HUD Share: Please check the program requirements. Enter the amount of HUD funds you are requesting in your application.

Applicant Match: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Other Federal Share: Enter the amount of other Federal funds for your program of activities.

Instructions for the HUD-424 (Continued)

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is providing to your project or program of activities.
Local/Tribal Share: Enter the amount of funds or cash equivalent of in-kind services your local/tribal government is providing to your project or program of activities.
Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being provided to your project or program of activities.
Program Income: Enter the amount of program income you expect to generate over the life of your award.
Total: Please total all columns and fill in the amounts.

21. You should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 or check your application kit to determine whether the State Intergovernmental Review Process is required.

22. This question applies to your applicant organization, not the person signing as your organization's authorized representative. Categories of debt include disallowed costs that requires repayment to HUD.

23. To be signed by the authorized representative of your organization. A copy of your governing body's authorization for you to sign this application must be available in your organization's office.

EXHIBIT 8(b)

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:
- ☐ a. CONTRACT
- b. GRANT
- c. COOPERATIVE AGREEMENT
- d. LOAN
- e. LOAN GUARANTEE
- f. LOAN INSURANCE

2. Status of Federal Action:
- ☐ a. BID/OFFER/APPLICATION
- b. INITIAL AWARD
- c. POST-AWARD

3. Report Type
- ☐ a. INITIAL FILING
- b. MATERIAL CHANGE

FOR MATERIAL CHANGE ONLY:
YEAR _____ QUARTER _____
DATE OF LAST REPORT _____

4. Name and Address of Reporting Entity:
☐ PRIME ☐ SUBAWARDEE
TIER _____, *IF KNOWN:*

Congressional District, *if known:*

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

Congressional District, *if known:*

6. Federal Department/Agency

7. Federal Program Name/Description:

CFDA Number, *if applicable:* _____

8. Federal Action Number *if known:*

9. Award Amount *if known:*
$

10a. Name and Address of Lobbying Entity
(If individual, last name, first name, MI)

b. Individual Performing Services *(including address if different from No. 10A) (last name, first name, MI)*

(attach Continuation sheet(s) SF LLL-A, if necessary)

11. Amount of Payment *(check all that apply):*
$ _____ ☐ actual ☐ planned

12. Form of Payment *(check all that apply):*
- ☐ a. cash
- ☐ b. in-kind; specify: nature _____
  value _____

13. Type of Payment *(check all that apply):*
- ☐ a. RETAINER
- ☐ b. ONE-TIME FEE
- ☐ c. COMMISSION
- ☐ d. CONTINGENT FEE
- ☐ e. DEFERRED
- ☐ f. OTHER; SPECIFY:

14. Brief Description of Services performed or to be Performed and Date(s) of Service, including offier(s), employee(s), or Member(s) contacted, for Payment indicated in Item 11:

(attach Continuation sheet(s) SF LLL-A, if necessary)

15. Continuation Sheet(s) SF-LLL-A attached: ☐ Yes ☐ No

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 this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information 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: _____
Printed Name: _____
Title: _____
Telephone No.: _____ **Date:** _____

Federal Use Only:

AUTHORIZED FOR LOCAL REPRODUCTION
Standard Form - LLL

INSTRUCTIONS

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 9a). Enter Last Name, First Name, and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate box(es). Check all boxes that apply. if payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate box(es). Check all boxes that apply. In other, specify nature.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.

15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

EXHIBIT 8(c)

Applicant Assurances and Certifications	U.S. Department of Housing and Urban Development	OMB Approval No. 2501-0017 (exp. 03/31/2005)

Instructions for the HUD-424-B Assurances and Certifications

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or an an individual must provide the following assurances and certifications. By signing this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

As the duly authorized representative of the applicant, I certify that the applicant [Insert below the Name and title of the Authorized Representative, name of Organization and the date of signature]:

Name:_____, Title:_____.

Organization:_____, Date:_____.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the applicant to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR Part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR Part 8, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR Part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status, or national origin; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR Part 24 and 24 CFR 42, Subpart A.

6. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 *et seq.*) and related Federal authorities prior to the commitment or expenditure of funds for property acquisition and physical development activities subject to implementing regulations at 24 CFR parts 50 or 58.

7. Will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about –

(1) The dangers of drug abuse in the workplace;

(2) The applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required in Paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

Applicant Assurances and Certifications (Continued)	U.S. Department of Housing and Urban Development	OMB Approval No. 2501-0017 (exp. 03/31/2005)

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee has worked, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(h). The applicant may insert in the space provided below the site(s) for the performance of work or may provide this information in connection with each application.

(i). Place of Performance (street address, city, county, state, zip code)

8. In accordance with 24 CFR Part 24, and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three year period preceding this proposal, been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in the preceding paragraph of this certification; and

(d) Where the applicant is unable to certify to any of the statements in this certification, an explanation shall be attached.

(e) Will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transaction, " provided by the HUD without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

These certifications and assurances are material representations of the fact upon which HUD can rely when awarding a grant. If it is later determined that I, the applicant, knowingly made an erroneous certifications or assurance, I may be subject to criminal prosecution. HUD may also terminate the grant and take other available remedies.

EXHIBIT 8(d)

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/2003)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report ☐ or an Update Report ☐

1. Applicant/Recipient Name, Address, and Phone (include area code): ( ) -	2. Social Security Number or Employer ID Number: - -
3. HUD Program Name	4. Amount of HUD Assistance Requested/Received

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

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).
☐ Yes ☐ No

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9
☐ Yes ☐ No.

If you answered "**No**" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. ***However***, you must sign the certification at the end of the report.

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

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

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

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

Part III Interested Parties. You must disclose:

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

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

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

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: X	Date: (mm/dd/yyyy)

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

Instructions

Overview.

A. Coverage. You must complete this report if:
   (1) You are applying for assistance from HUD for a specific project or activity **and** you have received, or expect to receive, assistance from HUD in excess of $200,000 during the during the fiscal year;
   (2) You are updating a prior report as discussed below; or
   (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. **Update reports (filed by "Recipients" of HUD Assistance): General**. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.
All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to ***either*** questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

   Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

   The following information must be provided:

   1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
   2. State the type of other government assistance (e.g., loan, grant, loan insurance).
   3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
   4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD ***and any other source*** - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

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).
   Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

EXHIBIT 8(e)

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: _____

form HUD-2991 (3/98)

EXHIBIT 8(f)

SPONSOR'S CONFLICT OF INTEREST RESOLUTION

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0267
(exp. 12/31/2003)

Public reporting burden for this collection of information is estimated to average .40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is required for HUD's Supportive Housing for the Elderly under Section 202 and Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD in determining applicant eligibility and ability to develop housing for the elderly and for persons with disabilities within statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste, or mismanagement of public funds. This collection of information does not collect any sensitive information. HUD does not ensure confidentiality.

TO: The Secretary of Housing and Urban Development

SUBJECT: Section 202 Program - Application for Fund Reservation
Section 811 Program - Application for Fund Reservation

Sponsor:
Project Location:

WHEREAS, Section 202 of the Housing Act of 1959, as amended, authorizes the making of capital advances for housing for the elderly to private, nonprofit corporations, OR Section 811 of the National Affordable Housing Act of 1990, as amended, authorizes the making of capital advances to nonprofit corporations for housing for persons with disabilities, no part of the net earnings of which inure to the benefit of any member, founder, contributor or individual;

WHEREAS, HUD has implemented this statutory requirement by promulgating a regulation providing that the Sponsor may not be controlled by or under the direction of persons or firms seeking to derive profit or gain therefrom. The regulation also prohibits any officer or director of the Sponsor from having any financial interest in any contract in connection with the rendition of services, the provision of goods or supplies, procurement of furnishings or equipment, construction of the project, procurement of the site or any other matters whatsoever, except with respect to management or supportive services contracts entered into by the Owner with the Sponsor or its nonprofit affiliate.

WHEREAS, HUD has determined that assurance of compliance with this prohibition can best be obtained by requiring that all officers and directors of the Sponsor certify that they do not have and will not have during their term of office, any prohibited financial interest.

WHEREAS, because of the time constraints imposed under the application process and difficulties in meeting these deadlines caused by such factors as large boards and unavailability of officers and directors of the board, some prospective Sponsors have been unable or experienced hardship in obtaining all of the required certifications for submission with the applications for fund reservation.

WHEREAS, HUD is willing to defer submission of the required Sponsors' Conflict of Interest and Disclosure Certifications until the submission of the firm commitment applications by those Owners for which fund reservations were approved, if such certifications are provided by all the Sponsor's officers and directors listed below, who are duly qualified and sitting in these capacities from the date of the Sponsor's fund reservation application.

[LIST THE NAME, TITLE, AND THE BEGINNING AND ENDING DATES OF THE TERM OF ALL OFFICERS AND DIRECTORS]

NOW, THEREFORE, in order to induce HUD to forego requiring submission of the Conflict of Interest and Disclosure Certifications until after projects have been selected and fund reservations granted, it is hereby resolved and agreed by the Board of Directors of the Sponsor:

1. That it will submit an updated Incumbency Certificate, in a form prescribed by HUD, showing all changes in incumbency for submission with the Owner's Application for Firm Commitment, initial closing and final closing.

2. That no officer or director of the Sponsor has or will be permitted to have any prohibited interest which would prevent him or her from signing the required Conflict of Interest and Disclosure Certification.

3. That the fund reservation will be subject to cancellation by HUD if the officers or directors of either the Sponsor or the Owner fail to submit Conflict of Interest and Disclosure Certifications duly executed by each and all of their respective officers and directors.

4. That no HUD capital advance funds or project rental assistance funds will be expended on account of any contract or arrangement where a conflict of interest is determined to exist, and the Sponsor shall be responsible for the payment of any and all obligations involving its officers and directors.

5. That should any contract or arrangement entered into by the Owner be determined by HUD to involve a conflict of interest, involving either the Sponsor's or Owner's officers or directors, the Sponsor will exercise its best efforts to cause the Owner to promptly cancel or terminate such contract or arrangement at HUD's request.

Adopted and approved by the Board of Trustees of the Sponsor on the _____

day of _____, _____.

_____

Authorized Signature

EXHIBIT 8(g)

SPONSOR'S RESOLUTION FOR COMMITMENT TO PROJECT

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0267 (exp. 07/31/2002)
OMB Approval No. 2502-0462 (exp. 06/30/2002)

Public reporting burden for this collection of information is estimated to average .40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is required for HUD's Supportive Housing for the Elderly under Section 202 and Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD in determining applicant eligibility and ability to develop housing for the elderly and for persons with disabilities within statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste, or mismanagement of public funds. This collection of information does not collect any sensitive information. HUD does not ensure confidentiality.

TO: Secretary of Housing and Urban Development

SUBJECT: Section 202 Program - Application for Fund Reservation
Section 811 Program - Application for Fund Reservation

Sponsor:
Project Location:

1. WHEREAS, under the Section 202 Program for Supportive Housing for the Elderly, the Sponsor acknowledges its responsibilities of sponsorship, long-term support, its willingness to assist the Owner to develop, own, manage and provide appropriate services in connection with the proposed project, and it reflects the will of its membership. The Sponsor is required to make a commitment to cover the estimated start-up expenses, the minimum capital investment of 1/2 of one percent of the HUD-approved capital advance, not to exceed $25,000 ($10,000 for sponsors not affiliated with a national sponsor) and the estimated cost of any amenities or features (and operating costs related thereto) which would not be covered by the approved capital advance.

OR

Whereas, under the Section 811 Program of Supportive Housing for Persons with Disabilities, the Sponsor acknowledges its responsibilities of sponsorship, long-term support, its willingness to assist the Owner to develop, own, manage and provide appropriate services in connection with the proposed project, and that it reflects the will of its membership. The Sponsor is required to make a commitment to cover the estimated start-up expenses, the minimum capital investment of 1/2 of one percent of the HUD-approved capital advance, not to exceed $10,000 and the estimated cost of any amenities or features (and operating costs related thereto) which would not be covered by the approved capital advance.

2. WHEREAS, HUD has determined that assurance by the Sponsor of its commitment and willingness to provide those funds can best be assured by requiring a resolution of the Board of Directors that funds will be made available for such purposes.

3. NOW, THEREFORE, the Board of Directors of the Sponsor hereby resolves and agrees that funds will be available for the subject project to meet estimated start-up expenses, the minimum capital investment and the estimated cost of any amenities or features (and operating costs related thereto) which would not be covered by the approved capital advance.

Adopted and approved by _____ of the Sponsor on the _____ day of

_____, _____.

_____
Authorized Signature

EXHIBIT 8(h)

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

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in this application are consistent with the Strategic Plan of a Federally-designated Empowerment Zone (EZ), Enterprise Community (EC), an Urban Enhanced Enterprise Community, Strategic Planning Community or Renewal Community.

(Type or clearly print the following information)

Applicant Name _____

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

Name of RC/EZ/EC _____

I further certify that the proposed activities/projects will be located within the RC/EZ/EC/Urban Enhanced EC or Strategic Planning Community and will serve the RC/EZ/EC/Urban Enhanced EC, Strategic Planning Community residents, or Renewal Community. (2 points)

Name of the Official Authorized to Certify the RC/EZ/EC _____

Title _____

Signature _____

Date (mm/dd/yyyy) _____

form HUD-2990 (3/2002)

EXHIBIT 8(i)

Previous Participation Certification

U.S. Department of Housing and Urban Development
Office of Housing/Federal Housing Commissioner

U.S. Department of Agriculture
Farmers Home Administration

OMB Approval No. 2502-0118
(exp. 2/29/2004)

Part I To be completed by Principals of Multifamily Projects. See Instructions
Reason for Submitting Certification

For HUD HQ/FmHA use only

1. Agency Name and City where the application is filed

2. Project Name, Project Number, City and Zip Code contained in the application

3. Loan or Contract Amount	4. Number of Units or Beds	5. Section of Act	6. Type of Project (check one)
			☐ Existing ☐ Rehabilitation ☐ Proposed (New)

List of All Proposed Principal Participants

7. Names and Addresses of All Known Principals and Affiliates (people, businesses & organizations) proposing to participate in the project described above. (list names alphabetically; last, first, middle initial)	8. Role of Each Principal in Project	9. Expected % Owner ship Interest in Project	10. Social Security or IRS Employer Number

Certifications: I (meaning the individual who signs as well as the corporations, partnerships or other parties listed above who certify) hereby apply to HUD or USDA-FmHA, as the case may be, for approval to participate as a principal in the role and project listed above based upon my following previous participation record and this Certification.

I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained in Schedule A and Exhibits signed by me and attached to this form. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

I further certify that:

1. Schedule A contains a listing of every assisted or insured project of HUD, USDA-FmHA and State and local government housing finance agencies in which I have been or am now a principal.
2. For the period beginning 10 years prior to the date of this certification, and except as shown by me on the certification.
   a. No mortgage on a project listed by me has ever been in default, assigned to the Government or foreclosed, nor has mortgage relief by the mortgagee been given;
   b. I have not experienced defaults or noncompliances under any Conventional Contract or Turnkey Contract of Sale in connection with a public housing project;
   c. To the best of my knowledge, there are no unresolved findings raised as a result of HUD audits, management reviews or other Governmental investigations concerning me or my projects;
   d. There has not been a suspension or termination of payments under any HUD assistance contract in which I have had a legal or beneficial interest;
   e. I have not been convicted of a felony and am not presently, to my knowledge, the subject of a complaint or indictment charging a felony. (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by imprisonment of two years or less);
   f. I have not been suspended, debarred or otherwise restricted by any Department or Agency of the Federal Government or of a State Government from doing business with such Department or Agency.
   g. I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.
3. All the names of the parties, known to me to be principals in this project(s) in which I propose to participate, are listed above.
4. I am not a HUD/FmHA employee or a member of a HUD/FmHA employee's immediate household as defined in Standards of Ethical Conduct for Employees of the Executive Branch in 5 C.F.R. Part 2635 (57 FR 35006) and HUD's Standard of Conduct in 24 C.F.R. Part O and USDA's Standard of Conduct in 7 C.F.R. Part O Subpart B.
5. I am not a principal participant in an assisted or insured project as of this date on which construction has stopped for a period in excess of 20 days or which has been substantially completed for more than 90 days and documents for closing, including final cost certification have not been filed with HUD or FmHA.
6. To my knowledge I have not been found by HUD or FmHA to be in noncompliance with any applicable civil rights laws.
7. I am not a Member of Congress or a Resident Commissioner nor otherwise prohibited or limited by law from contracting with the Government of the United States of America.
8. Statements above (if any) to which I cannot certify have been deleted by striking through the words with a pen. I have initialed each deletion (if any) and have attached a true and accurate signed statement (if applicable) to explain the facts and circumstances which I think helps to qualify me as a responsible principal for participation in this project.

Typed or Printed Name of Principal	Signature of Principal	Certification Date (mm/dd/yyyy)	Area Code and Telephone No.

This form was prepared by (Please print name)

Area Code and Telephone No.

Previous editions are obsolete

ref Handbook 4065.1 form HUD-2530 (5/2001)

Schedule A: List of Previous Projects and Section 8 Contracts. By my name below is the complete list of my previous projects and my participation history as a principal; in Multifamily Housing programs of HUD/FmHA, State, and Local Housing Finance Agencies. **Note:** Read and follow the instruction sheet carefully. Abbreviate where possible. Make full disclosure. Add extra sheets if you need more space. Double check for accuracy. If you have no previous projects write, by your name, **"No previous participation, First Experience."**

1. List each Principal's Name (list in alphabetical order, last name first)	2. List Previous Projects (give the I.D. number, project name, city location, & government agency involved if other than HUD)	3. List Principals' Role(s) (indicate dates participated, and if fee or identity of interest participant)	4. Status of Loan (current, defaulted, assigned, or foreclosed)	5. Was Project ever in Default, during your participation? Yes	No	If "Yes," explain	6. Last Mgmt. and/or Physical Inspctn Rating

Part II – For HUD Internal Processing Only

Received and checked by me for accuracy and completeness; recommend approval or transferral to Headquarters as checked below:

Date (mm/dd/yyyy)	Telephone Number and Area Code	☐ A. No adverse information; form HUD-2530 approval is recommended.	☐ C. Disclosure or Certification problem
Staff	Processing and Control	☐ B. Name match in system	☐ D. Other, our memorandum is attached.
Supervisor		Director of Housing / Director, Multifamily Division	Approved ☐ Yes ☐ No — Date (mm/dd/yyyy)

Previous editions are obsolete

Page 2 of 2

ref Handbook 4065.1 form **HUD-2530** (5/2001)

Instructions for Completing the Previous Participation Certificate, form HUD-2530

Carefully read these instructions and the applicable regulations. A copy of those regulations published at 24 C.F.R. 200.210 to 200.245 can be obtained from the Multifamily Housing Representative at any HUD Office. Type or print neatly in ink when filling out this form. Mark answers in all blocks of the form. If the form is not filled completely, it will delay approval of your application.

Attach extra sheets as you need them. Be sure to indicate "Continued on Attachments" wherever appropriate. Sign each additional page that you attach if it refers to you or your record. If you have many projects to list (20 or more) and expect to be applying frequently for participation in HUD projects, you should consider filing a Master List. See Master List instructions below under "Instructions for Completing Schedule A."

Carefully read the certification before you sign it. Any questions regarding the form or how to complete it can be answered by your HUD Office Multifamily Housing Representative.

Purpose: This form provides HUD with a certified report of all previous participation in HUD multifamily housing projects by those parties making application. The information requested in this form is used by HUD to determine if you meet the standards established to ensure that all principal participants in HUD projects will honor their legal, financial and contractual obligations and are acceptable risks from the underwriting standpoint of an insurer, lender or governmental agency. HUD requires that you certify your record of previous participation in HUD/USDA-FmHA, State and Local Housing Finance Agency projects by completing and signing this form, before your project application or participation can be approved.

HUD approval of your certification is a necessary precondition for your participation in the project and in the capacity that you propose. If you do not file this certification, do not furnish the information requested accurately, or do not meet established standards, HUD will not approve your certification.

Note that approval of your certification does not obligate HUD to approve your project application, and it does not satisfy all other HUD program requirements relative to your qualifications.

Who Must Sign and File Form HUD-2530: Form HUD-2530 must be completed and signed by all parties applying to become principal participants in HUD multifamily housing projects, including those who have no previous participation. The form must be signed and filed by all principals and their affiliates who propose participating in the HUD project. Use a separate form for each role in the project unless there is an identity of interest.

Principals include all individuals, joint ventures, partnerships, corporations, trusts, nonprofit organizations, any other public or private entity, that will participate in the proposed project as a sponsor, owner, prime contractor, turnkey developer, managing agent, nursing home administrator or operator, packager, or consultant. Architects and attorneys who have any interest in the project other than an arms length fee arrangement for professional services are also considered principals by HUD.

In the case of partnerships, all general partners regardless of their percentage interest and limited partners having a 25 percent or more interest in the partnership are considered principals. In the case of public or private corporations or governmental entities, principals include the president, vice president, secretary, treasurer and all other executive officers who are directly responsible to the board of directors, or any equivalent governing body, as well as all directors and each stockholder having a 10 percent or more interest in the corporation.

Affiliates are defined as any person or business concern that directly or indirectly controls the policy of a principal or has the power to do so. A holding or parent corporation would be an example of an affiliate if one of its subsidiaries is a principal.

Exception for Corporations – All principals and affiliates must personally sign the certificate except in the following situation. When a corporation is a principal, all of its officers, directors, trustees and stockholders with 10 percent or more of the common (voting) stock need not sign personally if they all have the same record to report. The officer who is authorized to sign for the corporation or agency will list the names and title of those who elect not to sign. However, any person who has a record of participation in HUD projects that is separate from that of his or her organization must report that activity on this form and sign his or her name. The objective is **full** disclosure.

Exemptions – The names of the following parties do not need to be listed on form HUD-2530: Public Housing Agencies, tenants, owners of less than five condominium or cooperative units and all others whose interests were acquired by inheritance or court order.

Where and When Form HUD-2530 Must Be Filed: The original of this form must be submitted to the HUD Office where your project application will be processed at the same time you file your initial project application. This form must be filed with applications for projects, or when otherwise required in the situations listed below:

- Projects to be financed with mortgages insured under the National Housing Act (FHA).
- Projects to be financed according to Section 202 of the Housing Act of 1959 (Elderly and Handicapped).
- Projects in which 20 percent or more of the units are to receive a subsidy as described in 24 C.F.R. 200.213.
- Purchase of a project subject to a mortgage insured or held by the Secretary of HUD.
- Purchase of a Secretary-owned project.
- Proposed substitution or addition of a principal, or principal participation in a different capacity from that previously approved for the same project.
- Proposed acquisition by an existing limited partner of an additional interest in a project resulting in a total interest of 25 percent or more, or proposed acquisition by a corporate stockholder of an additional interest in a project resulting in a total interest of 10 percent or more.
- Projects with U.S.D.A., Farmers Home Administration, or with state or local government housing finance agencies that include rental assistance under Section 8 of the Housing Act of 1937. For projects of this type, form HUD-2530 should be filed with the appropriate applications directly to those agencies.

Review of Adverse Determination: If approval of your participation in a HUD project is denied, withheld, or conditionally granted on the basis of your record of previous participation, you will be notified by the HUD Office. You may request reconsideration by the HUD Review Committee. Alternatively, you may request a hearing before a Hearing Officer. Either request must be made in writing within 30 days from your receipt of the notice of determination.

If you do request reconsideration by the Review Committee and the reconsideration results in an adverse determination, you may then request a hearing before a Hearing Officer. The Hearing Officer will issue a report to the Review Committee. You will be notified of the final ruling by certified mail.

Specific Line Instructions:

Reason for submitting this Certificatioin: e.g., refinance, management, change in ownership, transfer of physical assets, etc.

Block 1: Fill in the name of the agency to which you are applying. For example: HUD Office, Farmers Home Administration District office, or the name of a State or local housing finance agency. Below that, fill in the name of the city where the office is located.

Block 2: Fill in the name of the project, such as "Greenwood Apts." If the name has not yet been selected, write "Name unknown." Below that, enter the HUD contract or project identification number, the Farmers Home Administration project number, or the State or local housing finance agency project or contract number. Include **all** project or contract identification numbers that are relevant to the project. Also enter the name of the city in which the project is located, and the ZIP Code of the site location.

Block 3: Fill in the dollar amount requested in the proposed mortgage, or the annual amount of rental assistance requested.

Block 4: Fill in the number of apartment units proposed, such as "40 units." For hospital projects or nursing homes, fill in the number of beds proposed, such as "100 beds."

Block 5: Fill in the section of the Housing Act under which the application is filed.

Block 7: Definitions of all those who are considered principals and affiliates are given above in the section titled "Who Must Sign and File...."

Block 8: Beside the name of each principal, fill in the role that each will perform. The following are possible roles that the principals may perform: Sponsor, Owner, Prime Contractor, Turnkey Developer, Managing Agent, Packager, Consultant, General Partner, Limited Partner (include percentage), Executive Officer, Director, Trustee, Major Stockholder, or Nursing Home Administrator. Beside the name of each affiliate, write the name of the person or firm of affiliation, such as "Affiliate of Smith Construction Co."

Block 9: Fill in the percentage of ownership in the proposed project that each principal is expected to have. Also specify if the participant is a general or limited partner. Beside the name of those parties who will not be owners, write "None."

Block 10: Fill in the Social Security Number or IRS employer number of every party listed, including affiliates.

Instructions for Completing Schedule A:

Be sure that Schedule A is filled-in completely, accurately and the certification is properly dated and signed, because it will serve as a legal record of your previous experience. All Multifamily Housing projects involving HUD/FmHA, and State and local Housing Finance Agencies in which you have previously participated **must** be listed. Applicants are reminded that previous participation pertains to the individual principal within an entity as well as the entity itself. A newly formed company may not have previous participation, but the principals within the company may have had extensive participation and disclosure of that activity is required. To avoid duplication of disclosure, list the project and then the entities or individuals involved in that project. You may use the name or a number code to denote the entity or individual that participated. The number code can then be used in column 3 to denote role.

Column 2 List the project or contract identification of each previous project. **All previous projects must be included or your certification cannot be processed.** Include the name of all projects, the cities in which they are located and the government agency (HUD, USDA-FmHA or State or local housing finance agency) that was involved. At the end of your list of projects, draw a straight line across the page to separate your record of projects from that of others signing this form who have a different record to report.

Column 3 List the role(s) of your participation, dates participated, and if fee or identity of interest with owners.

Column 4 Indicate the current status of the loan. Except for current loans, the date associated with the status is required. Loans under a workout arrangement are considered assigned. An explanation of the circumstances surrounding the status is required for all non-current loans.

Column 5 Explain any project defaults during your participation.

Column 6 Enter the latest Management and/or Physical Inspection Review rating. If either of the ratings are below average, the report issued by HUD is required to be submitted along with the applicant's explanation of the circumstances surrounding the rating.

No Previous Record: Even if you have never participated in a HUD project before, you must complete form HUD-2530. If you have no record of previous projects to list, fill in your name in column 1 of Schedule A, and write across the form by your name – "No previous participation, first experience."

Master List System: If you expect to file this form frequently and you have a long list of previous projects to report on Schedule A, you should consider filing a Master List. By doing so, you will avoid having to list all your previous projects each time you file a new application.

To make a Master List, use form HUD-2530. On page 1, in block 1, enter (in capital letters) the words **"Master List."** In blocks 2 through 6 enter in "N.A." meaning Not Applicable. Complete blocks 7 through 10.

In the box below the statement of certification, fill in the names of all parties who wish to file a Master List together (type or print neatly). Beside each name, every party must sign the form. In the box titled "Proposed Role," fill in "N.A." Also, fill in the date you sign the form and provide a telephone number where you can be reached during the day. No determinations will be made on these certificates.

File one copy of the Master List with each HUD Office where you do business and mail one copy to the following address:

HUD-2530 Master List
Participation and Compliance
Division – Housing
U.S. Department of Housing and Urban Development
451 Seventh Street, S.W.
Washington, D.C. 20410

Once you have filed a Master List, you do not need to complete Schedule A when you submit form HUD-2530. Instead, write the name of the participant in column 1 of Schedule A and beside that write "See Master List on file." Also give the date that appears on the Master List that you submitted. Below that, report all changes and additions that have occurred since that date. Be sure to include any mortgage defaults, assignments or foreclosures not listed previously.

If you have withdrawn from a project since the date the Master List was filed, be sure to name the project. Give the project identification number, the month and year your participation began and/or ended.

Certification:

After you have completed all other parts of form HUD-2530, including Schedule A, read the Certification carefully. In the box below the statement of certification, fill in the name of all principals and affiliates (type or print neatly). Beside the name of each principal and affiliate, each party must sign the form, with the exception in some cases of individuals associated with a corporation (see "Exception for Corporations" in the section of the instructions titled "Who Must Sign and File form HUD-2530"). Beside each signature, fill in the role of each party (the same as shown in block 8). In addition, each person who signs the form should fill in the date that he or she signs, as well as providing a telephone number where he or she can be reached during business hours. By providing a telephone number where you can be reached, you will help to prevent any possible delay caused by mailing and processing time in the event HUD has any questions.

If you cannot certify and sign the certification as it is printed because some statements do not correctly describe your record, use a pen and strike through those parts that differ with your record, then sign and certify to that remaining part which does describe you or your record.

Attach a signed letter, note or an explanation of the items you have struck out on the certification and report the facts of your correct record. Item A(2)(e) relates to felony convictions within the past 10 years. If you have been convicted of a felony within 10 years, strike out all of A(2)(e) on the certificate and attach your statement giving your explanation. A felony conviction will not necessarily cause your participation to be disapproved unless there is a criminal record or other evidence that your previous conduct or method of doing business has been such that your participation in the project would make it an unacceptable risk from the underwriting standpoint of an insurer, lender or governmental agency.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by law (42 U.S.C. 3535(d) and 24 C.F.R. 200.217) and by regulation at 24 CFR 200.210. This information is needed so that principals applying to participate in multifamily programs can become HUD-approved participants. The information you provide will enable HUD to evaluate your record with respect to established standards of performance, responsibility and eligibility. Without prior approval, a principal may not participate in a proposed or existing multifamily project. HUD uses this information to evaluate whether or not principals pose an unsatisfactory underwriting risk. The information is used to evaluate the potential principals and approve only individuals and organizations who will honor their legal, financial and contractual obligations.

Privacy Act Statement: The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires persons applying for a Federally-insured or guaranteed loan to furnish his/her Social Security Number (SSN). HUD must have your SSN for identification of your records. HUD may use your SSN for automated processing of your records and to make requests for information about you and your previous records with other public agencies and private sector sources. HUD may disclose certain information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. You must provide all of the information requested in this application, including your SSN.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
A response is mandatory. Failure to provide any of the information will result in your disapproval for participation in this HUD program.

Previous editions are obsolete

ref Handbook 4065.1 form **HUD-2530** (5/2001)

EXHIBIT 8(j)

CERTIFICATION FOR PROVISION OF SUPPORTIVE SERVICES (Section 811 Only)

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0462
(exp. 12/31//2003)

Public reporting burden for this collection of information is estimated to average .40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is required for HUD's Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD in determining applicant eligibility and ability to develop housing for persons with disabilities within statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste, or mismanagement of public funds. This collection of information does not collect any sensitive information. HUD does not ensure confidentiality.

The undersigned certifies that this Agency has reviewed the Sponsor's supportive services plan and finds that:

1. The provision of supportive services is:

   ☐ Well designed ☐ Not well designed

   to serve the individual needs of persons with disabilities the housing is expected to serve.

2. The provision of supportive services will enhance independent living success and promote the dignity of those who will access the proposed project.

   ☐ Will enhance ☐ Will not enhance

3. The supportive services will be available on a consistent, long-term basis.

   ☐ Yes ☐ No

4. The proposed housing is:

   ☐ Consistent ☐ Inconsistent

   with State or local plans and policies addressing the housing needs of people with disabilities.

_____
Sponsor

_____
Project Location

_____
(Print Name of Authorized Official)

_____ _____
(Signature) (Date)

_____
(Title)

_____
(Agency Name)

ATTACHMENT 1

LETTER REQUESTING SHPO/THPO REVIEW

Applicant return address
Date

[SHPO/THPO mailing address]
(see: www.ncshpo.org or www.nathpo.org)

Dear [SHPO/THPO]:

In accordance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470f), and its implementing regulation, 36 CFR 800, "Protection of Historic Properties," and as authorized by the U.S. Department of Housing and Urban Development (HUD) as an applicant for a Section [202/811] Supportive Housing Capital Advance, we are initiating consultation with your office regarding the proposed [xxx project] (ex. rehabilitation of 123 Elm Street, Anytown, AB). Please find enclosed the necessary documentation per §800.11.

Based on our initial research, we have made the required determinations and findings, which we now ask you to review. Please respond in writing to us and HUD within the thirty-day time period as noted at §800.3(c)4. HUD's mailing address is:

[xxx]

If you concur with the findings in this submission, please sign and date on the line below and return as noted above. If you do not concur, we request that you express your concerns and objections clearly in writing so that HUD may continue the consultation process as needed. Please also indicate in your non-concurrence letter if there are other sources of information that should be checked, and if there are other parties, tribes, or members of the public you believe should be included in the consultation process. Thank you for your prompt attention to this matter.

Sincerely,

Applicant signatory

CONCURRENCE:_____
State/Tribal Historic Preservation Officer/Date

Description of the Undertaking

[xxx] (Specify federal involvement; include photographs, drawings, location map, etc).

Area of Potential Effect

We define the Area of Potential Effect for this proposed project as [xxx] (written boundary description). Please see the attached map marked with the APE boundary. We made this determination for the following reason(s): [xxx].

Basis for Determining No Historic Properties Affected (Option #1)

To obtain background information on the APE and to identify any potential historic properties, we researched and contacted the following sources:

[xxx] (list surveys, National Register data, research at SHPO office or local govt, etc.)

Based on our initial information search, it is our determination that no historic properties will be affected by this project. We base this finding on: [xxx].

OR

Basis for Determining Historic Properties Affected (Option #2)

To obtain background information on the APE and to identify any potential historic properties, we researched and contacted the following sources:

[xxx] (list surveys, National Register data, research at SHPO office or local govt, etc.)

Based on our initial information search, it is our determination that historic properties will be affected by this project and that additional consultation will be required to assess/resolve effects. We base this finding on: [xxx].

04/16/03 16:49

ATTACHMENT 2

CHOOSING AN ENVIRONMENTALLY "SAFE" SITE

THIS DOCUMENT IS AVAILABLE ON HUD'S WEB SITE AT WWW.HUD.GOV

ATTACHMENT 3

Choosing an Environmentally "Safe" Site
Supplemental Guidance
Environmental Information
For 202/811 Programs..

Under 24 CFR Part 50, the U.S. Department of Housing and Urban Development (HUD) has the responsibility for conducting the environmental review for 202 and 811 Programs. **In the conduct of its review, applicants may be asked to provide information necessary for completing the environmental review in an expeditious and comprehensive manner.** What follows is the type of information collected and analyzed in the conduct of the environmental review.

NATURAL RESOURCES

The natural environment is important, and there are many federal regulations and executive orders promulgated to "protect" and conserve natural resources, historic properties, endangered and threatened species and their habitats. Wetlands, coastal barrier resources, and wild and scenic rivers are natural resources, which may also be under threat from development activities. Each of these natural resources has their own regulatory requirements with regard to determining potential environmental impacts.

Natural Resources

+ Rivers
+ Streams
+ Lakes
+ Ponds
+ Designated Wetlands
+ Drainage ways
+ Swamps
+ Creeks
+ Waterways
+ Coastlines
+ Unique natural features
+ Endangered Species*

ENDANGERED AND THREATENED SPECIES

*In some areas, like Seattle, Washington or Portland, Oregon for example, there is an aggressive effort to protect certain types of salmon and their habitat (living environment). As a result, all projects may be considered a "threat" to their survival, as they may impact either the species or their habitat. In other areas, especially with regard to endangered species, it may be a butterfly, insect, or certain types of birds that are under threat. Articles in newspapers or on the news may alert you to controversies surrounding natural resource issues, especially those involving endangered species and wetlands.

**Applicants must comply with the requirements under the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001-4128) and the Coastal Barrier Resources Act (19 U.S.C. 3601).

MANMADE HAZARDS

Completion of the Phase I Assessment is required and must be included among the Exhibits for submission. However, other potential hazardous or site contaminations problems may be discovered during the conduct of they environmental review. Specific environmental risks and hazards that may result in site contamination are discussed in Choosing an Environmentally "Safe " Site. Additional environmental information on manmade hazards that HUD may collect in the conduct of the environmental review may include the following categories.

Manmade Hazards

+ Industrial Operations
(e.g. lead smelter, facilities handling explosive material, heavy industry, etc.

+ Airports

+ Landfills, dumps,

+ Odors

+ Noise

+ Traffic (major transportation or truck routes, railroad lines, highways, etc)

+ Agricultural operations

+ Incinerators, oil refineries

+ Large parking facilities/lots

+ Nuisances and Hazards (natural and built)

Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

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

(fold line)

Type or clearly print the following information:

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

To Be Completed by HUD

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

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

- ☐ Enclosed
- ☐ Being sent under separate cover

Processor's Name _____

Date of Receipt _____

form HUD-2993 (2/99)

Client Comments and Suggestions

U.S. Department of Housing and Urban Development

You are our Client! Your comments and suggestions, please!

The Department of Housing and Urban Development in preparing this Notice of Funding Availability and application forms, has tried to produce a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to this document. You may leave this form attached to your application, or feel free to detach the form and return it to:

The Department of Housing and Urban Development
Office of Departmental Grants Management and Oversight
Room 3156
451 7th Street, SW
Washington, DC 20410

Please Provide Comments on HUD's Efforts:

The NOFA (insert title) _____

is: (please check one)

(a) ☐ is clear and easily understandable

(b) ☐ better than before, but still needs improvement (please specify)

(c) other (please specify)

The application form (insert title) _____

is: (please check one)

(a) ☐ is acceptable given the volume of information required by statute and the volume of information required for accountability in selecting and funding projects.

(b) ☐ is simpler and more user-friendly than before, but still needs work (please specify).

(c) other comments (please specify)

Name & Organization (Optional):

Are additional pages attached? ☐ Yes ☐ No

Previous versions obsolete

form **HUD-2994** (03/2003)

APPENDIX B

LOCAL HUD OFFICES

NOTES:

(1) The first line of the mailing address for all offices is Department of Housing and Urban Development. Telephone numbers listed are not toll-free.

(2) Applications for projects proposed to be located within the jurisdiction of the Sacramento, California Office must be submitted to the San Francisco, California Office.

(3) Applications for projects proposed to be located within the jurisdiction of the Cincinnati, Ohio Office must be submitted to the Columbus, Ohio Office.

(4) Applications for projects proposed to be located within the jurisdiction of the Washington, DC Office must be submitted to the Baltimore, Maryland Office.

(5) Applications for projects proposed to be located within the jurisdiction of the Grand Rapids, Michigan Office must be submitted to the Detroit, Michigan Office.

HUD - BOSTON HUB

HARTFORD OFFICE
One Corporate Center
19th Floor
Hartford, CT 06103-3220
(860) 240-4800
TTY Number: (860) 240-4665

BOSTON OFFICE
Room 301
Thomas P. O'Neill, Jr.
Federal Building
10 Causeway Street
Boston, MA 02222-1092
(617) 994-8500
TTY Number: (617) 565-5453

MANCHESTER OFFICE
Norris Cotton Federal Building
275 Chestnut Street
Manchester, NH 03101-2487
(603) 666-7510
TTY Number: (603) 666-7518

PROVIDENCE OFFICE
Sixth Floor
10 Weybosset Street
Providence, RI 02903-2808
(401) 528-5230
TTY Number: (401) 528-5403

HUD - NEW YORK HUB

NEW YORK OFFICE
26 Federal Plaza, Room 3200
New York, NY 10278-0068
(212) 264-8000
TTY Number: (212) 264-0927

HUD - BUFFALO HUB

BUFFALO OFFICE

Lafayette Court Building
465 Main Street, 2nd Floor
Buffalo, NY 14203-1780
(716) 551-5755, ext. 5000
TTY Number: (716) 551-5787

HUD - PHILADELPHIA HUB

PHILADELPHIA OFFICE
The Wanamaker Building
100 Penn Square East
Philadelphia, PA 19107-3380
(215) 656-0600
TTY Number: (215) 656-3452

CHARLESTON OFFICE
Suite 708
405 Capitol Street
Charleston, WV 25301-1795
(304) 347-7000
TTY Number: (304) 347-5332

NEWARK OFFICE
Thirteenth Floor
One Newark Center
Newark, NJ 07102-5260
(973) 622-7900
TTY Number: (973) 645-3298

PITTSBURGH OFFICE
339 Sixth Avenue
Sixth Floor
Pittsburgh, PA 15222-2507
(412) 644-6428
TTY Number: (412) 644-5747

HUD - BALTIMORE HUB

BALTIMORE OFFICE
Fifth Floor
City Crescent Building
10 South Howard Street
Baltimore, MD 21201-2505
(410) 962-2520
TTY Number: (410) 962-0106

RICHMOND OFFICE
600 East Broad Street
Richmond, VA 23219
(804) 771-2100, ext. 3839
TTY Number: (804) 771-2038

HUD - GREENSBORO HUB

GREENSBORO OFFICE
Koger Building
2306 West Meadowview Road
Greensboro, NC 27407-3707
(336) 547-4069
TTY Number: (336) 547-4020

COLUMBIA OFFICE
Strom Thurmond Federal Building
1835-45 Assembly Street
Columbia, SC 29201-2480
(803) 765-5592
TTY Number: (803) 253-3209

HUD - ATLANTA HUB

ATLANTA OFFICE
ATTN: Multifamily Housing
40 Marietta Street - Five Points Plaza
Atlanta, GA 30303- 2806
(404) 331- 4976
TTY Number: (404) 730-2654

SAN JUAN OFFICE
Edificio Administracion de Terrenos
171 Carlos Chardon Avenue,
Suite 301
San Juan, PR 00918-0903
(787) 766-5401
TTY Number: (787) 766-5909

LOUISVILLE OFFICE
601 West Broadway
Louisville, KY 40202
(502) 582-5251
TTY Number: 1-800-648-6056

KNOXVILLE OFFICE
Third Floor
John J. Duncan Federal Building
710 Locust Street
Knoxville, TN 37902-2526
(423) 545-4384
TTY Number: (423) 545-4559

NASHVILLE OFFICE
Suite 200
235 Cumberland Bend
Nashville, TN 37228-1803
(615) 736-5213
TTY Number: (615) 736-2886

HUD - JACKSONVILLE HUB

JACKSONVILLE OFFICE
Suite 2200
Southern Bell Tower
301 West Bay Street
Jacksonville, FL 32202-5121
(904) 232-2626
TTY Number: (904) 232-2631

BIRMINGHAM OFFICE
Medical Forum Building
950 22nd St., North
Suite 900
Birmingham, AL 35203-5301
(205) 731-2624
TTY Number: (205) 731-2624

JACKSON OFFICE
Suite 910
Doctor A.H. McCoy Federal Building
100 West Capitol Street
Jackson, MS 39269-1096
(601) 965-4700
TTY Number: (601) 965-4171

HUD - CHICAGO HUB

CHICAGO OFFICE
Ralph H. Metcalfe Federal Building
77 West Jackson Boulevard
Chicago, IL 60604-3507
(312) 353-5680
TTY Number: (312) 353-5944

INDIANAPOLIS OFFICE
151 North Delaware Street
Indianapolis, IN 46204-2526
(317) 226-6303
TTY Number: (317) 226-7081

HUD - DETROIT HUB

DETROIT OFFICE
Patrick V. McNamara Federal Building
477 Michigan Avenue, Suite 1635
Detroit, MI 48226-2592
(313) 226-7900
TTY Number: (313) 226-6899

HUD - COLUMBUS HUB

COLUMBUS OFFICE
200 North High Street
7th Floor
Columbus, OH 43215-2499
(614) 469-5737
TTY Number: (614) 469-6694

CLEVELAND OFFICE
US Bank Centre
1350 Euclid Avenue
Suite 500
Cleveland, OH 44115-1815
(216) 522-4058
TTY Number: (216) 522-2261

HUD - MINNEAPOLIS HUB

MINNEAPOLIS OFFICE
920 Second Avenue South
Minneapolis, MN 55402
(612) 370-3000
TTY Number: (612) 370-3186

MILWAUKEE OFFICE
Suite 1380
Henry S. Reuss Federal Plaza
310 West Wisconsin Avenue, Suite 1380
Milwaukee, WI 53203-2289
(414) 297-3214, ext. 8673
TTY Number: (414) 297-1423

HUD - FT. WORTH HUB

LITTLE ROCK OFFICE
Suite 900
TCBY Tower
425 West Capitol Avenue
Little Rock, AR 72201-3488
(501) 324-5931
TTY Number: (501) 324-5931

NEW ORLEANS OFFICE
Ninth Floor
Hale Boggs Federal Building
501 Magazine Street
New Orleans, LA 70130-3099
(504) 589-7200
TTY Number: (504) 589-7279

FT. WORTH OFFICE
801 Cherry Street
P.O. Box 2905
Fort Worth, TX 76113-2905
(817) 978-5965
TTY Number: (817) 978-5595

HOUSTON OFFICE
Suite 200
Norfolk Tower
2211 Norfolk
Houston, TX 77098-4096
(713) 313-2274
TTY Number: (713) 834-3274

SAN ANTONIO OFFICE
106 South St. Mary's, Suite 405
San Antonio, TX 78205
(210) 475-6800
TTY Number: (210) 475-6885

HUD - GREAT PLAINS

DES MOINES OFFICE
Room 239
Federal Building
210 Walnut Street
Des Moines, IA 50309-2155
(515) 284-4583
TTY Number: (515) 284-4728

KANSAS CITY OFFICE
Room 200
Gateway Tower II
400 State Avenue
Kansas City, KS 66101-2406
(913) 551-5462
TTY Number: (913) 551-6972

OMAHA OFFICE
Executive Tower Centre
10909 Mill Valley Road
Omaha, NE 68154-3955
(402) 492-3122
TTY Number: (402) 492-3183

ST. LOUIS OFFICE
Third Floor
Robert A. Young Federal Building
1222 Spruce Street, Room 3.207
St. Louis, MO 63103-2836
(314) 539-6583
TTY Number: (314) 539-6331

OKLAHOMA CITY OFFICE
500 West Main Street
Suite 400
Oklahoma City, OK 73102-2233
(405) 553-7401
TTY Number: 1-800-877-8339

HUD - DENVER HUB

DENVER OFFICE
633 17th Street
Denver, CO 80202-3607
(303) 672-5343
TTY Number: (303) 672-5113

HUD - SAN FRANCISCO HUB

PHOENIX OFFICE
One North Central #600
Phoenix, AZ 85004
(602) 379-7149
TTY Number: (602) 379-4557

SAN FRANCISCO OFFICE
Philip Burton Federal Building and U.S. Courthouse
450 Golden Gate Avenue
P.O. Box 36003
San Francisco, CA 94102-3448
(415) 436-8356
TTY Number: (415) 436-6594

HONOLULU OFFICE
500 Ala Moana Boulevard, Suite 3A
Honolulu, HI 96813
(808) 522-8185
TTY Number: (808) 522-8193

HUD - LOS ANGELES HUB

LOS ANGELES OFFICE
611 West 6th Street
Suite 800
Los Angeles, CA 90017-3106
(213) 894-8000
TTY Number: (213) 894-8133

HUD - SEATTLE HUB

PORTLAND OFFICE
400 Southwest Sixth Avenue
Suite 700
Portland, OR 97204-1632
(206) 220-5241
TTY Number: (206) 220-5254

ANCHORAGE OFFICE
949 East 36th Avenue, Suite 401
Anchorage, AK 99508
(206) 220-5241
TTY Number: (206) 220-5254

SEATTLE OFFICE
909 First Avenue, Suite 200
Seattle, WA 98104
(206) 220-5241
TTY Number: (206) 220-5254

[FR Doc. 03–9591 Filed 4–17–03; 9:47 am]
BILLING CODE 4210–32–C

Federal Register

Friday,
April 25, 2003

Book 4 of 4 Books
Pages 22063–22292

Part III

Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Parts 420, et al.

Medicare Program; Requirements for Establishing and Maintaining Medicare Billing Privileges; Proposed Rule

Proposed Rules

Federal Register
Vol. 68, No. 80
Friday, April 25, 2003

This section of the FEDERAL REGISTER contains notices to the public of the proposed issuance of rules and regulations. The purpose of these notices is to give interested persons an opportunity to participate in the rule making prior to the adoption of the final rules.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 420, 424, 489, and 498

[CMS–6002–P]

RIN 0938–AH73

Medicare Program; Requirements for Establishing and Maintaining Medicare Billing Privileges

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Proposed rule.

SUMMARY: This proposed rule would require that all providers and suppliers (other than physicians who have elected to ''opt-out'' of the Medicare program) complete an enrollment form and submit specified information to us, and periodically update and certify to the accuracy of the enrollment information, to receive and maintain billing privileges in the Medicare program. The information must clearly identify the provider or supplier and its place of business, provide documentation that it is qualified to perform the services for which it is billing, ensure that it is not currently excluded from the Medicare program, and meets any other applicable Medicare requirements. If we determine the information submitted is incomplete, invalid, or insufficient to meet Medicare requirements, we would have the discretion to reject, deny, deactivate, or revoke billing privileges.

This proposed rule would implement provisions in the Medicare statute that require the Secretary to ensure that all Medicare providers and suppliers are qualified to provide the appropriate health care services. These statutory provisions include requirements meant to protect beneficiaries and the Medicare trust fund by preventing unqualified, fraudulent, or excluded providers and suppliers from providing services to Medicare beneficiaries or billing the Medicare program or its beneficiaries.

DATES: We will consider comments if we receive them at the appropriate address, as provided below, no later than 5 p.m. on June 24, 2003.

ADDRESSES: In commenting, please refer to file code CMS–6002–P. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. Mail written comments (one original and two copies) to the following address ONLY:

Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–6002–P, P.O. Box 8013, Baltimore, MD 21244–8013.

Please allow sufficient time for us to receive mailed comments on time in the event of delivery delays.

If you prefer, you may deliver (by hand or courier) your written comments (one original and two copies) to one of the following addresses:

Room 445–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or Room C5–14–03, 7500 Security Boulevard, Baltimore, MD 21244–8013.

(Because access to the interior of the HHH Building is not readily available to persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available if you wish to retain proof of filing by stamping in and retaining an extra copy of the comments being filed).

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and could be considered late.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Michael C. Collett, (410) 786–6121.

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments: Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone (410) 786–7197.

Copies: To order copies of the **Federal Register** containing this document, send your request to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954. Specify the date of the issue requested and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512–1800 (or toll-free at 1–888–293–6498) or by faxing to (202) 512–2250. The cost for each copy is $10. As an alternative, you can view and photocopy the **Federal Register** document at most libraries designated as Federal Depository Libraries and at many other public and academic libraries throughout the country that receive the **Federal Register**.

This **Federal Register** document is also available from the **Federal Register** online database through *GPO Access,* a service of the U.S. Government Printing Office. The Web site address is: *http://www.access.gpo.gov/nara/index.html.*

I. Background

A. General

The Medicare program, Title XVIII of the Social Security Act (the Act), is currently the principal payer for health care for 39.2 million enrolled beneficiaries. Under section 1802 of the Act, a beneficiary may obtain health services from any institution, agency, or person qualified to participate in the Medicare program. Qualifications to participate are specified in statute and in regulations. See, for example, sections 1814, 1815, 1819, 1833, 1834, 1842, 1861, 1866, and 1891 of the Act; and 42 CFR Chapter IV, Subchapter E, which concerns standards and certification requirements.

Providers and suppliers furnishing services must comply with the Medicare requirements stipulated in the Act and in our regulations. These requirements are meant to ensure compliance with applicable statutes, as well as to promote the furnishing of high quality care. We and/or State Survey and Certification Agencies inspect facilities when required, for compliance with regulatory and operational requirements before we allow them to participate in the Medicare program. Thereafter, either

as part of a scheduled re-certification survey, or as a result of a complaint or other information received that would directly affect the provider's or supplier's business relationship with the Medicare program or indicate non-compliance of this regulation, we will review and re-verify the continued adherence to our requirements. The initial certification and subsequent re-certification ensure that Medicare requirements are met and continue to be met, and promote the appropriate spending of the Medicare trust fund by helping to ensure that unqualified providers and suppliers are not granted billing privileges with the Medicare program.

Historically, a provider or supplier wishing to receive payment from Medicare or its beneficiaries would contact a fiscal intermediary (FI), State Survey Agency, or carrier. In compliance with sections 1816 or 1842 of the Act, as stipulated in 42 CFR Part 421, we contract with FIs and carriers to administer payment for services and to carry out other administrative responsibilities that the law imposes. Our Regional Offices, State Survey Agencies, carriers and FIs use statutes, regulations, and operating instructions as guidance when assigning appropriate identification numbers and determining whether to grant billing privileges in the Medicare program to providers and suppliers.

As Medicare program expenditures have grown, increasing attention has been focused on strategies to curb improper Medicare payments by implementing business processes and standards that safeguard the Medicare program and its beneficiaries, while ensuring that well qualified individuals and health care organization serve beneficiaries as promptly as possible.

B. Specific Authority to Collect Enrollment Information

1. Various sections of the Act and the Code of Federal Regulations require providers and suppliers to furnish information concerning the amounts due and the identification of individuals or entities who furnish medical services to beneficiaries before payment can be made.

Sections 1102 and 1871 of the Act allow general authority for the Secretary to prescribe regulations for the efficient administration of the Medicare program. Under the above authority, this proposed regulation will require the collection of information from providers and suppliers for the purpose of enrolling in the Medicare program and granting privileges to bill the program for health care services rendered to Medicare beneficiaries.

Sections 1814(a), 1815(a), and 1833(e) of the Act require the submission of information necessary to determine the amounts due to a provider or other person.

Section 1842(r) of the Act requires us to establish a system for furnishing a unique identifier for each physician who furnishes services for which payment may be made. To do so, we need to collect information unique to that physician.

Section 1862(e)(1) of the Act states that no payment may be made when an item or service was at the medical direction of an individual or entity that has been excluded in accordance with sections 1128, 1128A, 1156, or 1842(j)(2) of the Act.

Section 1834(j) of the Act states that no payment may be made for items furnished by a supplier of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) unless that supplier obtains, and renews at such intervals as we may require, a billing number.

The Balanced Budget Act of 1997 (BBA) (Public Law 105–33), section 4313, amended sections 1124(a)(1) and 1124A of the Act to require disclosure of both the Employer Identification Number (EIN) and Social Security Number (SSN) of each provider or supplier, each person with ownership or control interest in the provider or supplier, any subcontractor in which the provider or supplier directly or indirectly has a five percent or more ownership interest, and any managing employees. The Secretary of Health and Human Services (the Secretary) signed and sent to the Congress a ''Report to Congress on Steps Taken to Assure Confidentiality of Social Security Account Numbers as Required by the Balanced Budget Act'' on January 26, 1999, with mandatory collection of SSNs and EINs effective on or about April 26, 1999.

2. Section 31001(i)(1) of the Debt Collection Improvement Act of 1996 (DCIA) (Public Law 104–134) amended 31 U.S.C. section 7701 by adding paragraph (c) to require that any person or entity doing business with the Federal Government must provide their Tax Identification Number (TIN).

3. We are authorized to collect information on the Form CMS 855 (Office of Management and Budget (OMB) approval number 0938–0685) to ensure that correct payments are made to providers and suppliers under the Medicare program as established by Title XVIII of the Act.

II. Current Enrollment Initiatives

For a number of years, concern about easy entry into the Medicare program by unqualified or even fraudulent providers or suppliers has led us to step up our efforts on a number of fronts to establish more stringent controls on provider and supplier entry into the Medicare system. For example, in 1993 we established the National Supplier Clearinghouse (NSC), our contractor for enrolling suppliers of DMEPOS in Medicare. We instituted new procedures to use validation software to certify the existence of the listed business address for suppliers of DMEPOS. The NSC also checked the DMEPOS supplier telephone numbers against a national directory. This initial effort resulted in the revocation of about 1,500 supplier billing numbers and an estimated savings of $7 million per month to the Medicare trust fund.

In fiscal year 1998, we required site visits for all new DMEPOS suppliers. The DMEPOS visits resulted in:

- 156 denials of new applicants, out of 159 visits; and
- 656 revocations of existing suppliers, out of 2,091 visits.

In fiscal years 1998 and 1999, our carriers and FIs submitted proposals to conduct site visits for those provider or supplier types that they believed would yield the greatest benefit in their regions. After reviewing the submitted proposals, we funded 320 site visits to various enrolling and currently enrolled Independent Diagnostic Testing Facilities (IDTFs), skilled nursing facilities (SNFs), home health agencies (HHAs), rural health clinics, comprehensive outpatient rehabilitation facilities, physician groups, clinical psychologists, and ambulance companies. The project provided useful information for making appropriate determinations for the eligibility to bill Medicare. In the course of these reviews—

- 219 provider numbers were authorized or maintained;
- 30 provider numbers were deactivated;
- 37 provider applications were denied; and
- 34 providers were referred to contractor fraud units.

These site visits proved valuable to some providers by helping them to enroll in the Medicare program properly. The site visits were also helpful to us in ensuring that we only conduct business with legitimate providers. We believe that site visits are an important component of successful provider enrollment. As past experience has demonstrated, in many cases site

visits are the only method we have to ensure that providers and suppliers actually exist and meet the requirements to participate in the Medicare program, particularly in the absence of State licensure or regulation. Left unchecked, Medicare program resources and the health of Medicare beneficiaries may be vulnerable.

III. Provisions of the Proposed Rule

This proposed rule would build on our collective experience and set forth our standard enrollment requirements in new subpart P in Part 424 of this chapter. We are proposing that all providers and suppliers, other than the ''opt-out'' physicians and ''opt-out'' practitioners described below, must submit an enrollment application with specific information to enroll in the Medicare program, obtain a Medicare billing number, and receive Medicare billing privileges. The provisions of this proposed rule would supplement, but not replace or nullify, existing regulations concerning the establishment of provider or supplier agreements, the issuance of provider or supplier billing numbers, and payment for Medicare covered services or supplies to eligible providers or suppliers.

Specifically, we are proposing to require that providers and suppliers prove their qualifications and identity and submit specified information to us before they are granted billing privileges in the Medicare program. If the provider or supplier fails to meet the requirements or submit the required information, we would not enroll it in the Medicare program or, if it is currently in the program, we would revoke its billing privileges. We believe the documentation and associated verification methods we use to determine whether to grant a provider or supplier billing privileges are necessary to ensure compliance with Medicare requirements and to prevent abuse of the Medicare program and the inappropriate use of Medicare funds. We also believe that such requirements will not hinder qualified individuals and organizations from enrolling or maintaining enrollment in the Medicare program.

A. Scope and Definitions

We are proposing to establish our standard enrollment requirements in Part 424, new subpart P. In proposed § 424.500 (Scope) we are stating that these requirements apply to all providers and suppliers except those physicians and other eligible practitioners who have elected to ''opt-out'' of Medicare as described in Part 405, subpart D of our regulations.

In proposed § 400.502 (Definitions) we are establishing the definitions for several key terms used throughout subpart P. The terms ''provider'' and ''supplier'' are not defined in this subpart because their definitions have already been established throughout 42 CFR. The term ''provider'' is defined in both § 488.1 and § 400.202. Together these sections define a provider as including a hospital, a critical access hospital, a skilled nursing facility, a nursing facility, a comprehensive outpatient rehabilitation facility, a home health agency, or a hospice, that has in effect an agreement to participate in Medicare; or a provider of outpatient physical therapy or speech pathology services; or a community mental health center. The term ''supplier,'' as defined in § 400.202, is a physician or other practitioner, or an entity other than a provider (as defined in §§ 400.202 and 488.1) that furnishes health care services under Medicare. Section 488.1 also defines ''supplier'' to mean independent laboratory; portable X-ray services; physical therapist in independent practice; ESRD facility; rural health clinic; Federally qualified health center; or chiropractor. The term ''supplier'' also includes ''indirect suppliers,'' as indicated in 45 CFR 61.3.

We define ''managing employee'' to be ''a general manager, business manager, administrator, director, or other individual that exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations of, the institution, organization, or agency, either under contract or through some other arrangement, regardless of whether the individual is a W–2 employee.''

Section 1124A of the Act and 42 CFR 420.204 authorize the Secretary to collect information about ''managing employees.'' Section 1124A incorporates by reference the following definition of ''managing employee,'' contained in 1126(b) of the Act: ''An individual, including a general manager, business manager, administrator, and director, who exercises operational or managerial control over the entity, or who directly or indirectly conducts the day-to-day operations of the entity.'' We have found that a number of providers and suppliers are managed by individuals that have control over the day-to-day operations of the entity and are not ''employees.'' Some of these individuals have been known to bill Medicare fraudulently, and are on the Office of Inspector General (OIG) ''List of Excluded Individuals and Entities and/or the General Services Administration'' (GSA) ''List of Parties Excluded from Federal Procurement and Nonprocurement Programs''. These lists are commonly referred to as the ''OIG Sanction List'' for those parties excluded by the QIG from participation in any Federal health care programs (as defined in section 1128B(f) of the Act), and the ''GSA Debarment List'' for those parties debarred, suspended or otherwise excluded by other Federal agencies from participation in Federal procurement and non-procurement programs and activities, in accordance with the Federal Acquisition and Streamlining Act of 1994, and with the HHS Common Rule at 455 CFR Part 76.

Extending the term ''managing employee'' to include individuals performing managerial duties who are not technically employees would be consistent with the legislative intent to require information on those individuals that have effective control over a provider's or supplier's day-to-day operations.

B. Basic Enrollment Requirement

Proposed § 424.505 requires a provider or supplier to have a valid Medicare billing number for the date a service was rendered in order to receive payment for covered Medicare services from either Medicare (in the case of assigned claims) or the Medicare beneficiary (in the case of unassigned claims).

Under longstanding policy and operating procedures, any claim submitted without an active billing number is incomplete and cannot be processed for payment. Providers and suppliers who are not enrolled in the Medicare program must adhere to the mandatory claims submission rules found at § 424.32(a)(1) (Basic requirements for all claims) and section 1848(g)(1)(B) of the Act. In addition, a claim submitted without a valid Medicare billing number would not be considered a valid claim and would be rejected. If the mandatory claims submission requirements are not met the provider or supplier could have sanctions imposed as outlined in section 1848(g)(4) of the Act for failure to file a claim as required.

C. Requirements for Obtaining a Billing Number and Medicare Billing Privileges

To obtain a Medicare billing number and be eligible to receive payment for Medicare covered services, providers and suppliers must enroll in the Medicare program and meet other applicable Federal requirements. The Medicare program, through its contractors, requires specific identifying

information from a provider or supplier before payment is authorized. Our issuance of an identification number to a provider or supplier does not automatically convey the privilege to bill Medicare. There must be a corresponding approval of the provider or supplier as meeting all Federal requirements to bill Medicare for the number to be an approved and active Medicare billing number.

In new § 424.510 (Form CMS 855), we propose that a provider or supplier must submit to us the appropriate completed form CMS 855—Provider/Supplier Enrollment Application based on the type of provider or supplier enrolling. As part of our continuing efforts to improve the enrollment process, the series of CMS 855 enrollment forms with proposed revisions are being submitted with this proposed rule, to be published in the **Federal Register** concurrently for review and public comment. Some of the proposed revisions are the removal of certain data collections from all forms in the series such as information on clearinghouses used in claims submission, practice locations from the CMS 855R, and a shortened attachment for ambulance companies in the CMS 855B. We have also simplified the sections for reporting owners and managers and added instructional clarifications. The forms are identified as follows:

- Form CMS 855A—For providers billing fiscal intermediaries.
- Form CMS 855B—For supplier organizations billing carriers.
- Form CMS 855I—For individual health care practitioners billing carriers.
- Form CMS 855R—For individual health care practitioners to reassign benefits to an organization.
- Form CMS 855S—For DMEPOS Suppliers billing the NSC.

The CMS 855 applications will be used to gather information on providers and suppliers for the purpose of authorizing billing numbers and establishing eligibility to furnish services to Medicare beneficiaries. The information submitted will also uniquely identify the providers and suppliers for the purpose of enumeration and payment. OMB has approved the CMS 855 for these purposes (OMB approval number 0938–0685).

At proposed § 424.510(a)(1) we are requiring that a provider or supplier submit the following on its CMS 855: Complete and accurate responses to all information requested within each section as applicable to the provider or supplier type.

- Any documentation currently required by CMS under this or other statutory or regulatory authority to uniquely identify the provider or supplier (for example, a social security number (SSN) or a tax identification number (TIN)).
- Any documentation currently required by CMS under this or other statutory or regulatory authority to establish the provider or supplier's eligibility to furnish services to beneficiaries in the Medicare program (for example, a medical license or business license).

Under the authorities mentioned earlier in this preamble all providers, suppliers, and other health care related individuals and entities who will receive Medicare reimbursements, either directly or indirectly as a result of enrolling in the Medicare program, must furnish their SSN and/or TIN as a condition of maintaining an active enrollment status and billing privileges. We also maintain the right to require persons with ownership or control interests (as that term is defined in section 1124(a)(3) of the Act) in such providers and suppliers, and of all managing employees (as that term is defined in section 1126(b) of the Act and at 42 CFR 420.201) of such providers and suppliers to also furnish their SSN and/or TIN as a condition of enrollment.

We are proposing that providers and suppliers must certify that all the information furnished on the CMS 855 is accurate, complete, truthful, and verifiable. Any concealment or misrepresentation of material information in these applications constitutes a violation of this regulation and may result in the rejection, denial, or revocation of the provider or supplier's enrollment and billing privileges. In addition, such concealment or misrepresentation will be referred to the Office of Inspector General for investigation and appropriate criminal, civil or administrative action.

In § 424.510(a)(2), we propose that the CMS 855 must be signed by an individual who has the authority to bind the provider or supplier both legally and financially to the requirements set forth in subpart P. This person must be the individual practitioner or have an ownership or control interest in the provider or supplier, as that term is defined in section 1124(a)(3) of the Act, such as, be the provider's or supplier's general partner, chairman of the board, chief financial officer, chief executive officer, president, or hold a position of similar status and authority within the provider or supplier organization. The signature would attest that the information submitted is accurate, complete, and truthful, and the provider or supplier is aware of, and will abide by, Medicare rules and regulations.

To ensure that the individual signing the form can bind the enrollee from a financial and legal standpoint, we would require the following persons to sign the enrollment form:

- In the case of an individual practitioner, the applying practitioner.
- In the case of a sole proprietorship, the applying sole proprietor.
- In the case of a corporation, partnership, group, limited liability company (LLC), or other organization, an authorized official, as defined in § 424.502. When an authorized official signs the application, the signed application is considered binding upon the corporation partnership, organization, group, or LLC (hereafter referred to in this section as an organization), as applicable. This requirement establishes accountability for the accuracy of the information on the CMS 855 and ensures that the provider or supplier is committed to taking the necessary steps to comply with these requirements. In addition to the signature requirements, we are establishing a delegation of authority. As required above, the original and all subsequent revalidation CMS 855s submitted by an organization to enroll or maintain enrollment in the Medicare program must have certification statements signed by the current authorized official on file with Medicare. Any subsequent updates or changes made outside the enrollment or revalidation process may be signed by a delegated official of the enrolled organization.

The delegated official must be a W–2 managing employee of the provider or supplier who is enrolling in, or currently enrolled in, the Medicare program, or be an individual with ownership or control interest in the provider or supplier.

The delegation of signature authority will not apply for individual practitioners and sole proprietors. All CMS 855s submitted by individual practitioners or sole proprietors must be signed by the enrolling/enrolled individual.

As proposed in § 424.510(a)(2)(ii), the delegation of authority must be assigned by the authorized official currently on file with us or the authorized official who has signed the CMS 855 currently being submitted to us. All delegations of authority must be submitted via the CMS 855 and must include the title of each person delegated authority to update or change the organization's enrollment information. The assignment

must be signed by both the authorized official currently on file with Medicare and the person(s) being delegated as an official of the organization. The signature of the delegated official will bind the organization both legally and financially, as if the signature was that of the authorized official. Once the delegation of authority is established, the signatures of the authorized official or the assigned delegated official(s) will be the only acceptable signature(s) on correspondence to report updates or changes to the enrollment information.

As proposed in § 424.510(b), we would verify initial compliance with Medicare statutes and regulations before providers and suppliers are granted billing privileges, as well as on a continuing basis. The verifications would be based on information submitted by providers and suppliers on the CMS 855.

We are proposing in § 424.510(c) that providers and suppliers, including those that are deemed to meet Medicare health and safety requirements by virtue of their accreditation by a national accrediting body, must attest via signature on the CMS 855 that they have met all the requirements set forth in this regulation before they are granted billing privileges. Those providers for which certification is required must meet the provisions of 42 CFR Part 488 concerning mandatory State survey and certification requirements. Providers also must have completed a provider agreement in accordance with 42 CFR Part 489, which specifies the requirements for provider agreements. In addition, in paragraphs (d) and (e) in proposed § 424.510, we are requiring that providers and suppliers must be operational as defined in § 424.502 and must meet additional requirements that apply to both enrolling and currently enrolled providers and suppliers before receiving a Medicare billing number and becoming eligible for Medicare payments.

In recognition of the effectiveness of site visits, we are proposing, at § 424.510(f), a plan for integrating site visits as part of our enrollment validation process and general program oversight activities. We are reserving the right to perform on-site inspections of the provider or supplier when we deem necessary to ensure compliance with Medicare enrollment requirements. For certain providers and suppliers this practice has always been the case (for example, Hospitals, Skilled Nursing Facilities (SNFs), and Home Health Agencies (HHAs)), but we are extending this to all providers and suppliers when deemed necessary based on questionable enrollment information. Site visits for enrollment purposes will not affect those site visits performed for establishing conditions of participation. Our proposed site visits and on-site inspections to ensure compliance with Medicare enrollment requirements are unrelated to the compliance-related site visits already being conducted by the OIG. After a provider or supplier enters into a corporate integrity agreement with the OIG, usually as the result of a Federal False Claims Act settlement, the OIG may conduct a site visit as part of its work in monitoring the provider or supplier's compliance with the terms of the corporate integrity agreement. Upon the provider or supplier's successful completion of the enrollment process, including State survey and certification, accreditation, and approval of the CMS 855, we will grant Medicare billing privileges and issue a billing number if one has not already been issued. The effective date for reimbursement of Medicare covered services will continue to be determined based on current Medicare regulations and policy based on the type of provider or supplier submitting claims. Currently, the effective dates for reimbursement can be found at § 489.13 for providers and suppliers requiring State survey or certification or accreditation, §§ 424.5 and 424.44 for non-surveyed or certified/accredited suppliers, and § 424.57 and section 1834(j)(1)(A) of the Act for DMEPOS suppliers. For those providers and suppliers seeking accreditation from a CMS approved accreditation organization, the effective date for reimbursement will be the later of the date accreditation was received or the final approval of the CMS 855. Based on the regulations cited above, CMS will not issue Medicare billing numbers or grant Medicare billing privileges retroactive to the date that the provider or supplier received final approval of their enrollment application (CMS 855). We are proposing to use this process because we believe there is a relationship between fulfilling the requirements stipulated in the Medicare program statutes and related laws, the integrity of the provider and supplier, the quality of care furnished to Medicare beneficiaries, and the confidence of the public in the Medicare program.

In the future there will be universal provider and supplier numbers, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for uniquely identifying a provider or supplier and for purposes of billing all health plans, including Medicare and Medicaid. When this universal number is in place, it will still be necessary for providers and suppliers to apply for enrollment as a Medicare provider or supplier and be granted Medicare billing privileges.

D. Requirements for Reporting Changes and Updates To, and the Periodic Revalidation of, Medicare Enrollment Information

We propose that, under new § 424.515, a provider or supplier must update its enrollment information, and re-certify as to its accuracy when any changes are made. We will also periodically require revalidation of the enrollment information by all providers and suppliers when enrollment information has aged over three years. The revalidation process will ensure that we have complete and current information on all Medicare providers and suppliers and ensure continued compliance with Medicare requirements. In addition, this process further ensures that Medicare beneficiaries are receiving services furnished only by legitimate providers and suppliers, and strengthens our ability to protect the Medicare trust fund.

The accuracy of the data describing the individuals or organizations with whom we do business is essential to efficient and effective operation of the Medicare program. For this reason, we are proposing at § 424.520(b), that individuals and organizations are responsible for updating their CMS 855 information to reflect any changes in a timely manner. We define timely as meaning within 90 days, with the exception of a change in ownership or control of the provider or supplier which must be reported within 30 days. Failure to do so may result in deactivation or even revocation of their billing privileges.

We will determine, upon receipt of any changes, if continued enrollment in the Medicare program is proper. We expect that in the vast majority of cases, updates or changes will not affect the status of the provider or supplier. Where it does, we will follow the revocation procedures outlined later in this rule.

When no such changes or updates have been reported or submitted for a period of time, we believe that it is prudent to take steps to confirm the continued validity of the information that was previously submitted. We believe that this revalidation of enrollment information should be accomplished in a way that minimizes the reporting burden to the provider or supplier, but also mitigates the risk to the program of maintaining incomplete or inaccurate information that materially affects the relationship of the program to the provider or supplier. For

this reason, we are proposing that we would initiate a revalidation process for any individual or organization that has not submitted a change or update within the last three years. Routine revalidation may or may not be accompanied by site visits.

We reserve the right to perform non-routine revalidation and request the provider or supplier to re-certify as to the accuracy of the enrollment information when warranted to assess and confirm the validity of the enrollment information. Non-routine revalidation may be triggered as a result of information indicating local problems, national initiatives, fraud investigations, complaints from beneficiaries, or other reasons that cause us to question the integrity of the provider or supplier in its relationship with the Medicare program. Like routine revalidation, non-routine revalidation may or may not be accompanied by site visits.

We are proposing that the revalidation of enrollment information occur no more than once every 3 years. We reserve the right to adjust this schedule if we determine that revalidation should occur on a more frequent basis due to complaints or evidence we receive indicating non-compliance with the Medicare statute or regulations by specific provider or supplier types. The schedule may also be on a less frequent basis if we determine that the integrity of and compliance with the Medicare statute and regulations by specific provider or supplier types indicates that less frequent validation is justified. If such a change were to occur, we will notify all affected providers and suppliers in writing at least 90-days in advance of implementing the change. We will continue to revalidate enrollment information for Ambulance Service Suppliers in accordance with regulations set forth at § 410.41(c)(2) (Requirements for ambulance suppliers), and DME suppliers will continue to renew enrollment in accordance with regulations set forth at § 424.57(e) (Special payment rules for items furnished by DMEPOS suppliers and issuance of DMEPOS supplier billing numbers). We specifically invite further comments on the initially proposed revalidation time frame.

We propose at new § 424.515(a) that during the revalidation or update process all providers and suppliers must attest by way of a signed certification statement that the requirements set forth in this regulation continue to be met. This requirement will not only ensure continued accuracy of the CMS 855 information, but will also ensure that the provider or supplier is committed to taking the necessary steps to maintain compliance with these requirements. However, it should be noted that periodic validation of a provider or supplier's Medicare enrollment information is separate from the survey requirements for the provider or supplier as contained in 42 CFR chapter IV, subchapter E (standards and certification).

We would require the information submitted for revalidation or update to include any new or changed documentation as required by CMS under this or other statutory or regulatory authority that identifies the provider or supplier, and any documentation as required by CMS under this or other statutory or regulatory authority required to verify the provider or supplier's continued eligibility to furnish services to beneficiaries in the Medicare program. We would also require a signature on the completed CMS 855 that meets the requirements proposed in § 424.510(a)(3).

We are also requiring at proposed § 424.515(b) that a provider or supplier must submit a CMS 855 with complete information for revalidation within 60 calendar days of our revalidation notification. For those providers and suppliers who initially enrolled in the Medicare program via the CMS 855, we would furnish a copy of the information currently on file for their review, request that they make any changes, and certify via their signature that the information is accurate, complete, and truthful. We estimate that completion of the form will require on average 8 hours. Therefore, we believe 60 days is a reasonable time frame for providers and suppliers to comply.

As part of the revalidation process, we would verify the accuracy of the reported information on the applicable CMS 855. Because survey and certification are independent program requirements distinct from the revalidation of enrollment information requirements set forth in this subpart, we are stating in proposed § 424.515(c) that new surveys or certifications are not required for the revalidation process. However, providers must continue to meet the provisions of 42 CFR Part 488 concerning mandatory State survey and certification requirements. When applicable, providers must also have completed a provider agreement in accordance with 42 CFR Part 489, which specifies the requirements for provider agreements. We would also reserve the right, at proposed § 424.575(d), to perform on-site inspections, to further ensure compliance with Medicare requirements.

We understand that the resubmission and update of enrollment information will place an obligation on providers and suppliers. We are considering a variety of ways to minimize the burden of this important information collection and verification provision (including the use of Internet technology).

To reduce the burden when reporting updates or changes in the future, we will require that all providers and suppliers currently in the Medicare program complete, in its entirety, the CMS 855 at least once if they have not done so in the past. This will ensure that we have the most current and accurate information, and will allow us to make full use of electronic data submissions via the Internet. By having a complete enrollment record, we will be able to produce and transmit or mail the CMS 855, pre-complete with previously reported information, to the provider or supplier for their review and signature certification as to the continued accuracy of the information and require them to update any information that is no longer current.

E. Additional Provider and Supplier Requirements for Enrolling and Maintaining Active Enrollment Status in the Medicare Program

In new § 424.520, we are specifying the additional requirements that providers and suppliers must meet to enroll or maintain enrollment in the Medicare program. The provider or supplier must certify that it meets, and continues to meet, the following requirements:

- Compliance with Title XVIII of the Act (Medicare Statutory Provisions) and applicable regulations.
- Compliance with all applicable Federal and State licensure and regulatory requirements that apply to the specific provider or supplier type that relate to providing health care services.
- Not employing or contracting with individuals or entities excluded from participation in Federal Health care programs for the provision of items and services reimbursable under these programs in violation of section 1128A(a)(6) of the Act.

The OIG program exclusion regulations were amended effective August 25, 1995, in accordance with the Federal Acquisition Streamlining Act of 1994 (FASA), and with the HHS Common Rule at 45 CFR part 76, to explain the scope and effect of an OIG exclusion. In accordance with the FASA, government-wide reciprocal effect will be given by all Federal

agencies to an administrative sanction imposed by any Federal agency. Specifically, the law provides that: ''No agency shall allow a party to participate in any procurement and non-procurement activity if any [other] agency has debarred, suspended, or otherwise excluded, that party from participation in a procurement or non-procurement activity.'' (FASA, section 2455). Therefore, consistent with FASA, its implementing regulation, and OIG regulations (42 CFR 1001.1901(b)), we would deny or revoke enrollment (revocation effective on the date of the exclusion) if the provider or supplier is subject to an OIG exclusion, or is debarred, suspended or otherwise excluded by any other Federal health care program or agency.

F. Rejection of a Provider or Supplier's CMS 855 for Medicare Enrollment

In new § 424.525, we propose that if a provider or supplier enrolling in the Medicare program for the first time fails to furnish complete information on the CMS 855, or fails to furnish missing information or any necessary supporting documentation as required by CMS under this or other statutory or regulatory authority within 60 calendar days of our request to furnish the information, we would reject the provider or supplier's CMS 855 application. Rejection will not occur if the provider or supplier is actively communicating with CMS to resolve any issues regardless of any timeframes.

Upon notification of a rejected CMS 855, the provider or supplier must again begin the enrollment process by completing and submitting a new CMS 855 and all applicable documentation. We are specifying in § 424.525(b) that the new form must also update any information that is different from that originally submitted. This will ensure that we have the most recent information about the provider or supplier. The enrollment process would culminate in the granting of billing privileges, or denial or rejection of the application.

G. Denial of Enrollment

We would deny enrollment in the Medicare program to providers or suppliers whom we determine to be ineligible. Providers and suppliers who are denied enrollment would not receive Medicare billing privileges. In § 424.530(a) we are proposing that a provider or supplier applying for enrollment in the Medicare program may be denied enrollment for the following reasons:

- Under § 424.530 (a)(1), enrollment may be denied if the provider or supplier were found not to be in compliance (for example, failure to furnish required documentation, lack of qualified practice location) with the Medicare enrollment requirements applicable to the type of provider or supplier enrolling, unless the reason for non-compliance were corrected or the provider or supplier has submitted a plan of corrective action as outlined in Part 488 and under section 1812(h)(2)(c) of the Act.
- In § 424.530(a)(2) we propose that enrollment may also be denied if: (A) the provider or supplier, or any owner, managing employee, authorized or delegated official; or (B) any supervising physician, medical director, or other health care personnel furnishing Medicare reimbursable services who is required to be reported on the providers' or suppliers' CMS 855—(for example, an ambulance crew member.)
- Is excluded from the Medicare, Medicaid and any other Federal health care programs, as defined in § 1001.2, in accordance with § 1001.1901(a);
- Is debarred, suspended, or otherwise excluded from participating in any other Federal procurement or non-procurement activity in accordance with FASA section 2455; (See HHS Common Rule provisions that discuss the effect of a program exclusion under Title XI of the Act, as well as other Federal agency debarments, suspensions, and exclusions found at 45 CFR 76.100(c) and (d)).

We are required to ensure that no payments are made to any providers or suppliers who are excluded from participation in the Medicare program under authorities found in sections 1128, 1156, 1862, 1867, and 1892 of the Act, or who are debarred, suspended or otherwise excluded as authorized by FASA. This includes any individual, entity, or any provider or supplier that arranges or contracts with (by employment or otherwise) an individual or entity that the provider or supplier knows or should know is excluded from participation in a Federal health care program for the provision of items or services for which payment may be made under such a program (section 1128A(a)(6) of the Act), and any provider or supplier that has been debarred, suspended, or otherwise excluded from participation in any other Executive Branch procurement or non-procurement programs or activity (FASA, section 2455).

Therefore, when an individual or entity is excluded by the OIG under section 1128 of the Act, the exclusion is applicable to participation in all Federal health care programs (including Medicare and Medicaid as defined in section 1128B(f) of the Act). In addition, section 1862(e) of the Act prohibits the Secretary from paying for items and services furnished by excluded individuals. We believe that our general authorities, in combination with the prohibition against paying for items or services furnished by excluded individuals, provides authority for us to deny enrollment unless a provider or supplier terminates its relationship with the relevant individual. The denial would remain effective until that provider, supplier, managing employee, or an authorized or delegated official; or a medical director, supervising physician, or other health care personnel furnishing Medicare reimbursable services, is no longer excluded or sanctioned. Section 424.530(b)(3) also provides that the denial may be within 30 days of the denial notification.

We also propose, in § 424.530(a)(3), that we may deny enrollment in the Medicare program if the provider or supplier, or any owner of the provider or supplier, has been convicted of a Federal or State felony offense that we determine to be detrimental to the best interests of the Medicare program or its beneficiaries. This authority is afforded to us in many of the HIPAA fraud and abuse provisions and section 4302 of the BBA. In making assessments, we are proposing to include any felony convictions from the last 10 years or more. In addition, we will consider the severity of the underlying offense.

Felonies that we determine to be detrimental to the best interests of the Medicare program or its beneficiaries include:

- Within the last 10 years or more preceding enrollment or revalidation of enrollment, crimes against persons, such as rape, murder, kidnapping, assault and battery, robbery, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions. We believe it is reasonable for the Medicare program to question the ability of the individual or entity with such a history to respect the life and property of program beneficiaries.
- Within the last 10 years or more preceding enrollment or revalidation of enrollment, financial crimes, such as extortion, embezzlement, income tax evasion, making false statements, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions. We believe it is reasonable for the Medicare program to question the honesty and integrity of the individual or entity with such a history in providing services and

claiming payment under the Medicare program.

• Within the last 10 years or more preceding enrollment or revalidation of enrollment, any felony that placed the Medicare program or its beneficiaries at immediate risk, such as a malpractice suit that results in a conviction of criminal neglect or misconduct.

• Any felonies referred to in section 1128 of the Act.

Under section 1128(a) of the Act, the Secretary must exclude individuals or entities convicted of certain crimes, such as program-related crimes, crimes related to patient abuse or neglect, and conviction of a felony related to health care fraud or controlled substances. In addition, the Secretary has authority to exclude individuals and entities for other adverse actions including when an individual or entity is owned or controlled by a sanctioned or convicted individual, in accordance with section 1128(b)(8) of the Act.

In cases where the provider or supplier is not a convicted individual but, rather, has an ownership or management relationship with a convicted or excluded individual, that provider or supplier may also be subject to civil monetary penalties (section 1128A(a)(6) of the Act). In addition, we may deny or revoke billing privileges if such a relationship exists. However, the denial may be reversed if, within 30 days of the denial notification, the provider or supplier terminates its ownership or management relationship with the convicted or excluded individual or organization. We specifically invite further comments on our approach to treating convicted felons, and any impact that may have on access to care for Medicare beneficiaries.

We propose in § 424.530(a)(4) that we may deny enrollment if the provider or supplier has deliberately submitted false or misleading information on their CMS 855 to gain enrollment in the Medicare program. Offenders may be subject to fines or imprisonment, or both, in accordance with current law and regulation.

In § 424.530(a)(5) we propose possible denial of enrollment where there are repeated instances in which, upon onsite review or other reliable evidence, we do not find present those licensed medical professionals required under the Medicare statute or regulations to supervise treatment or provide Medicare covered services for Medicare patients; or we determine that the provider or supplier is not operational to furnish Medicare covered services or supplies.

As outlined in proposed § 424.530(b), if the denied provider or supplier appeals the decision, and the denial is upheld, that provider or supplier may submit a new CMS 855 after we notify it that the original determination has been upheld. If the provider or supplier did not appeal the determination, it may submit a new CMS 855 when the time frame for appeal rights has lapsed. We are proposing this latter requirement to prevent administrative difficulties that might result in processing two enrollment forms if a new one is submitted during the time period when the provider or supplier may appeal an initial denial.

Medicare enrollment denials will impact the provider or supplier on a national scale. In proposed § 424.530(c), we state that when a provider or supplier is denied enrollment in Medicare, we will review all other related Medicare enrollment files that the denied provider or supplier has an association with (for example, as an owner or managing employee) to determine if the denial warrants an adverse action of the associated Medicare provider or supplier.

H. Revocation of Enrollment and Billing Privileges from the Medicare Program

Revocation occurs when an enrolled provider or supplier's billing privileges are terminated. In proposed § 424.535, we outline the causes for revocation and what a provider or supplier would need to do to re-enroll in the Medicare program after revocation. In considering whether to revoke enrollment and billing privileges in the Medicare program, we would consider the severity of the offenses, mitigating circumstances, program and beneficiary risk if enrollment continued, possibility of corrective action plans, beneficiary access to care, and any other pertinent factors.

In general, we propose revocation criteria that are similar to our reasons for denial of initial Medicare program enrollment. In § 424.535(a)(1) we propose that a provider or supplier's enrollment and billing privileges may be revoked if, at any time, it is determined to be out of compliance with the Medicare enrollment requirements outlined in subpart P including failure to report changes to enrollment information timely or failure to adhere to corrective action plans, and has not corrected the problem within 30 days of notice of non-compliance or submitted a plan of corrective action as cited earlier. We are providing that we may request additional documentation from the provider or supplier to determine compliance if adverse information is received or otherwise found concerning the provider or supplier. If requested documentation as required by CMS under this or other statutory or regulatory authority is not submitted within 30 calendar days of our request, we would immediately begin revocation proceedings. If the documentation is received timely, we would review and verify the information to determine if we should proceed with the revocation. Providers requiring State survey and certification would continue to receive payment during the data verification review under current regulations found at Part 488 and under section 1819(h)(2)(c) of the Act. Providers and suppliers not subject to State survey and certification may have its payments suspended during the data review.

We are also proposing that we may revoke a provider or supplier's billing privileges if the provider or supplier establishes:

• Repeated instances in which, upon onsite review or other reliable evidence, we do not find present those licensed medical professionals required under the Medicare statute or regulation to supervise treatment of, or to provide Medicare covered service for, Medicare patients. Additional proposed reasons that may result in the revocation of billing privileges in § 424.535(a) include the following:

• In accordance with section 1862(e)(1) and (2) of the Act, the provider or supplier, any owner, managing employee, authorized or delegated official, supervising physician or other health care personnel who must be reported on the CMS 855 (for example, ambulance crew member), of the provider or supplier, becomes excluded from the Medicare, Medicaid or any other Federal health care programs, as defined in § 1001.2, in accordance with section 1128 or 1156 of the Act, or is debarred, suspended or otherwise by any Federal health care program or agency.

• The provider or supplier, or any owner of the provider or supplier, is convicted of a Federal or State felony offense that we determine to be detrimental to the best interests of the program as outlined in ''Denial of Enrollment'' above.

• The provider or supplier certified as ''true'' deliberately submitted false or misleading information on the CMS 855 in order to enroll or maintain enrollment in the Medicare program. (Offenders may be subject to criminal or civil prosecution, in accordance with current laws and regulations).

• Upon onsite review, we determine that the provider or supplier is no longer operational to furnish Medicare covered services or supplies.

• The provider or supplier fails to furnish complete and accurate information on the CMS 855 and any applicable documentation within 60 calendar days of our notice to re-certify its enrollment information.

• The provider or supplier knowingly sells to or allows another individual or entity to use its billing number.

In addition to the revocation of the provider's or supplier's billing privileges, we propose at § 424.535(b) that any provider agreement in effect at the time of revocation will also be terminated effective with the date of revocation. We do not feel it would be prudent for CMS to maintain an active provider agreement for a provider or supplier whose business relationship with Medicare was adverse enough as to cause the revocation of their billing privileges. Section 1866(b)(2)(A) of the Act states that the Secretary may terminate a provider agreement after the Secretary ''has determined that the provider fails to comply substantially with the provisions of Title XVIII.'' We will amend §§ 489.53 and 498.3 to reflect this proposal.

In new § 424.535(c) we propose that upon notification of the revocation of its billing number, if the provider or supplier seeks to re-establish enrollment and billing privileges in the Medicare program (either after the appeals process is exhausted or in place of the appeals process), then the provider or supplier must complete and submit a new CMS 855 as a new provider or supplier and applicable documentation. Providers must be re-surveyed or re-certified by the State survey agency as a new provider and must establish a new provider agreement with our Regional Office.

If the billing privileges are revoked due to the adverse activity of an individual or organization other than the provider or supplier, the revocation may be reversed if the provider or supplier terminates their business relationship with the individual or organization that was responsible for the revocation within 30 days.

As with a denial of Medicare enrollment, revocations would impact the provider or supplier on a national scale. As proposed in § 424.535(d), if a provider or supplier's billing privileges are revoked, we would review all other related Medicare enrollment files that the revoked provider or supplier has an association with (for example, as an owner or managing employee) to determine if the revocation warrants an adverse action of the associated Medicare provider or supplier.

I. Deactivation of Medicare Billing Privileges

When a provider or supplier's billing number is deactivated, billing privileges have been temporarily suspended, but can be restored upon the submission of updated or re-certified information. In new § 424.540, we propose to deactivate a provider or supplier's Medicare billing number if no Medicare claims are submitted for 2 consecutive calendar quarters (6 months) unless current policy or regulations specify otherwise for specific provider or supplier types. Our current policy requires deactivation of billing numbers after 4 consecutive calendar quarters (12 months) of no claim submissions. We are including this reduction to the current requirement because we are aware of a number of program integrity issues related to inactive Medicare billing numbers. We wish to prevent, for example, questionable businesses from deliberately obtaining multiple numbers so that they could keep one ''in reserve'' in the event their practices result in suspension of claims payment under their active number. We also wish to prevent fraudulent entities from obtaining information about discontinued providers or suppliers, for example, using the Medicare billing number of a deceased physician. While we are proposing to use 6 months of no billing as a criteria for deactivation, we are seeking comments on the feasibility and reasonableness of this time frame. We are interested in receiving comments on whether this time frame should apply to all categories of providers and suppliers, or whether there should be a special process for categories of providers and suppliers that would have reason to bill Medicare infrequently.

We are also proposing to deactivate a billing number if we discover changes to the information provided on the provider or supplier's CMS 855 that were not reported within 90 days of the change. This includes, but is not limited to, changes to billing services, a change in the practice location, or a change of any managing employee. A change in ownership or control must be reported within 30 calendar days.

Deactivation of Medicare billing privileges is considered a temporary action to protect the provider or supplier from misuse of their billing number and to also protect the Medicare trust fund from unnecessary overpayments. The temporary deactivation of a billing number will not have any effect on a provider or supplier's participation agreement or conditions of participation.

In proposed § 424.540(b), we state that a provider or supplier whose billing number has been deactivated for any reason other than non-submission of a claim for 6 months and who wants to reactivate its Medicare billing number must complete and submit a new CMS 855. Those providers and suppliers whose billing number has been deactivated after non-submission of a claim must re-certify that the enrollment information current on file with Medicare is correct before the claim will be paid. In addition, the provider or supplier must meet all current Medicare requirements in place at the time of the re-activation. The provider or supplier must also be prepared to submit a valid claim or risk subsequent deactivate of their billing number. Once notified, we will give all reactivations of Medicare billing numbers priority handling to ensure expedient payment of claims. Reactivation of a Medicare billing number would not require re-survey or certification by State agency, or the establishment of a new provider agreement.

J. Provider and Supplier Appeal

In new § 424.545, we propose that a provider or supplier that has been denied enrollment in the Medicare program, or whose enrollment has been revoked, may appeal our decision in accordance with our regulations at Part 405, Subpart H, for suppliers or Part 498, Subpart A, for providers. CMS is currently drafting a single regulatory appeals process for all providers and suppliers denied or revoked from participation in the Medicare program. In keeping with current policy, we also propose that no payments will be made during the appeals process. If the provider or supplier is successful in overturning a denial or revocation, unpaid claims for services furnished during the overturned period may be resubmitted.

In addition, we propose in new § 424.545(b) that a provider or supplier whose billing privilege has been deactivated may file a rebuttal using procedures found at § 405.74.

K. Prohibitions on the Sale or Transfer of Billing Privileges

We propose in new § 424.550 that a provider or supplier would be prohibited from selling its Medicare billing number to any individual or entity, or allowing another individual or entity to use its Medicare billing number. Similarly, we would prohibit a provider or supplier from transferring its Medicare billing privileges to any individual or entity, except during a change in ownership, as stated below. A

provider or supplier does not have independent authority to sell or transfer any billing number issued or the billing privileges granted with the billing number assigned.

We propose this policy because only we and our agents have the authority to issue Medicare billing numbers and grant Medicare billing privileges. These numbers are issued only after the information about the provider or supplier collected on the CMS 855 is verified. Because it is used to uniquely identify a provider or supplier, the Medicare billing number we issue is solely for use by the specific provider or supplier to whom it was issued.

In the case of a provider or supplier undergoing a change of ownership as described in part 489 subpart A, we would require at § 424.550(b) that a CMS 855 be completed and submitted by both the current owner and the new owner before the completion of the ownership change. Failure of the current owner to submit the CMS 855 prior to the change of ownership may result in sanctions and/or penalties, after the date of ownership change, in accordance with §§ 424.520, 424.540, and 489.53. Failure of the new owner to submit the CMS 855 prior to the change of ownership may result in the deactivation of the Medicare billing number until the CMS 855 has been submitted.

We may deactivate a Medicare billing number at any time before final transference of the provider agreement to the new owner. This may occur as a result of the submission of a CMS 855 with material omissions, or preliminary information received or determined by us that makes us question whether the new owner will ultimately be granted a final transference of the provider agreement. This allows us the right to ensure that billing privileges are given only to a new owner for which we have adequate information to, at a minimum, determine that the new owner should have billing privileges prior to the complete validation of their CMS 855 and the transfer of the provider agreement.

We understand that not all enrollment information is available before the change of ownership. We will work with the new owner(s) to ensure a seamless transition, but it is the provider's or supplier's responsibility to report this and any other changes to us to prevent us from imposing any adverse action against it.

For those providers and supplier not covered by Part 489, any change in the ownership or control of the provider or supplier must be reported on the CMS 855 within 90 days of the change as noted in § 424.540(a)(2). Generally, a change of ownership that also changes the tax identification number will require a new CMS 855 from the new owner.

L. Payment Liability

In new § 424.555, we propose that any expenses for services furnished to a Medicare beneficiary by those categories of suppliers covered by section 1834 of the Act (that is, suppliers of DMEPOS) are the responsibility of that supplier if the supplier has been denied Medicare billing privileges. We further propose that no payment may be made for covered services furnished to a Medicare beneficiary by a provider or supplier whose billing privileges have been deactivated or revoked. The Medicare beneficiary will have no financial responsibility for this type of expense, and the provider or supplier must refund on a timely basis any amounts collected from the beneficiary for those covered services.

We are proposing these provisions because a provider or supplier who fails to provide valid enrollment information, or who is not a valid provider or supplier type under the Medicare program, cannot be verified as a legitimate provider or supplier for purposes of this rule. Claims or bills submitted for covered Medicare services must have an active Medicare billing number. Claims or bills submitted by a provider or supplier who is not properly enrolled, and does not have an active Medicare billing number, would be considered incomplete and would be returned. The provider or supplier would then be in violation of the mandatory claims submission requirements and could be fined for each occurrence. An incomplete claim returned for this reason would not be afforded appeal rights for the provider or supplier. However, as described earlier, a provider or supplier may appeal a denial or revocation of enrollment in accordance with regulations elsewhere in this subpart.

Sections 1802(b), 1834(j), 1866, and 1870 of the Act, provide Medicare beneficiaries with certain protections against liabilities imposed by providers and suppliers. In section 1834(j)(4), for example, the statute protects the beneficiary against demands for payment for covered Medicare services by certain categories of suppliers that have not been granted Medicare billing privileges. Section 1866 of the Act prohibits providers that have entered into agreements described in that section from charging the beneficiary for covered items or services that are not paid by Medicare because the provider has failed to comply with certain requirements. Furthermore, section 1802(b) of the Act, which sets forth a variety of criteria under which physicians and practitioners may enter into private contracts with Medicare beneficiaries, provides for additional beneficiary protection. Section 1870 provides that, except under certain circumstances, any payment to a provider of services with respect to items or services furnished shall be considered a payment to the individual, but that the individual will not be liable for overpayment to the provider where the individual is without fault.

In addition, section 1128A(a)(6) of the Act provides for criminal penalties for providers and suppliers having knowledge of events affecting the right to benefit or payment, and concealing or failing to disclose such an event with an intent to fraudulently secure benefit or payment when it is not authorized.

IV. Data Requested on the CMS 855 and Its Iterations

Because we are intending to use the CMS 855 series of forms as the principal information collection instrument, we are providing the following information about the data requested on the CMS 855 forms. In addition to the legal authority already cited in this preamble, the following additional provisions of the statute grant us the authority to collect the information required to complete the CMS 855:

- Section 1814(a) of the Act states that payment for services furnished to an individual may only be made to providers eligible under section 1866 and only if a written request is filed in such a form and manner as the Secretary may prescribe.
- Sections 1815(a) and 1833(e) of the Act authorize the Secretary to withhold Medicare payments until the provider or supplier furnishes such information as may be necessary to determine amounts due.
- Section 1866(a)(1) of the Act establishes provider agreement requirements; including a requirement not to charge the beneficiary (except as provided in section 1866(a)(2)) for items or services for which the beneficiary would have been entitled to have payment had the provider complied with procedural requirements.

A. Information Collection on the CMS 855

Since its inception in April 1996, the CMS 855 has been revised three times, in May 1997, January 1998, and in November 2001. A new proposed revision of the CMS 855 series is being submitted with this proposed rule for

additional public comment. Each revision has been based on comments received from our contractors, the health care industry, and new requirements imposed through legislation. All revisions are submitted to OMB and published in the **Federal Register** for public comment before approval and implementation.

The primary function of the CMS 855 is to gather information from a provider or supplier that tells us who it is, whether it meets certain qualifications to be a health care provider or supplier, where it practices or renders its services, the identity of the owners of the enrolling entity, and information necessary to establish the correct claims payment. The goal of evaluating and revising the CMS 855 is to simplify and clarify the information collection without jeopardizing our need to collect specific information. Listed below are the various sections of the CMS 855 and the information that each section collects. Not all sections apply to all provider and supplier types. For specific information collection requirements by provider or supplier type, review the applicable CMS 855 as mentioned earlier in this preamble.

1. Provider or Supplier Application

To ensure efficient processing of the CMS 855, this section requires the provider or supplier to give the reason for submission of the CMS 855 and to state whether it is currently known (enrolled) in Medicare and for any current Medicare identifiers (billing numbers or Medicare contractor name(s)).

2. General Identification Information

This section collects personal and business information to uniquely identify the provider or supplier with such information as type or specialty, name, business name, address, date of birth, SSN, EIN, correspondence address, and other similar information. This information is needed to uniquely identify the provider or supplier. Moreover, as detailed above, section 1124(a)(1) of the Act requires disclosure of both EINs and SSNs. See also section 31001(I) of the DCIA.

3. Adverse Legal Action(s) and Overpayment(s)

The information obtained in this section enables us to determine if an individual or entity should have its Medicare billing number denied or revoked. Table A in this section cites specific adverse legal actions which have a direct bearing on the individual's or entity's professional competence, professional performance, or financial integrity that the provider or supplier must report to Medicare. These actions may serve as a basis for the Secretary, as set forth in section 1128 of the Act, to exclude an individual or entity from participation in Medicare and all other Federal health care programs.

4. Current Practice Location(s)

This section collects information to verify that the practice location where services are proposed to be or are being furnished by the enrolling provider or supplier meets Medicare requirements.

5. Ownership Interest and/or Managing Control Information (Organizations)

6. Ownership Interest and/or Managing Control Information (Individuals)

7. Chain Home Office Information

The information collected in the above three sections (5 through 7) is needed to ensure that all individuals and entities deriving financial benefit from the Medicare program are identified as required in sections 1124 and 1124A(a) of the Act, and in § 420.204. Those sections state that as a condition for approval or renewal of a contract or agreement, and for an entity to receive payment under Title XVIII, complete information as to the identity of each person and/or organization with an ownership or controlling interest of 5 percent or more and each managing employee as defined in section 1126(b) of the Act and § 420.201, must be disclosed.

8. Billing Agency

This section is needed to capture identifying information, such as legal business name and address, and to obtain information about the contract between the provider or supplier and the billing agency that submits bills or claims for Medicare payments on behalf of a Medicare provider or supplier. In addition, we need this information to verify that the biller has been authorized by the provider or supplier to submit bills or claims on the provider or supplier's behalf. We need to be able to monitor agreements made between billing and collection agents and providers and suppliers to ensure compliance with Medicare requirements found at 1842(b)(6) of the Act and §§ 424.73 and 424.80.

9. For Future Use

10. Staffing Company

This section is needed to capture identifying information, such as legal business name and address, and to obtain information about the contract between the provider or supplier and the staffing company that submits bills or claims for Medicare payments on behalf of a Medicare provider or supplier. In addition, we need this information to verify that the biller has been authorized by the provider or supplier to submit bills or claims on the provider or supplier's behalf. We need to be able to monitor agreements made between staffing companies and providers and suppliers to ensure compliance with Medicare requirements found at section 1842(b)(6) of the Act and §§ 424.73 and 424.80.

11. Surety Bond Information

This section will be used on an ''as needed'' basis and would furnish us with information regarding certain providers and suppliers that are required to obtain a surety bond under section 4312 of the BBA (codified at sections 1834(a)(16), 1861(o)(7), 1861(p)(4)(A)(v) and 1861(cc)(2)(I)) of the Act. The BBA further grants the Secretary the authority, at his or her discretion, to impose the requirements on other Medicare providers or suppliers (other than physicians or other practitioners as defined in section 1842(b)(18)(C) of the Act). See also section 1834(a)(16) of the Act.

12. Capitalization Requirements for Home Health Agencies (HHAs)

This section collects information required by § 489.28, which requires all HHAs enrolling in Medicare for the first time to submit proof of sufficient operating funds.

13. Contact Person(s)

This information will allow a Medicare contractor to establish a direct point of contact to resolve issues pertaining to the completion and validation of the information furnished in the CMS 855.

14. Penalties for Falsifying Information on this Enrollment Application

This section is informational only. It cites various statutory references in the United States Code and the Social Security Act concerning actual knowledge, deliberate ignorance or reckless disregard of the truth or falsity of the information contained therein on an application to receive payment.

15. Certification Statement

The certification statement is being revised. Statement 3 on the CMS 855A, CMS 855B, and CMS 855S forms and statement 4 on the CMS 855I form have been changed to provide a better understanding of Medicare policy. An additional statement is also being added to the CMS 855A and CMS 855B forms for providers and suppliers that receive

accreditation from an outside organization authorizing the release of the survey to us or our agents. By adding this language to the certification statement, the current CMS 1514 form will be eliminated for Medicare purposes.

16. Delegated Official (Optional)

The signature(s) obtained in sections 15 and 16 would attest that the provider or supplier has submitted accurate, complete, and truthful information as required by sections 1814(a) and 1833(e) of the Act, and that the person the provider or supplier has authorized to sign for the provider or supplier attests on behalf of the provider or supplier to having read and understood the information furnished and collected in the CMS 855, and that the information is accurate, complete, and truthful. By signing the certification statement, the provider or supplier, or the authorized or delegated official signing on behalf of the provider or supplier, is attesting, among other things, that the provider or supplier is aware of and will abide by all applicable Medicare laws and regulations.

17. Attachments

This section is a checklist of possible documents that should be submitted with the enrollment application. These documents are used as evidence or proof of the validity of the information furnished through the CMS 855.

B. Information Pertaining to Specific Provider and Supplier Types

1. Attachment 1 to Form CMS 855B—Ambulance Service Suppliers

We must collect specific information on ambulance service suppliers to verify their eligibility to receive payment for Medicare covered services. Section 410.41 (Requirements for ambulance suppliers) sets forth the requirements for ambulance service suppliers. An ambulance must be specially designed to respond to medical emergencies or provide acute medical care to transport the sick and injured and comply with all State and local laws governing an emergency transportation vehicle. We require that, at a minimum, an ambulance contain a stretcher, linens, emergency medical supplies, oxygen equipment, and other lifesaving emergency medical equipment as required by State or local laws, and be equipped with emergency warning lights, sirens, and two-way telecommunications.

Note: This attachment replaced the HCFA R–88 (OMB Approval Number 0938–0460).

2. Attachment 2 to Form CMS 855B—Independent Diagnostic Testing Facilities (IDTFs)

IDTFs must submit specific information to us to justify their eligibility to receive payment for Medicare covered services. The information collected in this attachment allows us to assess compliance with 42 CFR § 410.33 (Independent diagnostic testing facility). In addition, 42 CFR § 440.30 (Other laboratory and x-ray services) defines laboratory and X-ray services. These services may be provided in an office or similar facility other than a hospital outpatient facility or clinic, and must be furnished by a laboratory that meets the requirements of Part 493 of chapter IV, 42 CFR.

C. Supplemental Applications

1. Supplemental Application CMS 855S (DMEPOS Supplier Application)

The information collected in this iteration of the CMS 855 allows us to assess compliance with § 424.57 (Special payment rules for items furnished by DMEPOS suppliers and issuance of DMEPOS supplier billing numbers), which outlines specific standards that must be met for the enrollment and renewal of enrollment for DMEPOS suppliers. This collection was previously approved by OMB via the HCFA 192 (OMB Approval Number 0938–0594). The CMS 855S has replaced the HCFA 192.

Note: A DMEPOS supplier is not required to submit a CMS 855B form in addition to a CMS 855S.

2. Supplemental Application CMS 855R (Individual Reassignment of Benefits Application)

The CMS 855R will be used to link individual Medicare suppliers with Medicare entities to whom the individual reassigns his or her benefits and is used in conjunction with the CMS 855I or the CMS 855B during initial enrollment into the Medicare program, or whenever an individual supplier wishes to, or is required to, reassign its benefits. The CMS 855R contains only the information needed to identify and link individual suppliers reassigning their benefits to the individuals and entities to whom their benefits are being reassigned.

V. Sanctions and Penalties

The CMS 855 states that the following penalties may be imposed:

- 18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes or uses any false, fictitious, or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to $250,000 and imprisonment for up to 5 years. Offenders that are organizations are subject to fines of up to $500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender.
- Section 1128B(a)(1) of the Act authorizes criminal penalties against an individual who ''knowingly and willfully makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program.'' The offender is subject to fines of up to $25,000 or imprisonment for up to 5 years, or both.
- The Civil False Claims Act, 31 U.S.C. 3729, imposes a civil penalty of $5,000 to $10,000 per violation, plus three times the amount of damages sustained by the Government and imposes civil liability, in part, on any person who—
- Knowingly presents, or causes to be presented, to an officer or an employee of the United States Government a false or fraudulent claim for payment or approval;
- Knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or
- Conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.
- Section 1128A(a)(1) of the Act imposes administrative sanctions on a person for the submission to a Federal health care program of false or otherwise improper claims.

These administrative sanctions include a civil monetary penalty of up to $10,000 for each item or service falsely or fraudulently claimed an assessment of up to triple the amount claimed, and exclusion from participation in all Federal health care programs.

The government may assert common law claims such as ''common law fraud,'' ''money paid by mistake,'' and ''unjust enrichment.'' Remedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.

In addition, the following two sanctions will be added to the CMS 855 form:

• 18 U.S.C. 1035 authorizes criminal penalties against individuals in any matter involving a health care benefit program who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; or makes any materially false, fictitious, or fraudulent statements or representations, or makes or uses any materially false fictitious, or fraudulent statement or entry, in connection with the delivery of or payment for health care benefits, items, or services. The individual shall be fined or imprisoned up to 5 years or both.

• 18 U.S.C. 1347 authorizes criminal penalties against individuals who knowing and willfully execute, or attempt, to execute a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by or under the control of, any health care benefit program in connection with the delivery of or payment for health care benefits, items, or services. Individuals shall be fined or imprisoned up to 10 years or both. If the violation results in serious bodily injury, an individual shall be fined or imprisoned up to 20 years, or both. If the violation results in death, the individual shall be fined or imprisoned for any term of years or for life, or both.

VI. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995 (PRA), agencies are required to provide a 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to OMB for review and approval. To evaluate fairly whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the PRA requires that we solicit comments on the following issues:

• Whether the information collection is necessary and useful to carry out the proper functions of the agency;

• The accuracy of the agency's estimate of the information collection burden;

• The quality, utility, and clarity of the information to be collected; and

• Recommendations to minimize the information collection burden.

Therefore, we are soliciting public comment on each of these issues for the information collection requirement discussed below.

The following sections of this document contain information collection requirements:

Section 424.510 Requirements for Obtaining a Billing Number and Medicare Billing Privileges

To enroll in the Medicare program and obtain and activate a Medicare provider or supplier billing number, § 424.510(a) requires a provider or supplier to complete and submit a CMS 855 to us, demonstrating that the provider or supplier meets all of the requirements set forth in this section. The burden associated with these requirements are currently captured in the CMS 855 (OMB Approval Number 0938–0685) and shown below in Table 1.

TABLE 1.—CURRENT ESTIMATED HOURS FOR COMPLETION OF CMS 855 FORMS FOR INITIAL ENROLLMENT

CMS form number	Estimated number of respondents	Estimated time for completion per respondent	Total number of hours for completion	Total cost in dollars (million)
855A	5,000	8 Hours	40,000	$3
855B	10,000	8 Hours	80,000	$6
855I	50,000	5 Hours	250,000	$3
855R	100,000	15 Minutes	25,000	$.3
855S	9,000	8 Hours	72,000	$5.4
Total Estimated Hourly and Financial Burden			467,000	$17.7

The estimated number of respondents is based on current Medicare contractor workload reports. The cost in dollars is based on hourly salaries for applicable staff to complete the applications.

Section 424.510(f) states that we reserve the right to perform on-site inspections of a provider or supplier to verify and ensure validity of the information submitted to us or our agents and to determine compliance with Medicare requirements. We intend to conduct on-site visits of all new suppliers of DMEPOS before they can enroll in the Medicare program. The burden associated with these requirements are currently captured and approved in form HCFA–R–263 (OMB Approval Number 0938–0749).

We also intend to conduct approximately 490 on-site visits to Community Mental Health Centers. The burden associated with these requirements are currently captured and approved in form HCFA–R–273 OMB Approval Number 0938–0770). We also intend to conduct approximately 2800 visits to IDTFs on an annual basis. We will seek OMB approval for these visits. The burden associated with this requirement is the time and effort necessary for a facility to provide documentation to verify information provided on their CMS 855 and to demonstrate that they meet other necessary Medicare requirements and regulations.

TABLE 2.—ESTIMATED ANNUAL REPORTING BURDEN

CFR sections	Annual number of responses	Frequency	Average burden per response (hours)	Annual burden (hours)	Annual cost
424.510(f)	2800	1	4	11,200	$0

Since these site visits are unannounced and performed to ensure proper physical location, equipment, and personnel to meet Medicare requirements, we do not expect the

provider or supplier to incur any financial burden.

We may also conduct on-site visits of providers or suppliers based on any information that leads us or our agents to believe that an administrative action, investigation or audit is warranted. Information collected under these situations is exempt from the PRA, as stipulated under 5 CFR 1320.4.

Section 424.515 Requirements for Reporting Changes and Updates to, and the Periodic Revalidation of, Medicare Enrollment Information

A provider or supplier must re-certify for revalidation its enrollment information no more than once every 3 years. Section 424.515(b) states that within 60 calendar days of our notice to re-certify their enrollment information for revalidation, a provider or supplier must submit any new or revised CMS 855 information and documentation necessary to demonstrate that they meet the requirements set forth in this section.

TABLE 3.—ESTIMATED ANNUAL REPORTING BURDEN

CFR sections	Annual number of responses	Frequency	Average burden per response (minutes)	Annual burden (hours)	Annual cost (million)
424.515(b)	387,000	(**)	95	612,750	$15

** Frequency is no more than once every 3 years. (1.16 million providers and suppliers/3 years × 95 minutes/60 minutes.)

The burden hours shown above are for the most restrictive reporting. As indicated elsewhere in this preamble, we are exploring various options and are soliciting comments on ways of minimizing the burden on providers and suppliers during the process of revalidating their enrollment information.

The estimated cost is based on $40 per application per provider to review and return.

Section 424.520 Additional Provider and Supplier Requirements for Enrolling and Maintaining Active Enrollment Status in the Medicare Program

Following enrollment and periodic recertification of enrollment information, a provider or supplier must report to us any changes to the information furnished on the CMS 855 or supporting documentation within 90 calendar days of the change.

TABLE 4.—ESTIMATED ANNUAL REPORTING BURDEN

CFR section	Annual number of responses	Frequency	Average burden per response (hours)	Annual burden (hours)	Annual cost (millions)
424.20	40,000	1	1	40,000	$1.6

Section 424.525 Rejection of a Provider or Supplier's CMS 855 for Medicare Enrollment

We will reject a provider or supplier's CMS 855 if the provider or supplier does not furnish missing or necessary information and documentation to us within 60 calendar days of a request. We believe that the burden associated with this requirement is captured in § 424.515, as we will merely be seeking the information initially requested in the CMS 855.

Section 424.525(b) states that upon notification of a rejected CMS 855, the provider or supplier must once again begin the enrollment process by completing and submitting a new CMS 855 and all applicable documentation if it wishes to obtain a Medicare billing number.

TABLE 5.—ESTIMATED ANNUAL REPORTING BURDEN

CFR sections	Annual number of responses	Frequency	Average burden per response (minutes)	Annual burden (hours)	Annual cost
424.525(b)	11,250	1	95	17,812	$563,000

The annual dollar cost is based on $50 per respondent to update and resubmit a previously submitted enrollment application.

Section 424.535 Revocation of Enrollment and Billing Privileges From the Medicare Program

Section 424.535(b) states that upon notification of the revocation of its billing number and billing privileges, if the provider or supplier seeks to re-establish enrollment in the Medicare program it must re-enroll in the Medicare program through the completion and submission of a new CMS 855 and applicable documentation.

TABLE 6.—ESTIMATED ANNUAL REPORTING BURDEN

CFR sections	Annual number of responses	Frequency	Average burden per response (hours)	Annual burden (hours)	Annual cost (millions)
424.535(b)	2000	1	8	16,000	$1.2

The annual dollar cost is based on $600 per respondent to re-enroll in the Medicare program.

Providers must also be re-surveyed or re-certified by the State Survey Agency and must establish a new provider agreement with our Regional Office. The burden associated with the survey and certification requirement is exempt from the PRA, as provided in section 4204(c) of Pub. L. 100–203 COBRA 87, as amended by Pub. L. 100–360 (Medicare Catastrophic Coverage Act of 1988). The burden associated with the requirement to establish a new provider agreement (Form HCFA–460) is currently approved under OMB Approval Number 0938–0373.

Section 424.540 Deactivation of Medicare Billing Privileges

Section 424.540(a)(1) states that if no Medicare claims are submitted for two consecutive calendar quarters (6 months) we would deactivate a provider or supplier's Medicare billing number. The provider or supplier must complete and submit a CMS 855 for validation to reactivate its Medicare billing number and billing privileges.

TABLE 7.—ESTIMATED ANNUAL REPORTING BURDEN

CFR sections	Annual No. of responses	Frequency	Average burden per response (minutes)	Annual burden hours	Annual cost
424.540 (a)(1)	1200	1	95	1,900	$48,000

The annual cost is based on $40 per respondent to review and re-certify via signature their previously submitted enrollment application/information.

Table 8 below shows the total estimated hourly and financial burden for all requirements outlined and proposed in this rule.

TABLE 8.—ESTIMATED HOURLY AND FINANCIAL BURDEN FOR ALL REQUIREMENTS

CFR section	Annual No. of responses	Annual burden hours	Annual cost (million)
424.500	618,250	1.2 million	$36.6

We have submitted a copy of this proposed rule to OMB for its review of the information collection requirements in §§ 424.510, 424.515, 424.520, 424.525, 424.535, and 424.540 and related forms in the addendum. These requirements are not effective until they have been approved by OMB.

If you have any comments on any of these information collection and record keeping requirements, please mail the original and 3 copies directly to the following:

Centers for Medicare and Medicaid Services, Office of Information Services, Information Technology Investment Management Group, Division of CMS Enterprise Standards, Room C2–26–17, 7500 Security Boulevard, Baltimore, MD 21244–1850, Attn.: John Burke CMS–6002–P.

And,

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington. DC 20503, Attn: Brenda Aguilar, CMS Desk Officer.

VII. Regulatory Impact Analysis

We have examined the impacts of this proposed rule under Executive Order (E.O.) 12866, the Unfunded Mandate Reform Act of 1995, and the Regulatory Flexibility Act. E.O. 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits. In addition, a Regulatory Impact Analysis must be prepared for major rules with economically significant effects ($100 million or more in any one year). This proposed rule would establish in regulations specific provider and supplier initial enrollment procedures and the periodic revalidation of eligibility. It is not expected to have an impact that would meet the threshold criteria to be considered economically significant.

The Unfunded Mandate Reform Act of 1995, in section 202, requires that agencies prepare an assessment of anticipated costs and benefits before proposing any rule that may result in an annual expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of $110 million adjusted for inflation. The rule has no consequential adverse impact on State, local, or tribal governments. This rule may reduce some State burdens since they will no longer certify providers that are not qualified to participate in the Medicare program. The impact on the private sector is well below the threshold.

Consistent with the Regulatory Flexibility Act, we prepare a Regulatory Flexibility Analysis (RFA) unless we certify that a rule would not have a

significant economic impact on a substantial number of small entities. The RFA is to include a justification of why action is being taken, the kinds and number of small entities that the proposed rule will affect, and an explanation of any considered meaningful options that achieve the objectives and would lessen any significant adverse economic impact on the small entities. For purposes of the RFA, entities with annual revenues of $5 million to $25 million depending on the type of health care provider and non-profit organizations are considered to be small entities. Because of the scope of this rule, all small entities that participate in the Medicare program are considered providers and suppliers and will be affected, but we do not expect that effect to be of a significant nature. As we show in section B of this impact analysis, the annual burden on providers and suppliers for completing the CMS 855 forms would not rise to the level of a significant burden.

The following analysis, together with the rest of this preamble, explains the rationale, purpose, and alternatives considered in the proposed rule. This is an administrative initiative that may result in Medicare program savings but at this time those savings are inestimable. We believe the probable costs providers or suppliers would incur as a result of this rule to be negligible.

A. Rationale, Purpose, and Alternatives Considered

As noted elsewhere in this preamble, we are responsible for protecting the Medicare trust fund by ensuring that unqualified, fraudulent, or excluded providers and suppliers do not bill the Medicare program. Past experience with a number of program integrity efforts have identified that granting billing privileges to entities that do not exercise sound business practices can result in uncollectable overpayments. The ease of obtaining a billing number in the past has paved the way for unscrupulous businesses to defraud the government deliberately by billing for services never furnished or furnished at inflated prices.

The provisions of this proposed rule supplement, but do not replace or nullify, existing regulations concerning the establishment of provider or supplier agreements, the issuance of provider or supplier billing numbers, and payment for Medicare covered services or supplies to eligible providers and suppliers. Basically, this rule consolidates current regulations found throughout the Code of Federal Regulations and more clearly defines what Medicare expects from providers and suppliers rendering services to the Medicare beneficiaries. Moreover, we have revised the ''Provider Supplier Enrollment Application (CMS 855)'' which will greatly decrease the current burden to the provider or supplier when applying for billing privileges. We expect this rule to ensure that the Medicare program has adequate information on those who seek to bill the program for services. Furthermore, it assures us that information will be periodically updated and reviewed. We believe that establishing the foundation for a sound business relationship with providers and suppliers will minimize billing problems and otherwise protect the Medicare trust fund. Similarly, we believe it is necessary for us to impose the requirements of this regulation on existing providers and suppliers and to establish safeguards that enable us to deny enrollment of unqualified providers and suppliers, and to revoke the billing privileges of egregious offenders whose actions place the Medicare trust fund at risk.

The primary goal of this rule, through standard enrollment requirements and periodic revalidation of the enrollment information, is to allow us to collect and maintain (keep current) a unique and equal data set on all current and future providers and suppliers that are or will bill the Medicare program for services rendered to our beneficiaries. By achieving this goal, we will be better positioned to combat and reduce the number of fraudulent and abusive providers and suppliers in the Medicare program, thereby protecting the trust fund and the Medicare beneficiaries. This rule will also allow us to develop, implement, and enforce national provider and supplier enrollment procedures to be administered uniformly by all Medicare contractors. Over time, we strongly believe that any current burden imposed on the providers and suppliers will be greatly diminished through the use of computer storage and web based internet technology.

Studies performed by our contractors, the GAO and OIG have shown numerous instances of fictitious applicants being granted Medicare billing numbers. This proposed rule would integrate the request for enrollment with sufficient data to substantiate an appropriate level of performance on the part of a new or continuing business. In prior studies, the OIG has found applicants who had submitted applications with nonexistent addresses. In some instances suppliers had no inventory of goods to be sold, lacked business licenses, had no financial investment, or lacked any experience in the business venture.

The GAO report concluded: ''Weaknesses in CMS' current provider enrollment process have made Medicare vulnerable to dishonest providers. To protect the integrity of Medicare, CMS and its contractors must have effective practices for reviewing applicants to verify that they are eligible for enrollment in the program, as well as the authority to deny or revoke enrollment to those that are not.'' This report also concluded that, '': Periodic revalidation of provider enrollment data should be a valuable means of ensuring that CMS has current, useful data on active providers and that providers no longer eligible to participate in Medicare are dropped from the program.'' Therefore, based on the above recommendation and our own successes with our 3-year re-enrollment policy currently in effect for DME suppliers, we are seeking to expand this requirement to all providers and suppliers billing the Medicare program.

We have already stepped up our efforts to seek more uniformity in the enrollment process. However, our experience clearly shows that the best means for preventing payment errors and, in worst cases, abuse by providers and suppliers, is to discourage and prevent their entry into the Medicare program through this rule and the authority to deny enrollment or revoke their billing number.

We realize that some entities will perceive our proposed requirements as a barrier to their access to serving Medicare beneficiaries. We do not believe that bona fide businesses will experience any difficulty in obtaining or maintaining a Medicare billing number. We also do not believe that the impact of these proposed requirements would fall any more heavily on underserved areas than on major metropolitan areas. We estimate that furnishing the requested information would require no more than 8 hours of a provider or supplier's time. Most businesses should have the information readily available.

B. Rural Hospital Impact Statement

Section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. Such an analysis must conform to the provisions of section 603 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 100 beds. As noted above, there is a minimum amount of time needed to gather data and provide the information requested on the CMS 855

when initially enrolling or when resubmitting enrollment information to obtain and maintain a Medicare billing number. We are not preparing a rural impact statement since we have determined, and certify, that we do not expect this rule to impose any additional burden or otherwise significantly impact the operations of a substantial number of small rural hospitals. By default, due to their smaller size, the burden to small rural hospitals would actually be less than the average provider.

There are currently about 1.2 million providers (hospitals, home health agencies, rural health clinics, skilled nursing facilities, etc.) and suppliers (physicians, nurses, ambulance companies, clinical laboratories, durable medical equipment suppliers, etc.) enrolled in the Medicare program. In addition, about 74,000 new providers and suppliers apply to enroll in Medicare each year. Listed below is the current estimated annual burden on the affected public in both hours and dollars.

1. Estimated Costs for Completion of CMS 855 Forms for Initial Enrollment

Assumptions:

a. The monetary cost to the respondents is calculated as follows based on the following assumptions:

- The CMS 855I and CMS 855R will be completed by clerical staff (secretary), and
- The CMS 855A, CMS 855B, and CMS 855S will be completed by professional staff (attorney or accountant).

b. Estimated Cost per Form

The monetary cost to the respondent to complete and submit the necessary CMS 855 form is:

- $600 for the CMS 855A, CMS 855B, and CMS 855S
- $60 for the CMS 855I, and
- $3 for the CMS 855R

c. Estimated Hourly Wage for Staff Completing Forms. The cost per respondent per form has been determined using the following wages:

- $12.00 per hour (clerical wage)
- $75.00 per hour (professional wage)

CURRENT ESTIMATED HOURS FOR COMPLETION OF CMS 855 FORMS FOR INITIAL NEW ENROLLMENTS

CMS form number	Estimated number of respondents	Estimated time for completion per respondent	Total number of hours for completion	Total costs in dollars (million)
855A	5,000	8 Hours	40,000	$3
855B	10,000	8 Hours	80,000	$6
855I	50,000	5 Hours	250,000	$3
855R	100,000	15 Minutes	25,000	$.3
855S	9,000	8 Hours	72,000	$5.4
Total Estimated Hourly and Financial Burden			467,000	$17.7

The estimated number of respondents is based on current Medicare contractor workload reports.

2. Completing Forms to Report Changes to Enrollment Information

The hourly burden and monetary cost estimate for this activity for all forms is:

- 100,000 respondents X 1 hour each = 100,000 hours

Average cost per respondent = $420
Total cost for all respondents = $42 million

3. Completing Forms to Re-Certify Enrollment Information (3 yr cycle)

The hourly burden and monetary cost estimate for this activity for all forms is:

- 330,000 respondents X 2 hours each = 660,000 hours Average cost per respondent = $40

Total cost for all respondents = $13.2 million

Based on the above, the estimated current total annual hour burden for all classes of providers (hospitals, home health agencies, rural health clinics, skilled nursing facilities, etc.) and suppliers (physicians, nurses, ambulance companies, clinical laboratories, durable medical equipment suppliers, etc.) is 1,227,000 hours.

Based on the above, the estimated current annual monetary burden for all classes of providers (hospitals, home health agencies, rural health clinics, skilled nursing facilities, etc.) and suppliers (physicians, nurses, ambulance companies, clinical laboratories durable medical equipment suppliers, etc.) is $32.9 million. The 1997 revenue receipts for all classes of providers and suppliers is $913.7 billion. The cost of obtaining and maintaining billing privileges in the Medicare program on average is less than 1 percent of the total revenue.

Although it is possible that a few entities may be significantly affected by these proposed rules, we do not expect that a substantial number of affected entities will experience a significant increase in the reporting burden; therefore, the Secretary certifies that this rule is not expected to impose any additional burden or otherwise significantly impact a substantial number of small entities. We also invite comments on our impact analysis and regulatory flexibility analysis.

C. Alternatives Considered

Since this proposed rule is a codification of our current policies on provider and supplier enrollment, with the exception of imposing a cyclical revalidation process, we did not seek alternatives to this process. However, the current process was reviewed and, when possible, proposed or made that would reduce the current burden, such as the time frame for reporting changes.

Although we do not expect this rule to have a significant economic impact, we are revising the requirements for reporting changes to the provider or supplier's enrollment information to reduce the current burden. Currently, provides and suppliers must report any changes to their enrollment information within 30-days. We are proposing to change this requirement to 90-days (or quarterly). We considered retaining the current requirement but determined the 30-day timeframe as too stringent in light of the rapid changes seen in today's health care industry. This change is expected to reduce the administrative burden for the providers, suppliers, our contractors, and us.

In accordance with the provisions of Executive Order 12866, this rule was reviewed by OMB.

VIII. Response to Comments

Because of the large number of items of correspondence we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, if we proceed with a subsequent document, we will

respond to the major comments in the preamble to that document.

List of Subjects

42 CFR Part 420

Fraud, Health facilities, Health professions, Medicare.

42 CFR Part 424

Emergency medical services, Health facilities, Health professions, Medicare.

42 CFR Part 489

Health facilities, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 498

Administrative practice and procedure, Health facilities, Health professions, Medicare, Reporting and recordkeeping requirements.

For the reasons set forth in this preamble, 42 CFR chapter IV is proposed to be amended as set forth below:

PART 420—PROGRAM INTEGRITY: MEDICARE

1. The authority citation for part 420 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. In § 420.201, the definition for managing employee is revised to read as follows:

* * * * *

Managing employee means a general manager, business manager, administer, director, or other individual that exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of the institution, organization, or agency, either under contract or through some other arrangement, whether or not the individual is a W–2 employee.

* * * * *

PART 424—CONDITIONS FOR MEDICARE PAYMENT

1. The authority citation for part 424 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. In § 424.1, the introductory text to paragraph (a)(1) is republished, and the following statutory reference is added to paragraph (a)(1) in numerical order to read as follows:

§ 424.1 Basis and scope.

(a) *Statutory basis.* (1) This part is based on the indicated provisions of the following sections of the Act:

* * * * *

1833(e)—Requirement to furnish information to determine payment.

* * * * *

3. Subparts N and O are added and reserved.

4. Subpart P is added to read as follows:

Subpart P—Requirements for Establishing and Maintaining Medicare Billing Privileges

Sec.

424.500 Scope.
424.502 Definitions.
424.505 Basic enrollment requirement.
424.510 Requirements for obtaining a billing number and Medicare billing privileges.
424.515 Requirements for reporting changes and updates to, and the periodic revalidation of, Medicare enrollment information.
424.520 Additional provider and supplier requirements for enrolling and maintaining active enrollment status in the Medicare program.
424.525 Rejection of a provider or supplier's CMS 855 for Medicare enrollment.
424.530 Denial of enrollment.
424.535 Revocation of enrollment and billing privileges in the Medicare program.
424.540 Deactivation of Medicare billing privileges.
424.545 Provider and supplier appeal rights.
424.550 Prohibitions on the sale or transfer of billing privileges.
424.555 Payment liability.

Subpart P—Requirements for Establishing and Maintaining Medicare Billing Privileges

§ 424.500 Scope.

The provisions of this subpart contain the requirements for enrollment, periodic resubmission and certification of enrollment information for revalidation, and timely reporting of updates and changes to enrollment information. These requirements apply to all providers and suppliers except for physicians and practitioners who have entered into a private contract with a beneficiary as described in part 405, subpart D of this chapter. Providers and suppliers must meet and maintain these enrollment requirements to bill either the Medicare program or its beneficiaries.

Note to § 424.500: Throughout subpart P, references to ''supplier'' or ''suppliers'' do not include those physicians or practitioners who have elected to ''opt-out'' of Medicare as described in part 405, subpart D of this chapter.

§ 424.502 Definitions.

As used in this subpart, unless the context indicates otherwise—

Approve/Approval means the enrolling provider or supplier has been determined to be eligible under Medicare rules and regulations to receive a Medicare billing number and Medicare billing privileges.

Authorized official means an appointed official (for example, chief executive officer, chief financial officer, general partner, chairman of the board, or direct owner) to whom the organization has granted the legal authority to enroll it in the Medicare program, to make changes or updates to the organization's status in the Medicare program, and to commit the organization to fully abide by the laws, regulations, and program instruction of the Medicare program.

Deactivate means that the provider or supplier's billing privileges have been temporarily stopped, but can be restored upon the submission of updated information.

Delegated official means an individual who has been delegated by the ''Authorized official'', the authority to report changes and updates to the enrollment record. The delegated official must be an individual with ownership or control interest in, or be a W–2 managing employee of the provider or supplier.

Deny/Denial means the enrolling provider or supplier has been determined to be ineligible to receive Medicare billing privileges for Medicare covered services provided to Medicare beneficiaries. Providers and suppliers who have been denied Medicare enrollment cannot bill for Medicare covered services.

Enroll/Enrollment means the process that Medicare uses to—

(1) Identify a provider or supplier;

(2) Validate its eligibility to provide services to Medicare beneficiaries;

(3) Identify and confirm the provider or supplier's practice location(s) and owner(s); and

(4) Grant the provider or supplier Medicare billing privileges.

Managing employee means a general manager, business manager, administrator, director, or other individual that exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of the provider or supplier, either under contract or through some other arrangement, whether or not the individual is a W–2 employee of the provider or supplier.

Operational means the provider or supplier has a qualified physical practice location, is open to the public for the purpose of providing health care related services, is prepared to submit valid Medicare claims, *and* is properly staffed, equipped, and stocked (as applicable, based on the type of facility or organization, provider or supplier specialty, or the services or supplies being rendered), to furnish these services.

Owner means any individual or entity that has any partnership interest in, or that has 5 percent or more direct or indirect ownership of the provider or supplier as defined in section 1124A(a) of the Act.

Reject/Rejected means that the provider or supplier's enrollment application has not been processed due to incomplete information or that additional information or corrected information was not received from the provider or supplier within 60 days after it was requested.

Revoke/Revocation means that the provider or supplier's billing privileges have been terminated.

§ 424.505 Basic enrollment requirement.

To receive payment for covered Medicare services from either Medicare (in the case of assigned claims) or a Medicare beneficiary (in the case of unassigned claims), a provider or supplier must have a valid Medicare billing number and been granted billing privileges for the date the service or supplies were furnished.

§ 424.510 Requirements for obtaining a billing number and Medicare billing privileges.

Providers and suppliers must submit enrollment information via the applicable form CMS 855 for verification by the Medicare program to obtain a Medicare billing number and be granted billing privileges. Upon the provider or supplier's successful completion of the enrollment process, including State survey and certification, accreditation, and approval of the CMS 855, The Centers for Medicare & Medicaid Services (CMS) issues a billing number and grants billing privileges that enable the provider or supplier to bill the Medicare program or the Medicare beneficiaries for Medicare covered services. Currently, the effective dates for reimbursement can be found at § 489.13 of this chapter for providers and suppliers requiring State survey or certification or accreditation, § 424.5 and § 424.44 for non-surveyed or certified/accredited suppliers, and § 424.57 and section 1834(j)(1)(A) of the Act for DMEPOS suppliers. For those providers and suppliers seeking accreditation from a CMS approved accreditation organization, the effective date for reimbursement will be the later of the date accreditation was received or the final approval of the CMS 855. CMS will not issue Medicare billing numbers or grant Medicare billing privileges retroactive to the date that the provider or supplier received final approval of their enrollment application (CMS 855). To obtain a billing number and be granted billing privileges, the following enrollment requirements must be met:

(a) *Form CMS 855.* A provider or supplier must submit to CMS the applicable completed CMS 855—Medicare Health Care Provider/Supplier Enrollment Application. The completed form will provide information for the purpose of establishing eligibility to receive payment for covered services furnished to Medicare beneficiaries. The information obtained uniquely identifies the provider and supplier for the purpose of enumeration, and provides information to CMS necessary for CMS to verify that the provider or supplier is not, and should not be, excluded from participation in the Medicare program, and that it renders services covered by the Medicare program.

(1) *Content.* The submitted CMS 855 must include the following:

(i) Complete, accurate, and truthful responses to all information requested within each section as applicable to the provider or supplier type.

(ii) Any documentation required by CMS under this or other statutory or regulatory authority to uniquely identify the provider or supplier. This documentation may include, but is not limited to, proof of the legal business name, practice location, social security number (SSN), tax identification number (TIN), and owners of the business.

(iii) Any documentation required by CMS under this or other statutory or regulatory authority to establish the provider or supplier's eligibility to furnish services to beneficiaries in the Medicare program, including copies of pertinent licenses.

(2) *Signature(s).* The certification statement found on the CMS 855 must be signed by an individual who has the authority to bind the provider or supplier, both legally and financially, to the requirements set forth in this chapter. This person must also have an ownership or control interest in the provider or supplier, as that term is defined in section 1124(a)(3) of the Act, such as, be the general partner, chairman of the board, chief financial officer, chief executive officer, president, or hold a position of similar status and authority within the provider or supplier organization. The signature attests that the information submitted is accurate and that the provider or supplier is aware of, and will abide by, all applicable Medicare laws, regulations, and program instructions.

(i) *Requirements.* The signature requirements set forth below outline who must sign the CMS 855 for an enrolling provider or supplier:

(A) In the case of an individual practitioner, the applying practitioner.

(B) In the case of a sole proprietorship, the applying sole proprietor.

(C) In the case of a corporation, partnership, group, limited liability company, or other organization (hereafter referred to collectively in this section as an organization), an authorized official, as defined in § 424.502. When an authorized official signs the certification statement on behalf of an organization, the signed statement is considered legally binding upon the organization.

(ii) *Delegation of Authority.* The original CMS 855 submitted for an organization's initial enrollment and all subsequent CMS 855s submitted for periodic revalidation of the organization's enrollment data (as required to maintain enrollment in the Medicare program) must be signed by an authorized official. Any updates or changes reported outside of the initial enrollment or periodic revalidation process may be signed by a delegated official(s) of the organization. The delegated official's signature binds the organization both legally and financially, as if the signature was that of the authorized official. Before the delegation of authority is established, the only acceptable signature on the CMS 855 to report updates or changes to the enrollment information will be that of the authorized official currently on file with Medicare. Once the delegation of authority is established, the only acceptable signatures on correspondence to report updates or changes to the enrollment information will be those of the authorized official and the person(s) to whom this authority has been delegated in accordance with the procedures detailed herein. Individual practitioners and sole proprietors can not delegate signature authority when submitting a CMS 855 for any reason. All CMS 855s submitted by individual practitioners and sole proprietors must be signed by the enrolling/enrolled individual. Each delegation of authority to a delegated official must—

(A) Be assigned by the authorized official currently on file with CMS;

(B) Be submitted to CMS via the CMS 855;

(C) Include the title of each person delegated authority to update or change the organization's enrollment information;

(D) Include the SSN of the delegated individual where that individual has an ownership or control interest in the organization or is a W–2 managing employee as defined in section 1126(b) of the Act; and

(E) Be signed by the authorized official and the delegated official(s) of the organization.

(*1*) *Verification of information.* The information submitted by the provider or supplier on the applicable CMS 855 must be such that CMS can validate it for accuracy as of the time of submission.

(*2*) *Completion of any applicable State surveys, certifications, and provider agreements.* The providers or suppliers who are mandated under the provision in Part 488 of this chapter to be surveyed or certified by the State Survey and Certification Agency, and to also enter into and sign a provider agreement as outlined in part 489 of this chapter, must also meet those requirements as part of the process to obtain Medicare billing privileges.

(*3*) *Ability to furnish Medicare covered services or supplies.* The provider or supplier must be operational to furnish Medicare covered services and/or supplies before being granted Medicare billing privileges.

(*4*) *Additional requirements.* Providers and suppliers must meet the provisions of § 424.520 regarding additional compliance and reporting requirements.

(*5*) *On-site inspections.* CMS reserves the right, when we deem necessary, to perform on-site inspections of a provider or supplier to verify that the enrollment information submitted to CMS or its agents is accurate and to determine compliance with Medicare enrollment requirements. Site visits for enrollment purposes will not affect those site visits performed for establishing conditions of participation.

(b) [Reserved]

§ 424.515 Requirements for reporting changes and updates to, and the periodic revalidation of, Medicare enrollment information.

To maintain Medicare billing privileges a provider or supplier must resubmit and re-certify as to the accuracy via an authorized signature, its enrollment information for validation no more than once every 3 years. Initially, all providers and suppliers currently in or initially enrolling in the Medicare program will be required to complete the applicable CMS 855 at least once. The provider or supplier will enter the three-year revalidation cycle once a completed CMS 855 has been submitted and validated. (Ambulance service providers will continue to resubmit enrollment information in accordance with § 410.41(c)(2) and DME suppliers will continue to renew enrollment in accordance with § 424.57(e) of this chapter). The requirements for the resubmission, recertification and reverification of enrollment information include the following:

(a) *Submission of form CMS 855 and supporting documentation.* The provider or supplier must meet the submission, content, signature, verification, operational, inspection, and other requirements outlined in § 424.510.

(b) *Processing time.* A provider or supplier must submit to us the applicable CMS 855 with complete and accurate information and applicable supporting documentation within 60 calendar days of our notification to resubmit and certify to the accuracy of its enrollment information.

(c) *Completion of any applicable State surveys, certifications and provider agreements.* A new survey and certification and a new provider agreement are not required for the purpose of resubmission and certification for revalidation of enrollment information. Providers and suppliers must continue to meet the requirements of parts 488 and 489 of this subchapter, if applicable.

(d) *On-site inspections.* CMS reserves the right to perform on-site inspections of a provider or supplier to verify that the information submitted to CMS or its agents is accurate and to determine compliance with Medicare enrollment requirements. Site visits for enrollment purposes will not affect those site visits performed for establishing conditions of participation.

(e) *Adjustments to 3-year re-validation cycle and non-routine re-validations.* (1) Revalidation of enrollment information will occur no more than once every 3 years. CMS reserves the right to adjust this schedule if it is determined that revalidation should occur on a more frequent basis due to complaints or evidence received indicating non-compliance with the Medicare statute or regulations by specific provider or supplier types. The schedule may also be on a less frequent basis if it is determined that the integrity of and compliance with the Medicare statute and regulations by specific provider or supplier types indicate that less frequent validation is justified. CMS will continue to revalidate enrollment information for Ambulance Service Suppliers in accordance with regulations set forth at § 410.41(c)(2) of this chapter (Requirements for ambulance suppliers), and DME suppliers will continue to renew enrollment in accordance with regulations set forth at § 424.57(e) (Special payment rules for items furnished by DMEPOS suppliers and issuance of DMEPOS supplier billing numbers).

(2) CMS also reserves the right to perform non-routine revalidation and request the provider or supplier to re-certify as to the accuracy of the enrollment information when warranted to assess and confirm the validity of the enrollment information. Non-routine revalidation may be triggered as a result of random checks, information indicating local problems, national initiatives, complaints, or other reasons that cause CMS to question the integrity of the provider or supplier in its relationship with the Medicare program. Like routine revalidation, non-routine revalidation may or may not be accompanied by site visits.

§ 424.520 Additional provider and supplier requirements for enrolling and maintaining active enrollment status in the Medicare program.

(a) *Certifying compliance.* CMS enrolls and maintains an active enrollment status for a provider or supplier when that provider or supplier certifies that it meets, and continues to meet, and CMS verifies that it meets, and continues to meet, all of the following requirements:

(1) Compliance with Title XVIII of the Social Security Act and applicable Medicare regulations.

(2) Compliance with Federal and State licensure, certification and regulatory requirements, as required, based on the type of services or supplies the provider or supplier type will furnish and bill Medicare.

(3) Not employing or contracting with individuals or entities—

(i) Excluded from participation in any Federal health care programs, for the provision of items and services covered under the programs, in violation of section 1128A(a)(6) of the Act; or

(ii) Debarred by the General Services Administration (GSA) from any other Executive Branch procurement or non-procurement programs or activities, in accordance with the Federal Acquisition and Streamlining Act of 1994, and with

the HHS Common Rule at 45 CFR part 76.

(b) *Reporting requirements.* Following enrollment, a provider or supplier must report to CMS any changes to the information furnished on the CMS 855 or supporting documentation within 90 calendar days of the change, with the exception of changes in ownership or control of the provider or supplier which must be reported within 30 calendar days. Failure to do so may result in the deactivation or revocation of the provider or supplier's Medicare billing number.

§ 424.525 Rejection of a provider or supplier's CMS 855 for Medicare Enrollment

(a) *Reasons for rejection.* CMS rejects a provider or supplier's CMS 855 for the following reasons:

(1) The provider or supplier fails to furnish complete information within 60 calendar days of CMS's request for the information as required.

(2) The provider or supplier fails to furnish supporting documentation within 60 calendar days of CMS's request for the documentation as required.

(b) *Extension of 60-day period.* CMS will not reject any provider or supplier enrollment application if the provider or supplier is actively communicating with CMS to resolve any issues regardless of the length of time it takes to resolve those issues.

(c) *Resubmission after rejection.* To enroll in Medicare and obtain a Medicare billing number and billing privileges after notification of a rejected CMS 855, the provider or supplier must complete and submit a new CMS 855 and all applicable documentation for CMS review and approval.

§ 424.530 Denial of enrollment.

(a) *Reasons for denial.* CMS may deny a provider or supplier's enrollment in the Medicare program for the following reasons:

(1) *Compliance.* The provider or supplier at any time is found not to be in compliance with the Medicare enrollment requirements described in the CMS 855 enrollment form applicable to the type of provider or supplier enrolling, and has not submitted a plan of corrective action as outlined in part 488 of this chapter and under section 1819(h)(2)(c) of the Act.

(2) *Provider or supplier conduct.* The provider or supplier, or any owner, managing employee, or an authorized or delegated official; or any medical director, supervising physician, or other health care personnel furnishing Medicare reimbursable services who is required to be reported on the CMS 855, in accordance with section 1862(e)(1) of the Act,—

(i) Is excluded from the Medicare, Medicaid and any other Federal health care programs, as defined in § 1001.2 of this title, in accordance with section 1128 or 1156 of the Act; or

(ii) Is debarred, suspended, or otherwise excluded from participating in any other Federal procurement or non-procurement activity in accordance with FASA section 2455; or

(3) *Felonies.* The provider, supplier, or any owner of the provider or supplier, has been convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries. The conviction must have occurred within the last 10 years or more and CMS will consider the severity of the underlying offense.

(i) Offenses include—

(A) Felony crimes against persons (such as rape, murder, or assault) and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions.

(B) Financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions.

(C) Any felony that placed the Medicare program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct).

(D) Any felonies outlined in section 1128 of the Act.

(ii) Denials based on felony convictions are for a period to be determined by the Secretary, but not less than 10 years from the date of conviction if the individual has been convicted on one previous occasion for one or more offenses.

(4) *False or misleading information.* The provider or supplier has submitted false or misleading information on the CMS 855 to gain enrollment in the Medicare program. (Offenders may be referred to the Office of Inspector General for investigation and possible criminal, civil, or administrative sanctions).

(5) *Onsite review.* Upon onsite review or other reliable evidence—

(i) There are repeated instances in which we do not find present or available those medical professionals required under the Medicare statute and regulations to supervise treatment of, or provide Medicare covered services for, Medicare patients; or

(ii) We determine that the provider or supplier is not operational to furnish Medicare covered services.

(b) *Resubmission after denial.* A provider or supplier that is denied enrollment in the Medicare program must not submit a new CMS 855 until the following has occurred:

(1) If the denial was not appealed, the provider or supplier may reapply after its appeal rights have lapsed.

(2) If the denial was appealed, the provider or supplier may reapply after CMS notification that the original determination has been upheld.

(c) *Reversal of denial.* If the denial was due to adverse activity (sanction, exclusion, debt, felony) of an owner, managing employee, or an authorized or delegated official; or of a medical director, supervising physician, or other health care personnel of the provider or supplier furnishing Medicare reimbursable services, the denial may be reversed if the provider or supplier terminates and submits proof that it has terminated its business relationship with that individual or organization within 30 days of the denial notification.

(d) *Additional review.* When a provider or supplier is denied enrollment in Medicare, CMS automatically reviews all other related Medicare enrollment files that the denied provider or supplier has an association with (for example, as an owner or managing employee) to determine if the denial warrants an adverse action of the associated Medicare provider or supplier.

§ 424.535 Revocation of enrollment and billing privileges in the Medicare program.

(a) *Reasons for revocation.* We may revoke a currently enrolled provider or supplier's Medicare billing privileges and any corresponding provider agreement for the following reasons:

(1) Non-compliance. The provider or supplier, at any time is determined not to be in compliance with the enrollment requirements described in the CMS 855 enrollment form applicable to its provider or supplier type and has not submitted a plan of corrective action as outlined in part 488 of this chapter and under section 1819(h)(2)(C) of the Act. All providers and suppliers will be granted an opportunity to correct the deficient compliance requirement prior to a final determination to revoke billing privileges.

(i) CMS may request additional documentation from the provider or supplier to determine compliance if adverse information is received or otherwise found concerning the provider or supplier.

(ii) Requested additional documentation must be submitted within 60 calendar days of request.

(2) *Provider or supplier conduct.* The provider or supplier, or any owner, managing employee, authorized or delegated official, medical director, supervising physician, or other health care personnel of the provider or supplier is—

(i) Excluded from the Medicare, Medicaid, and any other Federal health care program, as defined in § 1001.2 of this title, in accordance with section 1128 or 1156 of the Act; or

(ii) Is debarred, suspended, or otherwise excluded from participating in any other Federal procurement or nonprocurement program or activity in accordance with the Federal Acquisition Streamlining Act implementing regulations and the Department of Health and Human Services nonprocurement common rule at 45 CFR part 76.

(3) *Felonies.* The provider, supplier, or any owner of the provider or supplier, has been convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries. The conviction must have occurred within the last 10 years or more and CMS will consider the severity of the underlying offense.

(i) Offenses include—

(A) Felony crimes against persons (such as rape, murder, or assault) and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions.

(B) Financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions.

(C) Any felony that placed the Medicare program or its beneficiaries at immediate risk, such as a malpractice suit that results in a conviction of criminal neglect or misconduct.

(D) Any felonies outlined in section 1128 of the Act.

(ii) Denials based on felony convictions are for a period to be determined by the Secretary, but not less than 10 years from the date of conviction if the individual has been convicted on one previous occasion for one or more offenses.

(4) *False or misleading information.* The provider or supplier certified as ''true'' false or misleading information on the CMS 855 to be enrolled or maintain enrollment in the Medicare program. (Offenders may be subject to either fines or imprisonment, or both, in accordance with current law and regulations.)

(5) *Onsite review.* CMS determines, upon onsite review, that the provider or supplier is no longer operational to furnish Medicare covered services or supplies, or we do not find present or available those professionals required under Medicare statute or regulation to supervise treatment of, or to provide Medicare covered services for, Medicare patients.

(6) *Inadequate re-verification information.* The provider or supplier fails to furnish complete and accurate information and any applicable documentation within 60 calendar days of the provider or supplier's notification from CMS to resubmit and certify to the accuracy of its enrollment information.

(7) *Misuse of billing number.* The provider or supplier knowingly sells to or allows another individual or entity to use its billing number. This does not include those providers or suppliers who enter into a valid reassignment of benefits as outlined in § 424.80.

(b) *Effect of revocation on provider agreements.* When a provider's or supplier's billing privilege has been revoked, any provider agreement in effect at the time of revocation will be terminated effective with the date of revocation.

(c) *Re-enrollment after revocation.* If a provider or supplier seeks to re-establish enrollment in the Medicare program after notification that its billing number and billing privileges have been revoked (either after the appeals process is exhausted or in place of the appeals process) the following conditions apply:

(1) The provider or supplier must re-enroll in the Medicare program through the completion and submission of a new applicable CMS 855 and applicable documentation, as a new provider or supplier, for validation by CMS.

(2) Providers must be re-surveyed and/or re-certified by the State Survey Agency as a new provider and must establish a new provider agreement with CMS's Regional Office.

(d) *Reversal of revocation.* If the revocation was due to adverse activity (sanction, exclusion, debt, or felony) against an owner, managing employee, or an authorized or delegated official; or a medical director, supervising physician, or other personnel of the provider or supplier furnishing Medicare reimbursable services, the revocation may be reversed if the provider or supplier terminates and submits proof that it has terminated its business relationship with that individual within 30 days of the revocation notification.

(e) *Additional review.* When a provider or supplier is revoked from the Medicare program, CMS automatically reviews all other related Medicare enrollment files that the revoked provider or supplier has an association with (for example, as an owner or managing employee) to determine if the revocation warrants an adverse action of the associated Medicare provider or supplier.

§ 424.540 Deactivation of Medicare billing privileges.

(a) *Reasons for deactivation.* CMS deactivates a provider or supplier's Medicare billing privileges for the following reasons:

(1) The provider or supplier does not submit any Medicare claims for two consecutive calendar quarters (6 months), unless current policy or regulations specify otherwise for your provider or supplier type.

(2) The provider or supplier does not report a change to the information supplied on its CMS 855 within 90 calendar days of when the change occurred. Changes that must be reported include, but are not limited to, a change in practice location, a change of any managing employee, and a change in billing services. A change in ownership or control must be reported within 30 calendar days as stated in §§ 424.520(b) and 424.550(b).

(b) *Reactivation of billing privileges.* The provider or supplier must either complete and submit a new CMS 855 to reactivate its Medicare billing number and billing privileges or, at a minimum, re-certify that the enrollment information currently on file with Medicare is correct. The provider or supplier must meet all current Medicare requirements in place at the time of reactivation, and be prepared to submit a valid Medicare claim. Reactivation of a Medicare billing number does not require a new survey and certification of the provider or supplier by the State Survey Agency or the establishment of a new provider agreement.

(c) *Effect of deactivation.* Deactivation of Medicare billing privileges is considered a temporary action to protect the provider or supplier from misuse of Medicare billing numbers and to protect the Medicare trust fund from unnecessary overpayments. The temporary deactivation of a Medicare billing number will not have any effect on a provider or supplier's participation agreement or any conditions of participation.

§ 424.545 Provider and supplier appeal rights.

(a) A provider or supplier that has been denied enrollment in the Medicare program or whose Medicare enrollment has been revoked may appeal CMS's decision in accordance with part 405, subpart H, for suppliers, or part 498, subpart A for providers, of this chapter, which set forth the appeals process for providers and suppliers. When revocation of billing privileges also results in the termination of a corresponding provider agreement, the provider may appeal CMS's decision in accordance with part 489 with the final decision of the appeal applying to both the billing privileges and the provider agreement. No payment will be made during the appeals process. If the provider or supplier is successful in overturning a denial or revocation unpaid claims for services furnished during the overturned period may be resubmitted.

(b) A provider or supplier whose billing privileges have been deactivated may file a rebuttal in accordance with § 405.374 of this chapter.

§ 424.550 Prohibitions on the sale or transfer of billing privileges.

(a) *General rule.* A provider or supplier is prohibited from selling its Medicare billing number or privileges to any individual or entity, or allowing another individual or entity to use its Medicare billing number.

(b) *Change of ownership.* In the case of a provider undergoing a change of ownership in accordance with part 489, subpart A of this chapter, the current owner and the prospective new owner must complete and submit a CMS 855 before completion of the change of ownership. If the current owner fails to complete and submit a CMS 855 to report the change, they may be sanctioned or penalized, even after the date of ownership change, in accordance with §§ 424.520, 424.540, and 489.53 of this chapter. If the prospective new owner fails to submit a new CMS 855 containing information concerning the new owner within 30 days of the change of ownership, CMS may deactivate the Medicare billing number. If an incomplete CMS 855 is submitted, CMS may also deactivate the Medicare billing number based upon material omissions on the submitted CMS 855, or based on preliminary information received or determined by CMS that makes CMS question whether the new owner will be ultimately granted a final transference of the provider agreement.

(c) *Providers and suppliers not covered by part 489 of this chapter.* For those providers and suppliers not covered by part 489, any change in the ownership or control of the provider or supplier must be reported on their CMS 855 within 30 days of the change as noted in § 424.540(a)(2). Generally, a change of ownership which also changes the tax identification number will require the completion and submission of a new CMS 855 from the new owner.

§ 424.555 Payment liability.

(a) No payment may be made for services furnished to a Medicare beneficiary by suppliers of durable medical equipment, prosthetics, orthotics, and other supplies unless the supplier obtains (and renews, as set forth in section 1834(j) of the Act) Medicare billing privileges.

(b) No payment may be made for covered services furnished to a Medicare beneficiary by a provider or supplier if the billing privileges of the provider or supplier have been deactivated, denied, or revoked. The Medicare beneficiary has no financial responsibility for such expenses, and the provider or supplier must refund on a timely basis to the Medicare beneficiary any amounts collected from the Medicare beneficiary for these covered services.

(c) If any provider or supplier furnishes a service for which payment may not be made by reason of paragraph (b) of this section, any expense incurred for such service shall be the responsibility of the provider or supplier. The provider or supplier may also be criminally liable for pursuing payments that may not be made by reason of paragraph (b) of this section, in accordance with section 1128A(a)(6) of the Act.

PART 489—PROVIDER AGREEMENTS AND SUPPLIER APPROVAL

7. The authority citation for part 489 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

8. In § 489.53, paragraph (a)(15) is added to read as follows:

§ 489.53 Termination by CMS.

(a) * * *

(15) It had its enrollment in the Medicare program revoked pursuant to § 424.535 of this chapter.

* * * * *

PART 498—APPEALS PROCEDURES FOR DETERMINATIONS THAT AFFECT PARTICIPATION IN THE MEDICARE PROGRAM AND FOR DETERMINATIONS THAT AFFECT THE PARTICIPATION OF ICFS/MR AND CERTAIN NFS IN THE MEDICARE PROGRAM

9. The authority citation for part 498 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

10. In § 498.3, paragraph (b)(16) is added to read as follows:

§ 498.3 Scope and applicability.

* * * * *

(b) * * *

(16) Whether a provider or supplier has had its Medicare enrollment revoked pursuant to § 424.535 of this chapter.

* * * * *

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program.)

Dated: October 19, 2001.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

Approved: January 10, 2003.

Tommy G. Thompson,

Secretary.

BILLING CODE 4120–01–P

MEDICARE

FEDERAL HEALTH CARE
PROVIDER/SUPPLIER ENROLLMENT APPLICATION

Application for Health Care
Providers that will Bill
Medicare Fiscal Intermediaries

CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS 855A (01/2003)

OMB Approval No. 0938-0685

Keep a copy of this completed package for your own records

Upon completion, return this application and all necessary documentation to:

OMB Approval No. 0938-0685

Medicare Provider/Supplier Enrollment Application

Privacy Act Statement

The Centers for Medicare and Medicaid Services (CMS) is authorized to collect the information requested on this form by sections 1124(a)(1), 1124A(a)(3), 1128, 1814, 1815, 1833(e), and 1842(r) of the Social Security Act [42 U.S.C. §§ 1320a-3(a)(1), 1320a-7, 1395f, 1395g, 1395(l)(e), and 1395u(r)] and section 31001(1) of the Debt Collection Improvement Act [31 U.S.C. § 7701(c)].

The purpose of collecting this information is to determine or verify the eligibility of individuals and organizations to enroll in the Medicare program as providers/suppliers of goods and services to Medicare beneficiaries and to assist in the administration of the Medicare program. This information will also be used to ensure that no payments will be made to providers or suppliers who are excluded from participation in the Medicare program. All information on this form is required, with the exception of those sections marked as "optional" on the form. Without this information, the ability to make payments will be delayed or denied.

The information collected will be entered into the Provider Enrollment, Chain and Ownership System (PECOS), and either system number 09-70-0525 titled Unique Physician/Practitioner Identification Number (UPIN) System (published in Vol. 61 of the Federal Register at page 20,528 (May 7, 1996)), or the National Provider Identifier (NPI) System, Office of Management and Budget (OMB) approval 0938-0684 (R-187). The information in this application will be disclosed according to the routine uses described below.

Information from these systems may be disclosed under specific circumstances to:

1) CMS contractors to carry out Medicare functions, collating or analyzing data, or to detect fraud or abuse;
2) A congressional office from the record of an individual health care provider/supplier in response to an inquiry from the congressional office at the written request of that individual health care practitioner;
3) The Railroad Retirement Board to administer provisions of the Railroad Retirement or Social Security Acts;
4) Peer Review Organizations in connection with the review of claims, or in connection with studies or other review activities, conducted pursuant to Part B of Title XVIII of the Social Security Act;
5) To the Department of Justice or an adjudicative body when the agency, an agency employee, or the United States Government is a party to litigation and the use of the information is compatible with the purpose for which the agency collected the information;
6) To the Department of Justice for investigating and prosecuting violations of the Social Security Act, to which criminal penalties are attached;
7) To the American Medical Association (AMA), for the purpose of attempting to identify medical doctors when the Unique Physician Identification Number Registry is unable to establish identity after matching contractor submitted data to the data extract provided by the AMA;
8) An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, or to the restoration or maintenance of health;
9) Other Federal agencies that administer a Federal health care benefit program to enumerate/enroll providers/suppliers of medical services/supplies or to detect fraud or abuse;
10) State Licensing Boards for review of unethical practices or non-professional conduct;
11) States for the purpose of administration of health care programs; and/or
12) Insurance companies, self insurers, health maintenance organizations, multiple employer trusts, and other health care groups providing health care claims processing, when a link to Medicare or Medicaid claims is established, and data are used solely to process provider's/supplier's health care claims.

The enrolling provider or supplier should be aware that the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503) amended the Privacy Act, 5 U.S.C. § 552a, to permit the government to verify information through computer matching.

Protection of Proprietary Information

Privileged or confidential commercial or financial information collected in this form is protected from public disclosure by Federal law 5 U.S.C. § 552(b)(4) and Executive Order 12600.

Protection of Confidential Commercial and/or Sensitive Personal Information

If any information within this application (or attachments thereto) constitutes a trade secret or privileged or confidential information (as such terms are interpreted under the Freedom of Information Act and applicable case law), or is of a highly sensitive personal nature such that disclosure would constitute a clearly unwarranted invasion of the personal privacy of one or more persons, then such information will be protected from release by CMS under 5 U.S.C. §§ 552(b)(4) and/or (b)(6), respectively.

OMB Approval No. 0938-0685

INSTRUCTIONS FOR HEALTH CARE PROVIDERS THAT WILL BILL MEDICARE FISCAL INTERMEDIARIES

Please **PRINT** or **TYPE** all information so it is legible. Do not use pencil. Failure to provide all requested information might cause the application to be returned and may delay the enrollment process. See inside front cover for mailing instructions. Electronic copies of all CMS Medicare enrollment forms can be found at the Medicare website at http://www.cms.hhs.gov. These electronic forms may be downloaded to your computer, completed on screen, printed, signed, and mailed to the appropriate Medicare contractor.

Whenever additional information needs to be reported within a section, copy and complete that section for each additional entry. We strongly suggest maintaining a photocopy of the provider's completed application and supporting documents for future reference.

This application is to be completed by all health care provider organizations that provide medical services to Medicare beneficiaries and who bill fiscal intermediaries. For purposes of this application and Medicare enrollment, all such organizations will be referred to as "providers." A list of the provider types that should complete this application can be found in Section 2A. Failure to promptly submit a completed form CMS 855A to the fiscal intermediary will result in delays in obtaining enrollment and billing privileges.

To have Medicare payments sent electronically to a provider's bank account, the provider should complete the form "Medicare Authorization Agreement for Electronic Funds Transfers" (Form HCFA-588). This form should have been received in the initial enrollment package. If not, it can be obtained from the Medicare fiscal intermediary.

APPLICATION SUBMISSION AND PROCESSING

This application should be submitted directly to your intermediary of preference. See the CMS website http://www.cms.hhs.gov for a listing of fiscal intermediaries. Providers that are part of a chain, or that share fiscal data with other enrolled providers, may choose the same fiscal intermediary, even if they are not located in the area normally serviced by that fiscal intermediary. Home Health Agencies (HHA) and Hospices should submit this application to their regional home health intermediary (RHHI). However, if the HHA is provider based, it should submit this application to its parent provider's fiscal intermediary. The provider's fiscal intermediary of preference does not automatically guarantee that it will be assigned to that fiscal intermediary. Providers, who are currently enrolled in the Medicare program and are requesting to change their fiscal intermediary, must submit their request to the Medicare Regional Office prior to submission of this application. However, this is not applicable when the fiscal intermediary changes as the result of a CHOW, acquisition/merger, or a consolidation and the fiscal intermediary of preference is the fiscal intermediary currently being used by the provider who is acquiring the changing provider. The fiscal intermediary will answer any questions you have concerning completion of the CMS 855A.

The provider must immediately contact the local State Agency that handles the provider type being enrolled. The State Agency will provide you with any State-specific forms required for your provider type. They will also do preliminary planning for any required State Surveys or notice of accreditation in lieu of a survey (when this is permitted).

If the provider does not currently have a Medicare identification number, the CMS regional office will assign one upon the successful completion of enrollment. Issuance of a Medicare identification number usually requires a written agreement (usually a provider agreement) with CMS. If the fiscal intermediary should contact the provider for additional information, the provider must furnish the information immediately to ensure the timely processing of this application.

OMB Approval No. 0938-0685

DEFINITIONS OF MEDICARE ENROLLMENT TERMINOLOGY

To help you understand certain terms used throughout the application, we have included the following definitions.

Authorized Official-An appointed official to whom the provider has granted the legal authority to enroll it in the Medicare program, to make changes and/or updates to the provider's status in the Medicare program (e.g., new practice locations, change of address, etc.) and to commit the provider to fully abide by the laws, regulations, and program instructions of Medicare. The authorized official must be the provider's general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of 5% or more of the provider (see Section 5 for the definition of a "direct owner"), or must hold a position of similar status and authority within the provider's organization.
Billing Agency-A company that the enrolling provider contracts with to furnish claims processing functions for the provider.
Carrier-The Part B Medicare claims processing contractor.
Delegated Official-Any individual who has been delegated, by the provider's "Authorized Official," the authority to report changes and updates to the provider's enrollment record. A delegated official **must** be a managing employee (W-2) of the provider or have a 5% ownership interest, or any partnership interest, in the provider.
Fiscal Intermediary-The Part A Medicare claims processing contractor.
Legal Business Name-The organization name reported to the Internal Revenue Service (IRS) for tax reporting purposes.
Medicare Identification Number-This is a generic term for any number that uniquely identifies the enrolling provider. Examples of Medicare identification numbers are Unique Physician/Practitioner Identification Number (UPIN), Online Survey Certification and Reporting number (OSCAR), National Provider Identifier (NPI), and National Supplier Clearinghouse (number) (NSC).
Mobile Facility/Portable Unit-These terms apply when a service that requires medical equipment is provided in a vehicle, or the equipment for the service is transported to multiple locations within a geographic area. The most common types of mobile facilities/portable units are mobile IDTFs, portable X-ray, portable mammography, and mobile clinics. Physical therapists and other medical practitioners (e.g., physicians, nurse practitioners, physician assistants) who perform services at multiple locations (i.e., house calls, assisted living facilities) are not considered to be mobile facilities/portable units.
Provider-A provider is a hospital, critical access hospital, skilled nursing facility, nursing facility, comprehensive outpatient rehabilitation facility, home health agency, or hospice, that has in effect an agreement to participate in Medicare; or a rural health clinic (RHC), Federally qualified health center (FQHC), rehabilitation agency, or public health agency that has in effect a similar agreement but only to furnish outpatient physical therapy or speech pathology services; or a community mental health center that has in effect a similar agreement but only to furnish partial hospitalization services. A provider is not synonymous with the corporation or other legal entity that owns or operates the provider. The "provider" is the CMS recognized provider type listed above. Therefore, an owning or operating entity may own or operate many providers.
Provider Identification Number (PIN)-This number is assigned to providers, suppliers, groups and organizations in Medicare Part B. This number will identify who provided the service to the beneficiary on the Medicare claim form.
Supplier-A physician or other practitioner, or an organization other than a provider that furnishes health care services under Medicare Part B. The term supplier also includes independent laboratories, portable x-ray services, physical therapists in private practice, end stage renal disease (ESRD) facilities, and chiropractors.
Tax Identification Number (TIN)-This is a number issued by the Internal Revenue Service (IRS) that the provider uses to report tax information to the IRS.
Unique Physician/Practitioner Identification Number (UPIN)-This number is assigned to physicians, non-physician practitioners, and suppliers to identify the referring or ordering physician on Medicare claims.

To reduce the burden of furnishing some types of supporting documentation, we have designated specific types of documentation to be furnished on an "as needed" basis. However, the fiscal intermediary may request documentation at any time during the enrollment process to support or validate information that is reported in this application. Some examples of documents that may be requested for validation are billing agreements, W-2 forms, pay stubs, articles of incorporation, and partnership agreements.

OMB Approval No. 0938-0685

SECTION 1: GENERAL APPLICATION INFORMATION

This section is to identify the reason for submittal of this application. It will also indicate whether the provider currently has a business relationship with Medicare.

A. Reason for Submittal of this Application - This section identifies the reason this application is being submitted.

1. Check one of the following:

Initial Enrollment:

- If the provider is enrolling in the Medicare program for the first time under this tax identification number.
- For a change of ownership of an enrolled provider when the new owner will not be accepting assignment of the current provider agreement.

Revalidation:

- If the provider has been requested to revalidate its enrollment information currently on file with Medicare. Periodically (about once every three years), Medicare will require the provider to confirm and update **all** of its enrollment information. Check this box and complete this entire application unless instructed otherwise by the Medicare fiscal intermediary. A copy of the original application with all changes clearly indicated with a current signature and date may be submitted.

Change of Information:

- If the provider is adding, deleting, or changing information under this tax identification number. Check the appropriate section where the change will be made. When providing the changed information, furnish the provider's Medicare identification number in Section 1 and provide the new/changed information within the appropriate section. Sign and date the certification statement. **All changes must be reported to the fiscal intermediary within 90 days of the effective date of the change.** If the provider organization's tax identification number has changed, a new complete CMS 855A enrollment application must be submitted as it is assumed that this provider has changed ownership. If this is not the case, please provide evidence that a change of ownership has not occurred.

NOTE: If the provider is adding a new practice location that requires a **separate** State Survey or Accreditation and a **separate** Medicare Agreement, then a **separate** CMS 855A enrollment application must be submitted for the new provider practice location. For more information concerning the addition of practice locations, contact the State Agency or CMS regional office. If a new practice location is determined **not** to be a new provider, the updated information can be submitted as a practice location change in Section 4.

Voluntary Termination of Provider Billing Number:

- If the provider will no longer be submitting claims to the Medicare program using this billing number. Voluntary termination ensures that the provider's billing number will not be fraudulently used in the event of the provider ceasing its operations. Furnish the date the provider will stop billing for Medicare covered services. In addition to completing this section, furnish the provider's Medicare identification number in Section 1 under "Change of Information" and sign the certification statement (Section 15 or 16).
- If a provider is reporting a "CHOW" and the new owner will not be accepting assignment of the assets and Medicare liabilities of the old owner. The effective date should be the date when the old owner will no longer permit use of its billing number.

NOTE: "Voluntary Termination" **cannot** be used to circumvent any corrective action plan or any pending/ongoing investigation.

Change of Ownership (CHOW):

- See note below and instructions for Section 1B to determine if a valid CHOW applies and needs to be reported.

Acquisitions and/or Mergers (including the CHOW):

- See note below and the instructions for Section 1C to determine if a valid acquisition/merger (and related CHOW) applies and needs to be reported.

OMB Approval No. 0938-0685

Consolidations (including the CHOW):

- See note below and the instructions for Section 1D to determine if a valid consolidation applies and needs to be reported.

NOTE: All sub-units of a provider with separate provider agreements that will remain in operation after a CHOW, acquisition/merger, or consolidation require completion and submission of a separate CMS 855A. All related CMS 855As should be submitted together, when administratively practical, for the providers involved. If a sub-unit will no longer be in operation upon the completion of the CHOW, acquisition/merger, or consolidation, a CMS 855A must be submitted for the sub-unit requesting a voluntary termination of its billing number.

2. Tax Identification Number (TIN) – Furnish the provider organization's taxpayer identification number (e.g., the number the provider uses to report tax information to the IRS) and attach documentation (e.g., a copy of the CP-575 form) from the IRS showing that the name matches that reported in this application. If the provider does not have an IRS CP-575, IRS Form 941, or IRS 501(c)(3) determination letter, any legal document from the IRS that shows the provider's name and TIN will be acceptable proof. Other IRS documents that may be submitted include an IRS Form 990 or a quarterly tax payment coupon. The name and TIN number on the IRS document should match those shown on this application. Upon request, the IRS will provide a Form 147C showing the provider's name and TIN.

NOTE: An IRS CP 575 or other documentation must be submitted for each TIN reported on this application.

If the provider cannot obtain the required IRS document, explain why in a separate attachment and provide evidence that links its legal business name with the reported TIN. If the name and TIN do not match on the submitted documents, explain why and refer to the documents which confirm the identification of the provider or owner as applicable (e.g., if the provider recently changed its name and the IRS has not sent it an updated document). The provider may then submit the old IRS document with the old name, as well as a copy of documentation filed with the IRS and State concerning the name change.

3. Medicare Identification Number (MIN) - Indicate whether the provider is currently enrolled in the Medicare program. If the provider is currently enrolled in Medicare (i.e., with another fiscal intermediary) provide the name of the intermediary in this space. The provider must also furnish its Medicare identification number in the space provided. This number is issued by Medicare to identify the provider. It is also the number used on claims forms and may be referred to as a Medicare provider number, provider identification number, national provider identifier (NPI), or Online Survey Certification and Reporting (OSCAR) number. Report all currently active numbers.

NOTE: If enrolling as a provider in the Medicare program for the first time, an OSCAR number will be issued to the provider as part of the enrollment process.

4. Fiscal Intermediary Preference

   a) For new providers enrolling in Medicare for the 1st time, check the box given and furnish the name of the provider's fiscal intermediary preference in Section 1A4c, if known. Otherwise, leave blank.

   b) For providers who are currently enrolled in the Medicare program and are requesting to change their fiscal intermediary as the result of a CHOW, acquisition/merger, or a consolidation. The request to change fiscal intermediaries must be submitted to the Medicare Regional Office prior to submission of this application.

   NOTE: Currently enrolled providers who only seek to change their fiscal intermediary are not required to complete this application. Instead, they should request the change directly to their CMS regional office.

   c) For "a" or "b" above, furnish the name of the provider's fiscal intermediary preference. When submitting this application for any reason other than those given in Sections 1A4a or 1A4b above, currently enrolled providers should show their current fiscal intermediary here and skip the above check boxes.

5. Indicate if this provider would like to submit claims electronically. If the provider would like to submit claims electronically once enrolled in the Medicare program, the provider will need to complete an Electronic Data Interchange (EDI) agreement with the fiscal intermediary. Checking this box will alert the intermediary to contact their claims processing department. The claims processing department will contact the provider to process an EDI agreement once its enrollment has been completed, approved, and a Medicare billing number issued to the provider. These agreements cannot be established until the enrollment process has been completed and a Medicare billing number has been issued.

OMB Approval No. 0938-0685

MEDICARE FEDERAL HEALTH CARE PROVIDER/SUPPLIER ENROLLMENT APPLICATION

Application for Health Care Providers that will Bill Medicare Fiscal Intermediaries

General Instructions

The Medicare Federal Health Care Provider/Supplier Enrollment Application has been designed by the Centers for Medicare and Medicaid Services (CMS) to assist in the administration of the Medicare program and to ensure that the Medicare program is in compliance with all regulatory requirements. The information collected in this application will be used to ensure that payments made from the Medicare trust fund are only paid to qualified health care providers, and that the amounts of the payments are correct. This information will also identify whether the provider is qualified to render health care services and/or furnish supplies to Medicare beneficiaries. To accomplish this, Medicare must know basic identifying and qualifying information about the health care provider that is seeking billing privileges in the Medicare program.

Medicare needs to know: (1) the type of health care provider enrolling, (2) what qualifies this provider as a health care related provider of services and/or supplies, (3) where this provider intends to render these services and/or furnish supplies, and (4) those persons or entities with an ownership interest, or managerial control, as defined in this application, over the provider.

This application **MUST** be completed in its entirety, unless the appropriate box is checked to indicate the section does not apply or when reporting a change to previously submitted information. If a section does not apply to this provider, check (√) the appropriate box in that section and skip to the next section.

1. General Application Information

A. Reason for Submittal of this Application

This section is to be completed with general information as to why this application is being submitted and whether this provider currently has a business relationship with another Federal health care program.
To ensure timely processing of this application, Numbers 1, 2 and 3 below MUST ALWAYS be completed.

1. Check one:

☐ Initial Enrollment ☐ Revalidation

☐ Change of Information (Check appropriate Section(s) Being Changed)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 15 ☐ 16

☐ Voluntary Termination of Billing Number - Effective Date (MM/DD/YYYY):_____
Billing Number to be Terminated:_____

☐ Change of Ownership (CHOW) - See Instructions and Complete Section 1B

☐ Acquisition/Merger (including the CHOW) - See Instructions and Complete Section 1C

☐ Consolidation (including the CHOW) - See Instructions and Complete Section 1D

2. Tax Identification Number:_____

3. Is this provider currently enrolled in the Medicare program? ☐ YES ☐ NO
IF YES, furnish the following information about the current fiscal intermediary (FI):

Current FI Name:_____ Current Medicare Identification Number or NPI:_____

4. Fiscal Intermediary Preference:

a) Check here ☐ if this provider is enrolling in the Medicare program for the first time. If known, furnish the name of the provider's fiscal intermediary preference in Section 1A4c below.

b) Check here ☐ if this provider is currently enrolled in the Medicare program and is requesting a change of its fiscal intermediary as a result of a CHOW, acquisition/merger, or a consolidation, and furnish the name of the new preferred fiscal intermediary in Section 1A4c below.

c) Name of Preferred Fiscal Intermediary:_____

5. Check here ☐ if this provider would like to submit claims electronically and is enrolling in Medicare for the first time.

OMB Approval No. 0938-0685

B. Change of Ownership Information (CHOW Only)

This section is to be completed with information that identifies the name and Medicare identification number of the currently enrolled provider (Transferor) prior to the change of ownership. This section must be completed by **both** the current owner(s) (to protect them from any future liabilities) and the new owner (to establish payment under its tax identification number) on separate CMS 855A applications. Two copies of the sales or other asset transfer agreement, in its current form, must be submitted with this application, and a copy of the final agreement must be submitted by the new owner once the sale is executed.

NOTE: If you are an individual currently enrolled as a provider and you undergo a change of ownership as a result of your incorporation, you must submit two copies of your "articles of incorporation" in lieu of a "Sales Agreement."

- The "**current**" owner (Transferor) is defined as the "old" or "selling" owner.
- The "**new**" owner is defined as the "purchasing" owner.

Any provider undergoing a "Change of Ownership" (CHOW) in accordance with the principles discussed in 42 CFR 489.18 must check the "Change of Ownership (CHOW)" box in Section 1A1. For all other ownership changes check the "Change of Information" box in Section 1A. To determine if a CHOW applies to this provider, review the principles in 42 CFR 489.18 for guidance. If further assistance is needed, contact the fiscal intermediary.

For current/selling owner(s)
A currently enrolled provider that will transfer its ownership interest to new owners in accordance with the principles discussed in 42 CFR § 489.18 should complete this section. This current owner only needs to complete the following sections of this application when reporting a CHOW: Check the Change of Ownership (CHOW) box in Section 1A1, then complete Section 1A2, 1A3, 1B, 2, 13, and sign and date the Certification Statement in Section 15.

1. Furnish the legal business name used by the current owner.
2. Furnish the "doing business as" name used by the current owner.
3. Furnish the Medicare identification number, the projected date that the current owner will no longer have ownership, and the name of the current owner's fiscal intermediary.
4. Indicate if the new owner will be accepting assignment of the current "Provider Agreement." This question does not apply to ESRD clinics.

For new/purchasing owner(s)
A prospective new owner who is participating in a Change of Ownership (CHOW) in accordance with the principles discussed in 42 CFR § 489.18 must complete this entire application. The prospective new owner should check the Change of Ownership (CHOW) box in Section 1A1. If the prospective new owner will not accept assignment of all terms and conditions of the "Provider Agreement" (including the provision concerning the responsibility for Medicare liabilities of the current owner), then the prospective new owner cannot have the current "Provider Agreement" transferred to them. The organization will then be considered a new provider to the Medicare program and must obtain approval through the normal enrollment process by submitting a CMS 855A (Initial Enrollment) prior to obtaining the right to bill Medicare.

1. Furnish the legal business name used by the current owner.
2. Furnish the "doing business as" name used by the current owner.
3. Furnish the Medicare identification number, the projected date that the current owner will no longer have ownership, and the name of the current owner's fiscal intermediary.
4. Indicate if the new owner will be accepting assignment of the current "Provider Agreement." This question does not apply to ESRD clinics.

OMB Approval No. 0938-0685

C. Acquisitions/Merger (including the CHOW)

Furnish the effective date of the acquisition/merger in the space provided. Two copies of the sales or other asset transfer agreement, in its current form, must be submitted with this application, and a copy of the final agreement must be submitted once the sale is executed.

This section must be completed when an acquisition results in one or more provider (OSCAR) numbers being voluntarily deactivated from the Medicare program. In general, a provider's number is deactivated if the acquisition results in **only one remaining** tax identification number (TIN), State survey or accreditation, and Medicare agreement. If the acquisition only results in an existing provider having new owners but it will keep its current provider number, then the instructions in Section 1B above for a Change of Ownership (CHOW only) should be used.

This section should be completed on **separate** CMS 855As by **both:**

- The provider that is acquiring another provider, and
- The provider that is being acquired by another provider.

1. Provider Being Acquired - All providers being acquired should be reported in this section.

   a) Furnish the legal business name and TIN of the provider organization being acquired.

   b) Furnish the name of the fiscal intermediary and the Medicare identification number of the provider being acquired.

   c) Report all sub-units of the provider being acquired that currently have an active Medicare identification number but have not entered into separate provider agreements, and furnish the sub-unit's Medicare identification number. Do not report sub-units of the provider being acquired that have separate provider agreements. If these sub-units are also being acquired in this transaction, a separate CMS 855A must be submitted for each.

2. Acquiring Provider - This section is to be completed by both the acquired provider and the acquiring provider with information about the acquiring provider.

   a) Furnish the legal business name and the TIN of the provider that is acquiring other providers.

   b) Furnish the name of the fiscal intermediary and Medicare identification number of the acquiring provider.

NOTE: The acquiring provider should also complete Section 4 (Practice Location) to report the location of the provider it acquired as a new or additional practice location from which it will furnish services.

OMB Approval No. 0938-0685

1. General Application Information (Continued)

B. Change of Ownership Information (CHOW Only)

This section is to be completed with information that identifies the name and Medicare identification number of the currently enrolled provider (Transferor) prior to the change of ownership. This section must be completed by both the current owner(s) (to protect them from any future liabilities) and the new owner (to establish payment under its tax identification number). **Submit two copies of the sales or other asset transfer agreement with this application.**

1. Legal Business Name of Transferor as Reported to the IRS		
2. "Doing Business As" Name of Transferor (if applicable)		
3. Medicare Identification Number of Transferor	Projected Effective Date of Transfer (MM/DD/YYYY)	Name of Fiscal Intermediary of Transferor
4. Will the new owner be accepting assignment of the current "Provider Agreement?"		☐ YES ☐ NO

C. Acquisitions/Merger (including the CHOW) **Effective Date of Acquisition:**_____

This section is to be completed when:
1) A currently enrolled provider is acquiring another currently enrolled provider(s), or
2) A currently enrolled provider is being acquired by another currently enrolled provider.
All providers involved in the acquisition must complete this section. For each provider, furnish the following information: legal business name, tax identification number, current fiscal intermediary, and Medicare identification number. For the provider being acquired, furnish the name of the sub-units of that provider and provide each sub-unit's Medicare identification number. Also indicate whether that sub-unit will remain active. If more than one provider is being acquired, copy and complete this section as needed.
NOTE: Submit two copies of the sales or other asset transfer agreement(s) with this application.

1. Provider Being Acquired

This section is to be completed with information about the currently enrolled provider that is being acquired and will no longer retain its current Medicare provider number as a result of this acquisition.

a) Legal Business Name of the "Provider Being Acquired" as Reported to the IRS	Tax Identification Number
b) Current Fiscal Intermediary	Medicare Identification Number

c) Furnish the name and Medicare identification number of all sub-units of the above provider that have separate Medicare identification numbers but have not entered into separate provider agreements, such as PPS excluded swing bed units of a hospital.

Name/Department:	Medicare Identification Number:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Acquiring Provider

This section is to be completed with information about the organization acquiring the provider identified in Section 1C1.

a) Legal Business Name of the "Acquiring Provider" as Reported to the IRS	Tax Identification Number
b) Current Fiscal Intermediary	Medicare Identification Number

OMB Approval No. 0938-0685

D. Consolidations (including the CHOW)

Furnish the effective date of the consolidation in the space provided. Two copies of the sales or other asset transfer agreement, in its current form, must be submitted with this application, and a copy of the final agreement must be submitted once the sale is executed.

This section should be completed when a consolidation of providers will result in issuance of a **new** provider number. This usually results from the creation of a **new** provider organization, which has been issued a **new** TIN from the IRS. All applicable sections of this application should be completed for the **new** provider organization (this is similar to being an initial enrollment).

Consolidations that result in **two** or more provider (OSCAR) numbers being deactivated from the Medicare program should be reported in this section. In general, a provider number is deactivated when a TIN is removed from the IRS tax rolls. If a transaction results in an existing provider having new owners but keeping its current provider number, then the instructions in Section 1B above for a Change of Ownership (CHOW) should be used. If a transaction results in an existing provider having new owners that will be using the provider number of the acquiring provider, then the instructions in Section 1C (Acquisitions/Merger) should be used.

1. 1st Consolidating Provider

Complete this section about the 1st currently enrolled provider that, as a result of this consolidation, will no longer retain its current Medicare provider number.

a) Furnish the legal business name and TIN of the 1st provider involved in this consolidation.

b) Furnish the name of this provider's fiscal intermediary and its Medicare identification number.

c) Report all sub-units of the provider being consolidated that currently have an active Medicare identification number but have not entered into separate provider agreements, and furnish the sub-unit's Medicare identification number. Do not report sub-units of the provider being consolidated that have separate provider agreements. If these sub-units are also being consolidated in this transaction, a separate CMS 855A must be submitted for each.

2. 2nd Consolidating Provider

Complete this section about the 2nd currently enrolled provider that, as a result of this consolidation, will also no longer retain its current Medicare provider number.

a) Furnish the legal business name and TIN of the 2nd provider involved in this consolidation.

b) Furnish the name of this provider's fiscal intermediary and its Medicare identification number.

c) Report all sub-units of the provider being consolidated that currently have an active Medicare identification number but have not entered into separate provider agreements, and furnish the sub-unit's Medicare identification number. Do not report sub-units of the provider being consolidated that have separate provider agreements. If these sub-units are also being consolidated in this transaction, a separate CMS 855A must be submitted for each.

3. Newly Created Provider Identification Information

Complete this section with information about the newly created provider.

a) Furnish the legal business name and TIN of the newly created provider organization that resulted from this consolidation.

b) Furnish the new provider organization's fiscal intermediary preference.

OMB Approval No. 0938-0685

1. General Application Information (Continued)

D. Consolidations (including the CHOW) **Effective Date of Consolidation:**_____

All currently enrolled providers that are consolidating with other currently enrolled providers must complete this section with information about all the providers involved. This section is only to be completed when the consolidation of two or more providers results in an entirely new provider and the issuance of a new Medicare provider number. For each provider, furnish the following information: legal business name, tax identification number, current fiscal intermediary, Medicare identification number, and all sub-units of each provider. For each sub-unit, furnish the Medicare identification number and indicate which sub-units will remain active. In addition, complete Section 1D3 with identifying information about the newly created provider. If there are more than two consolidating providers, copy and complete this section as needed.

1. 1st Consolidating Provider

This section is to be completed with information about the 1st currently enrolled provider that, as a result of this consolidation, will no longer retain its current Medicare provider number.

a) Legal Business Name of the Provider Organization as Reported to the IRS	Tax Identification Number
b) Current Fiscal Intermediary	Medicare Identification Number

c) Furnish the name and Medicare identification number of all sub-units of the above provider that have separate Medicare identification numbers but have not entered into separate provider agreements, such as PPS excluded swing bed units of a hospital.

Name/Department:	Medicare Identification Number:
_____	_____
_____	_____
_____	_____
_____	_____

2. 2nd Consolidating Provider

This section is to be completed with information about the 2nd currently enrolled provider that, as a result of this consolidation, will also no longer retain its current Medicare provider number.

a) Legal Business Name of the Provider Organization as Reported to the IRS	Tax Identification Number
b) Current Fiscal Intermediary	Medicare Identification Number

c) Furnish the name and Medicare identification number of all sub-units of the above provider that have separate Medicare identification numbers but have not entered into separate provider agreements, such as PPS excluded swing bed units of a hospital.

Name/Department:	Medicare Identification Number:
_____	_____
_____	_____
_____	_____
_____	_____

3. Newly Created Provider Identification Information

Complete this section with identifying information about the newly created provider resulting from this consolidation.

a) Legal Business Name of the new Provider as Reported to the IRS	Tax Identification Number
b) Fiscal Intermediary Preference	

OMB Approval No. 0938-0685

SECTION 2: PROVIDER IDENTIFICATION

A. Type of Provider

1. Type of provider - Check the appropriate box to identify the type of provider for which this application is being submitted. Only **one** provider type may be checked per application. If the provider functions as two or more provider types, a separate CMS 855A must be submitted for each type. If the provider changes the type of services it provides (becomes a different provider type), a new CMS 855A must be completed and submitted (except for hospitals changing the type of hospital services provided – see #2 below).

NOTE: The only Medicare-eligible provider types are those listed. If this provider believes it meets Medicare eligibility requirements to participate in the Medicare program and its provider type is not listed, check the "Other" box and specify the type of service this provider will furnish to Medicare beneficiaries. Before checking "Other," be certain that this provider is an organizational provider type that would submit claims to a Medicare Fiscal Intermediary. Some medical organizations may own or control supplier types that are only eligible to submit claims to a Medicare carrier. These suppliers must complete the CMS 855B and submit it to their local carrier.

2. If "Hospital" was checked in Section 2A1, check all applicable types of services this hospital furnishes. If the hospital is reporting a change in the types of services it provides, check the change box and check **all** current types of provided services.
3. If "Hospital" was checked in Section 2A1:

Check the appropriate box to indicate if the hospital wants one Medicare Part B services billing number, multiple Part B services billing numbers for each department (e.g., cardiology, pathology, radiology), or if this section is not applicable. If a combination of both separate billing numbers for some departments and combined billing numbers for groups of other departments are requested, furnish all details in Section 2G. If multiple numbers are being requested, each department to be issued a Part B Medicare billing number must be reported here.

NOTE: Hospitals must complete and submit the form CMS 855B to the local Medicare carrier to obtain a Part B Medicare billing number.

4. If this hospital has a compliance plan which states that the hospital checks all managing employees against the exclusion/debarment lists of both the HHS Office of the Inspector General (OIG) and the General Services Administration (GSA), check "Yes" in the box provided. Otherwise, check "No." At any time, CMS or its Medicare contractor may request a copy of the compliance plan.

The licenses, certifications and registrations which must be submitted with this application are those required by Medicare or the State to function as the provider type for which this provider is enrolling. Local licenses/permits that are not of a medical nature are not required but any business license required to operate as a health care facility **must** be submitted. Required documents that can only be obtained after a State Survey are not required as part of the application submission but **must** be furnished within 30 days of the provider receiving them.

B. Provider Identification Information - Check the box "Change" only if reporting a change to existing information. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. Furnish the legal business name for this provider as reported to the IRS for tax purposes. This may be the same name as that of the owner of this provider.
2. Provide any "doing business as" name this provider uses. The "doing business as" name is the name the provider is generally known by to the public.
3. Check the appropriate box to indicate the organizational structure of this provider. Check "Corporation" if the provider is such, regardless of whether the provider is "for-profit" or "non-profit." "Partnership" should be checked for all "General" or "Limited" partnerships. All other providers should check "Other," and specify the type of organizational structure (e.g., limited liability company).
4. Furnish this provider's "Medicare Year-End Cost Report Date." This date will determine when cost reports and audits are due for this provider. This date may be the same as the provider's "fiscal year-end date.

OMB Approval No. 0938-0685

2. Provider Identification

This section is to be completed with information specifically related to the provider submitting this application. Furnish the following information about the provider: (1) provider type, (2) provider name, (3) the mailing address and telephone number where Medicare can contact the provider directly, (4) whether the provider has been accredited or Federally approved, and (5) whether the provider has any "prospective payment system" (PPS) exclusions.

A. Type of Provider

Check the appropriate boxes below. The provider must meet all Medicare requirements for the type of provider checked. Submit copies of all required licenses, certifications, and registrations with this application.

1. Type of Provider (Check one):

- ☐ Religious Non-Medical Health Care Institution (RNHCI)
- ☐ Community Mental Health Center
- ☐ Comprehensive Outpatient Rehabilitation Facility
- ☐ End-Stage Renal Disease Facility (ESRD)
- ☐ Federally Qualified Health Center (FQHC)
- ☐ Histocompatibility Laboratory
- ☐ Home Health Agency
- ☐ Home Health Agency (Sub-unit)
- ☐ Hospice
- ☐ Hospital (If checked, complete Sections 2A2 and 2A3)
- ☐ Indian Health Services Facility
- ☐ Multiple Hospital Component in a Medical Complex
- ☐ Organ Procurement Organization (OPO)
- ☐ Outpatient Physical Therapy/Occupational Therapy/ Speech Pathology Services
- ☐ Psychiatric Unit (of Hospital)
- ☐ Rehabilitation Agency (unit of a Hospital)
- ☐ Rural Health Clinic
- ☐ Skilled Nursing Facility
- ☐ Other (Specify):_____

2. If this provider is a hospital, check all applicable sub-groups listed below:

☐ Hospital ☐ Change Effective Date:_____

- ☐ Hospital—General
- ☐ Hospital—Alcohol/Drug
- ☐ Hospital—Acute Care
- ☐ Hospital—Children's (excluded from PPS)
- ☐ Hospital—Critical Access
- ☐ Hospital—Critical Access (Swing-Bed unit)
- ☐ Hospital—Long-Term (excluded from PPS)
- ☐ Hospital—Long-Term (Swing-Bed unit)
- ☐ Hospital—Psychiatric (excluded from PPS)
- ☐ Hospital—Short-Term (General and Specialty)
- ☐ Hospital—Short-Term (Swing-Bed unit)
- ☐ Hospital—Rehabilitation (excluded from PPS)
- ☐ Hospital—Rehabilitation (Swing-Bed unit)

☐ Other (Specify):

_____

3. Hospital Departments billing for Practitioner Services:
If this provider is a hospital, check the appropriate box below. See instructions before completing this section.

☐ Not Applicable

☐ Single billing number for all departments ☐ Separate billing number for each department listed below

_____ _____ _____

_____ _____ _____

_____ _____ _____

4. Does this hospital have a compliance plan stating that all managing employees are checked against the OIG exclusion and GSA debarment lists? ☐ YES ☐ NO

B. Provider Identification Information ☐ Change Effective Date:_____

Furnish the provider's legal business name (as reported to the IRS), "doing business as" name (name provider generally known by to the public), and the various operating dates and places of formal business registration and/or incorporation. If incorporated, the provider may be required to submit a copy of its "Articles of Incorporation" for validation purposes.

1. Legal Business Name as Reported to the IRS

2. "Doing Business As" (DBA) Name (if applicable)

3. Identify the type of organizational structure for this provider (Check one):
☐ Corporation ☐ Partnership ☐ Other (Specify):_____

4. Medicare Year-End Cost Report Date (MM/DD)

OMB Approval No. 0938-0685

C. Correspondence Address - Check the box "Change" only if reporting a change to existing information. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

- **Furnish a name, address, and telephone number where Medicare or the Medicare fiscal intermediary can directly get in touch with the enrolling provider.**

This section will assist us in contacting the provider with any questions we have concerning its business relationship with the Medicare program. The provider must furnish a name, address, and telephone number where Medicare or the fiscal intermediary can directly contact it to resolve any personal or business issues that arise as a result of its enrollment in the Medicare program. This data will also be used to furnish the provider with important changes or other information concerning the Medicare program that may directly affect the provider and/or its Medicare payments. This address **cannot** be that of the billing agency, management service organization, or staffing company. If we suspect that the provider's billing number is being misused, or if we have a legal question, we will contact the provider directly. This is to protect the provider as well as the Medicare program.

D. Accreditation - Check the box "Change" only if reporting a change to existing information. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. Indicate whether this provider is accredited by any accrediting organization that Medicare has approved for acceptance in lieu of a State Survey.
2. If "Yes," furnish the date accreditation was received, and
3. Furnish the name of the Medicare-approved accrediting body or organization.

E. Federal Approval (FQHCs and OPOs only) – This section must be completed by all Federally Qualified Health Centers and Organ Procurement Organizations. To be eligible to enroll in the Medicare program, FQHCs and OPOs must receive federal approval to operate as a health care provider.

Check the box "Change" only if reporting a change to existing information. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. Indicate if this FQHC or OPO has received federal approval. If "Yes,"
2. Furnish the date of approval and submit a copy of the approval certificate with this application.

F. Prospective Payment System Exclusions - Check the box "Change" only if reporting a change to existing information. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. Indicate if this provider has any "Prospective Payment System Exclusions." This section is primarily for hospitals that have psychiatric units or rehabilitation agencies (units).
2. If "Yes," indicate the type of unit to be excluded by checking one or both boxes provided.

G. Comments – This section is to be used as an opportunity to explain any unique billing number requests or to clarify any other information furnished in this section (Section 2 - Provider Identification).

OMB Approval No. 0938-0685

2. Provider Identification (Continued)

C. Correspondence Address ☐ **Change** **Effective Date:**_____

This must be an address and telephone number where Medicare can contact the provider directly.

Mailing Address (Organization or Individual Name)		
Mailing Address Line 1 (Street Name and Number)		
Mailing Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

Note: Sections 2D through 2F below require a "Yes," "No," or "Pending" response. If a specific question does not apply to this provider, check "No" and continue with the next question. If the response is "Yes" or "Pending," furnish the additional information requested in that section and continue with the next question.

D. Accreditation ☐ **Change** **Effective Date:**_____

1. Is this provider accredited? ☐ YES ☐ NO ☐ PENDING
   IF YES, complete the following:
2. Date of Accreditation (MM/DD/YYYY):_____
3. Name of Accrediting Body:_____

E. Federal Approval (FQHCs and OPOs only) ☐ **Change** **Effective Date:**_____

1. Is this provider Federally approved? ☐ YES ☐ NO ☐ PENDING
   IF YES, complete the following:
2. Date of Approval (MM/DD/YYYY):_____

F. Prospective Payment System Exclusions ☐ **Change** **Effective Date:**_____

1. Does this provider have any "Prospective Payment System" (PPS) excluded units? ☐ YES ☐ NO
   IF YES, check the type(s) of excluded unit(s) below:
2. Type of unit(s) to be excluded: ☐ Psychiatric Unit ☐ Rehabilitation Agency (unit)

G. Comments

Use this section to explain any unique billing number requests or to clarify any other information furnished in this Section.

OMB Approval No. 0938-0685

SECTION 3: ADVERSE LEGAL ACTIONS AND OVERPAYMENTS

A. Adverse Legal History - This section is to be completed with information concerning any adverse legal actions that have been imposed or levied against this provider, as identified in Section 2B. See Table A on the application form for a list of adverse actions that must be reported.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. The provider must state whether, under any current or former name or business identity, it has ever had any of the adverse legal actions listed in Table A of the application form imposed against it.

2. If the answer to this question is "Yes," supply all requested information. Attach copies of official documentation related to the adverse legal action. Such documentation includes adverse legal action notifications (e.g., notification of disciplinary action; criminal court documentation that verifies the conviction of a crime) and documents that evidence how the adverse legal action was finally resolved (e.g., reinstatement notices, etc.).

If the provider is uncertain as to whether it falls within one of the adverse legal action categories or whether a name reported on this application has an adverse legal action, query the Healthcare Integrity and Protection Data Bank. If information is needed on how to access the data bank, call 1-800-767-6732 or visit www.npdb-hipdb.com. There is a charge for using this service.

Table A--This is the list of adverse legal actions that must be reported. All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

B. Overpayment Information - Current laws found in the Federal Streamlining Act and the Debt Collection Improvement Act require all Federal agencies to determine whether an individual or business entity that enters into a business relationship with that agency has any outstanding debts, including overpayments under different identifiers. Failure to furnish information about overpayments will put the provider in violation of these Acts and subject it to possible denial of its Medicare enrollment.

1. The provider, as identified in Section 2B, must report all outstanding Medicare overpayments that it is liable for, including those paid to the provider, or on its behalf, under a different name. For purposes of this section, the term "outstanding Medicare overpayment" is defined as a debt that meets **all** of the conditions listed below:

   a) The overpayment arose out of the provider's current or previous enrollment in Medicare. This includes any overpayment incurred by the provider under a different name or business identity, or in another Medicare contractor jurisdiction;

   b) CMS (or its contractors) has determined that the provider is liable for the overpayment; and

   c) The overpayment is not or has not been included as part of a repayment plan approved by CMS (or its contractors), nor is the overpayment amount being repaid through the withholding of Medicare payments to the provider.

Any overpayment not meeting all of these conditions should not be reported.

2. Furnish the name or business identity under which the overpayment occurred and the account number under which the overpayment exists.

NOTE: Overpayments that occur after the provider's enrollment has been approved do not need to be reported unless the provider is enrolling with a different Medicare contractor.

OMB Approval No. 0938-0685

3. Adverse Legal Actions and Overpayments

This section is to be completed with information concerning any adverse legal actions and/or overpayments that have been imposed or levied against this provider (see Table A below for list of adverse actions that must be reported).

A. Adverse Legal History ☐ **Change** **Effective Date:**_____

1. Has this provider, under any current or former name or business identity, ever had any of the adverse legal actions listed in Table A below imposed against it? ☐ YES ☐ NO
2. **IF YES**, report each adverse legal action, when it occurred, the law enforcement authority/court/administrative body that imposed the action, and the resolution. Attach a copy of the adverse legal action documentation(s) and resolution(s).

Adverse Legal Action:	Date:	Law Enforcement Authority:	Resolution:

Table A

1) Any felony conviction under Federal or State law, regardless of whether it was health care related.

2) Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicare or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.

3) Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.

4) Any misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.

5) Any misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

6) Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.

7) Any revocation or suspension of accreditation.

8) Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.

9) Any current Medicare payment suspension under any Medicare billing number.

Note: All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

B. Overpayment Information

1. Does this provider, under any current or former name or business identity, have any outstanding Medicare overpayments? ☐ YES ☐ NO
2. **IF YES**, furnish the name and account number under which the overpayment(s) exists.

Name under which the overpayment occurred:	Account number under which the overpayment exists:

OMB Approval No. 0938-0685

SECTION 4: CURRENT PRACTICE LOCATION(S)

A. Practice Location Information - Check the appropriate box to indicate whether the provider is adding a new practice location, deleting a practice location, or changing information about an existing practice location. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise, complete this section as follows:

If a reported addition or change does not require a separate OSCAR number and/or corresponding separate provider agreement (e.g., a branch or provider-based clinic), check the appropriate box and complete this section. If adding a location that requires a completely separate OSCAR number and/or corresponding separate provider agreement, a new application must be submitted for the new location as a new provider.

Home Health Agencies (HHAs) should complete this section with their administrative address and skip to Section 4E.

Community Mental Health Centers (CMHCs) must report all alternative sites where core services are provided (proposed alternative sites for initial enrollment and actual alternative sites for those CMHCs already participating in Medicare). In accordance with provisions of the Public Health Service Act, a CMHC is required to provide mental health services principally to individuals who reside in a defined geographic area (service area). Therefore, CMHCs must service a distinct and definable community. Those CMHCs operating or proposing to operate outside this specific community must have a separate provider agreement/number, submit a separate enrollment application, and individually meet the requirements to participate. CMS will determine if the alternative site is permissible or whether the site must have a separate agreement/number. CMS will consider the actual demonstrated transportation pattern of CMHC clients within the community to ensure that all core services and partial hospitalization are available from each location within the community. A CMHC patient must be able to access and receive services he/she needs at the parent CMHC site or the alternative site within the distinct and definable community served by the parent.

NOTE: **Hospitals** must report all practice locations where the hospital provides services. Do not report separately enrolled provider/supplier types such as SNFs, HHAs, RHCs, physician practices, clinics, etc. Practice location addresses fall into one of two categories as listed below. When furnishing the practice locations, the hospital should report the addresses in the order shown below.

- **1st** - All location addresses where the hospital performs inpatient services.
- **2nd** – All other location addresses where the hospital performs any other non-inpatient service.

NOTE: If an organization owns other providers or suppliers that are required to obtain separate provider numbers (i.e., OSCAR numbers or UPINs) do not report them as practice locations. Each of these other providers or suppliers must enroll via a separate CMS 855A or CMS 855B as appropriate.

OMB Approval No. 0938-0685

Practice Location Information (continued)

1. Furnish the name the provider uses at this practice location and the date the provider started rendering services at this location.
2. Furnish a complete street address, telephone number, fax number, and e-mail address (if applicable) for the provider's practice/business location.

The address must be a specific street address as recorded by the United States Postal Service. Do not report a P.O. Box. If the provider renders services in a hospital and/or other health care facility for which it bills Medicare directly for the services furnished at that facility, furnish the name and address of that hospital or facility. Do not furnish the provider's billing agency information anywhere in this section. The fax number and e-mail addresses are optional.

3. This question is to be completed by providers that indicated that they are a hospital in Section 2A1. Indicate if the practice location shown in Section 4A is an address where inpatient services are furnished.
4. Indicate whether the provider owns/leases the practice location.
5. Report any CLIA number(s) and/or FDA/Radiology (Mammography) Certification Number(s) that have been issued to this provider for this practice location for which the provider will be billing for these types of services. Submit copies of all current valid certificates with this application.
6. This question is to be completed by providers that indicated that they are a home health agency in Section 2A1. HHA's must report all branch office locations as separate practice locations. If the branch office has been issued a Medicare identification number, furnish it in the space provided.

B. Mobile Facility and/or Portable Units

To properly pay claims, Medicare must be able to distinguish when services are provided in a mobile facility or with portable units. If the provider has a mobile facility or portable unit, provide this information in this section. A "mobile facility" is generally a mobile home, trailer, or other large vehicle that has been converted, equipped, and licensed to render health care services. These vehicles usually travel to local shopping centers or community centers to see and treat patients **inside** the vehicle. A "portable unit" is when the provider transports medical equipment to a fixed location (e.g., physician's office, nursing home) to render service to the patient.

- State whether or not this provider furnishes services in or from a mobile facility or portable unit. If "Yes," use Sections 4C through 4E to furnish information about the mobile/portable services.

C. Base of Operations Address - Check the appropriate box to indicate whether the provider is using this section to add a new mobile/portable practice location, delete a mobile/portable practice location, or change information about an existing mobile/portable practice location. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

- If the base of operations address is the same as the practice location reported above in Section 4A1, check the box and skip to Section 4D.

1. Provide the base of operations name and the date the provider started practicing from this location.
2. Provide the address from where personnel are dispatched, where mobile/portable equipment is stored and, when applicable, where vehicles are parked when not in use. Provide the telephone number, fax number and e-mail address (if applicable) for this base of operations location.

D. Vehicle Information - Check the appropriate box to indicate whether the provider is using this section to add a vehicle, delete a vehicle, or change information about a vehicle. Provide the effective date of the change, and sign and date the certification statement. Otherwise:

1.-3. Furnish the type of vehicle and the vehicle identification number. A copy of all health care related permit(s), license(s), and registration(s) must be submitted for each vehicle reported.

This section is to provide us with information about the mobile unit when the services are rendered **in or from** the vehicle. Do not furnish information about the vehicle(s) that are used only to transport medical equipment (e.g., when the equipment is transported in a van but is used in a fixed setting, such as a doctor's office) or ambulance vehicles.

OMB Approval No. 0938-0685

4. Current Practice Location(s)

This section is to be completed with information about the physical location(s) where this provider currently renders health care services. If this provider operates a mobile facility or portable units, furnish the address of the "Base of Operations," as well as vehicle information and the geographic area serviced by these facilities or units. In addition, cite where this provider wants its payments sent, and where the provider maintains patients' records. If there is more than one practice location, copy and complete this section for each.

A. Practice Location Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Practice Location Name			Date Started at this Location (MM/DD/YYYY)
2. Practice Location Address Line 1 (Street Name and Number)			
Practice Location Address Line 2 Suite, Room, etc.)			
City	County/Parish	State	ZIP Code + 4
Telephone Number ( ) (Ext.) ( )	Fax Number (if applicable) ( )		E-mail Address (if applicable)

3. **Hospitals Only:** Is the practice location above an inpatient services practice location? ☐ YES ☐ NO

4. Does this provider: own this practice location? ☐ YES ☐ NO
lease this practice location? ☐ YES ☐ NO

5. CLIA Number for this location (if applicable)	FDA/Radiology (Mammography) Certification Number(s) for this location (if applicable)

6. **HHA's Only:** Is the above practice location a branch office in acordance with 42 CFR 484.2? ☐ YES ☐ NO
Medicare Identification Number for this Branch Office:_____

B. Mobile Facility and/or Portable Units ☐ **Change** **Effective Date:**_____

Does this organization furnish health care services from a mobile facility or portable unit? ☐ YES ☐ NO
IF YES, use Sections 4C through 4E to furnish information about the mobile/portable services.
IF NO, proceed to Section 4E (Geographic Location).

C. Base of Operations Address ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

The base of operations is the location from where personnel are dispatched, where mobile/portable equipment is stored and, when applicable, where vehicles are parked when not in use. See instructions for further examples.
Check here ☐ and skip to Section 4D if the "Base of Operations" address is the same as the "Practice Location."

1. Base of Operations Name			Date Started at this Location (MM/DD/YYYY)
2. Street Address Line 1 (Street Name and Number)			
Street Address Line 2 (Suite, Room, etc.)			
City	County/Parish	State	ZIP Code + 4
Telephone Number ( ) (Ext.) ( )	Fax Number (if applicable) ( )		E-mail Address (if applicable)

D. Vehicle Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

If the mobile health care services are rendered in a vehicle, such as a mobile home or trailer, furnish the following vehicle information. See the instructions for a full explanation of the types of vehicles that need to be reported. If more than three vehicles are used, copy and complete this section as needed.

1. Type of Vehicle (van, mobile home, trailer, etc.)	Vehicle Identification Number
2. Type of Vehicle (van, mobile home, trailer, etc.)	Vehicle Identification Number
3. Type of Vehicle (van, mobile home, trailer, etc.)	Vehicle Identification Number

Note: For each vehicle, a copy of all health care related permits/licenses/registrations MUST be submitted.

OMB Approval No. 0938-0685

E. Geographic Location where the Base of Operations and/or Vehicle Renders Services - This section is to be completed by all **Home Health Agencies, Hospice Organizations**, and **Mobile** and/or **Portable** facilities with information identifying the geographic area(s) where health care services are rendered.

Check the appropriate box when the provider is using this section to add a geographic location or delete a geographic location. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. Initial Reporting and/or Additions

- The provider should furnish the county/parish, city, State and ZIP Code for all locations at which it will render services to Medicare beneficiaries in or from its mobile facility or portable unit. For those mobile facilities or portable units that travel across State lines, and when those States are serviced by different Medicare contractors (fiscal intermediaries), then the provider must complete a separate CMS 855A enrollment application for each Medicare contractor jurisdiction.

2. Deletions

- If deleting a location where mobile or portable services were provided, indicate the county/parish, city, State, and ZIP Code of the location being deleted.

F. Medicare Payment "Pay To" Address - The provider must indicate where it wants its Medicare payments to be sent. Check the box "Change" only if reporting a change to existing information. Provide the date of that change, and sign and date the certification statement. Otherwise:

- Provide the P.O. Box or street address, city, State and ZIP Code for the address where payments are to be sent.

The ability to establish more than one "pay to" address will be addressed by the provider's fiscal intermediary. Some Medicare fiscal intermediaries do not allow multiple payment addresses. Payment will be made in the provider's "legal business name" as shown in Section 2B1.

- The "Pay To" address is not the same address used for Electronic Funds Transfers. If the provider would like payments to be deposited in its bank account electronically, place a check in the box given and complete the form "Medicare Authorization Agreement for Electronic Funds Transfers (Form HCFA-588).

- If payment will be made by electronic funds transfer, the "Pay To" address should indicate where the provider wants other financial or payment information sent.

G. Location of Patients' Medical Records - Check the appropriate box if using this section to add a new location where patients' records are kept, delete a location, or change information about an existing location. Provide the effective date of that change, complete the appropriate information, and sign and date the certification statement. Otherwise:

1. If all of the provider's patients' medical records are stored at the practice location shown in Section 4A or the base of operations shown in Section 4C, check the box provided and skip this section.

2. If any of the provider's patients' medical records are stored at a location other the practice location shown in Section 4A or the base of operations shown in Section 4C, this section must be completed with a complete address of the storage location.

Post Office Boxes and drop boxes are not acceptable as physical addresses where patients' medical records are maintained. For IDTFs and mobile facilities/portable units, the patients' medical records must be under the provider's control. The records must be the provider's records, not the records of another provider/supplier.

OMB Approval No. 0938-0685

4. Practice Location (Continued)

E. Geographic Location ☐ **Add** ☐ **Delete** **Effective Date:**_____

This section is to be completed by all **Home Health Agencies, Hospice Organizations**, and **Mobile** and/or **Portable** facilities with information identifying the geographic area(s) where health care services are rendered.

Furnish the county/parish, city, State and ZIP Code for all locations where mobile and/or portable services are rendered.

Note: If this provider renders mobile health care services in more than one State, and those States are served by different Medicare contractors, then a separate CMS 855A enrollment application must be completed for each Medicare contractor jurisdiction.

1. Initial Reporting and/or Additions:

County/Parish:	City:	State:	ZIP Code(s):

2. Deletions:

County/Parish:	City:	State:	ZIP Code(s):

F. Medicare Payment "Pay To" Address ☐ **Change** **Effective Date:**_____

Check here ☐ and complete and submit Form HCFA-588 with this application if the provider would like its payments electronically transferred to its bank account.

Furnish the address where payments should be sent for services rendered at the practice location in Section 4A or 4C.

"Pay To" Address (Organization or Individual Name)

"Pay To" Address Line 1 (Street Name and Number)

"Pay To" Address Line 2 (Suite, Room, etc.)

City	State	ZIP Code + 4

G. Location of Patients' Medical Records ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Check here ☐ if **all** patients' medical records are stored at the location shown in Section 4A or 4C, and skip this section.

2. If **any** of the patients' medical records are stored in a location other than the location shown in Section 4A or 4C, complete this section with the name and address of the storage location.

Name of Storage Facility/Location

Storage Facility Address Line 1 (Street Name and Number)

Storage Facility Address Line 2 (Suite, Room, etc.)

City	State	ZIP Code + 4

OMB Approval No. 0938-0685

SECTION 5: OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (ORGANIZATIONS)

This section is to be completed with information about any organization that has 5% or more (direct or indirect) ownership of, any partnership interest in, and/or managing control of the provider identified in Section 2B. See examples below of organizations that should be reported in this section. If individuals, and not organizations, own or manage the provider, do not complete this section. These individuals must be reported in Section 6. If there is more than one organization, copy and complete this section for each.

A. Check Box - Check the box if there are no organizations to be reported in this section. If this box is checked, proceed to Section 6.

B. Organization with Ownership Interest and/or Managing Control - Identification Information - If adding, deleting, or changing information on an existing owner, partner, or managing organization, check the appropriate box, indicate the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. If not reporting a change, complete this section for the following:

All organizations that have any of the following **must** be reported in Section 5B:

- 5% or more ownership of the provider,
- Managing control of the provider, or
- A partnership interest in the provider, regardless of the percentage of ownership the partner has.

Owning/Managing organizations are generally one of the following types:

- Corporations (including non-profit corporations)
- Partnerships and Limited Partnerships (as indicated above)
- Charitable and/or Religious organizations
- Governmental and/or Tribal organizations

NOTE: All partners within a partnership must be reported in Section 6 of this application. This applies to both "General" and "Limited" partnerships. For instance, if a limited partnership has several limited partners and each of them only has a 1% interest in the provider, each limited partner must be reported in this application, even though each owns less than 5%. The 5% threshold primarily applies to corporations and other organizations that are not partnerships. The 5% threshold primarily applies to corporations or other organizations that are not partnerships.

***IMPORTANT* – Only report organizations in this section. Individuals must be reported in Section 6.**

1. Check all boxes that apply to indicate the relationship between the provider and the owning or managing organization.

2. Provide the legal business name of the owning or managing organization.

3. If applicable, provide the owning or managing organization's "doing business as" name.

4. Provide the owning or managing organization's business street address.

5. Provide the owning or managing organization's tax identification number and, if one (or more) has been issued, its Medicare identification number(s).

OMB Approval No. 0938-0685

The following contains an explanation of the terms "direct ownership," "indirect ownership," and "managing control," as well as instructions concerning organizations that must be reported in this application.

EXAMPLES OF 5% OR MORE "DIRECT" OWNERSHIP

All organizations that own 5% or more of the provider must be reported in this application.

Many providers may be owned by only one organization. For instance, suppose the provider is a skilled nursing facility is wholly (100%) owned by Company A. In this case, Company A is considered to be a direct owner of the skilled nursing facility, in that it actually owns the assets of the business. As such, the provider would have to report Company A in this section.

There are occasionally more complex ownership situations. Many organizations that directly own a provider are themselves wholly or partly owned by other organizations (or even individuals). This is often the result of the use of holding companies and parent/subsidiary relationships. Such organizations and individuals are considered to be "indirect" owners of the provider. Using our first situation above, if Company B owned 100% of Company A, Company B is considered to be an indirect owner of the provider. In other words, a direct owner has an actual ownership interest in the provider (e.g., owns stock in the business, etc.), whereas an indirect owner has an ownership interest in an organization that owns the provider. For purposes of this application, direct and indirect owners must be reported if they own at least 5% of the provider. To calculate whether these indirect owners meet the 5% ownership level, review the formula outlined in Example 1 in this section.

For purposes of this application, ownership also includes "financial control." Financial control exists when:

(1) An organization or individual is the owner of a whole or part interest in any mortgage, deed of trust, note, or other obligation secured (in whole or in part) by the provider or any of the property or assets of the provider, **and**

(2) The interest is equal to or exceeds 5% of the total property and assets of the provider.

To calculate whether an organization or individual has financial control over the provider, use the formula outlined in Example 2 of the instructions for this section.

OMB Approval No. 0938-0685

EXAMPLES OF "INDIRECT" LEVELS OF OWNERSHIP FOR ENROLLMENT PURPOSES

Example 1 (Ownership)

LEVEL 3	***Individual X*** 5%	***Individual Y*** 30%
LEVEL 2	***Company C*** 60%	***Company B*** 40%
LEVEL 1	***Company A*** 100%	

- Company A owns 100% of the Enrolling Provider
- Company B owns 40% of Company A
- Company C owns 60% of Company A
- Individual X owns 5% of Company C
- Individual Y owns 30% of Company B

In this example, Company A (Level 1) is the direct owner of the Enrolling Provider. Companies B and C as well as Individuals X and Y are indirect owners of the Enrolling Provider. To calculate ownership shares using the above-cited example, utilize the following steps:

LEVEL 1

The diagram above indicates that Company A owns 100% of the Enrolling Provider. Company A must therefore be reported in Section 5.

LEVEL 2

To calculate the percentage of ownership held by Company C of the Enrolling Provider, multiply:

The percentage of ownership the LEVEL 1 owner has in the Enrolling Provider
MULTIPLIED BY
The percentage of ownership the LEVEL 2 owner has in that LEVEL 1 owner

It is known that Company A, the LEVEL 1 (or direct) owner, owns 100% of the Enrolling Provider. The diagram also indicates that Company C, a LEVEL 2 owner, owns 60% of Company A. As such, multiply 100% (or 1.0) by 60% (.60). The result is .60. Therefore, Company C indirectly owns 60% of the Enrolling Provider, and must be reported in Section 5.

Repeat the same procedure for Company B, the other LEVEL 2 owner. Because Company B owns 40% of Company A, multiply this figure by 100% (again, the ownership stake Company A has in the Enrolling Provider). Therefore, 1.0 multiplied by .40 equals .40, so Company B owns 40% of the Enrolling Provider, and must be reported in Section 5.

This process is continued until all LEVEL 2 owners have been accounted for.

OMB Approval No. 0938-0685

LEVEL 3

To calculate the percentage of ownership that Individual X has in the Enrolling Provider, multiply:

The percentage of ownership the LEVEL 2 owner has in the Enrolling Provider
MULTIPLIED BY
The percentage of ownership the LEVEL 3 owner has in that LEVEL 2 owner

It has already been established that Company C owns 60% of the Enrolling Provider. According to the example above, Individual X (Level 3) owns 5% of Company C. Therefore, multiply 60% (.60) by 5% (.05), resulting in .03. This means that Individual X owns 3% of the Enrolling Provider and does not need to be reported in this application.

Repeat this process for Company B, which owns 40% of the Enrolling Provider. The diagram states that Individual Y (Level 3) owns 30% of Company B. We thus multiply 40% (.40) by 30% (.30). The result is .12, or 12%. Because Individual Y owns 12% of the Enrolling Provider, Individual Y must be reported in this application (in Section 6 - Individuals).

This process is continued until all owners in LEVEL 3 have been accounted for. Should there be entities at LEVEL 4 and above that have at least a 5% ownership interest in the Enrolling Provider, the Enrolling Provider may submit an organizational chart identifying these entities and/or individuals. The chart should contain the names, business addresses and TINs of these entities, and/or the names and social security numbers of these individuals.

Example 2 (Financial Control)

The percentage of financial control can be calculated by using the following formula:

Dollar amount of the mortgage, deed of trust, or other obligation secured by the Enrolling Provider or any of the property or assets of the Enrolling Provider
DIVIDED BY
Dollar amount of the total property and assets of the Enrolling Provider

Example: Two years ago, a provider obtained a $20 million loan from Entity X to add a third floor to its facility. Various assets of the provider secure the mortgage. The total value of the provider's property and assets is $100 million.

Using the formula described above, divide $20 million (the dollar amount of the secured mortgage) by $100 million (the total property and assets of the Enrolling Provider). This results in .20, or 20%. Because Entity X's interest represents at least 5% of the total property and assets of the Enrolling Provider, financial control exists and Entity X must be reported in this section.

MANAGING CONTROL (ORGANIZATIONS)

Any organization that exercises operational or managerial control over the provider, or conducts the day-to-day operations of the provider, is a managing organization and must be reported. The organization need not have an ownership interest in the provider in order to qualify as a managing organization. This could be a management services organization under contract with the provider to furnish management services for this business location.

OMB Approval No. 0938-0685

SPECIAL TYPES OF ORGANIZATIONS

Governmental/Tribal Organizations: If a Federal, State, county, city or other level of government, or an Indian tribe, will be legally and financially responsible for Medicare payments received (including any potential overpayments), the name of that government or Indian tribe should be reported as an owner. The provider must submit a letter on the letterhead of the responsible government (e.g., government agency) or tribal organization, which attests that the government or tribal organization will be legally and financially responsible in the event that there is any outstanding debt owed to CMS. This letter must be signed by an "authorized official" of the government or tribal organization who has the authority to legally and financially bind the government or tribal organization to the laws, regulations, and program instructions of Medicare. See Section 15 for further information on and a definition of "authorized officials."

Charitable and Religious Organizations: Many non-profit organizations are charitable or religious in nature, and are operated and/or managed by a Board of Trustees or other governing body. The actual name of the Board of Trustees or other governing body should be reported in this section.

C. Adverse Legal History - This section is to be completed with information concerning any adverse legal actions that have been imposed or levied against the organization(s) reported in this section. See Table A in Section 3 of the application form for a list of adverse actions that must be reported.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. The provider must state whether the organization reported in Section 5B, under any current or former name or business identity, has ever had any of the adverse legal actions listed in Section 3 (Table A) of this form imposed against it.

2. If the answer to this question is "Yes," supply all requested information. Attach copies of official documentation related to the adverse legal action. Such documentation includes adverse legal action notifications (e.g., notification of disciplinary action; criminal court documentation that verifies the conviction of a crime) and documents that evidence how the adverse legal action was finally resolved (e.g., reinstatement notices, etc.).

If the provider is uncertain as to whether the owning or managing organization falls within one of the adverse legal action categories, the provider should query the Healthcare Integrity and Protection Data Bank. If the provider needs information on how to access the data bank, call 1-800-767-6732 or visit www.npdb-hipdb.com.

OMB Approval No. 0938-0685

5. Ownership Interest and/or Managing Control Information (Organizations)

This section is to be completed with information about all organizations that have 5% or more (direct or indirect) ownership interest of, any partnership interest in, and/or managing control of, the provider identified in Section 2B, as well as any information on adverse legal actions that have been imposed against that organization. See instructions for examples of organizations that should be reported here. If there is more than one organization, copy and complete this section for each.

A. Check here ☐ if this section does not apply and skip to Section 6.

B. Organization with Ownership Interest and/or Managing Control - Identification Information

☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Check all that apply:	☐ 5% or more Ownership Interest ☐ Managing Control	☐ Partner
2. Legal Business Name		
3. "Doing Business As" Name (if applicable)		
4. Business Address Line 1 (Street Name and Number)		
Business Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
5. Tax Identification Number	Medicare Identification Number(s) (if applicable)	

C. Adverse Legal History ☐ **Change** **Effective Date:**_____

This section is to be completed for the organization reported in Section 5B above.

1. Has the organization in Section 5B above, under any current or former name or business identity, ever had any of the adverse legal actions listed in Table A in Section 3A imposed against it? ☐ YES ☐ NO

2. **IF YES**, report each adverse legal action, when it occurred, the law enforcement authority/court/administrative body that imposed the action, and the resolution. Attach a copy of the adverse legal action documentation(s) and resolution(s).

Adverse Legal Action:	Date:	Law Enforcement Authority:	Resolution:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OMB Approval No. 0938-0685

SECTION 6: OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS)

This section is to be completed with information about any individual who has a 5% or greater (direct or indirect) ownership interest in, or any partnership interest in, the provider identified in Section 2B. In addition, all officers, directors, and managing employees of the provider must be reported in this section. If there is more than one individual, copy and complete this section for each. **The provider MUST have at least ONE owner and/or managing employee.** If this is a "one person" operation, then report yourself in this section as **both** a 5% or greater owner and a managing employee or director/officer.

NOTE: Hospitals Only: Hospitals that have checked "Yes" to having a compliance plan in accordance with Medicare requirements in Section 2.A.3.b. are not required to report their managing employees in this application. However, this section **must** be completed for the Authorized Official reported in Section 15 and all Delegated Officials reported in Section 16.

A. Individual with Ownership Interest and/or Managing Control - Identification Information - If adding, deleting, or changing information on an existing 5% or greater owner, partner, officer, director, or managing employee, check the appropriate box, indicate the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. If not reporting a change, complete this section for the following:

The following individuals **must** be reported in Section 6A: (see below for definitions of these terms)

- All persons who have a 5% or greater ownership interest in the provider;
- If (and only if) the provider is a corporation (whether for-profit or non-profit), all officers and directors of the provider;
- All managing employees of the provider, and
- All individuals with a partnership interest in the provider, regardless of the percentage of ownership the partner has.

NOTE: All partners within a partnership must be reported in this application. This applies to both "General" and "Limited" partnerships. For instance, if a limited partnership has several limited partners and each of them only has a 1% interest in the provider, each limited partner must be reported in this application, even though each owns less than 5%. The 5% threshold primarily applies to corporations and other organizations that are not partnerships.

For purposes of this application, the terms "officer," "director," and "managing employee" are defined as follows:

- The term **"Officer"** is defined as any person whose position is listed as being that of an officer in the provider's **"Articles of Incorporation"** or **"Corporate Bylaws," OR** anyone who is appointed by the board of directors as an officer in accordance with the provider's corporate bylaws.
- The term **"Director"** is defined as a member of the provider's **"Board of Directors."** It does not necessarily include a person who may have the word "Director" in his/her job title (e.g., Departmental Director, Director of Operations). See note below.

NOTE: A person who has the word "Director" in his/her job title may be a "managing employee," as defined below. Moreover, where a provider has a governing body that does not use the term "Board of Directors," the members of that governing body will still be considered "Directors." Thus, if the provider has a governing body titled "Board of Trustees" (as opposed to "Board of Directors"), the individual trustees are considered "Directors" for Medicare enrollment purposes.

- The term **"Managing Employee"** is defined as any individual, including a general manager, business manager, or administrator, who exercises operational or managerial control over the provider, or who conducts the day-to-day operations of the provider. For Medicare enrollment purposes, "managing employee" also includes individuals who are not actual employees of the provider but, either under contract or through some other arrangement, manage the day-to-day operations of the provider.

NOTE: If a governmental or tribal organization will be legally and financially responsible for Medicare payments received (per the instructions for Governmental/Tribal Organizations in Section 5), the provider is only required to report its managing employees in Section 6. Owners, partners, officers, and directors do not need to be reported.

OMB Approval No. 0938-0685

Refer to the instructions and examples in Section 5 for further clarification of what is meant by the terms "direct owner" and "indirect owner." If further assistance is needed in completing this section, contact the fiscal intermediary.

***IMPORTANT* – Only Individuals should be reported in Section 6. Organizations must be reported in Section 5.**

1. Furnish the individual's name, title, date of birth, social security number, and Medicare identification number (if applicable).

NOTE: Section 1124A of the Social Security Act requires that the provider furnish Medicare with the individual's social security number.

2. Indicate the individual's relationship with the enrolling provider identified in Section 2B. If this individual has a title other than those listed in this section, check the "Other" box and specify the title used by this individual.

Example: A provider is 100% owned by Company C, which itself is 100% owned by Individual D. Assume that Company C is reported in Section 5B as an owner of the provider. Assume further that Individual D, as an indirect owner of the provider, is reported in Section 6A1. Based on this example, the provider would check the "5% or Greater Indirect Owner" box in Section 6A2.

B. Adverse Legal History - This section is to be completed with information concerning any adverse legal actions that have been imposed or levied against individuals reported in Section 6A. See Table A in Section 3 of this application for a list of adverse actions that must be reported.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. The provider must state whether the individual reported in Section 6A, under any current or former name or business identity, has ever had any of the adverse legal actions listed in Section 3 (Table A) of this form imposed against him or her.

2. If the answer to this question is "Yes," supply all requested information. Attach copy(s) of official documentation related to the adverse legal action. Such documentation includes adverse legal action notifications (e.g., notification of disciplinary action; criminal court documentation that verifies the conviction of a crime) and documents that evidence how the adverse legal action was finally resolved (e.g., reinstatement notices, etc.).

If the provider is uncertain as to whether this individual falls within one of the adverse legal action categories, the provider should query the Healthcare Integrity and Protection Data Bank. If the provider needs information on how to access the data bank, call 1-800-767-6732 or visit www.npdb-hipdb.com.

OMB Approval No. 0938-0685

6. Ownership Interest and/or Managing Control Information (Individuals)

This section is to be completed with information about any individual that has a 5% or greater (direct or indirect) ownership interest in, or any partnership interest in, the provider identified in Section 2B. All officers, directors, and managing employees of the provider must also be reported in this section. In addition, any information on adverse legal actions that have been imposed against the individuals reported in this section must be furnished. If there is more than one individual, copy and complete this section for each individual.

A. Individual with Ownership Interest and/or Managing Control - Identification Information

☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
Title	Date of Birth (MM/DD/YYYY)		
Social Security Number	Medicare Identification Number (if applicable)		

2. What is the above individual's relationship with the supplier in Section 2B? (Check all that apply.)

☐ 5% or Greater Direct Owner
☐ 5% or Greater Indirect Owner
☐ Other (Specify):_____
☐ Managing Employee
☐ Director/Officer
☐ Partner

B. Adverse Legal History ☐ **Change** **Effective Date:**_____

This section is to be completed for the individual reported in Section 6A above.

1. Has the individual in Section 6A above, under any current or former name or business identity, ever had any of the adverse legal actions listed in Table A in Section 3A imposed against him or her? ☐ YES ☐ NO

2. **IF YES**, report each adverse legal action, when it occurred, the law enforcement authority/court/administrative body that imposed the action, and the resolution. Attach a copy of the adverse legal action documentation(s) and resolution(s).

Adverse Legal Action:	Date:	Law Enforcement Authority:	Resolution:

OMB Approval No. 0938-0685

SECTION 7: CHAIN HOME OFFICE INFORMATION

All providers that are currently part of a chain organization or who are joining a chain organization must complete this section with information about the chain home office. This information will be used to ensure proper reimbursement when the provider year-end cost report is filed with the Medicare fiscal intermediary. It is important to furnish the information in this section to avoid overpayments and/or other administrative actions or penalties.

Chain organizations are generally defined as multiple providers owned, leased, or through any other devise, controlled by a single organization. The controlling organization is known as the chain "home office." Typically, the chain "home office":

- Maintains uniform procedures in each facility for handling admissions, utilization review, preparation and processing admission notices and bills, and
- Maintains and centrally controls individual provider cost reports and fiscal records. In addition, a major portion of the Medicare audit for each provider in the chain can be performed centrally at the chain "home office."

A few of the most common provider types that would typically be in a chain organization are Comprehensive Outpatient Rehabilitation Facilities (CORFs), Skilled Nursing Facilities (SNFs), and Home Health Agencies (HHAs).

A. Check Box - If this section does not apply to this provider, check the box provided and skip to Section 8.

B. Type of Action this Provider is Reporting - Check the appropriate box to indicate the type of action this provider is reporting about its relationship to the chain organization.

Check the:

- 1st box if this provider is enrolling in Medicare for the 1st time, or is undergoing a change of ownership. If this box is checked, complete this entire section.
- 2nd box if the provider is no longer associated with the chain organization previously reported. Furnish the effective date of this action, and identify the old chain home office in Section 7D.
- 3rd box if the provider has changed from one chain to another. Furnish the effective date of this action, and complete Section 7D with information about the NEW chain home office.
- 4th box if only the name of the chain home office is changing and all other information remains the same. Furnish the effective date of this action, and furnish the new chain home office name in Section 7D1.

C. Chain Home Office Administrator Information - If this section is being completed to report a change to the information previously reported about the chain home office administrator, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

- Furnish the name of the chain home office administrator, and his/her title, social security number, and date of birth.

D. Chain Home Office Information - If this section is being completed to report a change to the information previously reported about the chain home office, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. Furnish the legal business name of the chain home office as reported to the IRS.
2. Furnish the street address, telephone number, fax number, and e-mail address of the home office corporate headquarters. Do not give a P.O. Box or Drop Box address.
3. Furnish the home office tax identification number and the home office "cost report" year-end date.
4. Furnish the name of the home office fiscal intermediary and the home office chain number. If this is a new chain organization, furnish the name of the fiscal intermediary of choice for the home office and write "pending" in the space for chain number.

E. Type of Business Structure of the Chain Home Office - If this section is being completed to report a change to the information previously reported about the chain home office's business structure, check "Change," provide the effective date of the change, check the appropriate box in this section, and sign and date the certification statement. Otherwise:

- Check one of the choices given that best describes the home office business structure.

F. Provider's Affiliation to the Chain Home Office - If this section is being completed to report a change to the information previously reported about the provider's affiliation to the chain home office, check "Change," provide the effective date of the change, check the appropriate box, and sign and date the certification statement. Otherwise:

- Check the appropriate box to indicate how this provider is affiliated with the home office.

OMB Approval No. 0938-0685

7. Chain Home Office Information

This section is to be completed with information about the "Home Office" for those providers that are members of, or are joining, a chain organization.

A. Check here ☐ if this section does not apply and skip to Section 8.

B. Type of Action this Provider is Reporting

Check one:

☐ Provider in chain for first time (Initial Enrollment or Change of Ownership)

☐ Provider dropped out of current chain Effective date:_____

☐ Provider in a different chain since last report Effective date:_____

☐ Provider in same chain under new chain name Effective date:_____

C. Chain Home Office Administrator Information ☐ Change Effective Date:_____

Name of Home Office Administrator or CEO First	Middle	Last	Jr., Sr., etc.
Title of Home Office Administrator	Social Security Number	Date of Birth (MM/DD/YYYY)	

D. Chain Home Office Information ☐ Change Effective Date:_____

1. Name of Home Office as Reported to the IRS

2. Home Office Business Street Address Line 1 (Street Name and Number)

Home Office Business Street Address Line 2 (Suite, Room, etc.)

City	State	ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

3. Home Office Tax Identification Number	Home Office Cost Report Year-End Date (MM/DD)
4. Home Office Intermediary	Home Office Chain Number

E. Type of Business Structure of the Chain Home Office ☐ Change Effective Date:_____

Check one:

Voluntary:

☐ Non-Profit – Religious Organization

☐ Non-Profit – Other (Specify):_____

Proprietary:

☐ Individual

☐ Corporation

☐ Partnership

☐ Other (Specify):_____

Government:

☐ Federal

☐ State

☐ City

☐ County

☐ City-County

☐ Hospital District

☐ Other (Specify below):

_____

F. Provider's Affiliation to the Chain Home Office ☐ Change Effective Date:_____

Check one:

☐ Joint Venture/Partnership ☐ Managed/Related ☐ Leased

☐ Operated/Related ☐ Wholly Owned ☐ Other (Specify):_____

OMB Approval No. 0938-0685

SECTION 8: BILLING AGENCY

The purpose of collecting this information is to develop effective monitoring of agents/agencies that prepare and/or submit claims to bill the Medicare program on behalf of the provider. A billing agency is a company or individual that the provider hires or contracts with to furnish claims processing functions for its business locations. Any entity that meets this description must be reported in this section.

A. Check Box - If this provider does not use a billing agency, check the box and skip to Section 10.

B. Billing Agency Name and Address - If reporting a change to information about a previously reported billing agency, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. Furnish the name and tax identification number of the billing agency.

2. Furnish the "doing business as" name of the billing agency.

3. Furnish the complete address and telephone number of the billing agency.

C. Billing Agreement/Contract Information - If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement.

The provider that is enrolling is responsible for responding to the questions listed.

These questions are designed to show that the provider fully understands and comprehends its billing agreement and that it intends to adhere to all Medicare laws, regulations, and program instructions. At any time, the fiscal intermediary or CMS may request copies of all agreements/contracts associated with this billing agency.

OMB Approval No. 0938-0685

8. Billing Agency

This section is to be completed with information about all billing agencies this provider uses or contracts with that submit claims to Medicare on the provider's behalf. If more than one billing agency is used, copy and complete this section for each. The provider may be required to submit a copy of its current signed billing agreement/contract if Medicare cannot verify the information in this section.

A. Check here ☐ if this section does not apply and skip to Section 10.

B. Billing Agency Name and Address ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:_____**

1. Legal Business Name as Reported to the IRS		Tax Identification Number
2. "Doing Business As" Name (if applicable)		
3. Business Street Address Line 1		
Business Street Address Line 2		
City	State	ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

C. Billing Agreement/Contract Information ☐ **Change** **Effective Date:_____**

Answer the following questions about the provider's agreement/contract with the above billing agency.

1. Does the provider have unrestricted access to its Medicare remittance notices? ☐ YES ☐ NO

2. Does the provider's Medicare payment go directly to the provider? ☐ YES ☐ NO
IF NO, proceed to Question 3.
IF YES, skip Questions 3, 4 and 5.

3. Does the provider's Medicare payment go directly to a bank? ☐ YES ☐ NO
IF NO, proceed to Question 4.
IF YES, answer the following questions and skip Questions 4 and 5.
- a) Is the bank account only in the name of the provider? ☐ YES ☐ NO
- b) Does the provider have unrestricted access to the bank account and statements? ☐ YES ☐ NO
- c) Does the bank only answer to the provider regarding what the provider wants from the bank (e.g., sweep account instructions, bank statements, closing account, etc.)? ☐ YES ☐ NO

4. Does the provider's Medicare payment go directly to the billing agent? ☐ YES ☐ NO
IF NO, proceed to Question 5.
IF YES, answer the following question and skip Question 4.
- a) Does the billing agent cash the provider's check? ☐ YES ☐ NO
  IF NO, proceed to Question b.
  IF YES, are all of the following conditions included in the billing agreement? ☐ YES ☐ NO
  - 1) The agent receives payment under an agency agreement with the provider. ☐ YES ☐ NO
  - 2) The agent's compensation is not related in any way to the dollar amounts billed or collected. ☐ YES ☐ NO
  - 3) The agent's compensation is not dependent upon the actual collection of payment. ☐ YES ☐ NO
  - 4) The agent acts under payment disposition instructions that the provider may modify or revoke at any time. ☐ YES ☐ NO
  - 5) In receiving payment, the agent acts only on behalf of the provider (except insofar as the agent uses part of that payment as compensation for the agent's billing and collection services). ☐ YES ☐ NO
- b) Does the billing agent either give the Medicare payment directly to this provider or deposit the payment into this provider's bank account? ☐ YES ☐ NO

5. Who receives the provider's Medicare payment?_____

OMB Approval No. 0938-0685

SECTION 9: FUTURE USE

This section is being reserved for possible future use.

SECTION 10: STAFFING COMPANY

The purpose of collecting this data is to develop effective internal controls to promote adherence to applicable Federal and State laws.

A staffing company is an organization that contracts with health care professionals to furnish health care at medical facilities (such as hospital emergency rooms) where it is also under contract (or some similar agreement) to furnish such. A staffing company cannot bill Medicare in the staffing company's name for medical services or supplies furnished under this arrangement. If the provider has an agreement/contract with a staffing company to furnish services to Medicare beneficiaries, complete this section. At any time, the fiscal intermediary may request a copy of the agreement/contract signed by the provider and the staffing company.

NOTE: If the provider uses a staffing company but the individual physicians or non-physician practitioners reassign their benefits directly to the provider this section does not need to be completed. If the staffing company acts as the billing agent for the physicians or non-physician practitioners it should be reported in Section 8.

A. Check Box - If the provider does not use a staffing company, check the box provided and skip to Section 11.

B. 1st Staffing Company Name and Address - Indicate if this provider is making a change concerning its relationship with a staffing company by checking the appropriate box "add," "delete," or "change." Provide the new information and the effective date of the change, and sign and date the certification statement. Otherwise:

1. Furnish the legal business name and tax identification number of the staffing company.

2. If applicable, furnish the staffing company's "doing business as" (DBA) name. If the reported staffing company uses more than one DBA name with this provider, report all that apply for Medicare claims.

3. Furnish the complete mailing address, telephone number, fax number and e-mail address for the staffing company.

C. 1st Staffing Company Contract/Agreement Information - The enrolling provider must respond to the questions listed to verify that it fully understands and comprehends its contract and that it plans to adhere to all Medicare laws, regulations, and program instructions. At any time, the fiscal intermediary or carrier can request a copy of the agreement/contract signed by the provider and the staffing company.

D-E. 2nd Staffing Company - Sections D and E are to be used to report information on a 2nd staffing company that the provider may be working for (or under contract with) to provide medical services. See instructions for Sections B and C above.

OMB Approval No. 0938-0685

9. Future Use — This Section Not Applicable

10. Staffing Company

This section is to be completed with information about all staffing companies that this provider uses, either under written contract or by an unwritten agreement. If this provider uses more than one staffing company, copy and complete this section for each. The provider may be required to submit a copy of its current signed staffing company agreement/contract.

A. Check here ☐ if this section does not apply and skip to Section 11.

B. 1st Staffing Company Name and Address ☐ Add ☐ Delete ☐ Change Effective Date:_____

1. Legal Business Name as Reported to the IRS	Tax Identification Number	
2. "Doing Business As" Name (if applicable)		
3. Business Street Address Line 1		
Business Street Address Line 2		
City	State	ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

C. 1st Staffing Company Contract/Agreement Information

Answer the following questions about the staffing company and the provider's contract/agreement with them.

1. Does the staffing company shown in Section 10B above **and** the billing agency identified in Section 8B have a common owner(s)? ☐ YES ☐ NO
2. If applicable, are there any provisions in the staffing company contract/agreement that supersede or contradict the enrolling provider's billing agreement? ☐ Not applicable ☐ YES ☐ NO
3. What department(s) of this provider does this company staff?_____ _____

D. 2nd Staffing Company Name and Address ☐ Add ☐ Delete ☐ Change Effective Date:_____

1. Legal Business Name as Reported to the IRS	Tax Identification Number	
2. "Doing Business As" Name (if applicable)		
3. Business Street Address Line 1		
Business Street Address Line 2		
City	State	ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

E. 2nd Staffing Company Contract/Agreement Information

Answer the following questions about the staffing company and the provider's contract/agreement with them.

1. Does the staffing company shown in Section 10D above **and** the billing agency identified in Section 8B have a common owner(s)? ☐ YES ☐ NO
2. If applicable, are there any provisions in the staffing company contract/agreement that supersede or contradict the enrolling provider's billing agreement? ☐ Not applicable ☐ YES ☐ NO
3. What department(s) of this provider does this company staff?_____ _____

OMB Approval No. 0938-0685

SECTION 11: SURETY BOND INFORMATION

This section is to be completed by those provider types mandated by law to obtain a surety bond in order to enroll in and bill the Medicare program. Furnish all requested information about the provider's insurance agent, surety company, and the surety bond. To determine which provider types currently require a surety bond, check the CMS web-site, or contact the local State Agency or provider group association. Provider types that may be required to obtain a surety bond are home health agencies, comprehensive outpatient rehabilitation facilities, and rehabilitation agencies.

The surety bond must be an annual bond, continuous bond, or a government security in lieu of a bond (i.e., a Treasury note, United States bond, or other Federal public debt obligation). Annual surety bond renewals must be reported to the fiscal intermediary on a timely basis to ensure continuance of claim payments. A certified true or notarized copy of the original surety bond must be submitted with this application. Failure to submit the surety bond will prevent the processing of this application. If an insurance agent or an insurance broker issues the bond, the provider must supply a certified copy of the agent's Power of Attorney with this application.

A. Check Box – Check the box if this provider is not required to obtain a surety bond for Medicare enrollment and skip to Section 12.

B. Check Box - Check the box if this provider qualifies for an exemption as a government entity and skip to Section 12

If this provider believes it is government-operated and entitled to an exemption to the surety bond requirement, the provider must furnish a letter signed by a government official of the Federal, State, local or Tribal Government (on official government letterhead), asserting that the government agency/tribe will back the debts owed by this provider in full faith and credit of the government/tribe. This letter can be the same letter that is referred to in Section 5 of these instructions. Otherwise, a surety bond **must** be obtained prior to participating in the Medicare program.

C. Name and Address of Surety Bond Company - If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. Furnish the legal business name and tax identification number of the surety bond company liable for this bond.
2. Furnish the complete business address, telephone number and e-mail address of the surety bond company.

D. Name and Address of Insurance Agency/Broker - If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. Provide the legal business name of the agency that issued the bond.
2. Provide the name of the individual agent who issued the bond for the bond agency.
3. Furnish the complete business address, telephone number and e-mail address of the agency.

E. Surety Bond Information - If the supplier has a Government Security check "Not Applicable" and skip to Section F below. If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise, complete this section with specific information about the bond as follows:

1. State the dollar amount of the bond and the bond number.
2. Furnish the effective date of the bond. If reporting a new bond or new surety bond company, furnish the expiration date of the current bond.
3. Indicate if the bond is renewed annually or if it is continuous.
4. Indicate if this is a "Dual Obligee Bond." A dual obligee bond is issued when a provider bills both the Medicare and Medicaid programs.

F. Government Security - If the supplier has a Surety Bond check "Not Applicable," skip this section and complete Section E above. If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise, complete this section with specific information about the government security as follows:

1. State the amount of the bond, the effective date, and the Federal Reserve Account number.
2. Check the appropriate box indicating the type and duration for which the government security will be effective.

OMB Approval No. 0938-0685

11. Surety Bond Information

This section is to be completed by providers mandated by law to obtain a surety bond in order to enroll in and bill the Medicare program. See instructions to determine whether this provider is required to obtain a surety bond. Furnish all requested information about the provider's insurance agent, surety company, and the surety bond.

A. Check here ☐ if this section does not apply and skip to Section 12.

B. Check here ☐ if this provider qualifies for a waiver of the bond requirement based on its operation as a government entity. See instructions for specific documentation requirements and skip to Section 12.

C. Name and Address of Surety Bond Company ☐ **Change** **Effective Date:**_____

1. Legal Business Name of Surety Bond Company as Reported to the IRS		Tax Identification Number
2. Business Address Line 1 (Street Name and Number)		
Business Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

D. Name and Address of Insurance Agency/Broker

☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Legal Business Name of Agency/Broker as Reported to the IRS		
2. Name of Individual Agent		
3. Business Address Line 1 (Street Name and Number)		
Business Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

E. Surety Bond Information ☐ **Not Applicable** ☐ **Change** **Effective Date:**_____

1. Amount of Surety Bond $	Surety Bond Number
2. Effective Date of Surety Bond (MM/DD/YYYY)	If reporting a new bond, give cancellation date of the current bond (MM/DD/YYYY)

3. Is the surety bond: ☐ Annual? (or) ☐ Continuous?

4. Check here ☐ if this is a Medicare/Medicaid "Dual Obligee Surety Bond."

F. Government Security ☐ **Not Applicable** ☐ **Change** **Effective Date:**_____

If a government security has been purchased, furnish the following information.

1. Amount $	Effective Date (MM/DD/YYYY)	Federal Reserve Bank Account Number

2. Check the appropriate box below:

a) Is the Treasury Bill: ☐ Not Applicable ☐ 3 months? ☐ 6 months? ☐ 1 year?

b) Is the Treasury Note: ☐ Not Applicable ☐ 2 years? ☐ 5 years? ☐ 10 years?

c) Is the government security a 30-year Treasury Bond? ☐ YES ☐ NO ☐ Not Applicable

Note: If the government security is less than one year in duration, the provider must submit proof of the renewable government security at least 14 days prior to the expiration date.

OMB Approval No. 0938-0685

SECTION 12: CAPITALIZATION REQUIREMENTS FOR HOME HEALTH AGENCIES (HHAs)

All HHAs and HHA sub-units enrolling in the Medicare program must complete this section. HHAs and HHA sub-units initially enrolling in Medicare, Medicaid, or both programs on or after January 1, 1998 are required to provide documentation supporting that they have sufficient initial reserve operating funds (capitalization) to operate for the first three months of operation in the Medicare and/or Medicaid program(s). The capitalization requirement applies to all HHAs and HHA sub-units that are enrolling in the Medicare program, including HHAs or HHA sub-units currently participating in the Medicare program that, as a result of a change of ownership, will be issued a new provider number. The capitalization requirement does not apply to a branch of an HHA. Regulations found at 42 CFR 489.28 require that an intermediary determine the required amount of reserve operating funds needed for the enrolling HHA or HHA sub-unit by comparing the enrolling HHA or HHA sub-unit to at least three other new HHAs that it serves which are comparable to the enrolling HHA or HHA sub-unit. Factors to be considered are geographic location, number of visits, type of HHA or HHA sub-unit and business structure of the HHA or HHA sub-unit. The fiscal intermediary then verifies that the enrolling HHA or HHA sub-unit has the required funds. To assist the fiscal intermediary in determining the amount of funds necessary, the enrolling HHA or HHA sub-unit should complete this section. For additional information on capitalization requirements, see Volume 63, Number 2 of the Federal Register published on January 5, 1998, beginning at page 292.

A. Check Box - Check the box provided if this section does not apply and skip to Section 13.

B. Type of Home Health Agency - Check the appropriate box to indicate if this HHA is operated as a non-profit agency, or a proprietary (for-profit) agency.

C. Projected Number of Visits by this Home Health Agency - Furnish the number of visits this HHA projects it will make during the first (next) three months of operations and the first (next) 12 months of operations. If this is an established HHA that is currently providing services, furnish the projected number of visits for the next three and twelve months, beginning with next month.

D. Financial Documentation - Although not required with this application, in order to expedite the enrollment process the HHA may attach a copy of its most current savings, checking or other financial statement(s) that verifies the initial reserve operating funds.

1. These documents should be submitted with:

   a) An attestation from an officer of the bank or other financial institution stating that the funds are in the account(s) and are immediately available for the HHA's use, and

   b) Certification from the HHA regarding any borrowed funds.

2. Indicate whether or not the HHA will be submitting the required documentation (financial statements and attestations) with this application.

NOTE: If the HHA chooses not to submit the above documents with this application, the HHA will be requested to do so prior to being issued a Medicare billing number.

E. Additional Information

Use this space to explain or justify any unique financial situations of this HHA that may be helpful in determining the HHA's compliance with the capitalization requirements.

OMB Approval No. 0938-0685

12. Capitalization Requirements for Home Health Agencies (HHAs)

This section is to be completed by Home Health Agencies with information about capitalization. As of January 1, 1998 all HHAs are required to provide documentation verifying that they have sufficient initial reserve operating funds (capitalization) to operate for the first three months of operation in the Medicare program. See instructions for further details on capitalization requirements.

A. Check here ☐ if this section does not apply and skip to Section 13.

B. Type of Home Health Agency

Check one: ☐ Non-profit Agency ☐ Proprietary Agency

C. Projected Number of Visits by this Home Health Agency

How many visits does this HHA project it will make in the first: three months of operation?_____
twelve months of operation?_____

D. Financial Documentation

1. Although not required to be submitted concurrently with this application, in order to expedite the enrollment process the HHA may attach a copy of its most current savings, checking or other financial statement(s) that verifies the initial reserve operating funds, accompanied by:
   a) An attestation from an officer of the bank or other financial institution stating that the funds are in the account(s) and are immediately available for the HHA's use, and
   b) Certification from the HHA attesting that at least 50% of the reserve operating funds are non-borrowed funds.
2. Will the HHA be submitting the above documentation with this application? ☐ YES ☐ NO

NOTE: The Fiscal Intermediary may require a subsequent attestation that the funds are still available. If the Fiscal Intermediary determines that the HHA requires funds in addition to those indicated on the originally submitted account statement(s), it will require verification of the additional amount as well as a new attestation statement.

E. Additional Information

Provide any additional information, either in the space below or through documentation, necessary to assist the fiscal intermediary or State agency in properly comparing this HHA with other comparable HHAs.

OMB Approval No. 0938-0685

SECTION 13: CONTACT PERSON(S)

To assist in the timely processing of the provider's application, provide the full name, e-mail address, telephone number, and mailing address of an individual who can be reached to answer questions regarding the information furnished in this application (preferably the individual who completed this application). The provider is not required to furnish a contact person in this section. It should be noted that if a contact person is not provided, all questions about this application will be directed to the authorized official named in Section 15B.

A. Check Box - If this section does not apply, check the box and skip to Section 14.

B. Contact Person Information – If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

- Provide the name, e-mail address, telephone number, and mailing address of an individual who can answer questions about the information furnished in this application.

SECTION 14: PENALTIES FOR FALSIFYING INFORMATION ON THIS ENROLLMENT APPLICATION

The provider should review this section to understand those penalties that can be applied against it for deliberately furnishing false information to enroll or maintain enrollment in the Medicare program.

OMB Approval No. 0938-0685

13. Contact Person(s)

Furnish the name(s) and telephone number(s) of a person(s) who can answer questions about the information furnished in this application (preferably the individual who completed this application). If a contact person is not reported in this section, all questions will be directed to the authorized official named in Section 15B.

A. Check here ☐ if this section does not apply and skip to Section 14.

B. Contact Name and Telephone Number ☐ Add ☐ Delete ☐ Change Effective Date:_____

Name: First	Last	
Address Line 1 (Street Name and Number)		
Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
E-mail Address (if applicable)	Telephone Number ( )	(Ext.) ( )

14. Penalties for Falsifying Information on this Enrollment Application

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program.

1. 18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry.

Individual offenders are subject to fines of up to $250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to $500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

2. Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against any individual who, "knowingly and willfully," makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program.

The offender is subject to fines of up to $25,000 and/or imprisonment for up to five years.

3. The Civil False Claims Act, 31 U.S.C. § 3729, imposes civil liability, in part, on any person who:
   a.) knowingly presents, or causes to be presented, to an officer or any employee of the United States Government a false or fraudulent claim for payment or approval;
   b.) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or
   c.) conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

The Act imposes a civil penalty of $5,000 to $10,000 per violation, plus three times the amount of damages sustained by the Government.

4. Section 1128A(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency...a claim...that the Secretary determines is for a medical or other item or service that the person knows or should know:
   a.) was not provided as claimed; and/or
   b.) the claim is false or fraudulent.

This provision authorizes a civil monetary penalty of up to $10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.

5. The government may assert common law claims such as "common law fraud," "money paid by mistake," and "unjust enrichment."

Remedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.

OMB Approval No. 0938-0685

SECTION 15: CERTIFICATION STATEMENT

This section is used to officially notify the provider of additional requirements that must be met and maintained in order for the provider to be enrolled in the Medicare program. This section also requires the signature and date signed of an authorized official who can legally and financially bind the provider to the laws, regulations, and program instructions of the Medicare program. Section 16 permits the authorized official to delegate signature authority to certain individual(s) (delegated officials) for the purpose of reporting changes to the provider's enrollment record after the provider has been enrolled. The provider may have no more than one currently active authorized official at any given time. See 15B below to determine who within the provider organization qualifies as an authorized official.

A. Additional Requirements for Medicare Enrollment – These are the additional requirements that must be met and maintained by the provider to enroll in and bill the Medicare program. Carefully read these requirements. By signing, the provider will be attesting to having read these requirements and that the provider understands them.

B. 1st Authorized Official Signature - If adding a new, or deleting an existing authorized official, check the appropriate box and indicate the effective date of that change.

NOTE: The authorized official must also be reported in Section 6.

- The authorized official must sign and date this application.

By his/her signature, the authorized official binds the provider to all of the requirements listed in the Certification Statement and acknowledges that the provider may be denied entry to or revoked from the Medicare program if any requirements are not met. **All signatures must be original.** Faxed, photocopied, or stamped signatures will not be accepted.

C. 2nd Authorized Official Signature - This section provided to report a second (optional) authorized official for this provider. See instructions above for Section 15B.

An authorized official is an appointed official to whom the provider has granted the legal authority to enroll it in the Medicare program, to make changes and/or updates to the provider's status in the Medicare program (e.g., new practice locations, change of address, etc.), and to commit the provider to fully abide by the laws, regulations, and program instructions of Medicare. The authorized official must be the provider's general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of 5% or more of the provider (see Section 5 for definition of a "direct owner"), or must hold a position of similar status and authority within the provider's organization.

Only the authorized official has the authority to sign (1) the initial CMS 855A enrollment application on behalf of the provider and (2) the CMS 855A enrollment application that must be submitted as part of the periodic revalidation process. The delegated official has no such authority.

By signing this form for initial enrollment in the Medicare program or for revalidation purposes, the authorized official agrees to immediately notify the fiscal intermediary if any information in the application is not true, correct, or complete. In addition, the authorized official, by his/her signature, agrees to notify the fiscal intermediary of any future changes to the information contained in this form, after the provider is enrolled in Medicare, within 90 days of the effective date of the change.

Governmental/Tribal Organizations

As stated in the instructions for Governmental/Tribal Organizations in Section 5, the authorized official signing the CMS 855A in Section 15 must be the same person submitting the letter attesting that the governmental or tribal organization will be legally and financially responsible for any outstanding debts owed to CMS. For instance, the head of a County Department of Health and Human Services would ordinarily qualify as an authorized official of the governmental entity.

OMB Approval No. 0938-0685

SPECIAL REPORTING REQUIREMENTS

To change authorized officials, the provider must:

- Check the "Delete" box in Section 15B,
- Provide the effective date of the deletion, and
- Have the authorized official being deleted provide his/her printed name, signature, and date of signature.

NOTE: If the current authorized official's signature is unattainable (e.g., person has left the company), the Medicare contractor may request documentation verifying that the person is no longer the authorized official.

To then add a new authorized official, the provider must:

- Copy the page containing the Certification Statement,
- Check the "Add" box in Section 15B and provide the effective date of the addition,
- Have the new authorized official provide the information requested in 15B, and
- Have the new authorized official provide his/her signature and date of signature.

By signing his or her name, the new authorized official assumes from the prior authorized official all of the powers (e.g., the power to delegate authority to a delegated official, etc.) previously held by the latter, and also agrees to adhere to all Medicare requirements, including those outlined in Sections 15A and 15B of the Certification Statement. However, a change of the authorized official has no bearing on the authority of existing delegated officials to make changes and/or updates to the provider's status in the Medicare program.

If the provider is reporting a change of information about the current authorized official (e.g., change in job title), this section should be completed as follows:

- Check the box to indicate a change and furnish the effective date,
- Provide the new information, and
- Have the authorized official sign and date this section.

OMB Approval No. 0938-0685

15. Certification Statement

This section is used to officially notify the provider of additional requirements that must be met and maintained in order for the provider to be enrolled in the Medicare program. This section also requires the signature and date signed of an "Authorized Official" who can legally and financially bind the provider to the laws, regulations, and program instructions of the Medicare program. Section 16 permits the "Authorized Official" to delegate signature authority to other individual(s) (Delegated Officials) employed by the provider for the purpose of reporting future changes to the provider's enrollment record. See instructions to determine who within the provider qualifies as an Authorized Official and a Delegated Official.

A. Additional Requirements for Medicare Enrollment

By his/her signature(s), the authorized official named below and the delegated official(s) named in Section 16 agree to adhere to the following requirements stated in this Certification Statement:

1.) I agree to notify the Medicare contractor of any future changes to the information contained in this form within 90 days of the effective date of the change. I understand that any change in the business structure of this provider may require the submission of a new application.
2.) I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Medicare, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Medicare billing number(s), and/or the imposition of fines, civil damages, and/or imprisonment.
3.) I agree to abide by the Medicare laws, regulations, and program instructions that apply to this provider. The Medicare laws, regulations, and program instructions are available through the Medicare contractor.
4.) Neither this provider, nor any 5% or greater owner, partner, officer, director, managing employee, authorized official, or delegated official thereof is currently sanctioned, suspended, debarred, or excluded by the Medicare or Medicaid program, or any other Federal program, or is otherwise prohibited from providing services to Medicare or other Federal program beneficiaries.
5.) I agree that any existing or future overpayment made to the provider by the Medicare program may be recouped by Medicare through the withholding of future payments.
6.) I will not knowingly present or cause to be presented a false or fraudulent claim for payment by Medicare, and will not submit claims with deliberate ignorance or reckless disregard of their truth or falsity.
7.) I authorize the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Osteopathic Association (AOA), or any other national accrediting body whose standards are recognized by the Secretary as meeting the Medicare program participation requirements, to release to any authorized representative, employee, or agent of the Centers for Medicare & Medicaid Services (CMS), a copy of my most recent accreditation survey, together with any information related to the survey that CMS may require (including corrective action plans).

B. 1st Authorized Official Signature ☐ **Add** ☐ **Delete** **Effective Date:**_____

I have read the contents of this application. My signature legally and financially binds this provider to the laws, regulations, and program instructions of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete to the best of my knowledge, and I authorize the Medicare program contractor to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the Medicare program contractor of this fact immediately.

Authorized Official Name **Print**	First	Middle	Last	Jr., Sr., etc.
Authorized Official **Signature**	(First, Middle, Last, Jr., Sr., M.D., D.O., etc.)		Title/Position	Date (MM/DD/YYYY) Signed

C. 2nd Authorized Official Signature ☐ **Add** ☐ **Delete** **Effective Date:**_____

I have read the contents of this application. My signature legally and financially binds this provider to the laws, regulations, and program instructions of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete to the best of my knowledge, and I authorize the Medicare program contractor to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the Medicare program contractor of this fact immediately.

Authorized Official Name **Print**	First	Middle	Last	Jr., Sr., etc.
Authorized Official **Signature**	(First, Middle, Last, Jr., Sr., M.D., D.O., etc.)		Title/Position	Date (MM/DD/YYYY) Signed

OMB Approval No. 0938-0685

SECTION 16: DELEGATED OFFICIAL (OPTIONAL)

A delegated official must be a W-2 managing employee of the provider, or an individual with a 5% or greater direct ownership interest in, or any partnership interest in, the enrolling provider. Delegated officials are persons who are delegated the legal authority by the authorized official reported in Section 15B to make changes and/or updates to the provider's status in the Medicare program. This individual must also be able to commit the provider to fully abide by the laws, regulations, and program instructions of Medicare. For purposes of this section only, if the individual being assigned as a delegated official is a managing employee, that individual **must** be an actual W-2 employee of the enrolling provider. The Medicare contractor may request evidence indicating that the delegated official is an actual employee of the provider. Independent contractors are not considered "employed" by the provider. A provider can have no more than three delegated officials at any given time.

The signature of the authorized official in Section 16B2 constitutes a legal delegation of authority to any and all delegated official(s) assigned in Section 16.

A. Check Box - If the provider chooses not to assign any delegated officials in this application, check the box in this section. There is no requirement that the provider have a delegated official. However, if no delegated officials are assigned, the authorized official will be the only person who can make changes and/or updates to the provider's status in the Medicare program. All delegated officials must meet the following requirements:

- The delegated official must sign and date this application.
- The delegated official must furnish his/her title/position, and
- The delegated official must check the box furnished if they are a W-2 employee.

NOTE: Section 6 **MUST** be completed for **all** delegated officials. This requirement also includes delegated officials of a hospital that indicated it has a compliance plan and did not report any managing individuals in Section 6.

B. Delegated Official Signature

If the provider chooses to add delegated officials or to delete existing ones, this section should be completed as follows:

- Check the appropriate box indicating if the delegated official is being added or deleted and furnish the effective date,
- The authorized official must provide his or her signature and date of signature in Sections 15B and 16B2,
- The delegated official(s) to be added must provide the information and their signature in Section 16B, and
- The delegated official(s) to be deleted does not have to sign or date the application.

NOTE: All signatures must be original. Faxed, photocopied, or stamped signatures will not be accepted.

If the provider is reporting a change of information about an existing delegated official (e.g., change in job title), this section should be completed as follows:

- Check the box marked "Change" and furnish the effective date,
- Provide the new information, and
- The authorized official must sign and date Sections 15B and 16B2.

Delegated officials may not delegate their authority to any other individual. Only an authorized official may delegate the authority to make changes and/or updates to the provider's Medicare status. Even when delegated officials are reported in this application, an authorized official retains the authority to make any such changes and/or updates by providing his or her printed name, signature, and date of signature as required in Section 15B.

In addition, the delegated official, by his/her signature, agrees to notify the Medicare contractor of any changes to the information contained in this application within 90 days of the effective date of the change.

B. 2nd Delegated Official Signature - This section provided to report a second (optional) delegated official for this provider. See instructions above for Section 15B.

C. 3rd Delegated Official Signature - This section provided to report a third (optional) delegated official for this provider. See instructions above for Section 15B.

OMB Approval No. 0938-0685

SECTION 17: ATTACHMENTS

This section contains a list of documents that, if applicable, must be submitted with this enrollment application. Failure to provide the required documents will delay the enrollment process.

- Check the appropriate boxes indicating which documents are being submitted with this application.

NOTE: The licenses, certifications and registrations which must be submitted with this application are those required by Medicare and the State to function as the provider type for which this provider is enrolling (e.g., CLIA and FDA mammography certificates, hazardous waste disposal license, etc.). Local licenses/permits that are not of a medical nature are not required but any business license required to operate as a health care facility **must** be included with this application. Required documents that can only be obtained after a State Survey are not required as part of the application submission but **must** be furnished within 30 days of the provider receiving them. The Medicare contractor will furnish specific licensing requirements for your provider type upon request.

In lieu of copies of the above-requested documents, the enrolling provider may submit a notarized Certificate of Good Standing from the provider's State licensing/certification board or other medical associations. This certification cannot be more than 30 days old.

If the enrolling provider has had a previously revoked or suspended license, certification, or registration reinstated, attach a copy of the reinstatement notice with this application.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0685. The time required to complete this information collection is estimated at 5-8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.

OMB Approval No. 0938-0685

16. Delegated Official (Optional)

The signature of the authorized official below constitutes a legal delegation of authority to the official(s) named in this section to make changes and/or updates to this provider's enrollment information. The signature(s) of the delegated official(s) shall have the same force and effect as that of the authorized official, and shall legally and financially bind the provider to all the laws, regulations, and program instructions of the Medicare program. By his or her signature, the delegated official certifies that he or she has read the Certification Statement in Section 15 and agrees to adhere to all of the stated requirements. The delegated official also certifies that he/she meets the definition of a delegated official. When making changes and/or updates to the provider's enrollment information maintained by the Medicare program, the delegated official certifies that the information provided is true, correct, and complete to the best of his/her knowledge. If assigning more than one delegated official (maximum of three), copy and complete this section as needed.

A. Check here ☐ if this provider will not be assigning any delegated official(s) and skip to Section 17.

B. 1st Delegated Official Signature ☐ Add ☐ Delete ☐ Change Effective Date:_____

1. Delegated Official Name **Print** First	Middle	Last	Jr., Sr., etc.
Delegated Official **Signature** (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed
Title/Position	☐Check here only if Delegated Official is a W-2 employee		
2. **Signature** of Authorized Official Assigning this Delegation (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed

C. 2nd Delegated Official Signature ☐ Add ☐ Delete ☐ Change Effective Date:_____

1. Delegated Official Name **Print** First	Middle	Last	Jr., Sr., etc.
Delegated Official **Signature** (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed
Title/Position	☐Check here only if Delegated Official is a W-2 employee		
2. **Signature** of Authorized Official Assigning this Delegation (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed

D. 3rd Delegated Official Signature ☐ Add ☐ Delete ☐ Change Effective Date:_____

1. Delegated Official Name **Print** First	Middle	Last	Jr., Sr., etc.
Delegated Official **Signature** (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed
Title/Position	☐Check here only if Delegated Official is a W-2 employee		
2. **Signature** of Authorized Official Assigning this Delegation (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed

17. Attachments

This section is a list of documents that, if applicable, should be submitted with this completed enrollment application.

Place a check next to each document (as applicable or required) from the list below that is being included with this completed application.

- ☐Copy(s) of all CLIA Certificates, FDA Mammography Certificates, and Diabetes Education Certificates
- ☐Copy(s) of all State Pharmacy licenses
- ☐Copy(s) of all adverse legal action documentation (e.g., notifications, resolutions, and reinstatement letters)
- ☐Copy(s) of all surety bonds and/or Agent's Power of Attorney
- ☐Copy(s) of all sales agreements (CHOWS, Acquisitions/Mergers, and Consolidations only) (2 copies)
- ☐Copy(s) of all documents that demonstrate meeting capitalization requirements (HHAs only)
- ☐Completed Form HCFA-588-Authorization Agreement for Electronic Funds Transfer
- ☐IRS documents confirming the tax identification number and legal business name (e.g., CP 575)
- ☐Any additional documentation or letters of explanation as needed

MEDICARE

FEDERAL HEALTH CARE
PROVIDER/SUPPLIER ENROLLMENT APPLICATION

Application for Health Care
Suppliers that will Bill
Medicare Carriers

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB Approval No. 0938-0685

Keep a copy of this completed package for your own records

Upon completion, return this application and all necessary documentation to:

OMB Approval No. 0938-0685

Medicare Provider/Supplier Enrollment Application

Privacy Act Statement

The Centers for Medicare and Medicaid Services (CMS) is authorized to collect the information requested on this form by sections 1124(a)(1), 1124A(a)(3), 1128, 1814, 1815, 1833(e), and 1842(r) of the Social Security Act [42 U.S.C. §§ 1320a-3(a)(1), 1320a-7, 1395f, 1395g, 1395(l)(e), and 1395u(r)] and section 31001(1) of the Debt Collection Improvement Act [31 U.S.C. § 7701(c)].

The purpose of collecting this information is to determine or verify the eligibility of individuals and organizations to enroll in the Medicare program as providers/suppliers of goods and services to Medicare beneficiaries and to assist in the administration of the Medicare program. This information will also be used to ensure that no payments will be made to providers or suppliers who are excluded from participation in the Medicare program. All information on this form is required, with the exception of those sections marked as "optional" on the form. Without this information, the ability to make payments will be delayed or denied.

The information collected will be entered into the Provider Enrollment, Chain and Ownership System (PECOS), and either system number 09-70-0525 titled Unique Physician/Practitioner Identification Number (UPIN) System (published in Vol. 61 of the Federal Register at page 20,528 (May 7, 1996)), or the National Provider Identifier (NPI) System, Office of Management and Budget (OMB) approval 0938-0684 (R-187). The information in this application will be disclosed according to the routine uses described below.

Information from these systems may be disclosed under specific circumstances to:

1) CMS contractors to carry out Medicare functions, collating or analyzing data, or to detect fraud or abuse;
2) A congressional office from the record of an individual health care provider/supplier in response to an inquiry from the congressional office at the written request of that individual health care practitioner;
3) The Railroad Retirement Board to administer provisions of the Railroad Retirement or Social Security Acts;
4) Peer Review Organizations in connection with the review of claims, or in connection with studies or other review activities, conducted pursuant to Part B of Title XVIII of the Social Security Act;
5) To the Department of Justice or an adjudicative body when the agency, an agency employee, or the United States Government is a party to litigation and the use of the information is compatible with the purpose for which the agency collected the information;
6) To the Department of Justice for investigating and prosecuting violations of the Social Security Act, to which criminal penalties are attached;
7) To the American Medical Association (AMA), for the purpose of attempting to identify medical doctors when the Unique Physician Identification Number Registry is unable to establish identity after matching contractor submitted data to the data extract provided by the AMA;
8) An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, or to the restoration or maintenance of health;
9) Other Federal agencies that administer a Federal health care benefit program to enumerate/enroll providers/suppliers of medical services/supplies or to detect fraud or abuse;
10) State Licensing Boards for review of unethical practices or non-professional conduct;
11) States for the purpose of administration of health care programs; and/or
12) Insurance companies, self insurers, health maintenance organizations, multiple employer trusts, and other health care groups providing health care claims processing, when a link to Medicare or Medicaid claims is established, and data are used solely to process provider's/supplier's health care claims.

The enrolling provider or supplier should be aware that the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503) amended the Privacy Act, 5 U.S.C. § 552a, to permit the government to verify information through computer matching.

Protection of Proprietary Information

Privileged or confidential commercial or financial information collected in this form is protected from public disclosure by Federal law 5 U.S.C. § 552(b)(4) and Executive Order 12600.

Protection of Confidential Commercial and/or Sensitive Personal Information

If any information within this application (or attachments thereto) constitutes a trade secret or privileged or confidential information (as such terms are interpreted under the Freedom of Information Act and applicable case law), or is of a highly sensitive personal nature such that disclosure would constitute a clearly unwarranted invasion of the personal privacy of one or more persons, then such information will be protected from release by CMS under 5 U.S.C. §§ 552(b)(4) and/or (b)(6), respectively.

OMB Approval No. 0938-0685

INSTRUCTIONS FOR HEALTH CARE SUPPLIERS THAT WILL BILL MEDICARE CARRIERS

Please **PRINT** or **TYPE** all information so it is legible. Do not use pencil. Failure to provide all requested information may cause the application to be returned and may delay the enrollment process. Certain sections of the application have been omitted because they do not apply to suppliers. See inside front cover for mailing instructions. Electronic copies of all CMS Medicare enrollment forms can be found at the Medicare website at http://www.cms.hhs.gov. These electronic forms may be downloaded to your computer, completed on screen, printed, signed, and mailed to the appropriate Medicare contractor.

Whenever additional information needs to be reported within a section, copy and complete that section for each additional entry. We strongly suggest maintaining a photocopy of this completed application and supporting documents for future reference.

This application is to be completed by all suppliers that will bill Medicare carriers for medical services provided to Medicare beneficiaries. Failure to promptly submit a completed form CMS 855B to the carrier will result in delays in obtaining enrollment and billing privileges.

This form is also used to enroll physician(s), non-physician practitioner(s) and other health care providers/suppliers who form a practice together and bill Medicare as a single supplier. This includes incorporated individuals, partnerships, groups, organizations and corporations, hereafter referred to as "organizations." An individual whose business is incorporated, has received a tax identification number for the business, and receives Medicare payment in the name of the business would qualify as an organization. Partnership agreements may be requested by the carrier on an "as needed" basis to determine if the partnership meets State requirements. If a supplier has individual practitioners, each member of the supplier must receive his or her own Unique Physician Identification Number (UPIN) and enroll as an individual (using the Application for Individual Health Care Practitioners, CMS 855I). Once the individual practitioner is enrolled, he/she can enroll as a member of an organization. When joining an organization every member of the organization must complete a copy of the CMS 855R (Individual Reassignment of Benefits).

In addition to completing this enrollment application, the supplier may wish to submit additional forms in the following situations:

- To accept assignment of the Medicare Part B payment for all services the supplier renders, the organization should complete the form "Medicare Participating Physician or Supplier Agreement" (Form HCFA-460).
- To have Medicare payments sent electronically to a supplier's bank account, the supplier should complete the form "Medicare Authorization Agreement for Electronic Funds Transfers" (Form HCFA-588).

If the supplier plans to do any of the above, submit the appropriate form(s)/agreement(s) with this application. The forms should have been received with this initial enrollment package. If not, they can be obtained from the Medicare carrier or the forms can be found at the Medicare website at http://www.cms.hhs.gov.

To reduce the burden of furnishing certain types of supporting documentation, we have designated specific types of documentation to be furnished on an "as needed" basis. However, the carrier may request documentation at any time during the enrollment process to support or validate information that is reported in this application. Some examples of documents that may be requested for validation purposes are billing agreements, IRS W-2 forms, pay stubs, articles of incorporation, and partnership agreements.

OMB Approval No. 0938-0685

DEFINITIONS OF MEDICARE ENROLLMENT TERMINOLOGY

To help you understand certain terms used throughout the application, we have included the following definitions.

Authorized Official-An appointed official to whom the supplier has granted the legal authority to enroll it in the Medicare program, to make changes and/or updates to the supplier's status in the Medicare program (e.g., new practice locations, change of address, etc.) and to commit the supplier to fully abide by the laws, regulations, and program instructions of Medicare. The authorized official must be the supplier's general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of 5% or more of the supplier (see Section 5 for the definition of a ("direct owner"), or must hold a position of similar status and authority within the supplier organization.

Billing Agency-A company that the enrolling supplier contracts with to furnish claims processing functions for the supplier.

Carrier-The Part B Medicare claims processing contractor.

Delegated Official-Any individual who has been delegated, by the supplier's "Authorized Official," the authority to report changes and updates to the supplier's enrollment record. A delegated official **must** be a managing employee (W-2) of the supplier or have a 5% ownership interest, or any partnership interest, in the supplier.

Fiscal Intermediary-The Part A Medicare claims processing contractor.

Legal Business Name-The name reported to the Internal Revenue Service (IRS) for tax reporting purposes.

Medicare Identification Number-This is a generic term for any number that uniquely identifies the enrolling supplier. Examples of Medicare identification numbers are Unique Physician/Practitioner Identification Number (UPIN), National Provider Identifier (NPI), Online Survey Certification and Reporting number (OSCAR), National Supplier Clearinghouse (number) (NSC), and Provider Identification number (PIN).

Mobile Facility/Portable Unit-These terms apply when a service that requires medical equipment is provided in a vehicle, or the equipment for the service is transported to multiple locations within a geographic area. The most common types of mobile facilities/portable units are mobile IDTFs, portable X-ray, portable mammography, and mobile clinics. Physical therapists and other medical practitioners (e.g., physicians, nurse practitioners, physician assistants) who perform services at multiple locations (i.e., house calls, assisted living facilities) are not considered to be mobile facilities/portable units.

Provider-A provider is a hospital, critical access hospital, skilled nursing facility, nursing facility, comprehensive outpatient rehabilitation facility, home health agency, or hospice, that has in effect an agreement to participate in Medicare; or a rural health clinic (RHC), Federally qualified health center (FQHC), rehabilitation agency, or public health agency that has in effect a similar agreement but only to furnish outpatient physical therapy or speech pathology services; or a community mental health center that has in effect a similar agreement but only to furnish partial hospitalization services. A provider is not synonymous with the corporation or other legal entity that owns or operates the provider. The "provider" is the CMS recognized provider type listed above. Therefore, an owning or operating entity may own or operate many providers.

Provider Identification Number (PIN)-This number is assigned to providers, suppliers, groups and organizations in Medicare Part B. This number will identify who provided the service to the beneficiary on the Medicare claim form.

Supplier-A physician or other practitioner, or an organization other than a provider that furnishes health care services under Medicare Part B. The term supplier also includes independent laboratories, portable x-ray services, physical therapists in private practice, end stage renal disease (ESRD) facilities, and chiropractors. For enrollment purposes, suppliers that submit claims for durable medical equipment, prosthetics, orthotics, or supplies (DMEPOS) must complete the CMS 855S. This application (CMS 855B) is not for DMEPOS suppliers.

Tax Identification Number (TIN)-This is a number issued by the Internal Revenue Service (IRS) that the supplier uses to report tax information to the IRS.

Unique Physician/Practitioner Identification Number (UPIN)-This number is assigned to physicians, non-physician practitioners, and suppliers to identify the referring or ordering physician on Medicare claims.

OMB Approval No. 0938-0685

SECTION 1: GENERAL APPLICATION INFORMATION

This section is to identify the reason for submittal of this application. It will also indicate whether the supplier currently has a business relationship with Medicare.

A. Reason for Submittal of this Application - This section identifies the reason this application is being submitted.

1. Check one of the following:

Initial Enrollment:

- If the supplier is enrolling in the Medicare program for the first time with this Medicare carrier under this tax identification number.
- If the supplier is already enrolled with a carrier but needs to enroll in another carrier's jurisdiction.
- If the supplier is enrolled with this carrier but has a new tax identification number.
- When a **hospital** is enrolling with a carrier to bill for Part B services.

NOTE: The supplier must be able to submit a valid claim within six months of enrolling or risk deactivation of its billing number once it has enrolled.

Reactivation:

- If the supplier's Medicare billing number was deactivated. To reactivate billing privileges, the supplier may be required to either submit an updated CMS 855B or certify to the accuracy of its enrollment information currently on file with CMS. In addition, prior to being reactivated, the supplier must be able to submit a valid claim. It must also meet all current requirements for its supplier type, regardless of whether it was previously enrolled in the program.

Revalidation:

- If the supplier has been requested to revalidate its enrollment information currently on file with Medicare. Periodically (about once every three years), Medicare will require the supplier to confirm and update **all** of its enrollment information. Check this box and complete this entire application unless instructed otherwise by the Medicare carrier. A copy of the original application with all changes clearly indicated with a current signature and date may be submitted.

Change of Information:

- If the supplier is adding, deleting, or changing information under this tax identification number. Check the appropriate section where the change will be made. When providing the changed information, furnish the supplier's Medicare identification number in Section 1 and provide the new/changed information within the appropriate section. Sign and date the certification statement. **All changes must be reported to the carrier within 90 days of the effective date of the change.**

- **Tax Identification Number Change:** If the supplier is reporting a change to it's tax identification number, a complete new CMS 855B enrollment application must be submitted as it is assumed that a change of ownership has occurred. If this is not the case, please provide evidence that a change of ownership has not occurred when reporting this change.

- If the supplier is adding or deleting a member who currently is reassigning his/her benefits to the supplier, it only needs to complete a CMS 855R to make such a change. The member may also delete his/her reassignment of benefits by completing and submitting the CMS 855R.

Voluntary Termination of Billing Number:

- If the supplier will no longer be submitting claims to the Medicare program using this billing number. Voluntary termination ensures that the supplier's billing number will not be fraudulently used in the event of the supplier ceasing its operations. Furnish the date the supplier will stop billing for Medicare covered services. In addition to completing this section, furnish the supplier's Medicare identification number in Section 1 under "Change of Information," and sign and date the certification statement (Section 15).

NOTE: "Voluntary Termination" **cannot** be used to circumvent any corrective action plan or any pending/ongoing investigation.

OMB Approval No. 0938-0685

Change of Ownership (Hospitals, Portable X-Ray Facilities, and Ambulatory Surgical Centers) - Only

- When a hospital undergoes a change of ownership (CHOW), in addition to the required submission of a CMS 855A, the hospital must also submit a new CMS 855B for the new ownership.
- When a portable x-ray facility or ambulatory surgical center undergoes a change of ownership that results in the issuance of a new tax identification number (TIN), the new owners must submit a completed CMS 855B and attach a copy of the sales agreement.

2. Tax Identification Number (TIN) - Provide the supplier's taxpayer identification number (e.g., the number the supplier uses to report tax information to the IRS) and attach documentation (e.g., a copy of the IRS CP-575) from the IRS showing that the name matches that reported in this application. If the supplier does not have an IRS CP-575, any legal document from the IRS that shows the supplier's name and TIN will be acceptable proof. Upon request, the IRS will provide a Form 147C showing the supplier's name and TIN.

NOTE: An IRS CP 575 or other documentation must be submitted for each TIN reported on this application.

If the supplier cannot obtain the required IRS document, explain why in a separate attachment and provide evidence that links its legal business name with the reported TIN. If the name and TIN do not match on the submitted documents, explain why and refer to the documents that confirm the identification of the supplier or owner as applicable (e.g., if the supplier recently changed its name and the IRS has not sent it an updated document). The supplier may then submit the old IRS document with the old name, as well as a copy of documentation filed with the IRS and State concerning the name change.

3. Indicate whether the supplier is currently enrolled in the Medicare program. If the supplier is currently enrolled in Medicare (i.e., within another carrier's jurisdiction) provide the name of the carrier in this space. The supplier must also provide its Medicare identification number in the space provided. This number is issued by Medicare to identify the supplier. It is also the number used on claims forms and may be referred to as a Medicare provider number, provider identification number, or National Supplier Clearinghouse number. Report all currently active numbers.

4. Indicate if this supplier would like to submit claims electronically. If the supplier would like to submit claims electronically once enrolled in the Medicare program, the supplier will need to complete an Electronic Data Interchange (EDI) agreement with the local Medicare carrier. Checking this box will alert the carrier to contact their claims processing department. The claims processing department will contact the supplier to process an EDI agreement once its enrollment has been completed, approved, and a Medicare billing number issued to the supplier. These agreements cannot be established until the enrollment process has been completed and a Medicare billing number has been issued.

NOTE: Rural Health Clinics – If this supplier is a rural health clinic enrolling for a Part-B carrier billing number, check "Yes" in the box provided and furnish the rural health clinics' fiscal intermediary name and OSCAR number in the spaces provided.

If the supplier does not currently have a Medicare identification number, it will be assigned one upon the successful completion of enrollment. Your local carrier will assign a separate supplier identification number. The carrier will explain what number(s) has been issued and how it is to be used. If the carrier should contact the supplier for additional information, the supplier must provide the information immediately to ensure the timely processing of this application.

OMB Approval No. 0938-0685

MEDICARE FEDERAL HEALTH CARE PROVIDER/SUPPLIER ENROLLMENT APPLICATION

Application for Health Care Suppliers that will Bill Medicare Carriers

General Instructions

The Medicare Federal Health Care Provider/Supplier Enrollment Application has been designed by the Centers for Medicare and Medicaid Services (CMS) to assist in the administration of the Medicare program and to ensure that the Medicare program is in compliance with all regulatory requirements. The information collected in this application will be used to ensure that payments made from the Medicare trust fund are only paid to qualified health care suppliers, and that the amounts of the payments are correct. This information will also identify whether the supplier is qualified to render health care services to Medicare beneficiaries. To accomplish this, Medicare must know basic identifying and qualifying information about the supplier that is seeking billing privileges in the Medicare program. If enrolling in the Medicare program as a supplier of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) do not complete this application. DMEPOS suppliers should contact the National Supplier Clearinghouse (NSC) at 866-238-9652 to obtain a CMS 855S for Medicare enrollment.

Medicare needs to know: (1) the type of health care supplier enrolling, (2) what qualifies this supplier to furnish health care related services, (3) where and how this supplier intends to render these services, and (4) those persons or entities with an ownership interest, or managerial control, as defined in this application, over the supplier.

This application **MUST** be completed in its entirety, unless the appropriate box is checked to indicate the section does not apply or when reporting a change to previously submitted information. If a section does not apply to this supplier, check (√) the appropriate box in that section and skip to the next section. Sections 7, 9, 11, and 12 have been deliberately omitted from this application because they are not applicable to the enrollment of suppliers that bill Medicare carriers.

1. General Application Information

This section is to be completed with general information as to why this application is being submitted and whether this supplier currently has a business relationship with Medicare or any another Federal health care program.
To ensure timely processing of this application, Numbers 1, 2 and 3 below MUST ALWAYS be completed.

A. Reason for Submittal of this Application

1. Check one: ☐ Initial Enrollment ☐ Reactivation ☐ Revalidation

☐ Change of Information (Check appropriate Section(s) below and furnish this supplier's Medicare Identification Number here):_____

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 8 ☐ 10 ☐ 13 ☐ 15 ☐ 16
Attachment 1 - ☐ 1 ☐ 2 ☐ 3 Attachment 2 - ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ Voluntary Termination of Billing Number—Effective Date (MM/DD/YYYY):_____
Medicare Billing Number to be Terminated:_____

☐ Change of Ownership (Hospitals, Portable X-Ray Facilities, and Ambulatory Surgical Centers) - **Only**

2. Tax Identification Number:_____

3. Is this supplier currently enrolled in the Medicare program? ☐ YES ☐ NO
IF YES, furnish the following information about the current carrier:

Current Carrier Name:_____ Current Medicare Identification Number or NPI:_____

4. Check here ☐ if this supplier would like to submit claims electronically and is enrolling in Medicare for the first time.

OMB Approval No. 0938-0685

SECTION 2: SUPPLIER IDENTIFICATION

A. Type of Supplier - Check the box "Change" only if reporting a change to existing information. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. Type of Supplier - Check the appropriate box to identify the type of services the supplier will provide. Only **one** supplier type may be checked per application. If the supplier functions as two or more supplier types, a separate CMS 855B must be submitted for each type. If the supplier changes the type of service it provides (becomes a different supplier type), a new CMS 855B must be completed and submitted.

Rural Health Clinics and Federally Qualified Health Centers - Rural health clinics and Federally Qualified Health Centers currently enrolled with a fiscal intermediary for Part A Medicare services, and are now enrolling with a carrier for Part B Medicare services, should check "Multi-Specialty Clinic."

If this supplier is either an **Ambulatory Surgical Center or a Portable X-Ray Facility**, it must be surveyed by the appropriate State agency prior to enrolling in the Medicare program. Therefore, immediately contact the State Agency that handles these supplier types. The State agency will provide you with any State-specific forms that are required. It will also do preliminary planning for any required State surveys.

For suppliers that are **"Medical Faculty Practice Plans,"** all Medicare requirements must be met prior to enrollment. Other documentation may be required by the Medicare carrier to verify requirements of a medical faculty practice plan (e.g., IRS approval of 501(c)(3) non-profit status, documentation that physicians are employees of the university, etc.).

Diagnostic Radiology Group Practices/Clinics: If this supplier organization performs radiological diagnostic tests, see page 55 of these instructions for important additional enrollment information and check with the local Medicare carrier to determine if enrollment as an Independent Diagnostic Testing Facility (IDTF) is required. In general, physicians who perform examinations of the patient in addition to performing the diagnostic radiological tests, portable x-ray suppliers, and FDA approved diagnostic mammography suppliers do not usually require IDTF enrollment.

Clinic/Group Practices: If this clinic/group will be billing for diagnostic tests, other than clinical laboratory or pathology tests, see page 51 of these instructions to determine if this supplier must also enroll as an Independent Diagnostic Testing Facility (IDTF).

2. Indicate whether the supplier will be receiving reassigned benefits from individual practitioners. This will alert the carrier that it will be receiving CMS 855R(s) to be associated with the supplier's application.
3. PT/OT Groups Only - If the supplier is enrolling as an occupational or physical therapy group, it must answer the questions listed to determine its eligibility to bill Medicare.

B. Supplier Identification Information - Check the box "Change" only if reporting a change to existing information. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. Furnish the legal business name for this supplier as reported to the IRS for tax purposes.
2. Provide any "doing business as" name this supplier uses. The "doing business as" name is the name the supplier is generally known by to the public.
3. Check the appropriate box to indicate the organizational structure of this supplier. Check "Corporation" if the supplier is such, regardless of whether the supplier is "for-profit" or "non-profit." "Partnership" should be checked for all "General" and "Limited" partnerships. All other suppliers should check "Other," and specify the type of organizational structure (e.g., limited liability company). The carrier may request a copy of the supplier's "articles of incorporation" if needed to validate certain information.

OMB Approval No. 0938-0685

2. Supplier Identification

This section is to be completed with information specifically related to the supplier submitting this application. Furnish the following information about the supplier: (1) supplier type, (2) supplier name, and (3) the mailing address and telephone number where Medicare can contact the supplier directly.

A. Type of Supplier ☐ **Change** **Effective Date:**_____

The supplier must meet all Medicare requirements for the type of supplier checked below. If this supplier is a single specialty clinic/group practice, the specialty must be reported. Submit copies of all required licenses, certifications, and registrations with this application.

1. Type of Supplier (Check one):

- ☐ Ambulance Service Supplier
- ☐ Ambulatory Surgical Center
- ☐ Diagnostic Radiology Group Practice/Clinic
- ☐ Hospital or other provider type which is also enrolled with a fiscal intermediary (complete 2E on page 11)
- ☐ Independent Clinical Laboratory (CLIA)
- ☐ Independent Diagnostic Testing Facility (IDTF)
- ☐ Mammography Screening Center
- ☐ Managed Care Plan (non-Medicare + Choice)
- ☐ Mass Immunization Roster Biller Only
- ☐ Medicare +Choice Organization
- ☐ Medical Faculty Practice Plan: See instructions for specific documentation requirements
- ☐ Multi-Specialty Clinic or Group Practice
- ☐ Occupational Therapy Group (complete 2A2 below)
- ☐ Other Medical Care Group
- ☐ Physical Therapy Group (complete 2A2 below)
- ☐ Portable X-ray Facility
- ☐ Public Health/Welfare Agency
- ☐ Radiation Therapy Center
- ☐ Slide Preparation Facility
- ☐ Voluntary Health/Charitable Agency
- ☐ *Single-Specialty Clinic/Group Practice: *Specify group/clinic specialty below: _____
- ☐ Other (Specify):_____

2. Will this supplier be receiving reassigned benefits from individual practitioners? ☐ YES ☐ NO
IF YES, submit a CMS 855R for each individual practitioner who will be reassigning benefits to this supplier.

3. **PT/OT Groups ONLY** - All occupational and physical therapy groups must answer the following questions:

- **a)** Are all of the group's PT/OT services only rendered in patients' homes? ☐ YES ☐ NO
- **b)** Does this group maintain private office space? ☐ YES ☐ NO
- **c)** Does this group own, lease, or rent its private office space? ☐ YES ☐ NO
- **d)** Is this private office space used exclusively for the group's private practice? ☐ YES ☐ NO
- **e)** Does this group furnish PT/OT services outside of its office and/or patients' homes? ☐ YES ☐ NO

IF YES, provide a copy of the lease agreement that gives the group exclusive use of the facility for PT/OT services.

B. Supplier Identification Information ☐ **Change** **Effective Date:**_____

Furnish the supplier's legal business name (as reported to the IRS), "doing business as" name (name supplier generally known by to the public), and organizational structure.

1. Legal Business Name as Reported to the IRS

2. "Doing Business As" (DBA) Name (if applicable)

3. Identify the type of organizational structure for this supplier (Check one):
☐ Corporation ☐ Partnership ☐ Other (Specify):_____

C. Correspondence Address ☐ **Change** **Effective Date:**_____

This must be an address and telephone number where Medicare can contact this supplier directly.

Mailing Address (Organization or Individual Name)

Mailing Address Line 1 (Street Name and Number)

Mailing Address Line 2 (Suite, Room, etc.)

City	State	ZIP Code + 4

Telephone Number ( )	(Ext.) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

OMB Approval No. 0938-0685

C. Correspondence Address - Check the box "Change" only if reporting a change to existing information. Provide the new information and the effective date of that change, and sign and date the certification statement. Otherwise:

- **Furnish an address and telephone number where Medicare or the Medicare carrier can directly get in touch with the enrolling supplier.**

NOTE: This section will assist us in contacting the supplier with any questions we have concerning its business relationship with the Medicare program. The supplier must provide an address and telephone number where Medicare or the carrier can directly contact it to resolve any personal or business issues that arise as a result of its enrollment in the Medicare program. This data will also be used to provide the supplier with important changes or other information concerning the Medicare program that may directly affect the supplier and/or its Medicare payment. This address **cannot** be that of the billing agency, management service organization, or staffing company. If we suspect that the supplier's billing number is being misused, or if we have a legal question, we will contact the supplier directly. This is to protect the supplier as well as the Medicare program.

D. Accreditation (Ambulatory Surgical Centers (ASCs) ONLY) - Check the box "Change" only if reporting a change to existing information. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. Indicate whether this ASC is accredited by any accrediting organization that Medicare has approved for acceptance in lieu of a State Survey. If "Yes:"

2. Furnish the date accreditation was received, and

3. Furnish the name of the Medicare-approved accrediting body or organization.

E. Hospitals and Other Providers Enrolled with a Fiscal Intermediary (Only) - This section is **only** to be completed by hospitals and certain other provider organizations that are currently enrolled or enrolling with a fiscal intermediary. Generally, this applies to hospitals that need departmental billing numbers to bill for Part B practitioner services. Hospitals requiring a Part B billing number to sell pathology services should also complete this section. If the hospital requires more then one departmental Part B billing number list each department needing a number. If the provider is other than a hospital, or is also enrolled or enrolling with a fiscal intermediary, and believes it needs or will need a Part B billing number, contact the local carrier to determine if this form should be submitted. Otherwise:

- Furnish the department name(s) and/or type(s) of service this provider will render that require a Part B Medicare supplier billing number from the local Medicare carrier.

NOTE: Provider-Based Clinic – A hospital that is enrolling a clinic that is not provider-based should not complete this section. They should check "Multi-Specialty Clinic or Group Practice" in Section 2A1 on page 9 and complete this entire application for the clinic.

F. Suppliers Employing Physician Assistants (Only) – This section is to be completed by all supplier groups/clinics who need to delete physician assistants (PAs) from the practice when they are no longer employed by the practice.

- Check the delete box and provide the effective date of the deletion and the name and Medicare identification number of the PA.

NOTE: Supplier groups/clinics should not use or submit the CMS 855R form to report physician assistants. The CMS 855R is only used to reassign benefits that would otherwise be paid directly to a practitioner.

G. Comments – This section is to be used as an opportunity to explain any unique or unusual circumstances concerning the supplier's practice location(s), the method by which the supplier renders health care services, or any special billing number requirements.

OMB Approval No. 0938-0685

2. Supplier Identification (Continued)

D. Accreditation (Ambulatory Surgical Centers (ASCs) ONLY) ☐ **Change** **Effective Date:**_____

1. Is this supplier accredited? ☐ YES ☐ NO ☐ PENDING
   IF YES, complete the following:
2. Date of Accreditation (MM/DD/YYYY):_____
3. Name of Accrediting Body:_____

E. Hospitals and Other Providers Enrolled with a Fiscal Intermediary (ONLY))

This section is **only** to be completed by hospitals and other providers currently enrolled or enrolling with a Medicare fiscal intermediary for Part A services and **only** if this provider needs to obtain a Part B supplier billing number from the local Medical carrier to bill for practitioner services. **See instructions before completing this section.**

List department or service requiring a Part B Medicare carrier billing number below:

_____ _____ _____

_____ _____ _____

_____ _____ _____

F. Suppliers Employing Physician Assistants (Only)

This section is to be completed by any supplier group/clinic when deleting employed physician assistants from the practice.

Delete	Date	Physician Assistant Name	Medicare Identification Number
☐	_____	_____	_____
☐	_____	_____	_____
☐	_____	_____	_____
☐	_____	_____	_____
☐	_____	_____	_____
☐	_____	_____	_____
☐	_____	_____	_____

G. Comments

Explain any unique or unusual circumstances concerning the supplier's practice location(s), the method by which the supplier renders health care services, or any special billing number requirements.

OMB Approval No. 0938-0685

SECTION 3: ADVERSE LEGAL ACTIONS AND OVERPAYMENTS

A. Adverse Legal History - This section is to be completed with information concerning any adverse legal actions that have been imposed or levied against this supplier, as identified in Section 2B. See Table A on the application form for a list of adverse actions that must be reported.

If reporting a change to existing information check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. The supplier must state whether, under any current or former name or business identity, it has ever had any of the adverse legal actions listed in Table A of the application form imposed against it.

2. If the answer to this question is "Yes," supply all requested information. Attach copies of official documentation related to the adverse legal action. Such documentation includes adverse legal action notifications (e.g., notification of disciplinary action; criminal court documentation that verifies the conviction of a crime) and documents that evidence how the adverse legal action was finally resolved (e.g., reinstatement notices, etc.).

If the supplier is uncertain as to whether it falls within one of the adverse legal action categories or whether a name reported on this application has an adverse legal action, query the Healthcare Integrity and Protection Data Bank. If information is needed on how to access the data bank, call 1-800-767-6732 or visit www.npdb-hipdb.com. There is a charge for using this service.

Table A--This is the list of adverse legal actions that must be reported. All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

B. Overpayment Information - Current laws found in the Federal Streamlining Act and the Debt Collection Improvement Act require all Federal agencies to determine whether an individual or business entity that enters into a business relationship with that agency has any outstanding debts, including overpayments under different identifiers. Failure to furnish information about overpayments will put the supplier in violation of these Acts and subject it to possible denial of its Medicare enrollment.

1. The supplier, as identified in Section 2B, must report all outstanding Medicare overpayments that it is liable for, including those paid to the supplier, or on its behalf, under a different name. For purposes of this section, the term "outstanding Medicare overpayment" is defined as a debt that meets **all** of the conditions listed below:

   a) The overpayment arose out of the supplier's current or previous enrollment in Medicare. This includes any overpayment incurred by the supplier under a different name or business identity, or in another Medicare contractor jurisdiction;

   b) CMS (or its contractors) has determined that the supplier is liable for the overpayment; and

   c) The overpayment is not or has not been included as part of a repayment plan approved by CMS (or its contractors), nor is the overpayment amount being repaid through the withholding of Medicare payments to the supplier.

Any overpayment not meeting all of these conditions should not be reported.

2. Furnish the name or business identity under which the overpayment occurred and the account number under which the overpayment exists.

NOTE: Overpayments that occur after the supplier's enrollment has been approved do not have to be reported unless the supplier is enrolling with a different Medicare contractor.

OMB Approval No. 0938-0685

3. Adverse Legal Actions and Overpayments

This section is to be completed with information concerning any adverse legal actions and/or overpayments that have been imposed or levied against this supplier (see Table A below for list of adverse actions that must be reported).

A. Adverse Legal History ☐ **Change** **Effective Date:**_____

1. Has this supplier, under any current or former name or business identity, ever had any of the adverse legal actions listed in Table A below imposed against it? ☐ YES ☐ NO
2. **IF YES**, report each adverse legal action, when it occurred, the law enforcement authority/court/administrative body that imposed the action, and the resolution. Attach a copy of the adverse legal action documentation(s) and resolution(s).

Adverse Legal Action:	Date:	Law Enforcement Authority:	Resolution:

Table A

1) Any felony conviction under Federal or State law, regardless of whether it was health care related.

2) Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicare or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.

3) Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.

4) Any misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.

5) Any misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

6) Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.

7) Any revocation or suspension of accreditation.

8) Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.

9) Any current Medicare payment suspension under any Medicare billing number.

Note: All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

B. Overpayment Information

1. Does this supplier, under any current or former name or business identity, have any outstanding Medicare overpayments? ☐ YES ☐ NO
2. **IF YES**, furnish the name and account number under which the overpayment(s) exists.

Name under which the overpayment occurred:	Account number under which the overpayment exists:

OMB Approval No. 0938-0685

SECTION 4: CURRENT PRACTICE LOCATION(S)

A. Practice Location Information - Check the appropriate box if the supplier is using this section to add a new practice location, delete a practice location, or change information about an existing practice location. Provide the new information, the effective date of that change, and sign and date the certification statement. Otherwise:

1. Furnish the name of the business at this practice location and furnish the date the supplier started rendering services at this location.

NOTE: Only report those practice locations within the Medicare carrier's jurisdiction where the supplier will be submitting this application. If the supplier has practice locations in more than one Medicare carrier's jurisdiction, a separate CMS 855B must be completed for those practice locations and submitted to the Medicare carrier that has jurisdiction over those locations.

2. Provide a complete street address, telephone number, fax number, and e-mail address (if applicable) for the supplier's practice/business location.

NOTE: The address must be a specific street address as recorded by the United States Postal Service. Do not furnish a P.O. Box. If the supplier renders services in a hospital and/or other health care facility for which it bills Medicare directly for the services rendered at that facility, furnish the name and address of the hospital or facility. Do not provide the billing agency's information anywhere in this section. The fax and e-mail addresses are optional.

NOTE: **Managed Care Plan** – Managed care organizations (including Medicare + Choice Organizations), that have contracts with Medicare are only required to provide county/parish, State, and Zip Code.

3. Indicate whether the supplier owns or leases the practice location.

4. Indicate whether this address is that of a hospital, retirement/assisted living community, group practice office/clinic, or other health care facility. Please specify the location if it does not fall within one of these categories.

5. Report any CLIA number(s) and/or FDA/Radiology (Mammography) Certification Number(s) that have been issued to this practice location and which this supplier will be billing for these types of services.

A copy of the most current CLIA and FDA certifications for each of the practice locations reported must be submitted with this application. Do not report certificate information that was not issued under this tax identification number.

The supplier may receive more than one supplier identification number depending upon which "physician fee locality" the practice is located. The local Medicare carrier will determine whether more than one Medicare billing number will be issued.

B. Mobile Facility and/or Portable Units

To properly pay claims, Medicare must be able to determine when services are provided in a mobile facility or with portable units. If the supplier has a mobile facility or portable unit, provide this information in this section. A "mobile facility" is generally a mobile home, trailer, or other large vehicle that has been converted, equipped, and licensed to render health care services. These vehicles usually travel to local shopping centers or community centers to see and treat patients **inside** the vehicle. A "portable unit" is when the supplier transports medical equipment to a fixed location (e.g., physician's office, nursing home) to render services to the patient.

- State whether or not the supplier furnishes services in or from a mobile facility or portable unit. If "Yes," use Sections 4C through 4E to furnish information about the mobile/portable services.

OMB Approval No. 0938-0685

C. Base of Operations Address - Check the appropriate box to indicate whether the supplier is using this section to add a new mobile/portable practice location, delete a mobile/portable practice location, or change information about an existing mobile/portable practice location. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

- If the base of operations address is the same as the practice location reported above in Section 4A, check the box and skip to Section 4D.

1. Provide the base of operations name and the date the supplier started practicing from this location.

2. Provide the address from where personnel are dispatched, where mobile/portable equipment is stored and, when applicable, where vehicles are parked when not in use. Provide the telephone number, fax number and e-mail address (if applicable) for this base of operations location.

NOTE: If this supplier does not have a physical location where equipment and/or vehicles are stored or from where personnel report on a regular basis, complete this section with information about the location of the dispatcher/scheduler and fully explain the method of operation in Section 2G. This situation may occur if the supplier operates mobile units that travel continuously from one location directly to another.

D. Vehicle Information - Check the appropriate box to indicate whether the supplier is using this section to add a vehicle, delete a vehicle, or change information about a vehicle. Provide the effective date of the change, and sign and date the certification statement. Otherwise:

1.-3. Furnish the type of vehicle and the vehicle identification number. A copy of all health care related permit(s), license(s), and registration(s) must be submitted for each vehicle reported.

This section is to provide us with information about the mobile unit when the services are rendered **in or from** the vehicle. Do not furnish information about the vehicle(s) that are used only to transport medical equipment (e.g., when the equipment is transported in a van but is used in a fixed setting, such as a doctor's office) or ambulance vehicles.

OMB Approval No. 0938-0685

4. Current Practice Location(s)

This section is to be completed with information about the physical location(s) where this supplier currently renders health care services. If this supplier operates a mobile facility or portable units, furnish the address for the "Base of Operations," as well as vehicle information and the geographic area served by these facilities or units. In addition, cite where this supplier wants its payments sent, and where the supplier maintains patients' medical records. If there is more than one practice location, copy and complete this section for each.

A. Practice Location Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Practice Location (Name)			Date Started at this Location (MM/DD/YYYY)
2. Practice Location Address Line 1 (Street Name and Number)			
Practice Location Address Line 2 (Suite, Room, etc.)			
City	County/Parish	State	ZIP Code + 4
Telephone Number ( )	(Ext.) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

3. Does this provider: own this practice location? ☐ YES ☐ NO
lease this practice location? ☐ YES ☐ NO

4. Is this practice location a: hospital? ☐ YES ☐ NO
retirement/assisted living community? ☐ YES ☐ NO
group practice office/clinic ☐ YES ☐ NO
other health care facility? (Specify):_____ ☐ YES ☐ NO

5. CLIA Number for this location (if applicable)	FDA/Radiology (Mammography) Certification Number(s) for this location (if applicable)

B. Mobile Facility and/or Portable Units ☐ **Change** **Effective Date:**_____

Does this supplier furnish health care services from a mobile facility or portable unit? ☐ YES ☐ NO
IF YES, use Sections 4C through 4E to furnish information about the mobile/portable services.
IF NO, proceed to Section 4F (Medicare Payment "Pay To" Address).

C. Base of Operations Address ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

The base of operations is the location from where personnel are dispatched, where mobile/portable equipment is stored and, when applicable, where vehicles are parked when not in use. See instructions for further examples.
Check here ☐ and skip to Section 4D if the "Base of Operations" address is the same as the "Practice Location."

1. Base of Operations (Name)			Date Started at this Location (MM/DD/YYYY)
2. Street Address Line 1 (Street Name and Number)			
Street Address Line 2 (Suite, Room, etc.)			
City	County/Parish	State	ZIP Code + 4
Telephone Number ( )	(Ext.) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

D. Vehicle Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

If the mobile health care services are rendered inside a vehicle, such as a mobile home or trailer, furnish the following vehicle information. See the instructions for a full explanation of the types of vehicles that need to be reported. If more than three vehicles are used, copy and complete this section as needed.

1. Type of Vehicle (van, mobile home, trailer, etc.)	Vehicle Identification Number
2. Type of Vehicle (van, mobile home, trailer, etc.)	Vehicle Identification Number
3. Type of Vehicle (van, mobile home, trailer, etc.)	Vehicle Identification Number

Note: For each vehicle, a copy of all health care related permits/licenses/registrations MUST be submitted.

OMB Approval No. 0938-0685

E. Geographic Location where the Base of Operations and/or Vehicle Renders Services - Check the appropriate box when the supplier is using this section to add or delete a geographic location. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. Initial Reporting and/or Additions

- The supplier should furnish the county/parish, city, State and ZIP Code for all locations at which it will render services to Medicare beneficiaries in or from its mobile facility or portable unit. For those mobile facilities or portable units that travel across State lines, and when those States are served by different Medicare contractors (carriers), the supplier must complete a separate CMS 855B enrollment application for each Medicare contractor jurisdiction.

2. Deletions

- If deleting a location where mobile or portable services were provided, indicate the county/parish, city, State, and ZIP Code of the location being deleted.

F. Medicare Payment "Pay To" Address - The supplier must indicate where it wants its Medicare payments to be sent. Check the box "Change" only if reporting a change to existing information. Provide the date of that change, and sign and date the certification statement. Otherwise:

- Provide the P.O. Box or street address, city, State and ZIP Code for the address where payments are to be sent.

The ability to establish more then one "Pay To" address will be addressed by the local Medicare carrier. Some Medicare carriers do not allow multiple payment addresses. Payment will be made in the supplier's "legal business name" as shown in Section 2B1.

- The "Pay To" address is not the same address used for Electronic Funds Transfers. If the supplier would like payments to be deposited in its bank account electronically, place a check in the box given and complete the form "Medicare Authorization Agreement for Electronic Funds Transfers (Form HCFA-588).

- If payment will be made by electronic funds transfer, the "Pay To" address should indicate where the supplier wants all other payment information to be sent (e.g., remittance notices, special payments, etc.).

G. Location of Patients' Medical Records - Check the appropriate box if using this section to add a new location where patients' medical records are kept, delete a location, or change information about an existing location. Provide the effective date of that change, complete the appropriate information, and sign and date the certification statement. Otherwise:

1. If all of the supplier's patients' medical records are stored at the practice location shown in Section 4A or the base of operations shown in Section 4C, check the box provided and skip this section.

2. If any of the supplier's patients' medical records are stored at a location other the practice location shown in Section 4A or the base of operations shown in Section 4C, this section must be completed with a complete address of the storage location.

Post Office Boxes and drop boxes are not acceptable as physical addresses where patients' records are maintained. For IDTFs and mobile facilities/portable units, the patients' medical records must under the supplier's control. The records must be the supplier's records, not the records of another provider/supplier.

OMB Approval No. 0938-0685

4. Practice Location (Continued)

E. Geographic Location where the Base of Operations and/or Vehicle Renders Services

☐ **Add** ☐ **Delete** **Effective Date:**_____

Furnish the county/parish, city, State and ZIP Code for all locations where mobile and/or portable services are rendered.

Note: If this supplier renders mobile health care services in more than one State, and those States are served by different Medicare contractors, a separate CMS 855B enrollment application must be completed for each Medicare contractor jurisdiction.

1. Initial Reporting and/or Additions:

County/Parish:	City:	State:	ZIP Code(s):

2. Deletions:

County/Parish:	City:	State:	ZIP Code(s):

F. Medicare Payment "Pay To" Address ☐ **Change** **Effective Date:**_____

Check here ☐ and complete and submit Form HCFA-588 with this application if the supplier would like its payments electronically transferred to its bank account.

Furnish the address where payment should be sent for services rendered at the practice location(s) in Section 4A or 4C.

"Pay To" Address Line 1 (Street Name and Number)

"Pay To" Address Line 2 (Suite, Room, etc.)

City	State	ZIP Code + 4

G. Location of Patients' Medical Records ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Check here ☐ if **all** patients' medical records are stored at the location shown in Section 4A or 4C, and skip this section.

2. If **any** of the patients' medical records are stored at a location other than the location shown in Section 4A or 4C, complete this section with the name and address of the storage location.

Name of Storage Facility/Location

Storage Facility Address Line 1 (Street Name and Number)

Storage Facility Address Line 2 (Suite, Room, etc.)

City	State	ZIP Code + 4

OMB Approval No. 0938-0685

SECTION 5: OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (ORGANIZATIONS)

This section is to be completed with information about any organization that has 5% or more (direct or indirect) ownership of, any partnership interest in, and/or managing control of the supplier identified in Section 2B. See examples below of organizations that should be reported in this section. If individuals, and not organizations, own or manage the supplier, do not complete this section. These individuals must be reported in Section 6. If there is more than one organization, copy and complete this section for each.

A. Check Box - Check the box if there are no organizations to be reported in this section. If this box is checked, proceed to Section 6.

B. Organization with Ownership Interest and/or Managing Control - Identification Information - If adding, deleting, or changing information on an existing owner, partner, or managing organization, check the appropriate box, indicate the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. If not reporting a change, complete this section for the following:

All organizations that have any of the following **must** be reported in Section 5B:

- 5% or more ownership of the supplier,
- Managing control of the supplier, or
- A partnership interest in the supplier, regardless of the percentage of ownership the partner has.

Owning/Managing organizations are generally one of the following types:

- Corporations (including non-profit corporations)
- Partnerships and Limited Partnerships (as indicated above)
- Charitable and/or Religious organizations
- Governmental and/or Tribal organizations

NOTE: All partners within a partnership must be reported in Section 6 of this application. This applies to both "General" and "Limited" partnerships. For instance, if a limited partnership has several limited partners and each of them only has a 1% interest in the supplier, each limited partner must be reported in this application, even though each owns less than 5%. The 5% threshold primarily applies to corporations or other organizations that are not partnerships.

***IMPORTANT* – Only report organizations in this section. Individuals must be reported in Section 6.**

1. Check all boxes that apply to indicate the relationship between the supplier and the owning or managing organization.

2. Provide the legal business name of the owning or managing organization.

3. If applicable, provide the owning or managing organization's "doing business as" name.

4. Provide the owning or managing organization's complete business street address.

5. Provide the owning or managing organization's tax identification number and, if one (or more) has been issued, its Medicare identification number(s).

OMB Approval No. 0938-0685

The following contains an explanation of the terms "direct ownership," "indirect ownership," and "managing control," as well as instructions concerning organizations that must be reported in this application.

EXAMPLES OF 5% OR MORE "DIRECT" OWNERSHIP

All organizations that own 5% or more of the supplier must be reported in this application.

Many suppliers may be owned by only one organization. For instance, suppose the supplier is an ambulance company that is wholly (100%) owned by Company A. In this case, Company A is considered to be a direct owner of the ambulance company, in that it actually owns the assets of the business. As such, the supplier would have to report Company A in this section.

There are occasionally more complex ownership situations. Many organizations that directly own a supplier are themselves wholly or partly owned by other organizations (or even individuals). This is often the result of the use of holding companies and parent/subsidiary relationships. Such organizations and individuals are considered to be "indirect" owners of the supplier. Using our situation above, if Company B owned 100% of Company A, Company B is considered to be an indirect owner of the supplier. In other words, a direct owner has an actual ownership interest in the supplier (e.g., owns stock in the business, etc.), whereas an indirect owner has an ownership interest in an organization that owns the supplier. For purposes of this application, direct and indirect owners must be reported if they own at least 5% of the supplier. To calculate whether these indirect owners meet the 5% ownership level, review the formula outlined in Example 1 in this section.

For purposes of this application, ownership also includes "financial control." Financial control exists when:

(1) An organization or individual is the owner of a whole or part interest in any mortgage, deed of trust, note, or other obligation secured (in whole or in part) by the supplier or any of the property or assets of the supplier, **and**

(2) The interest is equal to or exceeds 5% of the total property and assets of the supplier.

To calculate whether an organization or individual has financial control over the supplier, use the formula outlined in Example 2 of the instructions for this section.

OMB Approval No. 0938-0685

EXAMPLES OF "INDIRECT" LEVELS OF OWNERSHIP FOR ENROLLMENT PURPOSES

Example 1 (Ownership)

LEVEL 3	***Individual X*** 5%	***Individual Y*** 30%
LEVEL 2	***Company C*** 60%	***Company B*** 40%
LEVEL 1	***Company A*** 100%	

- Company A owns 100% of the Enrolling Supplier
- Company B owns 40% of Company A
- Company C owns 60% of Company A
- Individual X owns 5% of Company C
- Individual Y owns 30% of Company B

In this example, Company A (Level 1) is the direct owner of the Enrolling Supplier. Companies B and C as well as Individuals X and Y are indirect owners of the Enrolling Supplier. To calculate ownership shares using the above-cited example, utilize the following steps:

LEVEL 1

The diagram above indicates that Company A owns 100% of the Enrolling Supplier. Company A must therefore be reported in Section 5.

LEVEL 2

To calculate the percentage of ownership held by Company C of the Enrolling Supplier, multiply:

The percentage of ownership the LEVEL 1 owner has in the Enrolling Supplier
MULTIPLIED BY
The percentage of ownership the LEVEL 2 owner has in that LEVEL 1 owner

It is known that Company A, the LEVEL 1 (or direct) owner, owns 100% of the Enrolling Supplier. The diagram also indicates that Company C, a LEVEL 2 owner, owns 60% of Company A. As such, multiply 100% (or 1.0) by 60% (.60). The result is .60. Therefore, Company C indirectly owns 60% of the Enrolling Supplier, and must be reported in Section 5.

Repeat the same procedure for Company B, the other LEVEL 2 owner. Because Company B owns 40% of Company A, multiply this figure by 100% (again, the ownership stake Company A has in the Enrolling Supplier). Therefore, 1.0 multiplied by .40 equals .40, so Company B owns 40% of the Enrolling Supplier, and must be reported in Section 5.

This process is continued until all LEVEL 2 owners have been accounted for.

OMB Approval No. 0938-0685

LEVEL 3

To calculate the percentage of ownership that Individual X has in the Enrolling Supplier, multiply:

The percentage of ownership the LEVEL 2 owner has in the Enrolling Supplier
MULTIPLIED BY
The percentage of ownership the LEVEL 3 owner has in that LEVEL 2 owner

It has already been established that Company C owns 60% of the Enrolling Supplier. According to the example above, Individual X (Level 3) owns 5% of Company C. Therefore, multiply 60% (.60) by 5% (.05), resulting in .03. This means that Individual X owns 3% of the Enrolling Supplier and does not need to be reported in this application.

Repeat this process for Company B, which owns 40% of the Enrolling Supplier. The diagram states that Individual Y (Level 3) owns 30% of Company B. We thus multiply 40% (.40) by 30% (.30). The result is .12, or 12%. Because Individual Y owns 12% of the Enrolling Supplier, Individual Y must be reported on this application (in Section 6 - Individuals).

This process is continued until all owners in LEVEL 3 have been accounted for. Should there be entities at LEVEL 4 and above that have at least a 5% ownership interest in the Enrolling Supplier, the Enrolling Supplier may submit an organizational chart identifying these entities and/or individuals. The chart should contain the names, business addresses and TINs of these entities, and/or the names and social security numbers of these individuals.

Example 2 (Financial Control)

The percentage of financial control can be calculated by using the following formula:

Dollar amount of the mortgage, deed of trust, or other obligation secured by the Enrolling Supplier or any of the property or assets of the Enrolling Supplier
DIVIDED BY
Dollar amount of the total property and assets of the Enrolling Supplier

Example: Two years ago, a supplier obtained a $20 million loan from Entity X to add a third floor to its facility. Various assets of the supplier secure the mortgage. The total value of the supplier's property and assets is $100 million.

Using the formula described above, divide $20 million (the dollar amount of the secured mortgage) by $100 million (the total property and assets of the Enrolling Supplier). This results in .20, or 20%. Because Entity X's interest represents at least 5% of the total property and assets of the Enrolling Supplier, financial control exists and Entity X must be reported in this section.

MANAGING CONTROL (ORGANIZATIONS)

Any organization that exercises operational or managerial control over the supplier, or conducts the day-to-day operations of the supplier, is a managing organization and must be reported. The organization need not have an ownership interest in the supplier in order to qualify as a managing organization. This could be a management services organization under contract with the supplier to furnish management services for this business location.

OMB Approval No. 0938-0685

SPECIAL TYPES OF ORGANIZATIONS

Governmental/Tribal Organizations: If a Federal, State, county, city or other level of government, or an Indian tribe, will be legally and financially responsible for Medicare payments received (including any potential overpayments), the name of that government or Indian tribe should be reported as an owner. The supplier must submit a letter on the letterhead of the responsible government (e.g., government agency) or tribal organization, which attests that the government or tribal organization will be legally and financially responsible in the event that there is any outstanding debt owed to CMS. This letter must be signed by an "authorized official" of the government or tribal organization who has the authority to legally and financially bind the government or tribal organization to the laws, regulations, and program instructions of Medicare. See Section 14 for further information on and a definition of "authorized officials."

Charitable and Religious Organizations: Many non-profit organizations are charitable or religious in nature, and are operated and/or managed by a Board of Trustees or other governing body. The actual name of the Board of Trustees or other governing body should be reported in this section.

C. Adverse Legal History - This section is to be completed with information concerning any adverse legal actions that have been imposed or levied against the organization(s) reported in this section. See Table A in Section 3 of the application form for a list of adverse actions that must be reported.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. The supplier must state whether the organization reported in Section 5B, under any current or former name or business identity, has ever had any of the adverse legal actions listed in Section 3 (Table A) of this form imposed against it.

2. If the answer to this question is "Yes," supply all requested information. Attach copies of official documentation related to the adverse legal action. Such documentation includes adverse legal action notifications (e.g., notification of disciplinary action; criminal court documentation that verifies the conviction of a crime) and documents that evidence how the adverse legal action was finally resolved (e.g., reinstatement notices, etc.).

If the supplier is uncertain as to whether the owning or managing organization falls within one of the adverse legal action categories, the supplier should query the Healthcare Integrity and Protection Data Bank. If the supplier needs information on how to access the data bank, call 1-800-767-6732 or visit www.npdb-hipdb.com.

OMB Approval No. 0938-0685

5. Ownership Interest and/or Managing Control Information (Organizations)

This section is to be completed with information about all organizations that have 5% or more (direct or indirect) ownership interest of, any partnership interest in, and/or managing control of, the supplier identified in Section 2B, as well as any information on adverse legal actions that have been imposed against that organization. See instructions for examples of organizations that should be reported here. If there is more than one organization, copy and complete this section for each.

A. Check here ☐ if this section does not apply and skip to Section 6.

B. Organization with Ownership Interest and/or Managing Control—Identification Information

☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Check all that apply:	☐ 5% or more Ownership Interest ☐ Managing Control		☐ Partner
2. Legal Business Name			
3. "Doing Business As" Name (if applicable)			
4. Business Address Line 1 (Street Name and Number)			
Business Address Line 2 (Suite, Room, etc.)			
City	State	ZIP Code + 4	
5. Tax Identification Number	Medicare Identification Number(s) (if applicable)		

C. Adverse Legal History ☐ **Change** ☐ **Effective Date:**_____

This section is to be completed for the organization reported in Section 5B above.

1. Has the organization in Section 5B above, under any current or former name or business identity, ever had any of the adverse legal actions listed in Table A in Section 3A imposed against it? ☐ YES ☐ NO

2. **IF YES**, report each adverse legal action, when it occurred, the law enforcement authority/court/administrative body that imposed the action, and the resolution. Attach a copy of the adverse legal action documentation(s) and resolution(s).

Adverse Legal Action:	Date:	Law Enforcement Authority:	Resolution:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OMB Approval No. 0938-0685

SECTION 6: OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS)

This section is to be completed with information about any individual who has a 5% or greater (direct or indirect) ownership interest in, or any partnership interest in, the supplier identified in Section 2B. In addition, all officers, directors, and managing employees of the supplier must be reported in this section. If there is more than one individual, copy and complete this section for each. **The supplier MUST have at least ONE owner and/or managing employee.** If this is a "one person" operation, then report yourself in this section as **both** a 5% or greater owner and a managing employee or director/officer.

A. Individual with Ownership Interest and/or Managing Control - Identification Information - If adding, deleting, or changing information on an existing 5% or greater owner, partner, officer, director, or managing employee, check the appropriate box, indicate the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. If not reporting a change, complete this section for the following:

The following individuals **must** be reported in Section 6A: (see below for definitions of these terms)

- All persons who have a 5% or greater ownership interest in the supplier;
- If (and only if) the supplier is a corporation (whether for-profit or non-profit), all officers and directors of the supplier;
- All managing employees of the supplier, and
- All individuals with a partnership interest in the supplier, regardless of the percentage of ownership the partner has.

NOTE: All partners within a partnership must be reported in this application. This applies to both "General" and "Limited" partnerships. For instance, if a limited partnership has several limited partners and each of them only has a 1% interest in the supplier, each limited partner must be reported in this application, even though each owns less than 5%. The 5% threshold primarily applies to corporations and other organizations that are not partnerships.

For purposes of this application, the terms "officer," "director," and "managing employee" are defined as follows:

- The term **"Officer"** is defined as any person whose position is listed as being that of an officer in the supplier's **"Articles of Incorporation"** or **"Corporate Bylaws," OR** anyone who is appointed by the board of directors as an officer in accordance with the supplier's corporate bylaws.
- The term **"Director"** is defined as a member of the supplier's **"Board of Directors."** It does not necessarily include a person who may have the word "Director" in his/her job title (e.g., Departmental Director, Director of Operations). See note below.

NOTE: A person who has the word "Director" in his/her job title may be a "managing employee," as defined below. Moreover, where a supplier has a governing body that does not use the term "Board of Directors," the members of that governing body will still be considered "Directors." Thus, if the supplier has a governing body titled "Board of Trustees" (as opposed to "Board of Directors"), the individual trustees are considered "Directors" for Medicare enrollment purposes.

- The term **"Managing Employee"** is defined as any individual, including a general manager, business manager, administrator, or medical director who exercises operational or managerial control over the supplier, or who conducts the day-to-day operations of the supplier. For Medicare enrollment purposes, "managing employee" also includes individuals who are not actual employees of the supplier but, either under contract or through some other arrangement, manage the day-to-day operations of the supplier.

NOTE: If a governmental or tribal organization will be legally and financially responsible for Medicare payments received (per the instructions for Governmental/Tribal Organizations in Section 5), the supplier is only required to report its managing employees in Section 6. Owners, partners, officers, and directors do not need to be reported.

Refer to the instructions and examples in Section 5 for further clarification of what is meant by the terms "direct owner" and "indirect owner." If further assistance is needed in completing this section, contact the Medicare carrier.

OMB Approval No. 0938-0685

***IMPORTANT* – Only Individuals should be reported in Section 6. Organizations must be reported in Section 5.**

1. Furnish the individual's full name, title, date of birth, social security number, and Medicare identification number or NPI (if applicable).

NOTE: Section 1124A of the Social Security Act requires that the supplier furnish Medicare with the individual's social security number.

2. Indicate the individual's relationship with the enrolling supplier identified in Section 2B. If this individual has a title other than that listed in this section, check the "Other" box and specify the title used by this individual.

Example: A supplier is 100% owned by Company C, which itself is 100% owned by Individual D. Assume that Company C is reported in Section 5B as an owner of the supplier. Assume further that Individual D, as an indirect owner of the supplier, is reported in Section 6A1. Based on this example, the supplier would check the "5% or Greater Indirect Owner" box in Section 6A2.

B. Adverse Legal History - This section is to be completed with information concerning any adverse legal actions that have been imposed or levied against individuals reported in Section 6A. See Table A in Section 3 of this application for a list of adverse actions that must be reported.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. The supplier must state whether the individual reported in Section 6A, under any current or former name or business identity, has ever had any of the adverse legal actions listed in Section 3 (Table A) of this form imposed against him or her.

2. If the answer to this question is "Yes," supply all requested information. Attach copy(s) of official documentation related to the adverse legal action. Such documentation includes adverse legal action notifications (e.g., notification of disciplinary action; criminal court documentation that verifies the conviction of a crime) and documents that evidence how the adverse legal action was finally resolved (e.g., reinstatement notices, etc.).

If the supplier is uncertain as to whether this individual falls within one of the adverse legal action categories, the supplier should query the Healthcare Integrity and Protection Data Bank. If the supplier needs information on how to access the data bank, call 1-800-767-6732 or visit www.npdb-hipdb.com.

OMB Approval No. 0938-0685

6. Ownership Interest and/or Managing Control Information (Individuals)

This section is to be completed with information about any individual who has a 5% or greater (direct or indirect) ownership interest in, or any partnership interest in, the supplier identified in Section 2B. All officers, directors, and managing employees of the supplier must also be reported in this section. In addition, any information on adverse legal actions that have been imposed against the individuals reported in this section must be furnished. If there is more than one individual, copy and complete this section for each individual.

A. Individual with Ownership Interest and/or Managing Control—Identification Information

☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
Title	Date of Birth (MM/DD/YYYY)		
Social Security Number	Medicare Identification Number (if applicable)		

2. What is the above individual's relationship with the supplier in Section 2B? (Check all that apply.)

☐ 5% or Greater Direct Owner
☐ 5% or Greater Indirect Owner
☐ Other (Specify):_____
☐ Managing Employee
☐ Director/Officer
☐ Partner

B. Adverse Legal History ☐ **Change** ☐ **Effective Date:**_____

This section is to be completed for the individual reported in Section 6A above.

1. Has the individual in Section 6A above, under any current or former name or business identity, ever had any of the adverse legal actions listed in Table A in Section 3A imposed against him or her? ☐ YES ☐ NO

2. **IF YES**, report each adverse legal action, when it occurred, the law enforcement authority/court/administrative body that imposed the action, and the resolution. Attach a copy of the adverse legal action documentation(s) and resolution(s).

Adverse Legal Action:	Date:	Law Enforcement Authority:	Resolution:

OMB Approval No. 0938-0685

SECTION 7: CHAIN HOME OFFICE INFORMATION

This section has been intentionally omitted.

SECTION 8: BILLING AGENCY

The purpose of collecting this information is to develop effective monitoring of agents/agencies that prepare and/or submit claims to bill the Medicare program on behalf of the supplier. A billing agency is a company or individual that the supplier hires or contracts with to furnish claims processing functions for its business locations. Any entity that meets this description must be reported in this section.

A. Check Box - If this supplier does not use a billing agency, check the box and skip to Section 10.

B. Billing Agency Name and Address - If reporting a change to information about a previously reported billing agency, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. Furnish the name and tax identification number of the billing agency.

2. Furnish the "doing business as" name of the billing agency.

3. Furnish the complete address and telephone number of the billing agency.

C. Billing Agreement/Contract Information - If reporting a change to existing information about a previously reported billing agreement/contract, check "Change," provide the effective date of the change, complete this entire questionnaire, and sign and date the certification statement. Otherwise:

The supplier that is enrolling is responsible for responding to the questions listed.

These questions are designed to show that the supplier fully understands and comprehends its billing agreement and that it intends to adhere to all Medicare laws, regulations, and program instructions. At any time, the Medicare contractor or CMS may request copies of all agreements/contracts associated with this billing agency.

OMB Approval No. 0938-0685

7. Chain Home Office Information — This Section Not Applicable

8. Billing Agency

This section is to be completed with information about all billing agencies this supplier uses or contracts with that submit claims to Medicare on behalf of the supplier. If more than one billing agency is used, copy and complete this section for each. The supplier may be required to submit a copy of its current signed billing agreement/contract if Medicare cannot verify the information furnished in this section.

A. Check here ☐ if this section does not apply and skip to Section 10.

B. Billing Agency Name and Address ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Legal Business Name as Reported to the IRS		Tax Identification Number
2. "Doing Business As" Name (if applicable)		
3. Business Street Address Line 1 (Street Name and Number)		
Business Street Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

C. Billing Agreement/Contract Information ☐ **Change** **Effective Date:**_____

Answer the following questions about the supplier's agreement/contract with the above billing agency.

1. Does the supplier have unrestricted access to its Medicare remittance notices? ☐ YES ☐ NO
2. Does the supplier's Medicare payment go directly to the supplier? ☐ YES ☐ NO
   IF NO, proceed to Question 3.
   IF YES, skip Questions 3, 4 and 5.
3. Does the supplier's Medicare payment go directly to a bank? ☐ YES ☐ NO
   IF NO, proceed to Question 4.
   IF YES, answer the following questions and skip Questions 4 and 5.
   a) Is the bank account only in the name of the supplier? ☐ YES ☐ NO
   b) Does the supplier have unrestricted access to the bank account and statements? ☐ YES ☐ NO
   c) Does the bank only answer to the supplier regarding what the supplier wants from the bank (e.g., sweep account instructions, bank statements, closing account, etc.)? ☐ YES ☐ NO
4. Does the supplier's Medicare payment go directly to the billing agent? ☐ YES ☐ NO
   IF NO, proceed to Question 5.
   IF YES, answer the following question and skip Question 5.
   a) Does the billing agent cash the supplier's check? ☐ YES ☐ NO
      IF NO, proceed to Question b.
      IF YES, are all of the following conditions included in the billing agreement? ☐ YES ☐ NO
      1) The agent receives payment under an agency agreement with the supplier. ☐ YES ☐ NO
      2) The agent's compensation is not related in any way to the dollar amounts billed or collected. ☐ YES ☐ NO
      3) The agent's compensation is not dependent upon the actual collection of payment. ☐ YES ☐ NO
      4) The agent acts under payment disposition instructions that the supplier may modify or revoke at any time. ☐ YES ☐ NO
      5) In receiving payment, the agent acts only on behalf of the supplier (except insofar as the agent uses part of that payment as compensation for the agent's billing and collection services). ☐ YES ☐ NO
   b) Does the billing agent either give the Medicare payment directly to this supplier or deposit the payment into this supplier's bank account? ☐ YES ☐ NO
5. Who receives the supplier's Medicare payment?_____

OMB Approval No. 0938-0685

SECTION 9: FOR FUTURE USE

This section has been intentionally omitted.

SECTION 10: STAFFING COMPANY

The purpose of collecting this data is to develop effective internal controls to promote adherence to applicable Federal and State laws.

A staffing company is an organization that contracts with health care professionals to furnish health care at medical facilities (such as hospital emergency rooms) where it is also under contract (or some similar agreement) to furnish such services. A staffing company cannot bill Medicare in the staffing company's name for medical services or supplies furnished under this arrangement. If the supplier has an agreement/contract with a staffing company to furnish services to Medicare beneficiaries, complete this section. At any time, the carrier may request a copy of the agreement/contract signed by the supplier and the staffing company.

A. Check Box - If the supplier does not work for (or is not under contract with) a staffing company, check the box provided and skip to Section 13. If the supplier has been hired by (or is under contract with) a staffing company, complete the appropriate fields of this section with information about the staffing company.

B. 1st Staffing Company Name and Address - Indicate if this supplier is making a change concerning its relationship with a staffing company by checking the appropriate box "add," "delete," or "change." Provide the new information and the effective date of the change, and sign and date the certification statement. Otherwise:

1. Furnish the legal business name and tax identification number of the staffing company.

2. If applicable, furnish the staffing company's "doing business as" (DBA) name. If the reported staffing company uses more than one DBA name with this supplier, report all that apply for Medicare claims.

3. Furnish the complete mailing address, telephone number, fax number and e-mail address for the staffing company.

C. 1st Staffing Company Contract/Agreement Information - The enrolling supplier must respond to the questions listed to verify that it fully understands and comprehends its contract and that it plans to adhere to all Medicare laws, regulations, and program instructions. At any time, the carrier can request a copy of the agreement/contract signed by the supplier and the staffing company.

D-E. 2nd Staffing Company - Sections D and E are to be used to report information on a 2nd staffing company that the supplier may be working for (or under contract with) to provide medical services. See instructions for Sections B and C above.

SECTION 11: SURETY BOND INFORMATION

This section has been intentionally omitted.

OMB Approval No. 0938-0685

9. For Future Use — This Section Not Applicable

10. Staffing Company

This section is to be completed with information about all staffing companies that use this supplier, either under written contract or by some other arrangement, to staff any other health care facilities. If this supplier is used by more than two staffing companies, copy and complete this section as needed. The supplier may be required to submit a copy of its current signed staffing company agreement/contract(s).

A. Check here ☐ if this entire section does not apply and skip to Section 13.

B. 1st Staffing Company using this Supplier - Name and Address

☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Legal Business Name as Reported to the IRS	Tax Identification Number	
2. "Doing Business As" Name (if applicable)		
3. Business Street Address Line 1 (Street Name and Number)		
Business Street Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

C. 1st Staffing Company using this Supplier - Contract/Agreement Information

Answer the following questions about the staffing company and the supplier's contract/agreement with them.

1. Does the staffing company shown in Section 9B above **and** the billing agency identified in Section 8B have a common owner(s)? ☐ YES ☐ NO
2. If applicable, are there any provisions in the staffing contract/agreement that supersede or contradict the enrolling supplier's billing agreement? ☐ Not applicable ☐ YES ☐ NO

D. 2nd Staffing Company using this Supplier - Name and Address

☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Legal Business Name as Reported to the IRS	Tax Identification Number	
2. "Doing Business As" Name (if applicable)		
3. Business Street Address Line 1 (Street Name and Number)		
Business Street Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

E. 2nd Staffing Company using this Supplier - Contract/Agreement Information

Answer the following questions about the staffing company's contract/agreement with this supplier.

1. Does the staffing company shown in Section 9D above **and** the billing agency identified in Section 8B have a common owner(s)? ☐ YES ☐ NO
2. If applicable, are there any provisions in the staffing contract/agreement that supersede or contradict the enrolling supplier's billing agreement? ☐ Not applicable ☐ YES ☐ NO

11. Surety Bond Information — This Section Not Applicable

OMB Approval No. 0938-0685

SECTION 12: CAPITALIZATION REQUIREMENTS FOR HOME HEALTH AGENCIES

This section has been intentionally omitted.

SECTION 13: CONTACT PERSON INFORMATION (OPTIONAL)

To assist in the timely processing of the supplier's application, provide the full name, e-mail address, telephone number, and mailing address of an individual who can be reached to answer questions regarding the information furnished in this application (preferably the individual who completed this application). The supplier is not required to furnish a contact person in this section. It should be noted that if a contact person is not provided, all questions about this application will be directed to the authorized official named in Section 15B.

A. Check Box - If this section does not apply, check the box and skip to Section 14.

B. Contact Person Information – If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

- Provide the name, e-mail address, telephone number, and mailing address of an individual who can answer questions about the information furnished in this application.

SECTION 14: PENALTIES FOR FALSIFYING INFORMATION ON THIS ENROLLMENT APPLICATION

The supplier should review this section to understand those penalties that can be applied against it for deliberately furnishing false information to enroll or maintain enrollment in the Medicare program.

OMB Approval No. 0938-0685

12. Capitalization Requirements for Home Health Agencies — This Section Not Applicable

13. Contact Person Information (Optional)

Furnish the name, telephone number and address of a person who can answer questions about the information furnished in this application (preferably the individual who completed this application). If a contact person is not furnished in this section, all questions will be directed to the authorized official named in Section 15B.

A. Check here ☐ if this section does not apply and skip to Section 14.

B. Contact Person Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

Name: First	Last	
Address Line 1 (Street Name and Number)		
Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
E-mail Address (if applicable)	Telephone Number ( )	(Ext.) ( )

14. Penalties for Falsifying Information on this Enrollment Application

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program.

1. 18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry.

Individual offenders are subject to fines of up to $250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to $500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

2. Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against any individual who, "knowingly and willfully," makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program.

The offender is subject to fines of up to $25,000 and/or imprisonment for up to five years.

3. The Civil False Claims Act, 31 U.S.C. § 3729, imposes civil liability, in part, on any person who:
   a.) knowingly presents, or causes to be presented, to an officer or any employee of the United States Government a false or fraudulent claim for payment or approval;
   b.) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or
   c.) conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

The Act imposes a civil penalty of $5,000 to $10,000 per violation, plus three times the amount of damages sustained by the Government.

4. Section 1128A(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency...a claim...that the Secretary determines is for a medical or other item or service that the person knows or should know:
   a.) was not provided as claimed; and/or
   b.) the claim is false or fraudulent.

This provision authorizes a civil monetary penalty of up to $10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.

5. The government may assert common law claims such as "common law fraud," "money paid by mistake," and "unjust enrichment."

Remedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.

OMB Approval No. 0938-0685

SECTION 15: CERTIFICATION STATEMENT

This section is used to officially notify the supplier of additional requirements that must be met and maintained in order for the supplier to be enrolled in the Medicare program. This section also requires the signature and date signed of an authorized official who can legally and financially bind the supplier to the laws, regulations, and program instructions of the Medicare program. Section 16 permits the authorized official to delegate signature authority to certain individual(s) (delegated officials) for the purpose of reporting changes to the supplier's enrollment record after the supplier has been enrolled. The supplier may have no more than one currently active authorized official at any given time. See below to determine who within the supplier organization qualifies as an authorized official.

A. Additional Requirements for Medicare Enrollment – These are the additional requirements that must be met by the supplier to enroll in and maintained by the supplier to bill the Medicare program. Carefully read these requirements. By signing, the supplier will be attesting to having read these requirements and that the supplier understands them.

B. Authorized Official Signature - If adding a new, or deleting an existing authorized official, check the appropriate box and indicate the effective date of that change. Otherwise:

- The authorized official must sign and date this application.

NOTE: The authorized official must also be reported in Section 6.

By his/her signature, the authorized official binds the supplier to all of the requirements listed in the Certification Statement and acknowledges that the supplier may be denied entry to or revoked from the Medicare program if any requirements are not met. **All signatures must be original.** Faxed, photocopied, or stamped signatures will not be accepted.

C. 2nd Authorized Official Signature - This section provided to report a second (optional) authorized official for this supplier. See instructions above for Section 15B.

An authorized official is an appointed official to whom the supplier has granted the legal authority to enroll it in the Medicare program, to make changes and/or updates to the supplier's status in the Medicare program (e.g., new practice locations, change of address, etc.), and to commit the supplier to fully abide by the laws, regulations, and program instructions of Medicare. The authorized official must be the supplier's general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of 5% or more of the supplier (see Section 5 for definition of a "direct owner"), or must hold a position of similar status and authority within the supplier's organization.

Only the authorized official has the authority to sign (1) the initial CMS 855B enrollment application on behalf of the supplier and (2) the CMS 855B enrollment application that must be submitted as part of the periodic revalidation process. The delegated official has no such authority.

By signing this form for initial enrollment in the Medicare program or for revalidation purposes, the authorized official agrees to immediately notify the Medicare program contractor if any information in the application is not true, correct, or complete. In addition, the authorized official, by his/her signature, agrees to notify the Medicare contractor of any future changes to the information contained in this form, after the supplier is enrolled in Medicare, within 90 days of the effective date of the change.

Governmental/Tribal Organizations

As stated in the instructions for Governmental/Tribal Organizations in Section 5, the authorized official signing the CMS 855B in Section 15 must be the same person submitting the letter attesting that the governmental or tribal organization will be legally and financially responsible for any outstanding debts owed to CMS. For instance, the head of a County Department of Health and Human Services would ordinarily qualify as an authorized official of the governmental entity.

OMB Approval No. 0938-0685

SPECIAL REPORTING REQUIREMENTS

To change authorized officials, the supplier must:

- Check the "Delete" box in Section 15B,
- Provide the effective date of the deletion, and
- Have the authorized official being deleted provide his/her printed name, signature, and date of signature.

NOTE: If the current authorized official's signature is unattainable (e.g., person has left the company), the Medicare contractor may request documentation verifying that the person is no longer the authorized official.

To then add a new authorized official, the supplier must:

- Copy the page containing the Certification Statement,
- Check the "Add" box in Section 15B and provide the effective date of the addition,
- Have the new authorized official provide the information requested in 15B, and
- Have the new authorized official provide his/her signature and date of signature.

By signing his or her name, the new authorized official assumes from the prior authorized official all of the powers (e.g., the power to delegate authority to a delegated official, etc.) previously held by the latter, and also agrees to adhere to all Medicare requirements, including those outlined in Sections 15A and 15B of the Certification Statement. However, a change of the authorized official has no bearing on the authority of existing delegated officials to make changes and/or updates to the supplier's status in the Medicare program.

If the supplier is reporting a change of information about the current authorized official (e.g., change in job title), this section should be completed as follows:

- Check the box to indicate a change and furnish the effective date,
- Provide the new information, and
- Have the authorized official sign and date this section.

OMB Approval No. 0938-0685

15. Certification Statement

This section is used to officially notify the supplier of additional requirements that must be met and maintained in order for the supplier to be enrolled in the Medicare program. This section also requires the signature and date signed of an "Authorized Official" who can legally and financially bind the supplier to the laws, regulations, and program instructions of the Medicare program. Section 16 permits the "Authorized Official" to delegate signature authority to other individual(s) (Delegated Officials) employed by the supplier for the purpose of reporting future changes to the supplier's enrollment record. See instructions to determine who qualifies as an Authorized Official and a Delegated Official for the supplier.

A. Additional Requirements for Medicare Enrollment

By his/her signature(s), the authorized official named below and the delegated official(s) named in Section 16 agree to adhere to the following requirements stated in this Certification Statement:

1.) I agree to notify the Medicare contractor of any future changes to the information contained in this form within 90 days of the effective date of the change. I understand that any change in the business structure of this supplier may require the submission of a new application.
2.) I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Medicare, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Medicare billing number(s), and/or the imposition of fines, civil damages, and/or imprisonment.
3.) I agree to abide by the Medicare laws, regulations and program instructions that apply to this supplier. The Medicare laws, regulations, and program instructions are available through the Medicare contractor.
4.) Neither this supplier, nor any 5% or greater owner, partner, officer, director, managing employee, authorized official, or delegated official thereof is currently sanctioned, suspended, debarred, or excluded by the Medicare or Medicaid program, or any other Federal program, or is otherwise prohibited from supplying services to Medicare or other Federal program beneficiaries.
5.) I agree that any existing or future overpayment made to the supplier by the Medicare program may be recouped by Medicare through the withholding of future payments.
6.) I will not knowingly present or cause to be presented a false or fraudulent claim for payment by Medicare, and will not submit claims with deliberate ignorance or reckless disregard of their truth or falsity.
7.) I authorize the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Osteopathic Association (AOA), or any other national accrediting body whose standards are recognized by the Secretary as meeting the Medicare program participation requirements, to release to any authorized representative, employee, or agent of the Centers for Medicare & Medicaid Services (CMS), a copy of my most recent accreditation survey, together with any information related to the survey that CMS may require (including corrective action plans).

B. 1st Authorized Official Signature ☐ **Add** ☐ **Delete** **Effective Date:**_____

I have read the contents of this application. My signature legally and financially binds this supplier to the laws, regulations, and program instructions of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete to the best of my knowledge, and I authorize the Medicare program contractor to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the Medicare program contractor of this fact immediately.

Authorized Official Name **Print**	First	Middle	Last	Jr., Sr., etc.
Authorized Official **Signature**	(First, Middle, Last, Jr., Sr., M.D., D.O., etc.)		Title/Position	Date (MM/DD/YYYY) Signed

C. 2nd Authorized Official Signature ☐ **Add** ☐ **Delete** **Effective Date:**_____

I have read the contents of this application. My signature legally and financially binds this supplier to the laws, regulations, and program instructions of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete to the best of my knowledge, and I authorize the Medicare program contractor to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the Medicare program contractor of this fact immediately.

Authorized Official Name **Print**	First	Middle	Last	Jr., Sr., etc.
Authorized Official **Signature**	(First, Middle, Last, Jr., Sr., M.D., D.O., etc.)		Title/Position	Date (MM/DD/YYYY) Signed

OMB Approval No. 0938-0685

SECTION 16: DELEGATED OFFICIAL (OPTIONAL)

A delegated official must be a W-2 managing employee of the supplier, or an individual with a 5% or greater direct ownership interest in, or any partnership interest in, the enrolling supplier. Delegated officials are persons who are delegated the legal authority by the authorized official reported in Section 15B to make changes and/or updates to the supplier's status in the Medicare program. This individual must also be able to commit the supplier to fully abide by the laws, regulations, and program instructions of Medicare. For purposes of this section only, if the individual being assigned as a delegated official is a managing employee, that individual **must** be an actual W-2 employee of the enrolling supplier. The Medicare contractor may request evidence indicating that the delegated official is an actual employee of the supplier. Independent contractors are not considered "employed" by the supplier. A supplier can have no more than three delegated officials at any given time.

The signature of the authorized official in Section 16B2 constitutes a legal delegation of authority to any and all delegated official(s) assigned in Section 16.

A. Check Box - If the supplier chooses not to assign any delegated officials in this application, check the box in this section. There is no requirement that the supplier have a delegated official. However, if no delegated officials are assigned, the authorized official will be the only person who can make changes and/or updates to the supplier's status in the Medicare program. All delegated officials must meet the following requirements:

- The delegated official must sign and date this application,
- The delegated official must furnish his/her title/position, and
- The delegated official must check the box furnished if they are a W-2 employee.

NOTE: The delegated official must also be reported in Section 6.

B. Delegated Official Signature

If the supplier chooses to add delegated officials or to delete existing ones, this section should be completed as follows:

- Check the appropriate box indicating if the delegated official is being added or deleted and furnish the effective date,
- The authorized official must provide his or her signature and date of signature in Sections 15B and 16B2,
- The delegated official(s) to be added must provide the information and their signature in Section 16B, and
- The delegated official(s) to be deleted does not have to sign or date the application.

NOTE: All signatures must be original. Faxed, photocopied, or stamped signatures will not be accepted.

If the supplier is reporting a change of information about an existing delegated official (e.g., change in job title, etc.), this section should be completed as follows:

- Check the box marked "Change" and furnish the effective date,
- Provide the new information, and
- The authorized official must sign and date Sections 15B and 16B2.

Delegated officials may not delegate their authority to any other individual. Only an authorized official may delegate the authority to make changes and/or updates to the supplier's Medicare status. Even when delegated officials are reported in this application, an authorized official retains the authority to make any such changes and/or updates by providing his or her printed name, signature, and date of signature as required in Section 15B.

In addition, the delegated official, by his/her signature, agrees to notify the Medicare contractor of any changes to the information contained in this application within 90 days of the effective date of the change.

B. 2nd Delegated Official Signature - This section provided to report a second (optional) delegated official for this provider. See instructions above for Section 15B.

C. 3rd Delegated Official Signature - This section provided to report a third (optional) delegated official for this provider. See instructions above for Section 15B.

OMB Approval No. 0938-0685

SECTION 17: ATTACHMENTS

This section contains a list of documents that, if applicable, should be submitted with this enrollment application. Failure to provide the required documents will delay the enrollment process.

- Check the appropriate boxes indicating which documents are being submitted with this application.

NOTE: Any licenses that are needed to operate this business (both business and professional) in the State where the enrolling supplier business is located **must** be included with this application.

All enrolling suppliers are required to furnish information on all Federal, State and local (city/county) professional and business licenses, certifications and/or registrations as required in the supplier's State to operate as a health care facility (e.g., CLIA and FDA mammography certificates, hazardous waste disposal license, etc.). The Medicare contractor will supply specific licensing requirements for this supplier type upon request.

In lieu of copies of the above-requested documents, the enrolling supplier may submit a notarized Certificate of Good Standing from the supplier's State licensing/certification board or other medical associations. This certification cannot be more than 30 days old.

If the enrolling supplier has had a previously revoked or suspended license, certification or registration reinstated, attach a copy of the reinstatement notice with this application.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0685. The time required to complete this information collection is estimated between 5-8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.

OMB Approval No. 0938-0685

16. Delegated Official (Optional)

The signature of the authorized official below constitutes a legal delegation of authority to the official(s) named in this section to make changes and/or updates to this supplier's enrollment information. The signature(s) of the delegated official(s) shall have the same force and effect as that of the authorized official, and shall legally and financially bind the supplier to the laws, regulations, and program instructions of the Medicare program. By his or her signature, the delegated official certifies that he or she has read the Certification Statement in Section 15 and agrees to adhere to all of the stated requirements. The delegated official also certifies that he/she meets the definition of a delegated official. When making changes and/or updates to the supplier's enrollment information maintained by the Medicare program, the delegated official certifies that the information provided is true, correct, and complete to the best of his/her knowledge.

A. Check here ☐ if this supplier will not be assigning any delegated official(s) and skip to Section 17.

B. 1st Delegated Official Signature ☐ Add ☐ Delete ☐ Change Effective Date:_____

1. Delegated Official Name **Print** First	Middle	Last	Jr., Sr., etc.
Delegated Official **Signature** (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed
Title/Position	☐Check here only if Delegated Official is a W-2 employee		
2. **Signature** of Authorized Official Assigning this Delegation (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed

C. 2nd Delegated Official Signature ☐ Add ☐ Delete ☐ Change Effective Date:_____

3. Delegated Official Name **Print** First	Middle	Last	Jr., Sr., etc.
Delegated Official **Signature** (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed
Title/Position	☐Check here only if Delegated Official is a W-2 employee		
4. **Signature** of Authorized Official Assigning this Delegation (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed

D. 3rd Delegated Official Signature ☐ Add ☐ Delete ☐ Change Effective Date:_____

5. Delegated Official Name **Print** First	Middle	Last	Jr., Sr., etc.
Delegated Official **Signature** (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed
Title/Position	☐Check here only if Delegated Official is a W-2 employee		
6. **Signature** of Authorized Official Assigning this Delegation (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed

17. Attachments

This section is a list of documents that, if applicable, should be submitted with this completed enrollment application.

Place a check next to each document (as applicable or required) from the list below that is being included with this completed application.

- ☐Copy(s) of all Federal, State, and/or local (city/county) professional licenses, certifications and/or registrations specifically required to operate as a health care facility
- ☐Copy(s) of all Federal, State, and/or local (city/county) business licenses, certifications and/or registrations specifically required to operate as a health care facility
- ☐Copy(s) of all professional school degrees or certificates, or evidence of qualifying course work
- ☐Copy(s) of all documentation verifying IDTF Supervisory Physician(s) proficiency
- ☐Copy(s) of all CLIA Certificates, FDA Mammography Certificates, and Diabetes Education Certificates
- ☐Copy(s) of all adverse legal action documentation (e.g., notifications, resolutions, and reinstatement letters)
- ☐Completed Form HCFA-588 - Authorization Agreement for Electronic Funds Transfer
- ☐Completed Form(s) CMS 855R - Individual Reassignment of Benefits
- ☐IRS documents confirming the tax identification number and legal business name (e.g., CP 575)

OMB Approval No. 0938-0685

Attachment 1 AMBULANCE SERVICE SUPPLIERS

All ambulance service suppliers enrolling in the Medicare program must complete this attachment. For further information concerning Medicare requirements for ambulance service suppliers, review 42 CFR 410.40, 410.41, and 414.605.

SECTION 1: STATE LICENSE INFORMATION

This section is to be completed with information about the geographic area in which this company furnishes ambulance services. When applicable, State license information, as well as a copy of the license itself, must be submitted with this application.

A. Geographic Service Area - Check the appropriate box when the ambulance company is using this section to add or delete a geographic location. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. Initial Reporting and/or Additions - For initial enrollment, report all geographic areas where services are provided. Furnish the county/parish, city, State and ZIP Code for all geographic locations.

NOTE: If the ambulance company renders services in more than one State, and those States are serviced by different Medicare contractors (carriers), the supplier must complete a separate CMS 855B enrollment application for each Medicare contractor jurisdiction.

2. Deletions - If deleting a location where ambulance services were provided, indicate the county/parish, city, State, and ZIP Code of the location being deleted.

B. State License Information - Check the appropriate box to indicate whether the ambulance company is using this section to add, delete, or change information about the supplier's State license. Provide the effective date of that change, complete the appropriate information, and sign and date the certification statement. Otherwise:

1. Indicate whether the ambulance company has been licensed in the State where services are rendered.

2. If the enrolling ambulance company is not licensed by the State, explain why in the space provided.

3. If the answer is "Yes," provide all requested licensing information and attach a copy of the license. The effective date and expiration date must be stated on the license. Claims will be paid based on these dates. The enrolling supplier must provide the Medicare contractor with a copy of the license each time it is renewed in order to receive payment after the expiration date of the current license.

C. Paramedic Intercept Services Information - Check the appropriate box to indicate a change from the information currently on file. Provide the effective date of that change, complete the appropriate information, and sign and date the certification statement. Otherwise:

- Answer "Yes" or "No" to the question about paramedic intercept services. This question is necessary for billing purposes to correctly identify any paramedic intercept services relationships.

Paramedic Intercept Services involve an arrangement between a BLS ambulance company and an ALS ambulance company whereby the latter provides the ALS services and the BLS ambulance company provides the transportation component. If such an arrangement exists between the enrolling ambulance company and another ambulance company, the enrolling ambulance company must attach a copy of the signed contract(s). For more information, see 42 CFR 410.40.

OMB Approval No. 0938-0685

ATTACHMENT 1

Ambulance Service Suppliers

This attachment is to be completed by all ambulance service suppliers enrolling in the Medicare program.

1. State License Information

This section is to be completed with information about the geographic area in which this company furnishes ambulance services. When applicable, State license information must be provided. In addition, a copy of the current State license must be submitted with this application.

A. Geographic Service Area ☐ **Add** ☐ **Delete** **Effective Date:**_____

Furnish the county/parish, city, State and ZIP Code for all locations where this ambulance company renders service.

Note: If this ambulance company renders services in more than one State, and those States are serviced by different Medicare contractors, a separate CMS 855B enrollment application must be completed for each Medicare contractor jurisdiction.

1. Initial Reporting and/or Additions:

County/Parish:	City:	State:	ZIP Code(s):

2. Deletions:

County/Parish:	City:	State:	ZIP Code(s):

B. State License Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Is this ambulance company licensed in the State where services are rendered and billed for? ☐ YES ☐ NO

2. IF NO, explain why:_____

7. IF YES, furnish the license information for the State where this ambulance service supplier will be rendering services and billing Medicare. Attach a copy of the current State license.

License Number	Issuing State (if applicable)	Issuing County/Parish (if applicable)

Effective Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

C. Paramedic Intercept Services Information ☐ **Change** **Effective Date:**_____

Does this ambulance company currently participate in a paramedic intercept services arrangement? ☐ YES ☐ NO

IF YES, submit a copy of the signed contractual agreement(s).

OMB Approval No. 0938-0685

SECTION 2: DESCRIPTION OF VEHICLE

A. 1st Vehicle Information - Check the appropriate box to indicate whether the ambulance company is using this section to add or delete a vehicle currently on file. Provide the effective date of that change, complete the appropriate information, and sign and date the certification statement. Otherwise:

1. The supplier must identify the type (e.g., automobile, aircraft, boat), year, make, model, and vehicle identification number of each vehicle.

2. Indicate what medical equipment each vehicle possesses. The vehicle(s) must be specifically designed to respond to medical emergencies or to provide acute medical care to transport the sick and injured. It must have customary patient care equipment including, but not limited to, a stretcher, clean linens, emergency medical supplies and oxygen equipment, and it must have all other safety and lifesaving equipment as required by State and local authorities.

3. If the ambulance will supply Advance Life Support (ALS) services, please provide documentation of certification from the authorized licensing and regulation agency for the area of operation.

Vehicles must be regularly inspected and re-certified according to applicable State and local licensing laws. Evidence of re-certification must be submitted to the Medicare contractor upon request.

IMPORTANT INSTRUCTIONS FOR AIR AMBULANCE

To qualify as an air ambulance supplier, the following is required:

1. A written statement, signed by the President, Chief Executive Officer or Chief Operating Officer of the airport from where the aircraft is hangered that gives the name and address of the facility, and

2. Proof that the enrolling ambulance company, or the company leasing the air ambulance vehicle to the enrolling ambulance company, possesses a valid charter flight license (FAA 135 Certificate) for the aircraft being used as an air ambulance. If the enrolling ambulance company owns the aircraft, the owner's name on the FAA 135 Certificate must be the same as the enrolling ambulance company's name (or the ambulance company owner as reported in Sections 5 or 6) in this application. If the enrolling ambulance company leases the aircraft from another company, a copy of the lease agreement must accompany this enrollment application.

B. 2nd Vehicle Information – This section is provided to report a second vehicle. See instructions above for Section 2A.

OMB Approval No. 0938-0685

2. Description of Vehicle

This section is to be completed with information about the vehicles used by this ambulance company, the equipment they carry, and the services they provide. If there are more than two vehicles, copy and complete this section as needed.
A copy of each vehicle's registration MUST be submitted. For air ambulance suppliers, attach a copy of FAA 135.

A. 1st Vehicle Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Type (automobile, aircraft, boat, etc.)		Vehicle Identification Number
Make	Model	Year (YYYY)

2. Does this vehicle have the following:

first aid supplies?	☐ YES	☐ NO	other safety/life-saving equipment?	☐ YES	☐ NO
oxygen equipment?	☐ YES	☐ NO	two-way telecommunications radio?	☐ YES	☐ NO
emergency warning lights?	☐ YES	☐ NO	mobile communication/wireless telephone?	☐ YES	☐ NO
sirens?	☐ YES	☐ NO	stretcher?	☐ YES	☐ NO
			clean linens?	☐ YES	☐ NO

Report other medical equipment this vehicle carries:

_____ _____ _____

3. Does this vehicle provide:

advanced life support (Level 1)?	☐ YES	☐ NO	specialty care transport?	☐ YES	☐ NO
advanced life support (Level 2)?	☐ YES	☐ NO	land ambulance?	☐ YES	☐ NO
basic life support?	☐ YES	☐ NO	air ambulance – fixed wing?	☐ YES	☐ NO
emergency runs?	☐ YES	☐ NO	air ambulance – rotary wing?	☐ YES	☐ NO
non-emergency runs?	☐ YES	☐ NO	marine ambulance?	☐ YES	☐ NO

How many crewmembers accompany this vehicle on runs?_____

B. 2nd Vehicle Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Type (automobile, aircraft, boat, etc.)		Vehicle Identification Number
Make	Model	Year (YYYY)

2. Does this vehicle have the following:

first aid supplies?	☐ YES	☐ NO	other safety/life-saving equipment?	☐ YES	☐ NO
oxygen equipment?	☐ YES	☐ NO	two-way telecommunications radio?	☐ YES	☐ NO
emergency warning lights?	☐ YES	☐ NO	mobile communication/wireless telephone?	☐ YES	☐ NO
sirens?	☐ YES	☐ NO	stretcher?	☐ YES	☐ NO
			clean linens?	☐ YES	☐ NO

Report other medical equipment this vehicle carries:

_____ _____ _____

3. Does this vehicle provide:

advanced life support (Level 1)?	☐ YES	☐ NO	specialty care transport?	☐ YES	☐ NO
advanced life support (Level 2)?	☐ YES	☐ NO	land ambulance?	☐ YES	☐ NO
basic life support?	☐ YES	☐ NO	air ambulance – fixed wing?	☐ YES	☐ NO
emergency runs?	☐ YES	☐ NO	air ambulance – rotary wing?	☐ YES	☐ NO
non-emergency runs?	☐ YES	☐ NO	marine ambulance?	☐ YES	☐ NO

How many crewmembers accompany this vehicle on runs?_____

OMB Approval No. 0938-0685

SECTION 3: QUALIFICATION OF CREW

A. 1st Crewmember Information - Check the appropriate box to indicate whether this ambulance company is using this section to add or delete a crewmember currently on file. Provide the effective date of that change, complete the appropriate information, and sign and date the certification statement. Otherwise:

1. Furnish the name, social security number, and date of birth of each crewmember.

2. Report all training completed by each crewmember.

All certificates verifying that the crewmembers have successfully completed the requisite training must be submitted with this application. Crewmembers must continue to pursue and complete continuing education requirements in accordance with State and local licensing laws. Evidence of re-certification must be submitted to the Medicare contractor upon request.

B. 2nd Crewmember Information - This section is provided to report additional crewmembers. See instructions above for Section 3A.

C. 3rd Crewmember Information - This section is provided to report additional crewmembers. See instructions above for Section 3A.

D. 4th Crewmember Information - This section is provided to report additional crewmembers. See instructions above for Section 3A.

E. 5th Crewmember Information - This section is provided to report additional crewmembers. See instructions above for Section 3A.

OMB Approval No. 0938-0685

3. Qualification of Crew

This section is to be completed with information about all crewmembers. In addition to the identifying information, all health care related training courses completed by the crewmember must be reported. If there are more than five crewmembers, copy and complete this section as needed.

A. 1st Crewmember Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
Social Security Number		Date of Birth (MM/DD/YYYY)	

2. List training completed by this crewmember (i.e., First Aid, CPR, ACLS, etc.) and attach copy(s) of training certificate(s).

_____

_____

B. 2nd Crewmember Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
Social Security Number		Date of Birth (MM/DD/YYYY)	

2. List training completed by this crewmember (i.e., First Aid, CPR, ACLS, etc.) and attach copy(s) of training certificate(s).

_____

_____

C. 3rd Crewmember Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
Social Security Number		Date of Birth (MM/DD/YYYY)	

2. List training completed by this crewmember (i.e., First Aid, CPR, ACLS, etc.) and attach copy(s) of training certificate(s).

_____

_____

D. 4th Crewmember Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
Social Security Number		Date of Birth (MM/DD/YYYY)	

2. List training completed by this crewmember (i.e., First Aid, CPR, ACLS, etc.) and attach copy(s) of training certificate(s).

_____

_____

E. 5th Crewmember Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
Social Security Number		Date of Birth (MM/DD/YYYY)	

2. List training completed by this crewmember (i.e., First Aid, CPR, ACLS, etc.) and attach copy(s) of training certificate(s).

_____

_____

OMB Approval No. 0938-0685

Attachment 2 INDEPENDENT DIAGNOSTIC TESTING FACILITIES (IDTFs)

All suppliers that perform diagnostic tests, other than clinical laboratory or pathology tests, and are required to enroll as an IDTF must complete this attachment. CMS requires the information in this attachment to determine whether the enrolling supplier meets all IDTF standards. Not all suppliers that perform diagnostic tests are required to enroll as an IDTF. Generally, an entity can bill for the technical component of the diagnostic tests without an IDTF enrollment if it has the following characteristics:

- A physician practice that is owned, directly or indirectly, by one or more physicians or by a hospital;
- A facility that primarily bills for physician services (e.g., evaluation and management (E&M codes)) and not for diagnostic tests;
- A facility that furnishes diagnostic tests primarily to patients whose medical conditions are being treated or managed on an ongoing basis by one or more physicians in the practice;
- The diagnostic tests are performed and interpreted at the same location where the practice physicians also treat patients for their medical conditions.

However, if a substantial portion of the facility's business involves the performance of diagnostic tests, the diagnostic testing services may be a sufficiently separate business to require enrollment as an IDTF. In that case, the physician or physician group practice can continue to be enrolled as a physician or physician group practice but are also required to enroll as an IDTF. The physician or group practice can bill for professional fees and the diagnostic tests they perform on their patients using their billing number. Therefore, the practice must bill as an IDTF for diagnostic tests furnished to Medicare beneficiaries who are not regular patients of the physician or group practice.

Applicants who are unsure if they require IDTF enrollment should contact their Medicare carrier for a determination.

Diagnostic Radiology – Many diagnostic tests are radiological procedures that require the professional services of a radiologist. We recognize that a radiologist's practice is generally different from those of other physicians because radiologists usually do not bill E&M codes or treat a patient's medical condition on an ongoing basis. A radiologist or group practice of radiologists is not necessarily required to enroll as an IDTF. A radiologist or group of radiologists are not required to enroll as an IDTF if all of the following conditions are met:

- The practice is owned by radiologists, a hospital, or both;
- The owning radiologist(s) and any employed or contracted radiologist(s) regularly perform physician services (e.g., test interpretations) at the location where the diagnostic tests are performed;
- The billing patterns of the enrolled facility indicate that the facility is not primarily a testing facility and that it was organized to provide the professional services of radiologists (e.g., (1) the enrolled facility should not be billing for a significant number of purchased interpretations, (2) the facility should rarely only bill for the technical component of a diagnostic test, (3) the facility should bill for a substantial percentage of all interpretations of the diagnostic tests performed by the practice), and
- A substantial majority of the radiological interpretations are performed at the practice location where the diagnostic tests are performed.

If enrolling as a diagnostic radiology group practice or clinic, and will be billing for the technical component (tc) of diagnostic radiological tests without enrolling as an IDTF, the facility should be prepared to prove that it meets the exceptions shown above.

A mobile IDTF that provides X-ray services is not classified as a portable X-ray supplier. Therefore, they cannot bill for transportation and setup. If they desire to bill for these services, they must also enroll as a portable X-ray supplier and bill in accordance with the portable X-ray supplier billing rules.

Before completing this attachment, all providers/suppliers considering enrolling as an IDTF should carefully review 42 CFR 410.33, titled "Independent Diagnostic Testing Facility." This reference is available on the Internet through the National Archives and Records Administration web site, or at many libraries or legal reference services.

OMB Approval No. 0938-0685

Ambulatory Surgical Centers (ASCs) - An ASC cannot bill for separate diagnostic tests they perform during the ASC's scheduled hours of operation (see 42 CFR 416.2). When a provider or supplier that owns an ASC performs diagnostic tests in the same physical facility as the ASC, but during a time period when the ASC is not in operation, it must submit claims for those diagnostic tests and bill Medicare as an IDTF. Therefore, in this situation, a separate enrollment application is required by the provider or supplier to bill Medicare as an IDTF.

SECTION 1: SERVICE PERFORMANCE

CPT - 4 and HCPCS Codes - For initial enrollment, check the "Add" box and report all CPT-4 and HCPCS codes this IDTF will bill Medicare for. Otherwise:

- Indicate whether you are adding or deleting a code and provide the effective date of the addition or deletion. Provided that this is the only change the IDTF is reporting, complete the appropriate section and sign and date the certification statement. Otherwise:
  - Furnish the CPT – 4 or HCPCS code for which this IDTF intends to bill Medicare,
  - The name and type of equipment used to perform the reported procedure, and
  - The model number of the reported equipment.

  The IDTF should report all Current Procedural Technology, Version 4 (CPT-4) codes, HCFA Common Procedural Coding System Codes (HCPCS), and types of equipment (including the model number), for which it will perform tests, supervise, interpret, and/or bill. All codes reported must be for diagnostic tests that an IDTF is allowed to perform. Specifically, diagnostic tests that are clearly surgical in nature, which must be performed in a hospital or ambulatory surgical center, should not be reported.

OMB Approval No. 0938-0685

ATTACHMENT 2

Independent Diagnostic Testing Facility (IDTF)

This attachment is to be completed by all Independent Diagnostic Testing Facilities enrolling in the Medicare program. See instructions to determine if this supplier needs to complete this Attachment to enroll in Medicare as an IDTF.

1. Service Performance

This section is to be completed with information about the types of tests performed by this IDTF, and the equipment used by this IDTF.

CPT - 4 and HCPCS Codes ☐ **Add** ☐ **Delete** **Effective Date:**_____

Furnish all Current Procedural Terminology, Version 4 (CPT-4) codes or HCFA Common Procedure Coding System codes (HCPCS) for which this IDTF intends to bill Medicare. In addition, report all equipment this IDTF will be using and the model number of each piece of equipment.

	CPT - 4 or HCPCS Code	Equipment	Model Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

OMB Approval No. 0938-0685

SECTION 2: INTERPRETING PHYSICIAN INFORMATION

This section is to be completed with identifying information on all physicians who interpret the test performed by the enrolling IDTF and for which the IDTF will bill Medicare.

A. Check Box - Check the box indicating that this section does not apply if the IDTF will not bill Medicare for interpretations of diagnostic tests performed by the IDTF and skip to Section 3. Otherwise:

B. 1st Interpreting Physician Information - Check the appropriate box to indicate whether completing this section to add, delete, or change information about a previously reported physician. Provide the effective date, complete the appropriate information, and sign and date the certification statement. Otherwise:

- Furnish the full name, social security number, date of birth, and Medicare identification number for each physician.

NOTE: All interpreting physicians must be currently enrolled in the Medicare Program.

NOTE: All interpreting physicians must complete and submit an Individual Reassignment of Benefits (CMS 855R) if:

- The interpreting physician is an employee of the IDTF,
- A contractor is working in a practice location that the IDTF owns or leases.

C. 2nd Interpreting Physician Information - This section is provided to report additional physicians. See instructions above for Section 2B.

D. 3rd Interpreting Physician Information - This section is provided to report additional physicians. See instructions above for Section 2B.

E. 4th Interpreting Physician Information - This section is provided to report additional physicians. See instructions above for Section 2B.

F. 5th Interpreting Physician Information - This section is provided to report additional physicians. See instructions above for Section 2B.

G. 6th Interpreting Physician Information - This section is provided to report additional physicians. See instructions above for Section 2B.

H. 7th Interpreting Physician Information - This section is provided to report additional physicians. See instructions above for Section 2B.

I. 8th Interpreting Physician Information - This section is provided to report additional physicians. See instructions above for Section 2B.

All interpreting physicians whose services will be billed for by the IDTF (commonly known as billing "globally") must be reported.

The IDTF must also report all independent contractor physicians (for which it will bill) who perform professional interpretations off the premises of the IDTF's practice location. For these interpretations to be billable by the IDTF, they must meet the conditions shown in MCM 3060.5 concerning purchased interpretations. A CMS 855R is not required for the interpreting physician in these situations.

When a mobile unit of the IDTF performs a technical component of a diagnostic test and the interpretive physician is the same physician who ordered the test, the IDTF **cannot** bill for the interpretation. Therefore, these interpreting physicians should not be reported since the interpretive physician must submit his/her own claims for these tests.

OMB Approval No. 0938-0685

2. Interpreting Physician Information

This section is to be completed with identifying information about all physicians whose interpretations will be billed by this IDTF. If there are more than eight physicians, copy and complete this section as needed.

A. Check here ☐ if this section does not apply and skip to Section 3 of this Attachment.

B. 1st Interpreting Physician Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

Name First	Middle	Last	Jr., Sr., etc.
Social Security Number	Date of Birth (MM/DD/YYYY)	Medicare Identification Number	

C. 2nd Interpreting Physician Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

Name First	Middle	Last	Jr., Sr., etc.
Social Security Number	Date of Birth (MM/DD/YYYY)	Medicare Identification Number	

D. 3rd Interpreting Physician Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

Name First	Middle	Last	Jr., Sr., etc.
Social Security Number	Date of Birth (MM/DD/YYYY)	Medicare Identification Number	

E. 4th Interpreting Physician Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

Name First	Middle	Last	Jr., Sr., etc.
Social Security Number	Date of Birth (MM/DD/YYYY)	Medicare Identification Number	

F. 5th Interpreting Physician Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

Name First	Middle	Last	Jr., Sr., etc.
Social Security Number	Date of Birth (MM/DD/YYYY)	Medicare Identification Number	

G. 6th Interpreting Physician Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

Name First	Middle	Last	Jr., Sr., etc.
Social Security Number	Date of Birth (MM/DD/YYYY)	Medicare Identification Number	

H. 7th Interpreting Physician Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

Name First	Middle	Last	Jr., Sr., etc.
Social Security Number	Date of Birth (MM/DD/YYYY)	Medicare Identification Number	

I. 8th Interpreting Physician Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

Name First	Middle	Last	Jr., Sr., etc.
Social Security Number	Date of Birth (MM/DD/YYYY)	Medicare Identification Number	

Note: All interpeting physicians must be currently enrolled in the Medicare Program.

OMB Approval No. 0938-0685

SECTION 3: PERSONNEL (TECHNICIANS) WHO PERFORM TESTS

This section is to be completed with identifying and qualification information about all personnel who perform the tests furnished by the IDTF. These persons are often referred to as technicians.

A. 1st Personnel (Technician) Information - Check the appropriate box to indicate whether this section is being completed to add, delete, or change information about a previously reported technician. Provide the effective date, complete the appropriate information, and sign and date the certification statement. Otherwise:

1. Furnish the full name, social security number, and date of birth for each technician.

2. If the technician is State licensed or certified, the applicable license and/or certification must be reported.

NOTE: Not all states have licensing requirements for all diagnostic tests. If a reported technician does not have either a State license or certification, or certification from a national credentialling body, he/she cannot perform the IDTF diagnostic tests and should not be reported. Notarized or certified true copies of the State license or certificate should be attached. The only exception to this is when a Medicare payable diagnostic test is not subject to State license or certification requirements, and no generally accepted national credentialling body exists. When this situation occurs, the technician performing the test must be reported. The IDTF should submit as an attachment any educational/credentialling and/or experience that the person has, and must fully justify why the individual should be considered qualified to perform the test(s) reported.

3. If a national credentialling body has certified the technician, furnish the name of the credentialling organization and the type of credentials issued to the technician. Notarized or certified true copies from the national credentialling body must be attached.

4. If the technician is also employed by, or working for, a hospital as well as an IDTF, this must be reported in this section. Furnish the name of the hospital where the technician is working or employed.

B. 2nd Personnel (Technician) Information - This section is provided to report additional technicians. See instructions above for Section 3A.

C. 3rd Personnel (Technician) Information - This section is provided to report additional technicians. See instructions above for Section 3A.

D. 4th Personnel (Technician) Information - This section is provided to report additional technicians. See instructions above for Section 3A.

E. 5th Personnel (Technician) Information - This section is provided to report additional technicians. See instructions above for Section 3A.

F. 6th Personnel (Technician) Information - This section is provided to report additional technicians. See instructions above for Section 3A.

OMB Approval No. 0938-0685

3. Personnel (Technicians) who Perform Tests

This section is to be completed with information about all non-physician personnel who perform tests for this IDTF. If there are more than six technicians, copy and complete this section as needed.

A. 1st Personnel (Technician) Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
Social Security Number		Date of Birth (MM/DD/YYYY)	
2. Is this technician State licensed or State certified?			☐ YES ☐ NO
License/Certification Number (if applicable)		License/Certification Issue Date (if applicable) (MM/DD/YYYY)	
State of Issuance (if applicable)		Type of License/Certification (if applicable)	
3. Is this technician certified by a national credentialling organization?			☐ YES ☐ NO
Name of credentialling organization (if applicable)		Type of Credentials (if applicable)	
4. Is this technician employed by a hospital? **IF YES**, furnish the name of the hospital here:_____			☐ YES ☐ NO

B. 2nd Personnel (Technician) Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
Social Security Number		Date of Birth (MM/DD/YYYY)	
2. Is this technician State licensed or State certified?			☐ YES ☐ NO
License/Certification Number (if applicable)		License/Certification Issue Date (if applicable) (MM/DD/YYYY)	
State of Issuance (if applicable)		Type of License/Certification (if applicable)	
3. Is this technician certified by a national credentialling organization?			☐ YES ☐ NO
Name of credentialling organization (if applicable)		Type of Credentials (if applicable)	
4. Is this technician employed by a hospital? **IF YES**, furnish the name of the hospital here:_____			☐ YES ☐ NO

C. 3rd Personnel (Technician) Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
Social Security Number		Date of Birth (MM/DD/YYYY)	
2. Is this technician State licensed or State certified?			☐ YES ☐ NO
License/Certification Number (if applicable)		License/Certification Issue Date (if applicable) (MM/DD/YYYY)	
State of Issuance (if applicable)		Type of License/Certification (if applicable)	
3. Is this technician certified by a national credentialling organization?			☐ YES ☐ NO
Name of credentialling organization (if applicable)		Type of Credentials (if applicable)	
4. Is this technician employed by a hospital? **IF YES**, furnish the name of the hospital here:_____			☐ YES ☐ NO

OMB Approval No. 0938-0685

3. Personnel (Technicians) who Perform Tests (Continued)

D. 4th Personnel (Technician) Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
Social Security Number		Date of Birth (MM/DD/YYYY)	
2. Is this technician State licensed or State certified?			☐ YES ☐ NO
License/Certification Number (if applicable)		License/Certification Issue Date (if applicable) (MM/DD/YYYY)	
State of Issuance (if applicable)		Type of License/Certification (if applicable)	
3. Is this technician certified by a national credentialling organization?			☐ YES ☐ NO
Name of credentialling organization (if applicable)		Type of Credentials (if applicable)	
4. Is this technician employed by a hospital? **IF YES**, furnish the name of the hospital here:_____			☐ YES ☐ NO

E. 5th Personnel (Technician) Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
Social Security Number		Date of Birth (MM/DD/YYYY)	
2. Is this technician State licensed or State certified?			☐ YES ☐ NO
License/Certification Number (if applicable)		License/Certification Issue Date (if applicable) (MM/DD/YYYY)	
State of Issuance (if applicable)		Type of License/Certification (if applicable)	
3. Is this technician certified by a national credentialling organization?			☐ YES ☐ NO
Name of credentialling organization (if applicable)		Type of Credentials (if applicable)	
4. Is this technician employed by a hospital? **IF YES**, furnish the name of the hospital here:_____			☐ YES ☐ NO

F. 6th Personnel (Technician) Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
Social Security Number		Date of Birth (MM/DD/YYYY)	
2. Is this technician State licensed or State certified?			☐ YES ☐ NO
License/Certification Number (if applicable)		License/Certification Issue Date (if applicable) (MM/DD/YYYY)	
State of Issuance (if applicable)		Type of License/Certification (if applicable)	
3. Is this technician certified by a national credentialling organization?			☐ YES ☐ NO
Name of credentialling organization (if applicable)		Type of Credentials (if applicable)	
4. Is this technician employed by a hospital? **IF YES**, furnish the name of the hospital here:_____			☐ YES ☐ NO

OMB Approval No. 0938-0685

SECTION 4: SUPERVISING PHYSICIAN(S)

This section is to be completed with identifying information about the physician(s) who supervise the operation of the IDTF and who furnish the personal, direct, or general supervision per 42 CFR 410.32(b)(3). The supervising physician must also attest to his/her supervising responsibilities for the enrolling IDTF.

A. Supervising Physician Information - Check the appropriate box to indicate whether this section is being completed to add, delete, or change information about an existing supervising physician. Provide the effective date of the change, complete the appropriate information, and sign and date the certification statement. Otherwise:

1. Provide the full name, social security number, date of birth, Medicare identification number, telephone and fax numbers, and e-mail address for each supervisory physician.

2. General Supervision

- Check the appropriate boxes in this section to indicate the responsibilities assumed by the physician(s) reported in Section 4A1 furnishing General Supervision.

For each physician performing General Supervision, at least one of the three functions listed here must be checked. However, to meet the General Supervision requirement the enrolling IDTF must have at least one supervisory physician for **each** of the three functions. An example is where two physicians are responsible for function 1, a third physician is responsible for function 2, and a fourth physician is responsible for function 3. All four supervisory physicians must complete and sign the supervisory physician section of this application. They should **only** check the function(s) they actually perform.

3. Indicate the type of supervision provided by this physician for the tests performed by this IDTF.

Information concerning the type of supervision (personal, direct, or general) required for performance of specific IDTF tests can be obtained from the Medicare carrier. All IDTFs must report at least one supervisory physician, and at least one supervising physician must perform the supervision requirements stated in 42 CFR 410.32(b)(3). All supervisory physician(s) must be currently enrolled with Medicare. However, they can be enrolled with a Medicare contractor other than the one to which this application is being submitted. The physician's Medicare identification number must be reported.

The type of supervision being performed by each physician who signs the attestation in Section 4B should be indicated in Section 4A3. Definitions of the types of supervision are as follows:

Personal Supervision means a physician must be in attendance in the room during the performance of the procedure.

Direct Supervision in the office setting means the physician must be present in the office suite and immediately available to furnish assistance and provide direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

General Supervision means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. The qualifications and training of the non-physician personnel who actually perform the diagnostic procedure and the proper operation, maintenance, and calibration of the necessary equipment and supplies are the continuing responsibility of the physician. See the notes in this section of the application for guidance concerning: "Personal," "Direct," and "General" supervision.

B. Attestation Statement for Supervising Physicians – This section must be signed and dated by all Supervising Physician(s) rendering supervisory services for this IDTF.

1) Complete the name of the enrolling IDTF.

2) Report all CPT and HCPCS codes the IDTF performs that this supervising physician **will not** be supervising.

3) Furnish the dated signature of the supervising physician.

NOTE: All signatures must be original. Faxed, photocopied, or stamped signatures will not be accepted.

OMB Approval No. 0938-0685

4. Supervising Physician(s)

This section is to be completed with information about all supervising physicians. If there is more than one supervising physician, copy and complete this section for each.

A. Supervising Physician Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
Social Security Number	Date of Birth (MM/DD/YYYY)	Medicare Identification Number (if applicable)	
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)	

2. General Supervision

For overall IDTF operation in accordance with 42 CFR 410.33(b), check all that apply for the Supervising Physician reported in Section 4A1 above:

- ☐ Assumes responsibility for the overall direction and control of the quality of testing performed.
- ☐ Assumes responsibility for assuring that the non-physician personnel who actually perform the diagnostic procedures are properly trained and meet required qualifications.
- ☐ Assumes responsibility for the proper maintenance and calibration of the equipment and supplies necessary to perform the diagnostic procedures.

3. Type of Supervision Provided

Check the applicable box below indicating the type of supervising provided by the physician reported in Section 4A1 above for the tests performed by the IDTF in accordance with 42 CFR 410.32 (b)(3) (Definitions).

(Check applicable box) ☐ Personal Supervision ☐ Direct Supervision ☐ General Supervision

Note: Personal / Direct: If this Supervising Physician performs Personal or Direct Supervision, he/she must be currently enrolled in Medicare with the Medicare carrier to which this application is being submitted.

Note: General: If this Supervising Physician performs General Supervision, he/she must be licensed in all States where he/she will be performing the General Supervision. If this Supervising Physician is not enrolled with the Medicare carrier to which this application is being submitted, he/she must submit a copy of his/her current State license for the state in which this application is being submitted.

B. Attestation Statement for Supervising Physicians

1) ***I hereby acknowledge that I have agreed to provide (IDTF Name)_____ with the Supervisory Physician services checked above for all CPT-4 and HCPCS codes reported in Section 1B of this Attachment*** (See number 2 below if all reported CPT-4 and HCPCS codes do not apply). ***I also hereby certify that I have the required proficiency in the performance and interpretation of each type of diagnostic procedure, as reported by CPT-4 or HCPCS code in Section 1B of this Attachment (except for those CPT-4 or HCPCS codes identified in number 2 below). I have read and understand the Penalties for Falsifying Information on this Enrollment Application, as stated in Section 14 of this application. I am aware that falsifying information may result in fines and/or imprisonment. If I cease providing the stated Supervisory Physician services, I shall immediately notify the Medicare program.***

2) ***I am not acting as a Supervising Physician for the following CPT-4 and/or HCPCS codes reported in Section 1B of this Attachment.***

CPT-4 or HCPCS Code	CPT-4 or HCPCS Code	CPT-4 or HCPCS Code
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3) **Signature** of Supervising Physician:	(First, Middle, Last, Jr., Sr., M.D., D.O., etc.)	Date (MM/DD/YYYY) Signed

MEDICARE

FEDERAL HEALTH CARE
PROVIDER/SUPPLIER ENROLLMENT APPLICATION

Application for
Individual Health Care
Practitioners

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB Approval No. 0938-0685

Keep a copy of this completed package for your records

Upon completion, return this application and all necessary documentation to:

OMB Approval No. 0938-0685

Medicare Provider/Supplier Enrollment Application

Privacy Act Statement

The Centers for Medicare and Medicaid Services (CMS) is authorized to collect the information requested on this form by sections 1124(a)(1), 1124A(a)(3), 1128, 1814, 1815, 1833(e), and 1842(r) of the Social Security Act [42 U.S.C. §§ 1320a-3(a)(1), 1320a-7, 1395f, 1395g, 1395(l)(e), and 1395u(r)] and section 31001(1) of the Debt Collection Improvement Act [31 U.S.C. § 7701(c)].

The purpose of collecting this information is to determine or verify the eligibility of individuals and organizations to enroll in the Medicare program as providers/suppliers of goods and services to Medicare beneficiaries and to assist in the administration of the Medicare program. This information will also be used to ensure that no payments will be made to providers or suppliers who are excluded from participation in the Medicare program. All information on this form is required, with the exception of those sections marked as "optional" on the form. Without this information, the ability to make payments will be delayed or denied.

The information collected will be entered into the Provider Enrollment, Chain and Ownership System (PECOS), and either system number 09-70-0525 titled Unique Physician/Practitioner Identification Number (UPIN) System (published in Vol. 61 of the Federal Register at page 20,528 (May 7, 1996)), or the National Provider Identifier (NPI) System, Office of Management and Budget (OMB) approval 0938-0684 (R-187). The information in this application will be disclosed according to the routine uses described below.

Information from these systems may be disclosed under specific circumstances to:

1) CMS contractors to carry out Medicare functions, collating or analyzing data, or to detect fraud or abuse;
2) A congressional office from the record of an individual health care provider in response to an inquiry from the congressional office at the written request of that individual health care practitioner;
3) The Railroad Retirement Board to administer provisions of the Railroad Retirement or Social Security Acts;
4) Peer Review Organizations in connection with the review of claims, or in connection with studies or other review activities, conducted pursuant to Part B of Title XVIII of the Social Security Act;
5) To the Department of Justice or an adjudicative body when the agency, an agency employee, or the United States Government is a party to litigation and the use of the information is compatible with the purpose for which the agency collected the information;
6) To the Department of Justice for investigating and prosecuting violations of the Social Security Act, to which criminal penalties are attached;
7) To the American Medical Association (AMA), for the purpose of attempting to identify medical doctors when the Unique Physician Identification Number Registry is unable to establish identity after matching contractor submitted data to the data extract provided by the AMA;
8) An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, or to the restoration or maintenance of health;
9) Other Federal agencies that administer a Federal health care benefit program to enumerate/enroll providers of medical services or to detect fraud or abuse;
10) State Licensing Boards for review of unethical practices or non-professional conduct;
11) States for the purpose of administration of health care programs; and/or
12) Insurance companies, self insurers, health maintenance organizations, multiple employer trusts, and other health care groups providing health care claims processing, when a link to Medicare or Medicaid claims is established, and data are used solely to process provider's/supplier's health care claims.

The enrolling provider or supplier should be aware that the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503) amended the Privacy Act, 5 U.S.C. § 552a, to permit the government to verify information through computer matching.

Protection of Proprietary Information

Privileged or confidential commercial or financial information collected in this form is protected from public disclosure by Federal law 5 U.S.C. § 552(b)(4) and Executive Order 12600.

Protection of Confidential Commercial and/or Sensitive Personal Information

If any information within this application (or attachments thereto) constitutes a trade secret or privileged or confidential information (as such terms are interpreted under the Freedom of Information Act and applicable case law), or is of a highly sensitive personal nature such that disclosure would constitute a clearly unwarranted invasion of the personal privacy of one or more persons, then such information will be protected from release by CMS under 5 U.S.C. §§ 552(b)(4) and/or (b)(6), respectively.

OMB Approval No. 0938-0685

INDIVIDUAL HEALTH CARE PRACTITIONER INSTRUCTIONS

Please be sure to **PRINT** or **TYPE** all information so it is legible. Do not use pencil. Failure to provide all requested information might cause your application to be returned and may delay your enrollment. Certain sections of the application have been omitted because they do not apply to individual practitioners. See inside front cover for mailing instructions. Electronic copies of all CMS Medicare enrollment forms can be found at the Medicare website at http://www.cms.hhs.gov. These electronic forms may be downloaded to your computer, completed on screen, printed, signed, and mailed to the appropriate Medicare contractor.

Whenever you need to report additional information within a section, copy and complete that section for each additional entry. We strongly suggest that you keep a photocopy of your completed application and all supporting documents for future reference.

All physicians and non-physician practitioners who render medical services to Medicare beneficiaries and submit claims for the services rendered must complete this application. This form (CMS 855I for Individual Health Care Practitioners) is to report your personal information. If you plan to provide services as part of an organization to which you will reassign your benefits, you must also complete and submit a CMS 855R (Application for the Reassignment of Medicare Benefits) with this application. For each organization you join, you must complete and submit a separate CMS 855R to officially reassign your benefits to that organization. If you are terminating your association with an organization, use the CMS 855R to indicate that change. If you plan to render all of your services in a group setting, you will complete up to Section 4 of this application and then skip to Sections 13 through 17.

In addition to completing this enrollment application (CMS 855I), you may wish to complete and submit additional forms in the following situations:

- To accept assignment of the Medicare Part B payment for your services, complete the form "Medicare Participating Physician or Supplier Agreement" (Form HCFA-460).
- To have Medicare payments sent electronically to your bank account, complete the form "Medicare Authorization Agreement for Electronic Funds Transfers" (Form HCFA-588).

If you plan to do any of the above, submit the appropriate form(s)/agreement(s) with your application. The forms should have been received with this initial enrollment package. If you did not receive them, you can obtain the forms from the Medicare carrier or the forms can be found at http://www.cms.hhs.gov.

DEFINITIONS OF MEDICARE ENROLLMENT TERMINOLOGY

To help understand certain terms used throughout the application, we have included the following definitions:

Billing Agency-A company that you contract with to furnish claims processing functions for your practice.
Carrier-The Part B Medicare claims processing contractor.
Legal Business Name-The name you use when reporting to the Internal Revenue Service (IRS) for tax purposes.
Medicare Identification Number-This is a generic term for any number that uniquely identifies the enrolling practitioner. Examples of Medicare identification numbers are Unique Physician/Practitioner Identification Number (UPIN), National Provider Identifier (NPI), National Supplier Clearinghouse (NSC) number and Provider Identification number (PIN).
Provider Identification Number (PIN)-This number is assigned to providers, suppliers, groups and organizations in Medicare Part B. This number will identify who provided the service to the beneficiary on the Medicare claim form.
Tax Identification Number (TIN)-This is the number issued by the Internal Revenue Service (IRS) that the individual practitioner uses to report tax information to the IRS.
Unique Physician/Practitioner Identification Number (UPIN)-This number is assigned to physicians and non-physician practitioners to identify the referring or ordering physician on Medicare claims.

To reduce the burden of furnishing some types of supporting documentation, we have designated specific types of documentation to be furnished on an "as needed" basis. However, the carrier may request documentation at any time during the enrollment process, to support or validate information that is reported in this application. Some examples of documents that may be requested for validation are billing agreements, IRS W-2 forms, pay stubs, and staffing company contracts.

OMB Approval No. 0938-0685

SECTION 1: GENERAL INFORMATION

This section is to identify the reason for submittal of this application. It will also indicate whether you currently have a business relationship with Medicare.

A. Reason for Submittal of this Application - This section identifies the reason this application is being submitted.

1. Check one of the following:

Initial Enrollment:

- If you are enrolling in the Medicare program for the first time with this Medicare carrier under this tax identification number.
- If you are already enrolled with a carrier but need to enroll in another carrier's jurisdiction.

NOTE: You must be able to submit a valid claim within six months of enrolling or risk deactivation of your billing number once you have enrolled.

Reactivation:

- If your Medicare billing number was deactivated because of non-billing. Billing privileges may be deactivated when no claims are submitted in a six-month period. To reactivate billing privileges, you will be required to either submit an updated CMS 855I, or certify to the accuracy of your enrollment information currently on file with CMS. In addition, prior to being reactivated, you must be able to submit a valid claim. You must also meet all current requirements for your supplier type, regardless of whether you were previously enrolled in the program unless otherwise stated in regulation.

Revalidation:

- If you have been requested to revalidate your enrollment information currently on file with Medicare. Periodically (about once every three years), Medicare will require you to confirm and update **all** of your enrollment information. Check this box and complete this entire application unless instructed otherwise by the Medicare carrier. You may submit a copy of your original application with all changes clearly indicated and a current signature and date.

Change of Information:

- If you are adding, deleting, or changing information under this tax identification number. Check the appropriate section where the change is being reported. When providing the changed information, provide your Medicare identification number in Section 1, and provide the new/changed information in the applicable section. If you would like to provide a contact person to discuss these changes, please do so in Section 13. You must sign and date the certification statement in Section 15. **All changes must be reported to the carrier within 90 days of the effective date of the change.** Anytime you add a practice location that is located in a different state than where you are currently enrolled, you must provide a copy of your State license with that change.

NOTE: When submitting this application to report a change of information, only complete those sections necessary to report the change.

Voluntary Deactivation of Billing Number:

- If you know you will no longer be submitting claims to the Medicare program using this billing number. Voluntary deactivation ensures that your billing number will not be fraudulently used in the event of your retirement, leaving a group practice, etc. Provide the date you stopped practicing or the date on which you will stop billing for Medicare covered services and the billing number to be deactivated. In addition, please complete Section 1 to identify yourself, and sign and date the certification statement in Section 15.

NOTE: "Voluntary Deactivation" **cannot** be used to circumvent any corrective action plan or any pending/ongoing investigation.

OMB Approval No. 0938-0685

2. Social Security Number - For identification purposes, you must furnish your social security number. Section 1124A of the Social Security Act requires that you disclose your social security number to receive payment.

3. If you are currently enrolled in another carrier's jurisdiction, report the name of the carrier and your Medicare identification number or NPI in the spaces provided. For individual practitioners who are enrolled, this number will be your UPIN, PIN, NPI, and/or your National Supplier Clearinghouse (NSC) billing number. Report all currently active numbers.

4. Indicate if you would like to submit claims electronically. If you would like to submit claims electronically once you are enrolled in the Medicare program, you will need to complete an Electronic Data Interchange (EDI) agreement with your local Medicare carrier. Checking this box will alert the carrier to contact their claims processing department. The claims processing department will contact you to process an EDI agreement once your enrollment has been completed, approved, and a Medicare billing number issued to you. These EDI agreements cannot be established until the enrollment process has been completed and a Medicare billing number has been issued to you.

NOTE: If you do not have a Medicare identification number, you will be assigned one upon the successful completion of your enrollment. A separate Provider Identification Number (PIN) may be assigned to you by the local carrier. The carrier will explain what number(s) has been issued and how it is to be used. Normally, your application should be processed (from the receipt date at the carrier) within 60 days from the date you submitted it provided you have furnished all the requested information. If the carrier should contact you for additional information, you must provide it immediately to ensure the timely processing of your application.

OMB Approval No. 0938-0685

MEDICARE FEDERAL HEALTH CARE PRACTITIONER ENROLLMENT APPLICATION

Application for Individual Health Care Practitioners

General Instructions

The Medicare Federal Health Care Practitioner Enrollment Application has been designed by the Centers for Medicare and Medicaid Services (CMS) to assist in the administration of the Medicare program and to ensure that the Medicare program is in compliance with all regulatory requirements. The information collected in this application will be used to ensure that payments made from the Medicare trust fund are only paid to qualified health care practitioners and that the amounts of the payments are correct. This information will also identify whether you are qualified to render health care services and/or supplies to Medicare beneficiaries. To accomplish this, Medicare must know basic identifying and qualifying information about you in order for you to be granted billing privileges in the Medicare program.

When completing this application to enroll and bill the Medicare program as an individual practitioner, you need to tell Medicare (1) who you are, (2) what qualifies you to render health care related services and/or supplies to Medicare beneficiaries, (3) where or how you intend to render these services and/or supplies, and (4) any individuals or organizations that manage your practice.

This application **MUST** be completed in its entirety, unless otherwise stated in these instructions. If a section does not apply to you, check (√) the appropriate box in that section. Sections 7, 11, 12, and 16, have been deliberately omitted from this application because they are not applicable to the enrollment of individual health care practitioners.

1. General Information

This section is to be completed with general information as to why you are submitting this application and whether you currently have a business relationship with Medicare.
To ensure timely processing of this application, Numbers 1, 2, and 3 below MUST ALWAYS be completed.

A. Reason for Submittal of this Application

1. Check one: ☐ Initial Enrollment ☐ Reactivation ☐ Revalidation

☐ Change of Information - Check appropriate Section(s) below and furnish your Medicare Identification Number here:_____

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 8 ☐ 10 ☐ 13

☐ Voluntary Deactivation of Billing Number—Effective Date (MM/DD/YYYY):_____

Medicare Identification Number to be Deactivated:_____

2. Social Security Number:_____

3. Are you currently enrolled in the Medicare program? ☐ YES ☐ NO
IF YES, furnish the following information about your current carrier:

Current Carrier Name:_____ Current Medicare Identification Number or NPI:_____

4. Check here ☐ if you would like to submit claims electronically and are enrolling in Medicare for the first time.

OMB Approval No. 0938-0685

SECTION 2: PRACTITIONER IDENTIFICATION

A. Personal Information – The information furnished in this section will allow us to uniquely identify you in the Medicare program. Check the box "Change" only if you are reporting a change to existing information in this section. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. Provide your full name.
2. If you previously used another name(s), including a maiden name, supply that under "Other Name."
3. Provide your date, State, and country of birth.
4. Indicate your gender.
5. Furnish the name of the medical school or other health care training institution you attended for the Medical Specialty you will check in Section 2E1 or Section 2E2 and your year of graduation or certification.

B. Correspondence Address - This section will assist us in contacting you with any questions we have concerning your business relationship with the Medicare program.

Check the box "Change" only if you are reporting a change to existing information in this section. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

- **You must provide an address and telephone number where we can <u>contact you directly</u> to resolve any issues that may arise as a result of your enrollment in the Medicare program.** It also may be necessary to send you important changes/information concerning the Medicare program that directly impacts you and/or your Medicare payments. Therefore, this address cannot be that of your billing agency, management service organization, or staffing company. You may furnish your home address and telephone number if you choose.

C. Residency Status - Your responses to the questions in this section will assist us in determining your eligibility to bill Medicare for the services you render to Medicare patients.

Check the box "Change" only if you are reporting a change to existing information in this section. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. Check to identify if you are currently a resident, intern, or fellow at a health care facility.
   - If "Yes," provide the name of the facility where you serve as a resident/intern/fellow.
   - If "No," skip to Section 2D (Business Information).
2. State whether the services you render in the facility shown in Question 1 are part of your requirements for graduation from a formal residency program.
3. Indicate if you also render services at other facilities or practice locations.
   - If "Yes," you **<u>must</u>** report these other practice locations in Section 4 (Current Practice Location(s)).
4. Indicate if any services that you render, at any practice location you report in Section 4, are required for graduation from a formal residency program.
   - If "Yes," indicate if the teaching hospital has agreed to incur all or substantially all costs of the training in the other facility or practice location.

D. Business Information (if applicable) - Complete this section if you operate your practice as a business under a name different from your individual name. For instance, you must complete this section if your business is setup as a corporation. This information is needed to correctly report to the IRS all Medicare payments you receive and the tax identification number under which these payments are made.

Check the box "Change" only if you are reporting a change to existing information in this section. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. If this section does not apply to you, check the box provided and skip to Section 2E (Medical Specialty(s)).
2. Provide the legal business name you use when reporting tax information to the IRS. Supply your tax identification number as issued by the IRS and a copy of the IRS CP 575 or other documentation that confirms the reported TIN.

<u>NOTE</u>: If your business **<u>is a corporation,</u>** you will need to complete three applications. The 1st application (CMS 855I) is required to establish you as an individual practitioner with the Medicare program. The 2nd application (CMS 855B) is required to enroll your business. Once you complete the applications identifying yourself and your business, you must also complete a CMS 855R to reassign benefits payable to you as an individual practitioner to your business, which will be submitting claims for the services you have rendered. In addition, any other practitioners who render services for your business, who will be reassigning their benefits to the business, must also complete a CMS 855R.

OMB Approval No. 0938-0685

2. Practitioner Identification

This section is to be completed with information about yourself; where Medicare can contact you directly; whether you are rendering services in a health care facility as a resident or an intern; and whether you have established your practice as a separate business entity. You must also designate your medical specialty.

A. Personal Information ☐ **Change** **Effective Date:**_____

1. Name	First	Middle	Last	Jr., Sr., etc.	M.D., D.O., etc.
2. Other Name (including Maiden)	First	Middle	Last	Jr., Sr., etc.	M.D., D.O., etc.

3. Date of Birth (MM/DD/YYYY)	State of Birth	Country of Birth

4. Gender ☐ Male ☐ Female

5. Medical School/Training Institution	Year of Graduation (YYYY)

B. Correspondence Address ☐ **Change** **Effective Date:**_____

You must furnish an address and telephone number where Medicare can contact you directly.

Mailing Address Line 1 (Street Name and Number)

Mailing Address Line 2 (Suite, Room, etc.)

City	State	ZIP Code + 4

Telephone Number ( ) (Ext.) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

C. Residency Status ☐ **Change** **Effective Date:**_____

1. Are you currently: a resident? ☐ YES ☐ NO
   an intern? ☐ YES ☐ NO
   in a fellowship program? ☐ YES ☐ NO

   IF YES to any of the above questions, provide the name of the facility where you are a resident, intern, or fellow on the line below:

   _____

   IF NO, skip to Section 2D (Business Information) below.

2. Are the services that you render at the facility shown in Question 1 part of your requirements for graduation from a formal residency program? ☐ YES ☐ NO

3. Do you also render services at other facilities or practice locations? ☐ YES ☐ NO

   IF YES, you must report these practice locations in Section 4 (Practice Location).

4. Are the services that you render in any of the practice locations you will be reporting in Section 4 (Practice Location) part of your requirements for graduation from a formal residency program? ☐ YES ☐ NO

   IF YES, has the teaching hospital reported in Question 1 above agreed to incur all or substantially all of the costs of training in the non-hospital facility or location? ☐ YES ☐ NO

D. Business Information (if applicable) ☐ **Change** **Effective Date:**_____

1. Check here ☐ if this section does not apply to you and skip to Section 2E. Otherwise, furnish the following information if you operate your practice as a business under a name other than your own name.

2. Legal Business Name as Reported to the IRS	Tax Identification Number

OMB Approval No. 0938-0685

E. Medical Specialty

1. **Physician Specialty** - Check the box "Change" only if you are reporting a change to existing information in this section. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

a) If you are a physician, please enter the appropriate letter (P = primary, S = secondary) to indicate your specialty(s). You may only enter one (1) primary specialty and unlimited secondary specialties. If you do not see your specialty listed, check "Undefined physician type" and report your specialty in the space provided.

b) Submit a copy of your State physician license and furnish the license number, issue date and renewal date in the space provided.

****NOTE: Diagnostic Radiology** – If you checked diagnostic radiology as your specialty, and you will bill for the technical component (tc) of the diagnostic tests, you must contact the Medicare carrier prior to your enrollment to determine if you will also need to complete a CMS 855B to enroll in Medicare as an Independent Diagnostic Testing Facility (IDTF).

NOTE: Physicians who Bill for Diagnostic Tests (other than clinical laboratory or pathology tests) – As a physician, you may bill for these diagnostic tests as long as you do not provide a substantial portion of the diagnostic tests to patients who **are not** your patients. Patients are considered your own patients if:

- They have a prior relationship with you and are receiving medical treatment from you for a specific medical condition, or
- You are also billing for patient evaluation and management codes (E & M).

A separate (additional) enrollment as an IDTF may be required if, as stated above, substantial portions of your diagnostic tests (other than clinical laboratory or pathology) are provided to patients who are not your patients. Enrollment as an IDTF will not affect your enrollment as a physician. If you only furnish diagnostic tests, claims must be submitted as an IDTF. To enroll as an IDTF, you must complete and submit a CMS 855B.

2. **Non-Physician Specialty** - Check the box "Change" only if you are reporting a change to existing information in this section. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

a) If you are a non-physician practitioner, check the appropriate space to indicate your specialty. You may only check one non-physician specialty. If you want to enroll with more then one non-physician specialty you must submit a separate application for each. If you do not see your specialty listed, check "Undefined non-physician type" and report your specialty in the space provided.

b) All non-physician practitioners must meet specific licensing, educational (including any degrees and/or certificates), and work experience requirements. If you need information concerning the specific requirements for your specialty, contact the Medicare carrier. Submit copies of all necessary documentation to prove your eligibility to enroll in Medicare and furnish any license (or other) number, issue date and renewal date in the space provided.

F. Physician Assistants (PA) Only - Indicate if you are adding or deleting an employer. Provide the new information and the effective date of the addition or deletion. Provided that this is the only change in your information, you need to sign and date the certification statement. Otherwise:

- In order to determine who will be billing for your services, report all employers' names and Medicare billing numbers. This information will allow Medicare to appropriately associate you with each of your employers. All employers must be currently enrolled in the Medicare program.

NOTE: Physician Assistants – When completing this application, PAs should only complete Sections 1, 2, 3, 10, 13, 15 and 17. Also, PAs should not use or submit the CMS 855R form to report employers. The CMS 855R is only used to reassign benefits that would otherwise be paid directly to the practitioner.

OMB Approval No. 0938-0685

2. Practitioner Identification (Continued)

E. Medical Specialty(s)

1. Physician Specialty ☐ **Change** **Effective Date:**_____

a) Designate your primary speciality and all secondary specialty(s) below using: **P=Primary** **S=Secondary**

_____Addiction medicine	_____Hematology/Oncology	_____Otolaryngology
_____Allergy/Immunology	_____Infectious disease	_____Pathology
_____Anesthesiology	_____Internal medicine	_____Pediatric medicine
_____Cardiac surgery	_____Interventional Pain Management	_____Peripheral vascular disease
_____Cardiovascular disease (Cardiology)	_____Interventional radiology	_____Physical medicine and rehabilitation
_____Chiropractic	_____Maxillofacial surgery	_____Plastic and reconstructive surgery
_____Colorectal surgery (Proctology)	_____Medical oncology	_____Podiatry
_____Critical care (Intensivists)	_____Nephrology	_____Preventive medicine
_____Dermatology	_____Neurology	_____Psychiatry
_____Diagnostic radiology**(see note)	_____Neuropsychiatry	_____Pulmonary disease
_____Emergency medicine	_____Neurosurgery	_____Radiation oncology
_____Endocrinology	_____Nuclear medicine	_____Rheumatology
_____Family practice	_____Obstetrics/Gynecology	_____Surgical oncology
_____Gastroenterology	_____Ophthalmology	_____Thoracic surgery
_____General practice	_____Optometry	_____Urology
_____General surgery	_____Oral surgery (Dentist only)	_____Vascular surgery
_____Geriatric medicine	_____Orthopedic surgery	
_____Gynecological/Oncology	_____Osteopathic manipulative treatment	_____Undefined physician type (Specify):
_____Hand surgery		
_____Hematology		_____

b) **Submit a copy of your State Physician License** and furnish the following information:

License Number	Issue/Effective Date (MM/DD/YYYY)	Expiration/Renewal Date (MM/DD/YYYY)

2. Non–Physician Specialty ☐ **Change** **Effective Date:**_____

a) See instructions for specific non-physician requirements that must be met to enroll in the Medicare program and check the appropriate specialty below.

Check only one:

_____Anesthesiology Assistant	_____Nurse practitioner
_____Audiologist	_____Occupational therapist in private practice (see Sec. I)
_____Certified nurse midwife	_____Physical therapist in private practice (see Sec. I)
_____Certified registered nurse anesthetist	_____Physician assistant (see Sections F)
_____Clinical nurse specialist	_____Psychologist, Clinical (see Section G)
_____Clinical social worker	_____Psychologist billing independently (see Section H)
_____Mass immunization roster biller	_____Registered Dietitian or Nutrition Professional
	_____Undefined non-physician type (Specify): _____

b) Submit documentation (e.g., copies of licenses, degrees) that confirms you have met the requirements for your specialty and furnish the following information:

License (or other) Number	Issue/Effective Date (MM/DD/YYYY)	Expiration/Renewal Date (MM/DD/YYYY)

F. Physician Assistants (PA) Only ☐ **Add** ☐ **Delete** **Effective Date:**_____

This section must be completed by all physician assistants to ensure correct claims coding when billing for your services. Since physician assistants cannot bill the Medicare program directly, they must report the Medicare billing number for all employers that bill Medicare for their services. All employers must be enrolled in the Medicare program.

Employer's Name	Medicare Identification Number
_____	_____
_____	_____
_____	_____

OMB Approval No. 0938-0685

G. Clinical Psychologists - Questionnaire

Questions 1-4: All clinical psychologists must respond to these questions by checking "Yes" or "No" to determine your eligibility to bill Medicare.

H. Psychologists Billing Independently - Questionnaire

A psychologist billing independently is defined as:

- One who renders services free of the administrative and professional control of an employer such as a physician, institution, or agency, and
- Who maintains office space at his/her own expense and furnishes services only in that space or the patient's home, and
- Has the right to collect fees for the services rendered, and
- The patients treated are the psychologist's own patients.

Questions 1-4: All psychologists must respond to these questions by checking "Yes" or "No" to determine if you are eligible to bill Medicare as a psychologist who is independently billing.

I. Occupational/Physical Therapist in Private Practice (OT/PT) Only - Questionnaire

An occupational therapist/physical therapist in private practice is defined as one who maintains a private office even if services are always furnished in patients' homes. If services are furnished in private practice office space, that space must be owned, leased, or rented by the OT/PT practice and used for the exclusive purpose of operating the OT's /PT's practice.

Questions 1-5: All OTs/PTs must respond to these questions by checking "Yes" or "No." This information will determine your eligibility to bill Medicare.

J. Suppliers Employing Physician Assistants (Only) – This section is to be completed by all suppliers who want to delete physician assistants (PAs) within the practice.

Check if deleting the PA and provide the effective date of the deletion and the name and Medicare identification number of the PA.

NOTE: The supplier should not use or submit the CMS 855R form to report physician assistants. The CMS 855R is only used to reassign benefits that would otherwise be paid directly to a practitioner.

OMB Approval No. 0938-0685

2. Practitioner Identification (Continued)

G. Clinical Psychologists - Questionnaire

This section must be completed by all clinical psychologists in order to determine if you are eligible to bill Medicare. Please answer all questions in this section.

1. Do you hold a doctoral degree in psychology? ☐ YES ☐ NO
   IF YES, furnish the field of your psychology degree:_____
2. Do you inform each Medicare patient of the desirability of conferring with the patient's attending or primary care physician to consider potential medical conditions contributing to the patient's condition? ☐ YES ☐ NO
3. Contingent upon the patient's consent, do you consult with the patient's designated attending or primary care physician in accordance with accepted professional ethical norms, taking into consideration patient confidentiality? ☐ YES ☐ NO
4. If the patient assents to the consultation, do you attempt to consult with the patient's physician within a reasonable time after receiving consent? ☐ YES ☐ NO

H. Psychologists Billing Independently - Questionnaire

This section must be completed by all psychologists billing independently in order to determine if you are eligible to bill Medicare as a psychologist "billing independently." Please answer all questions in this section.

1. Do you render services of your own responsibility free from the administrative control of an employer such as a physician, institution, or agency? ☐ YES ☐ NO
2. Do you treat your own patients? ☐ YES ☐ NO
3. Do you have the right to bill directly, and to collect and retain the fee for your services? ☐ YES ☐ NO
4. Is your private practice located in an institution? ☐ YES ☐ NO
   IF YES to question 4 above, please answer questions "a" and "b" below.

a) If your private practice is located in an institution, is your office confined to a separately identified part of the facility that is used solely as your office and cannot be construed as extending throughout the entire institution? ☐ YES ☐ NO

b) If your private practice is located in an institution, are your services also rendered to patients from outside the institution or facility where your office is located? ☐ YES ☐ NO

I. Occupational/Physical Therapist in Private Practice (OT/PT) - Questionnaire

This section must be completed by all occupational and physical therapists in order to determine if you are eligible to bill Medicare for services rendered in your private practice. Please answer all questions in this section.

1. Are all of your OT/PT services only rendered in the patients' homes? ☐ YES ☐ NO
2. Do you maintain private office space? ☐ YES ☐ NO
3. Do you own, lease, or rent your private office space? ☐ YES ☐ NO
4. Is this private office space used exclusively for your private practice? ☐ YES ☐ NO
5. Do you provide OT/PT services outside of your office and/or patients' homes? ☐ YES ☐ NO
   IF YES, provide a copy of the lease agreement that gives you exclusive use of the facility for OT/PT services.

J. Suppliers Employing Physician Assistants (Only)

This section is to be completed when deleting PAs from the supplier's practice.

Delete	Date	Physician Assistant Name	Medicare Identification Number
☐	_____	_____	_____
☐	_____	_____	_____
☐	_____	_____	_____
☐	_____	_____	_____
☐	_____	_____	_____
☐	_____	_____	_____
☐	_____	_____	_____

OMB Approval No. 0938-0685

SECTION 3: ADVERSE LEGAL ACTIONS AND OVERPAYMENTS

A. Adverse Legal History - This section is to be completed with information concerning any adverse legal actions that have been imposed or levied against you. See Table A on the application form for a list of adverse actions that must be reported.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. You must state whether, under any current or former name or business identity, you have ever had any of the adverse legal actions listed in Table A of the application form imposed against you.

2. If the answer to this question is "Yes," supply all requested information. Attach copies of official documentation related to the adverse legal action. Such documentation includes adverse legal action notifications (e.g., notification of disciplinary action; criminal court documentation that verifies the conviction of a crime) and documents that evidence how the adverse legal action was finally resolved (e.g., reinstatement notices, etc.).

If you are uncertain as to whether you fall within one of the adverse legal action categories or whether a name reported on this application has an adverse legal action, query the Healthcare Integrity and Protection Data Bank. If you need information on how to access the data bank, call 1-800-767-6732 or visit www.npdb-hipdb.com. There is a charge for using this service.

Table A - This is the list of adverse legal actions that must be reported. All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

B. Overpayment Information - Current laws found in the Federal Streamlining Act and the Debt Collection Improvement Act require all Federal agencies to determine whether an individual or business entity that enters into a business relationship with that agency has any outstanding debts, including overpayments under different identifiers. Failure to furnish information about overpayments will put you in violation of these Acts and subject you to possible denial of your Medicare enrollment.

1. You must report all outstanding Medicare overpayments that you are liable for, including those paid to you, or on your behalf, under a different name. For purposes of this section, the term "outstanding Medicare overpayment" is defined as a debt that meets **all** of the conditions listed below:

   a) The overpayment arose out of your current or previous enrollment in Medicare. This includes any overpayment incurred by you under a different name or business identity, or in another Medicare contractor jurisdiction;

   b) CMS (or its contractors) has determined that you are liable for the overpayment; and

   c) The overpayment is not or has not been included as part of a repayment plan approved by CMS (or its contractors), nor is the overpayment amount being repaid through the withholding of Medicare payments to you.

Any overpayment not meeting all of these conditions should not be reported.

2. Furnish the name or business identity under which the overpayment occurred and the account number under which the overpayment exists.

NOTE: Overpayments that occur after your enrollment has been approved do not need to be reported unless you are enrolling with a different Medicare contractor.

OMB Approval No. 0938-0685

3. Adverse Legal Actions and Overpayments

This section is to be completed with information concerning any adverse legal actions and/or overpayments that have been imposed or levied against you (see Table A below for list of adverse actions that must be reported).

A. Adverse Legal History ☐ **Change** **Effective Date:**_____

1. Have you, under any current or former name or business identity, ever had any of the adverse legal actions listed in Table A below imposed against you? ☐ YES ☐ NO
2. **IF YES**, report each adverse legal action, when it occurred, the law enforcement authority/court/administrative body that imposed the action, and the resolution. Attach a copy of the adverse legal action documentation(s) and resolution(s).

Adverse Legal Action:	Date:	Law Enforcement Authority:	Resolution:

Table A

1) Any felony conviction under Federal or State law, regardless of whether it was health care related.

2) Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicare or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.

3) Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.

4) Any misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.

5) Any misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

6) Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.

7) Any revocation or suspension of accreditation.

8) Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.

9) Any current Medicare payment suspension under any Medicare billing number.

Note: All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

B. Overpayment Information

1. Do you, under any current or former name or business identity, have any outstanding Medicare overpayments? ☐ YES ☐ NO
2. **IF YES**, furnish the name and account number under which the overpayment(s) exists.

Name under which the overpayment occurred:	Account number under which the overpayment exists:

OMB Approval No. 0938-0685

SECTION 4: CURRENT PRACTICE LOCATION(S)

This section is to be completed with information about your private practice and group affiliations. If you want to make a change to existing information about your group affiliations, you must use the CMS 855R to report those changes.

A. Group Practice Information

1. Indicate whether **ALL** of your services will be rendered as part of a group or other organization. If "Yes," this means that you do not have a private practice where you treat Medicare patients. This also means that a group(s) or organization(s) will be billing Medicare for the services you render and that you have given the group or organization the authority to bill for you. To reassign your benefits, you must complete and submit a CMS 855R for each group to which your benefits will be reassigned.

   a-c) Provide the legal name and Medicare billing number for up to three groups. If the group's application is pending, indicate "pending" on your application in the space provided for the group's Medicare number. If you belong to more than three groups, copy and complete this section as needed. After completing this section, skip to Sections 13 through 17.

2. Indicate whether **SOME** of your services will be rendered in a group setting. If not, check the box "No," and continue with Section 4B below. If "Yes," this means that in addition to your private practice you will render some services as part of a group practice, and that you have given the authority to the group to bill for these services.

   a-c) Provide the legal name and Medicare billing number for up to three groups. If the group's application is pending, indicate "pending" on your application in the space provided for the group's Medicare number. If you belong to more than three groups, copy and complete this section as needed. After completing this section, continue completing this application at Section 4B with information about your private practice.

B. Practice Location Information - Complete this section for each of your own private practice locations where you render services to Medicare beneficiaries. **The information provided in this section will pertain to your private practice only.** Check the box to indicate if you are adding a new practice location under an existing tax identification number, deleting a practice location, or changing information about an existing practice location. Provided that this is the only change in your information, provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. Provide the name of your practice location. If you use a "doing business as" name, provide that name in this section. Furnish the date you started rendering services at this location.
2. Furnish the complete street address for your practice location.

This address must be a specific street address as recorded by the United States Postal Service. Do not report a P.O. Box. Only report those practice locations within the Medicare carrier jurisdiction where you will be submitting this application, including reporting additions, deletions or other changes to these practice locations. If you render services in a hospital and/or other health care facility that bills Medicare directly for the services you render at that facility, furnish the name and address of that hospital or facility. In addition, provide the telephone number of this practice location. Do not provide a billing agency's telephone number. The fax number and e-mail address are optional.

If you only render services in patients' homes (house calls), you may supply your home address if you do not have an office. In Section 4E, explain that this address is for administrative purposes only and that all services are rendered in patients' homes.

If you render services in a retirement or assisted living community, complete this section with the names, telephone numbers and addresses of those communities.

3. Indicate whether you own/lease the practice location.
4. Indicate whether this address is that of a private practice office setting, hospital, retirement/assisted living community or other health care facility. Please specify if it does not fall within one of these categories.
5. If you have a CLIA number(s) and/or FDA/Radiology (Mammography) Certification Number(s) for this practice location, provide that information in this section. Submit a copy of the most current CLIA and FDA certification for each of the practice locations reported.

OMB Approval No. 0938-0685

4. Current Practice Location(s)

This section is to be completed with information about where you currently render medical services to Medicare patients. You must complete this entire section beginning with Section 4A1 and carefully follow all instructions in each part. If you need additional space to report additional groups/organizations or if you have more than one private practice location, copy and complete this section as needed for each.

A. Group Practice Information

Beginning with Section 4A1, answer "**Yes**" or "**No**" to each question. When applicable, furnish the group/organization name and Medicare number for each group/organization to which you will reassign your benefits. In addition to identifying the group/organization to which you will reassign your benefits in this section, either you or each group/organization reported in this section must also complete and submit a CMS 855R (Individual Reassignment of Benefits) with this application. Reassigning benefits means that you are authorizing the group/organization to bill Medicare for the services you have rendered at the group/organization's practice location.

1. Will **all** of your services be rendered as part of a group(s) or organization(s) to which you will reassign your benefits? ☐ YES ☐ NO
   IF YES, furnish the name and Medicare identification number of each group or organization below and skip to Sections 13 through 17.
   IF NO, proceed to Question 2 below.

a)	Name of Group/Organization	Group/Organization Medicare Number
b)	Name of Group/Organization	Group/Organization Medicare Number
c)	Name of Group/Organization	Group/Organization Medicare Number

2. Will **any** of your services be rendered as part of a group(s) or organization(s) to which you will reassign your benefits? ☐ YES ☐ NO
   IF YES, furnish the name and Medicare identification number of each group or organization below and continue completing the rest of this application at Section 4B.
   IF NO, continue with Section 4B below with information about your private practice.

a)	Name of Group/Organization	Group/Organization Medicare Number
b)	Name of Group/Organization	Group/Organization Medicare Number
c)	Name of Group/Organization	Group/Organization Medicare Number

B. Practice Location Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Practice Location Name | Date You Started Rendering Services at this Location (MM/DD/YYYY)

2. Practice Location Street Address Line 1 (Street Name and Number)

Practice Location Street Address Line 2 (Suite, Room, etc.)

City	County/Parish	State	ZIP Code + 4

Telephone Number	(Ext.)	Fax Number (if applicable)	E-mail Address (if applicable)
( )	( )	( )	

3. Do you own/lease this practice location? ☐YES ☐ NO

4. Is this practice location a:
   - private practice office setting? ☐YES ☐ NO
   - hospital? ☐YES ☐ NO
   - retirement/assisted living community? ☐YES ☐ NO
   - other health care facility? (Specify):_____ ☐YES ☐ NO

5. CLIA Number for this location (if applicable) | FDA/Radiology (Mammography) Certification Number for this location (if applicable)

OMB Approval No. 0938-0685

C. Medicare Payment "Pay To" Address Information - Check the box "Change" only if you are reporting a change to existing information in this section. Provided that this is the only change in your information, furnish the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

If you are enrolling for the first time, state where you want your Medicare payments to be sent. The ability to establish more than one "Pay To" address will be addressed by the local Medicare carrier. Therefore, if you want to establish multiple "Pay To" addresses you need to contact the carrier. Some Medicare carriers do not allow multiple payment addresses.

- Provide the P.O. Box or street address, city, State and ZIP Code for your payment address.

If you would like your payments to be deposited to your bank account electronically, place a check in the box given and complete the "Medicare Authorization Agreement for Electronic Funds Transfers" (Form HCFA-588).

- If payment will be paid by electronic funds transfer (EFT), the "Pay To" address should indicate where you want all other payment information (e.g., remittance notices, special payments, etc.) sent.

NOTE: Payment can only be made in your name as shown in Section 2A1 or your legal business name as shown in Section 2D2.

D. Location of Patients' Medical Records - Check the box "Change" only if you are reporting a change to existing information in this section. Provided that this is the only change in your information, provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. If all of your patients' medical records are located at the practice location in Section 4B, check the box provided and skip this section.

2. If any of your patients' medical records are stored in a location other than the practice location in Section 4B, complete this section with the complete address of all storage locations.

Post Office boxes and drop boxes are not acceptable as physical addresses where patients' medical records are maintained.

E. Comments – This section is to be used as an opportunity to explain any unusual circumstances concerning your practice location, "Pay To" address, the location of your patients' medical records, or how they are maintained and/or stored.

OMB Approval No. 0938-0685

4. Current Practice Location (Continued)

C. Medicare Payment "Pay To" Address Information ☐ **Change** **Effective Date:**_____

Furnish the address where payments should be sent for services rendered at the practice location in Section 4B.

"Pay To" Address (Organization or Individual Name)

"Pay To" Address Line 1 (Street Name and Number)

"Pay To" Address Line 2 (Suite, Room, etc.)

City	State	ZIP Code + 4

Check here ☐ and submit a completed Form HCFA-588 with this application if you would like to have your payments electronically transferred to your bank account.

D. Location of Patients' Medical Records ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Check here ☐ if **all** of your patients' medical records are stored in the practice location(s) shown in Section 4B, and skip this section.
2. If **any** of your patients' medical records are stored in a location other than the practice location(s) shown in Section 4B, complete this section for each additional storage location.

Name of Storage Facility/Location

Street Address Line 1

Street Address Line 2

City	State	ZIP Code + 4

E. Comments

Explain any unique or unusual circumstances concerning your practice location(s) or the method by which you render health care services (e.g., you only render services in patients' homes (house calls only)).

OMB Approval No. 0938-0685

SECTION 5: MANAGING CONTROL INFORMATION (ORGANIZATIONS)

This section is to be completed with information about any organization that manages your practice. See explanation below of organizations that should be reported in this section. If individuals, and not organizations, manage your practice, do not complete this section. These individuals must be reported in Section 6. If there is more than one organization, copy and complete this section as needed.

A managing organization is defined as any organization that exercises operational or managerial control over the practitioner's practice/business, or conducts the day-to-day operations of the practitioner's practice/business. This could be a management services organization, either under contract or through some other arrangement with the practitioner to furnish management services for any of his/her practice/business location(s).

In most situations when you use a management services organization, the organization would be reported in this section and the individual person from the organization who works in your office, or handles the management or administrative duties from outside your office, would be reported in Section 6.

A. Check Box - Check the box if there are no organizations to be reported in this section and proceed to Section 6.

B. Organization with Managing Control - Identification Information – Indicate if you are adding or deleting a managing organization, or changing information about an existing managing organization. Provide the new information and the effective date of the change. Provided that this is the only change in your information, you need to sign and date the certification statement. Otherwise:

1. Provide the legal business name of the managing/controlling organization.
2. Provide the managing/controlling organization's "doing business as" name (if applicable).
3. Provide the managing/controlling organization's full business street address.
4. Provide the managing/controlling organization's tax identification number and, if one has been issued, its Medicare identification number.

***IMPORTANT* – Only organizations should be reported in Section 5. Individuals must be reported in Section 6.**

SECTION 6: MANAGING EMPLOYEE INFORMATION (INDIVIDUALS)

This section is to be completed with information about all managing individuals (employed or otherwise) working at any of your practice locations, to ensure they meet all the conditions of participation in the Medicare program.

A managing employee is defined as any individual (other than yourself), including a general manager, business manager, office manager or administrator, who exercises operational or managerial control over your practice/business, or who conducts the day-to-day operations of your practice/business. For Medicare enrollment purposes, a managing employee also includes any individual who manages your day-to-day operations, either under contract or through some other arrangement, but who is not your actual employee.

All managing employees at any of your practice locations shown in Section 4B must be reported in this section. However, this does not include individuals employed by hospitals, health care facilities or other organizations shown in Section 4B, or managing employees of any group or organization to which you reassign your benefits. For instance, the CEO of a hospital where one of your practice locations is situated should not be reported. If you have more than three managing employees, copy and complete this section as needed.

A. Check Box - Check the box if there are no managing employees to be reported in this section and proceed to Section 7.

B. Identifying Information - Indicate whether you are adding or deleting a managing employee, or changing information about an existing managing employee. Provide the new information and the effective date of the change. Provided that this is the only change in your information, you need to sign and date the certification statement. Otherwise:

1. Provide the full name of the managing employee.
2. Provide the managing employee's title and date of birth.
3. Provide the managing employee's social security number and Medicare identification number or NPI (if applicable).

C-D. 2nd and 3rd Managing Employee - Identifying Information - Section 6C and 6D are additional sections to provide information about a second and third managing employee. Follow the instructions in Sections 6B.

OMB Approval No. 0938-0685

5. Managing Control Information (Organizations)

This section is to be completed with information about all organizations that manage the day-to-day operations of the enrolling practitioner's practice. See instructions for an explanation of organizations that should be reported here. If there is more than one management organization, copy and complete this section as needed.

A. Check here ☐ if this section does not apply and skip to Section 6.

B. Organization with Managing Control—Identification Information

☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Legal Business Name as Reported to the IRS		
2. "Doing Business As" Name (if applicable)		
3. Business Address Line 1 (Street Name and Number)		
Business Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
4. Tax Identification Number	Medicare Identification Number(s) or NPI(s) (if applicable)	

6. Managing Employee Information (Individuals)

This section is to be completed with personal identification information about all managing employees. See instructions for the definition of managing employee to determine who should be reported here. If there are more than three managing employees, copy and complete this section as needed.

A. Check here ☐ if this section does not apply and skip to Section 8.

B. 1st Managing Employee - Identifying Information

☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
2. Title	Date of Birth (MM/DD/YYYY)		
3. Social Security Number	Medicare Identification Number or NPI (if applicable)		

C. 2nd Managing Employee - Identifying Information

☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
2. Title	Date of Birth (MM/DD/YYYY)		
3. Social Security Number	Medicare Identification Number or NPI (if applicable)		

D. 3rd Managing Employee - Identifying Information

☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
2. Title	Date of Birth (MM/DD/YYYY)		
3. Social Security Number	Medicare Identification Number or NPI (if applicable)		

OMB Approval No. 0938-0685

SECTION 7: CHAIN HOME OFFICE INFORMATION

This section has been intentionally omitted.

SECTION 8: BILLING AGENCY

The purpose of collecting this information is to develop effective monitoring of agents/agencies that prepare and/or submit claims to bill the Medicare program. A billing agency is a company or individual you hired or contracted with to furnish claims processing functions for your practice. Any entity that meets this description must be reported in this section.

A. Check Box - If you do not have a billing agency, check the box and skip to Section 10.

B. Billing Agency Name and Address - Indicate if you are adding or deleting a billing agent and/or making a change concerning your existing relationship with your billing agency. Provide the new information and the effective date of the change. Provided that this is the only change you are making, you will need to sign and date the certification statement. Otherwise, if you use a billing agency:

1. Provide the billing agency's legal business name and tax identification number.

2. If the billing agency has a "doing business as" name, provide that information in this space.

3. Provide the street address, telephone number, fax number and e-mail address of the billing agency.

C. Billing Agreement/Contract Information - If reporting a change to existing information about a previously reported billing agreement/contract, check "Change," provide the effective date of the change, complete this entire questionnaire, and sign and date the certification statement. Otherwise:

You are responsible for answering the questions listed.

These questions are designed to show that you fully understand and comprehend your billing agreement and that you intend to adhere to all Medicare laws, regulations, and program instructions. If you do not understand a question or you need help in interpreting your agreement, contact the Medicare carrier. At any time, the carrier may request copies of all agreements/contracts associated with this billing agency.

OMB Approval No. 0938-0685

7. Chain Home Office Information — This Section Not Applicable

8. Billing Agency

This section is to be completed if you use or contract with a billing agency to submit claims to Medicare on your behalf. If you use more than one billing agency, copy and complete this section for each. You may be required to submit a copy of your current signed billing agreement/contract if Medicare cannot verify the information furnished in this section.

A. Check here ☐ if this section does not apply and skip to Section 10.

B. Billing Agency Name and Address ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Legal Business Name as Reported to the IRS	Tax Identification Number	
2. "Doing Business As" Name (if applicable)		
3. Business Street Address Line 1		
Business Street Address Line 2		
City	State	ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (optional) ( )	E-mail Address (optional)

C. Billing Agreement/Contract Information ☐ **Change** **Effective Date:**_____

Answer the following questions about your agreement/contract with the above billing agency.

1. Do you have unrestricted access to your Medicare remittance notices? ☐ YES ☐ NO

2. Does your Medicare payment go directly to you? ☐ YES ☐ NO
IF NO, proceed to Question 3.
IF YES, skip Questions 3, 4 and 5.

3. Does your Medicare payment go directly to a bank? ☐ YES ☐ NO
IF NO, proceed to Question 4.
IF YES, answer the following questions and skip Questions 4 and 5.
- a) Is the bank account in your name only? ☐ YES ☐ NO
- b) Do you have unrestricted access to the bank account and statements? ☐ YES ☐ NO
- c) Does the bank only answer to you regarding what you wants from the bank (e.g., sweep account instructions, bank statements, closing account, etc.)? ☐ YES ☐ NO

4. Does your Medicare payment go directly to your billing agent? ☐ YES ☐ NO
IF NO, proceed to Question 5.
IF YES, answer the following question and skip Question 5.
- a) Does the billing agent cash your check? ☐ YES ☐ NO
  IF NO, proceed to Question b.
  IF YES, are all of the following conditions included in the billing agreement?
  - 1) The agent receives payment under an agency agreement with you. ☐ YES ☐ NO
  - 2) The agent's compensation is not related in any way to the dollar amounts billed or collected. ☐ YES ☐ NO
  - 3) The agent's compensation is not dependent upon the actual collection of payment. ☐ YES ☐ NO
  - 4) The agent acts under payment disposition instructions that you may modify or revoke at any time. ☐ YES ☐ NO
  - 5) In receiving payment, the agent acts only on your behalf (except insofar as the agent uses part of that payment as compensation for the agent's billing and collection services). ☐ YES ☐ NO
- b) Does the billing agent either give the Medicare payment directly to you or deposit the payment into your bank account? ☐ YES ☐ NO

5. Who receives your Medicare payment?_____

OMB Approval No. 0938-0685

SECTION 9: FOR FUTURE USE

This section is being reserved for possible future use.

SECTION 10: STAFFING COMPANY

A staffing company is an organization that contracts with health care professionals to furnish health care at medical facilities (such as hospital emergency rooms) where it is also under contract (or some similar agreement) to furnish such services. A staffing company cannot bill Medicare in the staffing company's name for medical services or supplies furnished under this arrangement. If you have an agreement/contract with a staffing company to furnish services to Medicare beneficiaries, complete this section. At any time, the carrier can request a copy of the agreement/contract signed by you and the staffing company.

A. Check Box - If you do not work for (or do not contract with) a staffing company, check this box and skip to Section 13.

B. Staffing Company Name and Address - Indicate if you are "adding," "deleting," or "making a change," concerning your relationship with an existing staffing company by checking the appropriate box. Provide the new information and the effective date of the change, and sign and date the certification statement. Otherwise:

1. Furnish the legal business name and tax identification number of the staffing company.

2. If applicable, furnish the staffing company's "doing business as" (DBA) name. If the reported staffing company uses more than one DBA name with you, report all that apply for Medicare claims.

3. Furnish the complete mailing address, telephone number, fax number and e-mail address for the staffing company.

C. Staffing Company Contract/Agreement Information

Respond to the questions asked in this section to indicate that you fully understand and comprehend your contract with the staffing company and that you plan to adhere to all Medicare laws, regulations, and program instructions. At any time, the carrier can request a copy of the agreement/contract signed by you and the staffing company.

SECTION 11: SURETY BOND INFORMATION

This section has been intentionally omitted.

SECTION 12: CAPITALIZATION REQUIREMENTS FOR HOME HEALTH AGENCIES

This section has been intentionally omitted.

OMB Approval No. 0938-0685

9. For Future Use — This Section Not Applicable

10. Staffing Company

This section is to be completed if you are under contract to render medical services with a company that staffs health care organizations (e.g., hospital emergency rooms) with medical professionals to treat patients. If you are under contract with more than one staffing company, copy and complete this section for each. You may be required to submit a copy of your current signed staffing company agreement/contract.

A. Check here ☐ if this section does not apply and skip to Section 13.

B. Staffing Company Name and Address ☐ Add ☐ Delete ☐ Change Effective Date:_____

1. Legal Business Name as Reported to the IRS	Tax Identification Number	
2. "Doing Business As" Name (if applicable)		
3. Business Street Address Line 1 (Street Name and Number)		
Business Street Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (optional) ( )	E-mail Address (optional)

C. Staffing Company Contract/Agreement Information

Answer the following questions about the staffing company and your contract/agreement with it.

1. If you have a contract/agreement with both a billing agency and a staffing company, does the staffing company shown in Section 9B **and** the billing agency identified in Section 8B have a common owner(s)? ☐ Not applicable ☐ YES ☐ NO

2. If you have a contract/agreement with both a billing agency and a staffing company (even if the billing agency and staffing company are the same), are there any provisions in your staffing company contract/agreement that supersede or contradict your billing agreement? ☐ Not applicable ☐ YES ☐ NO

11. Surety Bond Information — This Section Not Applicable

12. Capitalization Requirements for Home Health Agencies — This Section Not Applicable

OMB Approval No. 0938-0685

SECTION 13: CONTACT PERSON INFORMATION - OPTIONAL

To assist in the timely processing of your application, you may want to provide the full name, e-mail address, telephone number, and mailing address of an individual who can be reached to answer questions regarding the information furnished in this application (preferably the individual who completed this application if other than yourself). You are not required to furnish a contact person in this section. It should be noted that if a contact person is not provided, all questions about this application will be directed to you.

A. Check Box - If you do not have a contact person, check this box and skip to Section 14.

B. Contact Person Information - Indicate if you are completing this section to add or delete a contact person currently on file. State the effective date of the change. If you are changing existing information, check the applicable box and provide the effective date of the change, and sign and date the certification statement. Otherwise:

- Furnish the full name, mailing address, e-mail address, and telephone number of an individual who can answer questions about the information furnished in this application.

SECTION 14: PENALTIES FOR FALSIFYING INFORMATION ON THIS ENROLLMENT APPLICATION

This section explains the penalties for deliberately furnishing false information to acquire or maintain enrollment in the Medicare program. You should review this section to ensure that you understand those penalties that can be applied against you for deliberately furnishing false information in this Medicare enrollment application.

OMB Approval No. 0938-0685

13. Contact Person Information (Optional)

This section is to be completed with the name and telephone number of a person, other than yourself, who can answer questions about the information furnished in this application (preferably the individual who completed this application). You do not need to furnish any name if you want all questions directed to you.

A. Check here ☐ if this section does not apply and skip to Section 14.

B. Contact Person Information ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

Name First		Last
Address Line 1 (Street Name and Number)		
Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
E-mail Address (if applicable)	Telephone Number ( )	(Ext.) ( )

14. Penalties for Falsifying Information on this Enrollment Application

This section explains the penalties for deliberately furnishing false information in the application to gain or maintain enrollment in the Medicare program.

1. 18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry.

Individual offenders are subject to fines of up to $250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to $500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

2. Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against any individual who, "knowingly and willfully," makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program.

The offender is subject to fines of up to $25,000 and/or imprisonment for up to five years.

3. The Civil False Claims Act, 31 U.S.C. § 3729, imposes civil liability, in part, on any person who:
   a.) knowingly presents, or causes to be presented, to an officer or any employee of the United States Government a false or fraudulent claim for payment or approval;
   b.) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or
   c.) conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

The Act imposes a civil penalty of $5,000 to $10,000 per violation, plus three times the amount of damages sustained by the Government.

4. Section 1128A(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency...a claim...that the Secretary determines is for a medical or other item or service that the person knows or should know:
   a.) was not provided as claimed; and/or
   b.) the claim is false or fraudulent.

This provision authorizes a civil monetary penalty of up to $10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.

5. The government may assert common law claims such as "common law fraud," "money paid by mistake," and "unjust enrichment."

Remedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.

OMB Approval No. 0938-0685

SECTION 15: CERTIFICATION STATEMENT

As an individual practitioner, you are the only person who can sign this application. This applies not only to initial enrollment and revalidation, but also to any changes and/or updates (e.g., new practice locations, change in specialties, address changes, etc.) to your status in the Medicare program. The authority to sign the application on your behalf may not be delegated to any other person.

The Certification Statement contains certain standards that must be met for initial and continuous enrollment in the Medicare program. Review these requirements carefully.

By signing the Certification Statement, you agree to adhere to all of the requirements listed therein and acknowledge that you may be denied entry to or revoked from the Medicare program if any requirements are not met. **Your signature must be an original.** Faxed, photocopied, or stamped signatures will not be accepted.

SECTION 16: DELEGATED OFFICIAL

This section has been intentionally omitted.

SECTION 17: ATTACHMENTS

This section contains a list of documents that, if applicable, must be submitted with this enrollment application. Failure to provide the required documents will delay the enrollment process.

- Check the appropriate boxes indicating which documents are being submitted with this application.

NOTE: Any licenses (both business and professional) that are required by the State where your practice is located **must** be included with this application.

All enrolling practitioners are required to furnish information on all Federal, State and local (city/county) professional and business licenses, certifications and/or registrations as required by the practitioner's State to operate as a health care supplier (e.g., CLIA and FDA mammography certificates, hazardous waste disposal license, etc.). The Medicare contractor will supply specific licensing requirements for your supplier type upon request.

In lieu of copies of the above requested documents, you may submit a notarized Certificate of Good Standing from the State licensing/certification board or other medical associations. This certification cannot be more than 30 days old.

If you have had a previously revoked or suspended license, certification, or registration reinstated, attach a copy of the reinstatement notice with this application.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0685. The time required to complete this information collection is estimated at 3-5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.

OMB Approval No. 0938-0685

15. Certification Statement

You **MUST** sign and date the certification statement below in order to be enrolled in the Medicare program. In doing so, you are attesting to meeting and maintaining the Medicare requirements stated below.

I, the undersigned, certify to the following:

1.) I have read the contents of this application, and the information contained herein is true, correct, and complete to the best of my knowledge. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the Medicare program contractor of this fact immediately.

2.) I authorize the Medicare contractor to verify the information contained herein. I agree to notify the Medicare contractor of any future changes to the information contained in this form within 90 days of the effective date of the change. I understand that any change in my status as an individual practitioner may require the submission of a new application.

3.) I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Medicare, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Medicare billing privileges, and/or the imposition of fines, civil damages, and/or imprisonment.

4.) I agree to abide by the Medicare laws, regulations and program instructions that apply to me. The Medicare laws, regulations, and program instructions are available through the Medicare contractor.

5.) Neither I, nor any managing employee, is currently sanctioned, suspended, debarred, or excluded by the Medicare or Medicaid program, or any other Federal program, or is otherwise prohibited from providing services to Medicare or other Federal program beneficiaries.

6.) I agree that any existing or future overpayment made to me by the Medicare program may be recouped by Medicare through the withholding of future payments.

7.) I understand that the Medicare billing number issued to me can only be used by me or by a provider or supplier to whom I have reassigned my benefits under current Medicare regulations, when billing for services rendered by me.

8.) I will not knowingly present or cause to be presented a false or fraudulent claim for payment by Medicare, and will not submit claims with deliberate ignorance or reckless disregard of their truth or falsity.

9.) I further certify that I am the individual practitioner who is applying for Medicare billing privileges.

Practitioner Name **Print** First	Middle	Last	Jr., Sr., etc.	M.D., D.O., etc.
Practitioner **Signature** (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed	

16. Delegated Official — This Section Not Applicable

17. Attachments

This section is a list of documents that, when applicable, should be submitted with this completed enrollment application.

Place a check next to each document (as applicable or required) that you are including with this completed application.

- ☐ Copy(s) of all Federal, State, and/or local (city/county) professional licenses, certifications and/or registrations specifically required to operate as a health care facility
- ☐ Copy(s) of all Federal, State, and/or local (city/county) business licenses, certifications and/or registrations specifically required to operate as a health care facility
- ☐ Copy(s) of all certificates or evidence of qualifying course work
- ☐ Copy(s) of all CLIA Certificates, FDA Mammography Certificates, and Diabetes Education Certificates
- ☐ Copy(s) of all adverse legal action documentation (e.g., notifications, resolutions, and reinstatement letters)
- ☐ Completed Form HCFA-460 – Medicare Participating Physician or Supplier Agreement
- ☐ Completed Form HCFA-588 - Authorization Agreement for Electronic Funds Transfer
- ☐ Completed Form CMS 855R – Individual Reassignment of Benefits
- ☐ IRS documentation confirming the Tax Identification Number with the Legal Business Name (e.g., CP 575)
- ☐ Any additional documentation or letters of explanation as needed

MEDICARE

FEDERAL HEALTH CARE
REASSIGNMENT OF BENEFITS APPLICATION

Application for Individual Health Care Practitioners to Reassign Medicare Benefits

CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS 855R (01/2003)

OMB Approval No. 0938-0685

Keep a copy of this completed package for your own records.

Upon completion, return this application and all necessary documentation to:

OMB Approval No. 0938-0685

Medicare Provider/Supplier Enrollment Application

Privacy Act Statement

The Centers for Medicare and Medicaid Services (CMS) is authorized to collect the information requested on this form by sections 1124(a)(1), 1124A(a)(3), 1128, 1814, 1815, 1833(e), and 1842(r) of the Social Security Act [42 U.S.C. §§ 1320a-3(a)(1), 1320a-7, 1395f, 1395g, 1395(l)(e), and 1395u(r)] and section 31001(1) of the Debt Collection Improvement Act [31 U.S.C. § 7701(c)].

The purpose of collecting this information is to determine or verify the eligibility of individuals and organizations to enroll in the Medicare program as providers/suppliers of goods and services to Medicare beneficiaries and to assist in the administration of the Medicare program. This information will also be used to ensure that no payments will be made to providers or suppliers who are excluded from participation in the Medicare program. All information on this form is required, with the exception of those sections marked as "optional" on the form. Without this information, the ability to make payments will be delayed or denied.

The information collected will be entered into the Provider Enrollment, Chain and Ownership System (PECOS), and either system number 09-70-0525 titled Unique Physician/Practitioner Identification Number (UPIN) System (published in Vol. 61 of the Federal Register at page 20,528 (May 7, 1996)), or the National Provider Identifier (NPI) System, Office of Management and Budget (OMB) approval 0938-0684 (R-187). The information in this application will be disclosed according to the routine uses described below.

Information from these systems may be disclosed under specific circumstances to:

1) CMS contractors to carry out Medicare functions, collating or analyzing data, or to detect fraud or abuse;
2) A congressional office from the record of an individual health care provider in response to an inquiry from the congressional office at the written request of that individual health care practitioner;
3) The Railroad Retirement Board to administer provisions of the Railroad Retirement or Social Security Acts;
4) Peer Review Organizations in connection with the review of claims, or in connection with studies or other review activities, conducted pursuant to Part B of Title XVIII of the Social Security Act;
5) To the Department of Justice or an adjudicative body when the agency, an agency employee, or the United States Government is a party to litigation and the use of the information is compatible with the purpose for which the agency collected the information;
6) To the Department of Justice for investigating and prosecuting violations of the Social Security Act, to which criminal penalties are attached;
7) To the American Medical Association (AMA), for the purpose of attempting to identify medical doctors when the Unique Physician Identification Number Registry is unable to establish identity after matching contractor submitted data to the data extract provided by the AMA;
8) An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, or to the restoration or maintenance of health;
9) Other Federal agencies that administer a Federal health care benefit program to enumerate/enroll providers of medical services or to detect fraud or abuse;
10) State Licensing Boards for review of unethical practices or non-professional conduct;
11) States for the purpose of administration of health care programs; and/or
12) Insurance companies, self insurers, health maintenance organizations, multiple employer trusts, and other health care groups providing health care claims processing, when a link to Medicare or Medicaid claims is established, and data are used solely to process provider's/supplier's health care claims.

The enrolling provider or supplier should be aware that the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503) amended the Privacy Act, 5 U.S.C. § 552a, to permit the government to verify information through computer matching.

Protection of Proprietary Information

Privileged or confidential commercial or financial information collected in this form is protected from public disclosure by Federal law 5 U.S.C. § 552(b)(4) and Executive Order 12600.

Protection of Confidential Commercial and/or Sensitive Personal Information

If any information within this application (or attachments thereto) constitutes a trade secret or privileged or confidential information (as such terms are interpreted under the Freedom of Information Act and applicable case law), or is of a highly sensitive personal nature such that disclosure would constitute a clearly unwarranted invasion of the personal privacy of one or more persons, then such information will be protected from release by CMS under 5 U.S.C. §§ 552(b)(4) and/or (b)(6), respectively.

OMB Approval No. 0938-0685

INDIVIDUAL REASSIGNMENT OF MEDICARE BENEFITS INSTRUCTIONS

Please **PRINT** or **TYPE** all information so it is legible. Do not use pencil. Failure to provide all requested information may cause this form to be returned and delay the processing of your reassignment. This application is to be completed for any **individual practitioner** who will be reassigning his or her benefits to an eligible provider or supplier. See inside front cover for return mailing instructions. Electronic copies of all CMS Medicare enrollment forms can be found at the Medicare web-site at http://www.cms.hhs.gov. These electronic forms may be downloaded to your computer, completed on screen, printed, signed, and mailed to the appropriate Medicare contractor.

SECTION 1: GENERAL INFORMATION

Check the applicable box indicating the reason for the submittal of this application.

Add a New Reassignment – Check this box and furnish the effective date when an individual practitioner who is enrolling or is currently enrolled in the Medicare program will be reassigning his/her benefits to this provider/supplier for the 1st time. The provider/supplier **must** be enrolled or currently enrolling in Medicare before a reassignment can be effectuated. When adding a reassignment, complete Sections 1, 2, 3, 5, 6 and 7.

Terminate a Current Reassignment – Check this box and furnish the effective date when an individual practitioner who has reassigned his/her benefits to this provider/supplier is terminating that reassignment. No reassigned claims will be paid to the provider/supplier for services rendered by the practitioner identified in Section 3 after the effective date of deletion.

- When the group/clinic is terminating the reassignment, the group/clinic must complete Sections 1, 2, 3, 6, and 7.
- When the individual practitioner is terminating the reassignment, he/she must complete Sections 1, 2, 3, 4, and 7.

Change Income Reporting Status – Check this box and furnish the effective date when reporting a change in the type of income tax withholding (e.g., if a practitioner changes his/her work status from "Employee" to "Independent Contractor") reported to the IRS for the individual practitioner who has reassigned his/her benefits to this provider/supplier. When changing the practitioner's income reporting status, complete Sections 1, 2, 3, 6 and 7.

Attesting to Current Reassignment – Check this box if you have been requested to declare all those groups or other entities you are affiliated with in which you have current valid reassignment of benefits established. All individuals that have 5 or more active reassignments with 5 or more groups/entities are required to confirm this information periodically. You will need to complete a separate CMS 855R for each group/entity to whom you reassign your benefits. When attesting to current reassignments complete Sections 1, 2, 3, 5, and 7.

NOTE: All changes must be reported to the carrier within 90 days of the effective date of the change.

SECTION 2: PROVIDER/SUPPLIER IDENTIFICATION

This section is to be completed with information about the provider/supplier to which the individual practitioner's benefits will be reassigned or have already been reassigned.

NOTE: Prior to the reassignment of benefits to this provider/supplier, both the individual practitioner **AND** the provider/supplier must be enrolled (or concurrently enrolling) in the Medicare program. If the individual practitioner's or the provider/supplier's initial enrollment application is being submitted concurrently with this reassignment application, write **"pending"** in the Medicare identification number block.

Furnish the provider/supplier's name and tax identification number as reported to the IRS, and the provider/supplier's group specialty and Medicare identification number or National Provider Identifier (NPI).

NOTE: The provider/supplier's name as reported to the IRS must be the same as reported on the provider/supplier's CMS 855B when it enrolled.

OMB Approval No. 0938-0685

SECTION 3: INDIVIDUAL PRACTITIONER IDENTIFICATION

This section is to be completed for each individual practitioner who is reassigning (or terminating reassignment) of his or her Medicare benefits to the provider/supplier shown in Section 2 of this form.

- Furnish the individual's full given name, social security number, Medicare identification number or National Provider Identifier (NPI), and specialty.

- Indicate what income reporting form the individual receives from the provider/supplier based on his/her employment with the provider/supplier.

NOTE: Prior to the reassignment of benefits to this provider/supplier, both the individual practitioner **AND** the provider/supplier must be enrolled (or concurrently enrolling) in the Medicare program. If the individual practitioner's or the provider/supplier's initial enrollment application is being submitted concurrently with this reassignment application, write **"pending"** in the Medicare identification number block.

Payroll Agent - If the provider/supplier utilizes an IRS approved Payroll Agent to pay the salaries of W-2 employees reassigning their benefits, the provider/supplier must submit copies of the completed IRS Form 2678 (Employer Appointment of Agent), and the letter (IRS Form 1997C) authorizing the appointment of a payroll agent signed by the IRS Service Center Director. These IRS forms will be used as documentation to establish the employer-employee relationship required under § 3060.1 of the Medicare Carriers Manual.

If the individual practitioner receives a form other than those listed in this section, check "Other" and identify the form.

In situations where a provider/supplier contracts with an organization (e.g., a physician group practice) for physician/practitioner services and there is no direct payment to the physician/practitioner from the provider/supplier, the "Other" block for income reporting should be used and the description should indicate **indirect contractual arrangement (ICA)**.

NOTE: To reduce the burden of furnishing some types of supporting documentation, we have designated specific types of documentation to be furnished on an "as needed" basis. However, the carrier may request, at any time, documentation to support or validate information that is reported in this application. Some examples of documents that may be requested for validation are IRS W-2s, pay stubs, or employment contracts.

OMB Approval No. 0938-0685

MEDICARE FEDERAL HEALTH CARE BENEFIT REASSIGNMENT APPLICATION

Application for the Reassignment of Medicare Benefits

General Instructions

The Medicare Federal Health Care Benefit Reassignment Application has been designed by the Centers for Medicare and Medicaid Services (CMS) to assist in the administration of the Medicare program and to ensure that the Medicare program is in compliance with all regulatory requirements. The information collected in this application will be used to ensure that payments made from the Medicare trust fund are only paid to qualified health care providers or suppliers with whom an individual practitioner has a valid reassignment of benefits on file with Medicare, and that the amount of the payments are correct. To accomplish this, Medicare must know basic identifying information about the individual practitioner and the provider/supplier who the individual practitioner is authorizing to receive payment on his or her behalf for services rendered to Medicare beneficiaries.

When completing this application, Medicare must know the name, social security number, and Medicare identification number of the individual practitioner reassigning his or her benefits and the name, tax identification number, and Medicare identification number of the provider/supplier receiving the individual practitioner's reassigned benefits.

This application must be completed any time an individual practitioner reassigns his or her benefits to an eligible provider/supplier. Both the individual practitioner and the eligible provider/supplier must be currently enrolled (or concurrently enrolling) in the Medicare program. Generally, this application will be completed by the provider/supplier, signed by the individual practitioner, and submitted by the provider/supplier. When deleting a current reassignment, either the provider/supplier **or** the individual practitioner may submit this application with the appropriate sections completed.

1. General Information

This section is to be completed with information as to why this reassignment of benefits application is being submitted.

Reason for Submittal of this Application

Check one:

- ☐ Add a New Reassignment – Effective Date:_____
- ☐ Terminate a Current Reassignment – Effective Date:_____
- ☐ Change Income Reporting Status - Effective Date (MM/DD/YYYY):_____
- ☐ Attesting to Current Reassignment

2. Provider/Supplier Identification

This section is to be completed with identifying information about the provider/supplier to which the individual practitioner is reassigning his or her benefits.

Legal Business Name of Provider/Supplier as Reported to IRS	Group Specialty
Tax Identification Number	Medicare Identification Number or NPI

3. Individual Practitioner Identification

This section is to be completed with identifying information about the individual practitioner who will be reassigning (or terminating the reassignment of) his or her benefits to the provider/supplier shown in Section 2 above.

Name First	Middle	Last	Jr., Sr., etc.
Social Security Number	Medicare Identification Number or NPI	Practitioner Specialty	

What income reporting form does the individual practitioner receive from the supplier at the end of the calendar year based on his or her relationship with the provider/supplier shown in Section 2?

Check all that apply: ☐ **W-2** ☐ **1099** ☐ **1065-K1** **Other:**_____

OMB Approval No. 0938-0685

SECTION 4: STATEMENT OF TERMINATION

This section is to be completed only if you are terminating your reassignment of benefits to the provider/supplier.

- Furnish the provider/supplier's name as reported to the IRS (the name must be the same as reported in Section 2).
- Complete, sign, and date the "Statement of Termination."

NOTE: All signatures must be original. Faxed, photocopied, or stamped signatures are not acceptable.

By his or her signature, the individual practitioner terminates the authority of the provider/supplier to claim or receive any fees or charges for the practitioner's services, and attests to the accuracy of the information provided on this form.

SECTION 5: REASSIGNMENT OF BENEFITS STATEMENT

The individual practitioner who will be reassigning benefits to the eligible provider/supplier must complete, sign, and date this Reassignment of Benefits Statement. Failure to do so will delay the processing of this application, thus limiting CMS's ability to make payments.

- Type or print the individual practitioner's full name.
- The individual practitioner must sign and date this section.

NOTE: All signatures must be original. Faxed, photocopied, or stamped signatures are not acceptable.

SECTION 6: ATTESTATION STATEMENT

Either the authorized official or a delegated official who has been identified on the provider/supplier's CMS 855B application must sign and date this Attestation Statement. By his or her signature, the authorized or delegated official attests to the accuracy of the information provided and certifies that the provider/supplier applying to receive or terminate payments is in fact eligible to receive or terminate reassigned benefits.

NOTE: All signatures must be original. Faxed, photocopied, or stamped signatures are not acceptable.

For further information on the requirements regarding the reassignment of benefits, contact the Medicare carrier.

SECTION 7: CONTACT PERSON

Provide the full name and telephone number of an individual who can be reached to answer questions regarding the information furnished in this application.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0685. The time required to complete this information collection is estimated at 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.

OMB Approval No. 0938-0685

4. Statement of Termination

This section is to be completed by the individual practitioner to terminate a previously authorized reassignment of benefits.

By my signature, I hereby terminate the authority of _____ to claim or receive any fees or charges for my services. (Name of Individual or Provider/Supplier as Reported to the IRS)

I certify that I have examined the above information and that it is true, accurate and complete to the best of my knowledge. I understand that any deliberate misrepresentation or concealment of any information requested in this application may subject me to liability under civil and criminal laws.

Individual Practitioner Name **Print** First	Middle	Last	Jr., Sr., etc.
Individual Practitioner Signature (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)		Date (MM/DD/YYYY) Signed	

5. Reassignment of Benefits Statement

This section **MUST** be signed and dated by the individual practitioner shown in Section 3 to authorize the reassignment of his or her benefits to the provider/supplier shown in Section 2.

Medicare law prohibits payment for services provided by an individual practitioner to be paid to another individual or provider/supplier unless the individual practitioner who provided the services specifically authorizes another individual or provider/supplier (employer, facility, or health care delivery system) to receive said payments in accordance with 42 CFR 424.73 and 42 CFR 424.80. By signing this Reassignment of Benefits Statement, you are authorizing the individual or provider/supplier identified in Section 2 to receive Medicare payments on your behalf.

Your employment or contract with this individual or provider/supplier must be in compliance with CMS regulations. All individual practitioners who allow another individual or provider/supplier (employer, facility, or health care delivery system) to receive payment for their services must sign the Reassignment of Benefits Statement.

Individual Practitioner Name **Print** First	Middle	Last	Jr., Sr., etc.
Individual Practitioner **Signature** (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)		Date (MM/DD/YYYY) Signed	

6. Attestation Statement

This section requires the signature of an authorized or delegated official of the provider/supplier shown in Section 2. The authorized or delegated official must currently be on file with Medicare for this application to be processed.

I certify that I have examined the above information and that it is true, accurate and complete to the best of my knowledge. I understand that any deliberate misrepresentation or concealment of any information requested in this application may subject me to liability under civil and criminal laws. For new reassignments, I also certify that the provider/supplier requesting to receive payments is legally eligible to receive reassigned benefits per CMS regulations.

Authorized/Delegated Official Name **Print** First	Middle	Last	Jr., Sr., etc.
Authorized/Delegated Official **Signature** (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)		Date (MM/DD/YYYY) Signed	

7. Contact Person

This section is to be completed with the name, telephone number and address of a person who can answer questions about the information furnished in this application.

Name First	Last	Telephone Number ( )	(Ext.) ( )
Address Line 1 (Street Name and Number)			
City	State	ZIP Code + 4	

MEDICARE

FEDERAL HEALTH CARE
PROVIDER/SUPPLIER ENROLLMENT APPLICATION

Application for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB Approval No. 0938-0685

Keep a copy of this complete package for your own records

Upon completion, return this application and all necessary documentation to:

National Supplier Clearinghouse
Post Office Box 100142
Columbia, South Carolina 29202-3142

Telephone Number 1 (866) 238-9652

OMB Approval No. 0938-0685

Medicare Provider/Supplier Enrollment Application

Privacy Act Statement

The Centers for Medicare and Medicaid Services (CMS) is authorized to collect the information requested on this form by sections 1124(a)(1), 1124A(a)(3), 1128, 1814, 1815, 1833(e), and 1842(r) of the Social Security Act [42 U.S.C. §§ 1320a-3(a)(1), 1320a-7, 1395f, 1395g, 1395l(e), and 1395u(r)] and section 31001(1) of the Debt Collection Improvement Act [31 U.S.C. § 7701(c)].

The purpose of collecting this information is to determine or verify the eligibility of individuals and organizations to enroll in the Medicare program as providers/suppliers of goods and services to Medicare beneficiaries and to assist in the administration of the Medicare program. This information will also be used to ensure that no payments will be made to providers or suppliers who are excluded from participation in the Medicare program. All information on this form is required, with the exception of those sections marked as "optional" on the form. Without this information, the ability to make payments will be delayed or denied.

The information collected will be entered into the Provider Enrollment, Chain and Ownership System (PECOS), and either system number 09-70-0525 titled Unique Physician/Practitioner Identification Number (UPIN) System (published in Vol. 61 of the Federal Register at page 20,528 (May 7, 1996), or the National Provider Identifier (NPI) System (OMB) approval 0938-0684 (R-187). The information in this application will be disclosed according to the routine uses described below.

Information from these systems may be disclosed under specific circumstances to:

1) CMS contractors to carry out Medicare functions, collating or analyzing data, or to detect fraud or abuse;
2) A congressional office from the record of an individual health care provider/supplier in response to an inquiry from the congressional office at the written request of that individual health care practitioner;
3) The Railroad Retirement Board to administer provisions of the Railroad Retirement or Social Security Acts;
4) Peer Review Organizations in connection with the review of claims, or in connection with studies or other review activities, conducted pursuant to Part B of Title XVIII of the Social Security Act;
5) To the Department of Justice or an adjudicative body when the agency, an agency employee, or the United States Government is a party to litigation and the use of the information is compatible with the purpose for which the agency collected the information;
6) To the Department of Justice for investigating and prosecuting violations of the Social Security Act, to which criminal penalties are attached;
7) To the American Medical Association (AMA), for the purpose of attempting to identify medical doctors when the Unique Physician Identification Number Registry is unable to establish identity after matching contractor submitted data to the data extract provided by the AMA;
8) An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, or to the restoration or maintenance of health;
9) Other Federal agencies that administer a Federal health care benefit program to enumerate/enroll providers/suppliers of medical services/supplies or to detect fraud or abuse;
10) State Licensing Boards for review of unethical practices or non-professional conduct;
11) States for the purpose of administration of health care programs; and/or
12) Insurance companies, self insurers, health maintenance organizations, multiple employer trusts, and other health care groups providing health care claims processing, when a link to Medicare or Medicaid claims is established, and data are used solely to process provider's/supplier's health care claims.

The provider or supplier should be aware that the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503) amended the Privacy Act, 5 U.S.C. § 552a, to permit the government to verify information through computer matching.

Protection of Proprietary Information

Privileged or confidential commercial or financial information collected in this form is protected from public disclosure by Federal law 5 U.S.C. § 552(b)(4) and Executive Order 12600.

Protection of Confidential Commercial and/or Sensitive Personal Information

If any information within this application (or attachments thereto) constitutes a trade secret or privileged or confidential information (as such terms are interpreted under the Freedom of Information Act and applicable case law), or is of a highly sensitive personal nature such that disclosure would constitute a clearly unwarranted invasion of the personal privacy of one or more persons, then such information will be protected from release by CMS under 5 U.S.C. §§ 552(b)(4) and/or (b)(6), respectively.

OMB Approval No. 0938-0685

INSTRUCTIONS FOR APPLICATION FOR DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES (DMEPOS) SUPPLIERS

Please be sure to **PRINT** or **TYPE** all information so it is legible. Do not use pencil. Failure to provide all requested information might cause the application to be returned and may delay the enrollment process. Certain sections of the application have been omitted because they do not apply to DMEPOS suppliers. See inside front cover for mailing instructions. Electronic copies of all CMS Medicare enrollment forms can be found at the Medicare website at http://www.cms.hhs.gov. These electronic forms may be downloaded to your computer, completed on screen, printed, signed, and mailed to the appropriate Medicare contractor.

Whenever additional information needs to be reported within a section, copy and complete that section for each additional entry. We strongly suggest that the DMEPOS supplier keep a photocopy of its completed application and supporting documents for future reference.

This application is to be completed by DMEPOS suppliers that will bill Medicare carriers for Durable Medical Equipment, Prosthetics, Orthotics, or Supplies provided to Medicare beneficiaries. Failure to promptly submit a completed form CMS 855S to the National Supplier Clearinghouse will result in delays in obtaining enrollment and billing privileges.

DEFINITIONS OF MEDICARE ENROLLMENT TERMINOLOGY

To help you understand certain terms used throughout the application, we have included the following definitions:

Authorized Official-An appointed official to whom the supplier has granted the legal authority to enroll the supplier in the Medicare program, to make changes and/or updates to the supplier's status in the Medicare program (e.g., new practice locations, change of address, etc.) and to commit the supplier to fully abide by the laws, regulations, and program instructions of Medicare. The authorized official must be the supplier's general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of 5% or more of the supplier (see Section 5 for the definition of a "direct owner"), or must hold a position of similar status and authority within the supplier's organization.
Billing Agency-A company that the enrolling supplier contracts with to furnish claims processing functions for the supplier.
Business Location-This is the physical structure from which the enrolling supplier conducts its business operations.
Carrier-The Part B Medicare claims processing contractor.
Delegated Official-Any individual who has been delegated, by the supplier or the supplier's "Authorized Official," the authority to report changes and updates to the supplier's enrollment record. A delegated official **must** be a managing employee (W-2) of the supplier or have a 5% ownership interest, or any partnership interest, in the supplier.
DMEPOS-Durable Medical Equipment, Prosthetics, Orthotics, and Supplies.
DMEPOS Supplier-A business or individual that furnishes Durable Medical Equipment, Prosthetics, Orthotics, or Supplies.
Enrolling Supplier-The enrolling supplier is the actual business location from where DMEPOS items are furnished. All sections of this application must be completed with information related to the "Business Location" reported in Section 4A.
Fiscal Intermediary-The Part A Medicare claims processing contractor.
Legal Business Name-The name reported to the Internal Revenue Service (IRS) for tax reporting purposes.
Medicare Identification Number-This is a generic term for any number that uniquely identifies the enrolling supplier. Examples of Medicare identification numbers are Unique Physician/Practitioner Identification Number (UPIN), National Provider Identifier (NPI), and National Supplier Clearinghouse (number) (NSC).
National Supplier Clearinghouse (NSC)-This is the DMEPOS Medicare enrollment contractor.
Provider-A provider is a hospital, critical access hospital, skilled nursing facility, nursing facility, comprehensive outpatient rehabilitation facility, home health agency, or hospice, that has in effect an agreement to participate in Medicare; or a rural health clinic (RHC), Federally qualified health center (FQHC), rehabilitation agency, or public health agency that has in effect a similar agreement but only to furnish outpatient physical therapy or speech pathology services; or a community mental health center that has in effect a similar agreement but only to furnish partial hospitalization services.
Provider Identification Number (PIN)-This number is assigned to providers, suppliers, groups and organizations in Medicare Part B. This number will identify who provided the service to the beneficiary on the Medicare claim form.
Supplier-A physician or other practitioner, or an organization other than a provider, that furnishes health care services under Medicare Part B. The term supplier also includes independent laboratories, portable x-ray services, physical therapists in private practice, end stage renal disease (ESRD) facilities, and chiropractors. For enrollment purposes, suppliers who submit claims for durable medical equipment, prosthetics, orthotics, or supplies (DMEPOS) must complete the CMS 855S.
Tax Identification Number (TIN)-The number issued by the IRS and used to report tax information to the IRS.

OMB Approval No. 0938-0685

SECTION 1: GENERAL APPLICATION INFORMATION

This section is to identify the reason for submittal of this application. It will also indicate whether the supplier currently has a business relationship with Medicare.

A. Reason for Submittal of this Application - This section identifies the reason this application is being submitted.

1. Select one of the following:

Initial Enrollment of a New DMEPOS Supplier:
- If the supplier is enrolling in the Medicare program for the first time as a DMEPOS supplier.

Re-enrollment:
- If the supplier is currently enrolled in the program and has been asked to verify and update the enrollment information currently on file, and to attest that it is still eligible to receive Medicare payments.

Reactivation:
- If the supplier's Medicare billing number was deactivated.

To reactivate billing privileges, the supplier may be required to either submit an updated CMS 855S or certify to the accuracy of its enrollment information currently on file with CMS. In addition, prior to being reactivated, the supplier must be able to submit a valid claim. The supplier must also meet all current Medicare requirements as a DMEPOS supplier regardless of whether it was previously enrolled in the program.

Enrollment of a New Location for a Currently Enrolled DMEPOS Supplier:
- If the supplier is currently enrolled in the program and is applying to enroll a new business location.

Change of Information:
- If the supplier is adding, deleting, or changing existing information under this tax identification number.

If an existing supplier changes its name/owner/address, etc., the supplier must annotate the change by checking the section(s) where the change is going to be made, completing the appropriate section(s), and signing and dating the certification statement. For example, if an existing supplier is moving to a new location and has previously completed an application, the supplier completes Sections 1, 4, and 14. The supplier does not complete a full application. When reporting a change of information, always complete Section 1 to identify the supplier and provide the new/changed information in the section checked, and sign and date the certification statement (Section 14). **All changes must be reported to the NSC within 30 days of the effective date of the change.**

Voluntary Termination of Billing Number:
- If the supplier will no longer be submitting claims to the Medicare program using this billing number.

Voluntary termination ensures that the supplier's billing number will not be fraudulently used if the supplier ceases its Medicare operations. Provide the date operations ceased or the date the supplier will stop billing for Medicare covered services and the billing number to be terminated. In addition, complete Section 1 to identify the supplier and sign and date the certification statement (Section 14).

NOTE: "Voluntary Termination" **cannot** be used to circumvent any corrective action plan or any pending/ongoing investigation.

NOTE: Suppliers must furnish their current NSC billing number in the space provided if submitting this application for any reason other than the initial enrollment of a new DMEPOS supplier.

OMB Approval No. 0938-0685

2. This section identifies the State where the supplier's business location (as reported in Section 4A) is located. Please indicate the two-letter state code for the State where the supplier's business is located (for example, "SC" for "South Carolina").

3. Supplier numbers can be used nationally when filing claims; however, the supplier is required to indicate the region where the majority of claims for this location will be submitted. Claims are submitted based on where the Medicare beneficiary resides. For example, if **most** of the supplier's Medicare beneficiaries reside in MD, DC, and VA, the supplier would check "Region B." See list below to determine the appropriate box(es) to check.

   - **Region A** - Delaware, Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont
   - **Region B** - District of Columbia, Illinois, Indiana, Maryland, Michigan, Minnesota, Ohio, West Virginia, Wisconsin, Virginia
   - **Region C** - Alabama, Arkansas, Colorado, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, Virgin Islands
   - **Region D** - Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Northern Mariana, Oregon, South Dakota, Utah, Washington, Wyoming

4. Indicate whether the supplier is currently enrolled in another part of the Medicare program (e.g., as a home health agency). If "Yes," provide the name of the Medicare contractor to which the supplier submits claims and its Medicare identification number in this space. Report all currently active Medicare numbers. This is the number used to identify the supplier and is used on claims forms. This number may be referred to as a Medicare provider number, provider identification number (PIN), National Provider Number (NPI), or National Supplier Clearinghouse number. Report all numbers that have been issued to this supplier. Attach an additional page if necessary.

If the supplier does not currently have a Medicare identification number, it will be assigned one upon the successful completion of its enrollment. The supplier will receive information about what number(s) has been issued and how it is to be used.

NOTE: To reduce the burden of furnishing some types of supporting documentation, we have designated specific types of documentation to be furnished on an "as needed" basis. However, the NSC may request documentation, at any time during the enrollment or re-enrollment process, to support or validate information that is reported in this application. Some examples of documents that may be requested for validation are billing agreements, IRS W-2 forms, pay stubs, articles of incorporation, and partnership agreements.

OMB Approval No. 0938-0685

MEDICARE FEDERAL HEALTH CARE PROVIDER/SUPPLIER ENROLLMENT APPLICATION

Application for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers

General Instructions

The Medicare Federal Health Care Provider/Supplier Enrollment Application has been designed by the Centers for Medicare and Medicaid Services (CMS) to assist in the administration of the Medicare program and to ensure that the Medicare program is in compliance with all regulatory requirements. The information collected in this application will be used to ensure that payments made from the Medicare trust fund are paid only to qualified DMEPOS suppliers, and that the amounts of the payments are correct. This information will also identify whether the DMEPOS supplier is qualified to furnish health care items to Medicare beneficiaries. To accomplish this, Medicare must know basic identifying and qualifying information about the DMEPOS supplier that is seeking billing privileges in the Medicare program.

Medicare needs to know: (1) the type of DMEPOS supplier enrolling, (2) what qualifies this DMEPOS supplier to furnish health care related DMEPOS items, (3) where or how this DMEPOS supplier intends to furnish these items, and (4) those persons or entities with an ownership interest or managerial control, as defined in this application, over the DMEPOS supplier.

This application **MUST** be completed in its entirety, unless the appropriate box is checked to indicate the section does not apply or when reporting a change to previously submitted information. If a section does not apply to this DMEPOS supplier, check (√) the appropriate box in that section and skip to the next section. Sections 7, 9, and 11 have been deliberately omitted from this application because they are not applicable to the enrollment of DMEPOS suppliers that bill Medicare carriers.

1. General Application Information

A. Reason for Submittal of this Application

This section is to be completed with general information as to why this application is being submitted and whether this supplier currently has a business relationship with another Federal health care program.
To ensure timely processing of this application, Numbers 1, 2 and 3 below MUST ALWAYS be completed.

1. Check one:
   - ☐ Initial Enrollment of a New DMEPOS Supplier
   - ☐ Re-enrollment Furnish Current Billing Number:_____
   - ☐ Reactivation Furnish Current Billing Number:_____
   - ☐ Enrollment of a New Location for a Currently Enrolled DMEPOS Supplier
     Furnish Current Billing Number:_____
   - ☐ Change of Information (including Ownership) - (Check appropriate Section(s) below).
     ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14 ☐ 15
     Furnish Current Billing Number:_____
   - ☐ Voluntary Termination of Billing Number - Effective Date (MM/DD/YYYY):_____
     Furnish Current Billing Number to be terminated:_____

2. Please indicate the two-letter state code for the state where the enrolling business location is located for this DMEPOS supplier.
   _____ _____ (Example: S C for South Carolina)

3. To which region(s) will this supplier submit the majority of claims for this location?
   ☐ Region A ☐ Region B ☐ Region C ☐ Region D ☐ All Regions

4. Is this supplier currently enrolled in the Medicare program other than as a DMEPOS supplier? ☐ YES ☐ NO
   IF YES, furnish the following information about the current enrollment:

Medicare Contractor Name:_____ Medicare Identification Number or NPI:_____

OMB Approval No. 0938-0685

SECTION 2: SUPPLIER IDENTIFICATION

A. Supplier IRS Identification Information - This section is to be completed with information specifically related to the business location of the DMEPOS supplier submitting this application.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. Provide the legal business name as reported to the Internal Revenue Service (IRS), and the tax identification number (TIN) issued by the IRS to this supplier business location or the TIN used by this business location for tax reporting purposes.

Attach documentation (e.g., a copy of the IRS CP-575) from the IRS showing that the supplier business name matches the name reported in this application. If the supplier does not have an IRS CP-575, any official correspondence from the IRS that shows the supplier's name and TIN will be acceptable proof. Upon request, the IRS will provide a Form 147C showing the supplier's name and TIN.

NOTE: An IRS CP 575 or other documentation must be submitted for each TIN reported on this application.

If the supplier cannot obtain the required IRS document, explain why in a separate attachment and provide evidence that links its legal business name with the reported TIN. If the name and TIN do not match on the submitted documents, explain why and refer to the documents that confirm the identification of the supplier or owner as applicable (e.g., if the supplier recently changed its name and the IRS has not sent it an updated document). The supplier may then submit the old IRS document with the old name, as well as a copy of documentation filed with the IRS and State concerning the name change.

2. Furnish the address where the IRS Form 1099 is to be mailed for this supplier. If the supplier has changed or is changing its tax identification number, furnish the tax identification number currently or previously used and reported to Medicare.

B. Type of Business for this Supplier – Indicate the type of business operated by the supplier at this location.

1. Check all items that apply to the business location for which this application is being submitted.

2. Indicate the primary type of business conducted at the business location for which this application is being submitted.

NOTE: Copies of all Federal, State and local (city/county) professional and business licenses, certifications and/or registrations required to practice as a DMEPOS supplier in the enrolling supplier's State (e.g., Federal Drug Enforcement Agency (DEA) number for pharmacies, business occupancy license, local business license), must be submitted with this application.

C. Products and Services to be Furnished by this Supplier – Provide the types of DMEPOS products and services supplied to Medicare beneficiaries from this business location.

1. If this supplier is a physician, check the box provided and skip to Section D.

2. Indicate all primary products and services furnished by this supplier from this business location by circling the letter "P" next to the product or service **and** indicate all secondary products and services furnished by this supplier from this business location by circling the letter "S" next to the product or service.

NOTE: If "Parenteral Nutrition" and/or "Drugs/Pharmaceuticals" have been checked, a copy of the supplier's State pharmacy license **must** be submitted with this application.

D. Liability Insurance Information – All DMEPOS suppliers enrolling in Medicare must have liability insurance. Furnish the requested information about the insurance company and submit a copy(s) of the supplier's current liability insurance policy (or evidence of self-insurance) with this application.

E. Incorporation Information – Indicate if the supplier's business is incorporated.

OMB Approval No. 0938-0685

2. Supplier Identification

This section is to be completed with information specifically related to the business location of the supplier submitting this application. Furnish the following information: the supplier's legal business name and address as reported to the IRS for issuance of IRS Form 1099, the type of business this supplier operates as, the type(s) of products and services this supplier will furnish, and information about the supplier's liability insurance.

A. Supplier IRS Identification Information ☐ **Change** **Effective Date:**_____

Furnish the supplier's legal business name (as reported to the IRS). A copy of the IRS CP-575 or other correspondence issued by the IRS showing the TIN for this business **MUST** be submitted.

1. Legal Business Name as Reported to the IRS		Tax ID Number
2. 1099 Mailing Address Line 1 (Street Name and Number)		Former Tax ID Number (if changed)
1099 Mailing Address Line 2 (Suite, Room, etc.)		
1099 Mailing Address City	1099 Mailing Address State	1099 Mailing Address ZIP Code + 4

B. Type of Business for this Supplier

The supplier must meet all Medicare requirements for a DMEPOS supplier. Submit copies of all required licenses, certifications, and registrations with this application.

1. Type of Supplier (Check all that apply):

☐ Medical Supply Company
☐ Medical Supply Company with Registered Pharmacist
☐ Medical Supply Company with Respiratory Therapist
☐ Medical Supply Company with Orthotics Personnel
☐ Medical Supply Company with Prosthetics Personnel
☐ Orthotics Personnel
☐ Prosthetics Personnel
☐ Medicare + Choice Organization
☐ Managed Care Plan (non-Medicare + Choice)
☐ Optician
☐ Optometrist
☐ Home Health Agency
☐ Skilled Nursing Facility
☐ Intermediate Care Nursing Facility
☐ Nursing Facility (Other)
☐ Pharmacy
☐ Grocery Store
☐ Department Store
☐ Occupational Therapist/Physical Therapist
☐ Physician
☐ Hospital

2. Which of the above is the primary type of business for the business location of the enrolling supplier?

C. Products and Services to be Furnished by this Supplier

1. Check here ☐ if this supplier is a physician and skip to Section D.

2. Indicate all primary **and** secondary products and services furnished by this supplier by circling the letter "P" or the letter "S" next to the appropriate product or service.

P	S	Enteral Nutrition	P	S	Optician	P	S	Oxygen
P	S	Durable Medical Equipment	P	S	Other (Specify):_____	P	S	Parenteral Nutrition
P	S	Prosthetics	P	S	Diabetic Equipment and Supplies	P	S	Drugs/Pharmaceuticals
P	S	Orthotics	P	S	Dialysis Equipment and Supplies	P	S	Diabetic Footwear

D. Liability Insurance Information

Note: All DMEPOS suppliers must submit a copy of their liability insurance policy or evidence of self-insurance with this application.

Name of Insurance Company			
Insurance Policy Number	Date Policy Issued (MM/DD/YYYY)	Expiration Date of Policy (MM/DD/YYYY)	
Insurance Agent's Name: First	Middle	Last	Jr., Sr., etc.
Agent's Telephone Number ( ) (Ext.) ( )	Agent's Fax Number (if applicable) ( )	E-mail Address (if applicable)	

E. Incorporation Information

Is this DMEPOS supplier business incorporated? ☐ YES ☐ NO

OMB Approval No. 0938-0685

SECTION 3: ADVERSE LEGAL ACTIONS AND OVERPAYMENTS

A. Adverse Legal History - This section is to be completed with information concerning any adverse legal actions that have been imposed or levied against this supplier, as identified in Section 2A. See Table A on the application form for a list of adverse actions that must be reported.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. The supplier must state whether, under any current or former name or business identity, it has ever had any of the adverse legal actions listed in Table A of the application form imposed against it.

2. If the answer to this question is "Yes," supply all requested information. Attach copies of official documentation related to the adverse legal action. Such documentation includes adverse legal action notifications (e.g., notification of disciplinary action; criminal court documentation that verifies the conviction of a crime) and documents that evidence how the adverse legal action was finally resolved (e.g., reinstatement notices, etc.).

If the supplier is uncertain as to whether it falls within one of the adverse legal action categories or whether a name reported on this application has an adverse legal action, query the Healthcare Integrity and Protection Data Bank. If the supplier needs information on how to access the data bank, call 1-800-767-6732 or visit www.npdb-hipdb.com. There is a charge for using this service.

Table A--This is the list of adverse legal actions that must be reported. All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

B. Overpayment Information - Current laws found in the Federal Streamlining Act and the Debt Collection Improvement Act require all Federal agencies to determine whether an individual or business entity that enters into a business relationship with that agency has any outstanding debts, including overpayments under different identifiers. Failure to furnish information about overpayments will put the supplier in violation of these Acts and subject it to possible denial of its Medicare enrollment.

1. The supplier, as identified in Section 2A, must report all outstanding Medicare overpayments that it is liable for, including those paid to the supplier, or on its behalf, under a different name. For purposes of this section, the term "outstanding Medicare overpayment" is defined as a debt that meets **all** of the conditions listed below:

   a) The overpayment arose out of the supplier's current or previous enrollment in Medicare. This includes any overpayment incurred by the supplier under a different name or business identity, or in another Medicare contractor jurisdiction;

   b) CMS (or its contractors) has determined that the supplier is liable for the overpayment; and

   c) The overpayment is not or has not been included as part of a repayment plan approved by CMS (or its contractors), nor is the overpayment amount being repaid through the withholding of Medicare payments to the supplier.

Any overpayment not meeting all of these conditions should not be reported.

2. Furnish the full name or business identity under which the overpayment occurred and the account number under which the overpayment exists.

NOTE: Overpayments that occur after the suppliers' enrollment has been approved do not need to be reported unless the supplier is enrolling with a different Medicare contractor.

OMB Approval No. 0938-0685

3. Adverse Legal Actions and Overpayments

This section is to be completed with information concerning any adverse legal actions and/or overpayments that have been imposed or levied against this supplier (see Table A below for list of adverse actions that must be reported).

A. Adverse Legal History ☐ **Change** **Effective Date:**_____

1. Has this supplier, under any current or former name or business identity, ever had any of the adverse legal actions listed in Table A below imposed against it? ☐ YES ☐ NO
2. **IF YES**, report each adverse legal action, when it occurred, the law enforcement authority/court/administrative body that imposed the action, and the resolution. Attach a copy of the adverse legal action documentation(s) and resolution(s).

Adverse Legal Action:	Date:	Law Enforcement Authority:	Resolution:

Table A

1) Any felony conviction under Federal or State law, regardless of whether it was health care related.

2) Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicare or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.

3) Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.

4) Any misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.

5) Any misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

6) Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.

7) Any revocation or suspension of accreditation.

8) Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.

9) Any current Medicare payment suspension under any Medicare billing number.

Note: All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

B. Overpayment Information

1. Does this supplier, under any current or former name or business identity, have any outstanding Medicare overpayments? ☐ YES ☐ NO
2. **IF YES**, furnish the name and account number under which the overpayment(s) exists.

Name under which the overpayment occurred:	Account number under which the overpayment exists:

OMB Approval No. 0938-0685

SECTION 4: CURRENT BUSINESS LOCATION ADDRESS INFORMATION

This section is to be completed with information about the business location for which this application is being submitted. The supplier must also furnish a mailing address for receiving correspondence from Medicare, an address where payments are to be sent, and an address where Medicare beneficiaries' records are stored for this location.

A. Business Location Address Information – This must be the actual address where the supplier's business is physically located. It must be the address and telephone number where Medicare beneficiaries can contact the supplier directly.

NOTE: A separate application must be submitted for each physical business location that conducts business with the public and intends to bill Medicare from that location for the items sold to the public. Locations that serve only as warehouses or repair facilities should not be reported.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. Furnish the "doing business as" (DBA) name if different from the legal business name reported in Section 2A for this business location. The "doing business as" name is the name the supplier is generally known by to the public.

2. Provide the street address and telephone number of this business location. A post office box or a drop box address is **not** acceptable as a DMEPOS supplier business location. The address must be the actual physical location of the supplier's business. The telephone number must be the number where customers can call to ask questions or register complaints.

3. Check the appropriate box to indicate the organizational structure of this supplier. Check "Corporation" if the supplier is such, regardless of whether the supplier is "for-profit" or "non-profit." "Partnership" should be checked for all "General" or "Limited" partnerships. All other suppliers should check "Other," and specify the type of organizational structure (e.g., limited liability company).

4. Provide the date this business location was established to furnish and bill for DMEPOS supplies. This date will assist in establishing the effective date for claims processing. Also, when applicable, furnish the date this business location stopped furnishing DMEPOS supplies.

B. "Mail To" Address – The supplier must provide an address and telephone number where it can be directly contacted by Medicare or the NSC to resolve any enrollment or billing issues. This address will also be used to send the supplier important information concerning the Medicare program that may directly affect its Medicare payments. Therefore, this address cannot be that of the billing agency, management service organization, or staffing company. This address may be a post office box or a drop box location.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement.

If the "Mail To" address is the same as the "Business" address reported in Section 4A, check the box provided in this section and continue with Section 4C. Otherwise:

1. Furnish a "Mail To" name for the supplier in Section 4A.

2. Furnish an address, telephone number, fax number and email address where Medicare can directly contact the supplier.

3. If the DMEPOS supplier has more than one business location and the "Mail To" address is the same "Mail To" address for all of the supplier's business locations, check the box provided.

NOTE: If the "Mail To" address is a P.O. Box or Drop Box, it can not be the same as the "Business" address reported in Section 4A since a P.O. Box or Drop Box address is not acceptable as a DMEPOS supplier business address.

OMB Approval No. 0938-0685

C. "Pay To" Address – This address is the address the supplier must provide to indicate **where its Medicare payments are to be sent**. This address may be a post office box or drop box location.

Payment will be made in the DMEPOS supplier's "legal business name" as shown in Section 2A1.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement.

If the "Pay To" address is the same as the "Business" address reported in Section 4A, check the box provided at the top of this section and continue with Section 4D. Otherwise:

1. Furnish a "Pay To" address where Medicare can send payments.

   - If payment will be paid by electronic funds transfer (EFT), the "Pay To" address should indicate where the DMEPOS supplier wants all other payment information, (e.g., remittance notices, special payments, etc.) sent.

2. If the DMEPOS supplier has more than one business location and the "Pay To" address is the same "Pay To" address for all of the supplier's business locations, check the box provided.

NOTE: If the "Pay To" address is a P.O. Box or Drop Box, it can not be the same as the "Business" address reported in Section 4A since a P.O. Box or Drop Box address is not acceptable as a DMEPOS supplier business address.

D. Location of Medicare Beneficiaries' Medical Records – All Medicare beneficiary medical records must be accessible to Medicare for possible review. This section only needs to be completed if the supplier's Medicare beneficiaries' medical records are stored in a location other than the business location shown in Section 4A. Post office boxes and drop boxes are not acceptable addresses for the storage of Medicare beneficiaries' medical records.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

If the "Location of Medicare Beneficiaries' Medical Records" address is the same as the "Business" address reported in Section 4A, check the box provided at the top of this section and continue with Section 5. Otherwise:

1. Furnish the address where the supplier maintains its Medicare Beneficiaries' medical records.

2. If the DMEPOS supplier has more than one business location and the "Storage Location" address is the same "Storage Location" address for all of the supplier's business locations, check the box provided.

OMB Approval No. 0938-0685

4. Current Business Location Address Information

This section is to be completed with information about the business location for which this application is being submitted. Also furnish a mailing address for receiving correspondence from Medicare, an address where payments are to be sent, and an address where Medicare beneficiaries' records are stored for this location. A separate application must be submitted for each business location that intends to bill Medicare for the items sold to the public from that location.

A. Business Location Address Information ☐ **Change** **Effective Date:**_____

This must be the physical address and telephone number of the business location and where Medicare beneficiaries can contact the supplier directly. The "Doing Business As" name is the name the supplier is generally known by to the public.

1. "Doing Business As" (DBA) Name (if applicable) for the supplier identified in Section 2A

2. Business Address Line 1 (Street Name and Number)

Business Address Line 2 (Suite, Room, etc.)

Business City	Business State	Business ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

3. Identify the type of organizational structure for this supplier (Check one):
☐ Corporation ☐ Partnership ☐ Other (Specify):_____

4. Date this Business Started at this Location (MM/DD/YYYY)	Date this Business Terminated at this Location (if applicable) (MM/DD/YYYY)

B. "Mail To" Address ☐ **Same as Section 4A** ☐ **Change** **Effective Date:**_____

This must be an address and telephone number where Medicare can contact the supplier directly.

1. "Mail To" Name for the supplier identified in Section 4A above

2. "Mail To" Address Line 1 (Street Name and Number or P.O. Box)

"Mail To" Address Line 2 (Suite, Room, etc.)

"Mail To" City	"Mail To" State	"Mail To" ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

3. Check here ☐ if this "Mail To" address is to be used as the mail to address for all of the supplier's business locations.

C. "Pay To" Address ☐ **Same as Section 4A** ☐ **Change** **Effective Date:**_____

Furnish the address **where payment should be sent** for supplies furnished from the business address in Section 4A.

1. "Pay To" Address Line 1 (Street Name and Number or P.O. Box)

"Pay To" Address Line 2 (Suite, Room, etc.)

"Pay To" City	"Pay To" State	"Pay To" ZIP Code + 4

2. Check here ☐ if this "Pay To" address is to be used as the pay to address for all of the supplier's business locations.

D. Location of Medicare Beneficiaries' Medical Records ☐ **Change** **Effective Date:**_____

Check here ☐ if **all** Medicare beneficiary medical records are stored at the business location shown in Section 4A. Otherwise, complete this section with the name and address of the storage location.

1. Medicare Beneficiary Medical Record Storage Location Name

Medicare Beneficiary Medical Record Storage Location Address Line 1 (Street Name and Number)

Storage Location Address Line 2 (Suite, Room, etc.)

Storage Location City	Storage State	Storage ZIP Code + 4

2. Check here ☐ if this "Storage Location" address is to be used as the storage address for all business locations.

OMB Approval No. 0938-0685

SECTION 5: OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (ORGANIZATIONS)

This section is to be completed with information about any organization that has 5% or more (direct or indirect) ownership of, any partnership interest in, and/or managing control of the DMEPOS supplier identified in Section 4A. See examples below of organizations that should be reported in this section. If there is more than one organization, copy and complete this section for each.

If individuals, and not organizations, own or manage the DMEPOS supplier, do not complete this section. These individuals must be reported in Section 6.

A. Check Box - Check the box if there are no organizations to be reported in this section. If this box is checked, proceed to Section 6.

B. Organization with Ownership Interest and/or Managing Control - Identification Information - If adding, deleting, or changing information on an existing owner, partner, or managing organization, check the appropriate box, indicate the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. If not reporting a change, complete this section for the following:

All organizations that have any of the following **must** be reported in Section 5B:

- 5% or more ownership of the DMEPOS supplier,
- Managing control of the DMEPOS supplier, or
- A partnership interest in the DMEPOS supplier, regardless of the percentage of ownership the partner has.

Owning/Managing organizations are generally one of the following types:

- Corporations (including non-profit corporations)
- Partnerships and Limited Partnerships (as indicated above)
- Charitable and/or Religious organizations
- Governmental and/or Tribal organizations

NOTE: All individual partners within a partnership must be reported in Section 6 of this application. This applies to both "General" and "Limited" partnerships. For instance, if a limited partnership has several limited partners and each of them only has a 1% interest in the DMEPOS supplier, each limited partner must be reported in this application, even though each owns less than 5%. The 5% threshold primarily applies to corporations and other organizations that are not partnerships.

***IMPORTANT* – Only report organizations in this section. Individuals must be reported in Section 6.**

1. Check all boxes that apply to indicate the relationship between the DMEPOS supplier and the owning or managing organization.

2. Provide the legal business name of the owning or managing organization.

3. If applicable, provide the owning or managing organization's "doing business as" name.

4. Provide the owning or managing organization's complete business street address.

5. Provide the owning or managing organization's tax identification number and, if one (or more) has been issued, its Medicare identification number(s) or NPI(s).

OMB Approval No. 0938-0685

The following contains an explanation of the terms "direct ownership," "indirect ownership," and "managing control," as well as instructions concerning organizations that must be reported in this application.

EXAMPLES OF 5% OR MORE "DIRECT" OWNERSHIP

All organizations that own 5% or more of the DMEPOS supplier must be reported in this application.

Many DMEPOS suppliers may be owned by only one organization. For instance, suppose the DMEPOS supplier is a pharmacy that is wholly (100%) owned by Company A. In this case, Company A is considered to be a direct owner of the pharmacy, in that it actually owns the assets of the business. As such, the DMEPOS supplier would have to report Company A in this section.

There are occasionally more complex ownership situations. Many organizations that directly own a DMEPOS supplier are themselves wholly or partly owned by other organizations (or even individuals). This is often the result of the use of holding companies and parent/subsidiary relationships. Such organizations and individuals are considered to be "indirect" owners of the DMEPOS supplier. Using our first situation above, if Company B owned 100% of Company A, Company B is considered to be an indirect owner of the DMEPOS supplier. In other words, a direct owner has an actual ownership interest in the DMEPOS supplier (e.g., owns stock in the business, etc.), whereas an indirect owner has an ownership interest in an organization that owns the DMEPOS supplier. For purposes of this application, direct and indirect owners must be reported if they own at least 5% of the DMEPOS supplier. To calculate whether these indirect owners meet the 5% ownership level, review the formula outlined in Example 1 in this section.

For purposes of this application, ownership also includes "financial control." Financial control exists when:

(1) An organization or individual is the owner of a whole or part interest in any mortgage, deed of trust, note, or other obligation secured (in whole or in part) by the DMEPOS supplier or any of the property or assets of the DMEPOS supplier, **and**

(2) The interest is equal to or exceeds 5% of the total property and assets of the DMEPOS supplier.

To calculate whether an organization or individual has financial control over the DMEPOS supplier, use the formula outlined in Example 2 of the instructions for this section.

OMB Approval No. 0938-0685

EXAMPLES OF "INDIRECT" LEVELS OF OWNERSHIP FOR ENROLLMENT PURPOSES

Example 1 (Ownership)

LEVEL 3	***Individual X*** 5%	***Individual Y*** 30%
LEVEL 2	***Company C*** 60%	***Company B*** 40%
LEVEL 1	***Company A*** 100%	

- Company A owns 100% of the Enrolling DMEPOS Supplier
- Company B owns 40% of Company A
- Company C owns 60% of Company A
- Individual X owns 5% of Company C
- Individual Y owns 30% of Company B

In this example, Company A (Level 1) is the direct owner of the Enrolling DMEPOS Supplier. Companies B and C as well as Individuals X and Y are indirect owners of the Enrolling DMEPOS Supplier. To calculate ownership shares using the above-cited example, utilize the following steps:

LEVEL 1

The diagram above indicates that Company A owns 100% of the Enrolling DMEPOS Supplier. Company A must therefore be reported in Section 5.

LEVEL 2

To calculate the percentage of ownership held by Company C of the Enrolling DMEPOS Supplier, multiply:

The percentage of ownership the LEVEL 1 owner has in the Enrolling DMEPOS Supplier
MULTIPLIED BY
The percentage of ownership the LEVEL 2 owner has in that LEVEL 1 owner

It is known that Company A, the LEVEL 1 (or direct) owner, owns 100% of the Enrolling DMEPOS Supplier. The diagram also indicates that Company C, a LEVEL 2 owner, owns 60% of Company A. As such, multiply 100% (or 1.0) by 60% (.60). The result is .60. Therefore, Company C indirectly owns 60% of the Enrolling DMEPOS Supplier, and must be reported in Section 5.

Repeat the same procedure for Company B, the other LEVEL 2 owner. Because Company B owns 40% of Company A, multiply this figure by 100% (again, the ownership stake Company A has in the Enrolling DMEPOS Supplier). Therefore, 1.0 multiplied by .40 equals .40, so Company B owns 40% of the Enrolling DMEPOS Supplier, and must be reported in Section 5.

This process is continued until all LEVEL 2 owners have been accounted for.

OMB Approval No. 0938-0685

LEVEL 3

To calculate the percentage of ownership that Individual X has in the Enrolling DMEPOS Supplier, multiply:

The percentage of ownership the LEVEL 2 owner has in the Enrolling DMEPOS Supplier
MULTIPLIED BY
The percentage of ownership the LEVEL 3 owner has in that LEVEL 2 owner

It has already been established that Company C owns 60% of the Enrolling DMEPOS Supplier. According to the example above, Individual X (Level 3) owns 5% of Company C. Therefore, multiply 60% (.60) by 5% (.05), resulting in .03. This means that Individual X owns 3% of the Enrolling DMEPOS Supplier and does not need to be reported in this application.

Repeat this process for Company B, which owns 40% of the Enrolling DMEPOS Supplier. The diagram states that Individual Y (Level 3) owns 30% of Company B. We thus multiply 40% (.40) by 30% (.30). The result is .12, or 12%. Because Individual Y owns 12% of the Enrolling DMEPOS Supplier, Individual Y must be reported in this application (in Section 6 - Individuals).

This process is continued until all owners in LEVEL 3 have been accounted for. Should there be entities at LEVEL 4 and above that have at least a 5% ownership interest in the Enrolling DMEPOS Supplier, the Enrolling DMEPOS Supplier may submit an organizational chart identifying these entities and/or individuals. The chart should contain the names, business addresses and TINs of these entities, and/or the names and social security numbers of these individuals.

Example 2 (Financial Control)

The percentage of financial control can be calculated by using the following formula:

Dollar amount of the mortgage, deed of trust, or other obligation secured by the Enrolling DMEPOS Supplier or any of the property or assets of the Enrolling DMEPOS Supplier
DIVIDED BY
Dollar amount of the total property and assets of the Enrolling DMEPOS Supplier

Example: Two years ago, a DMEPOS supplier obtained a $20 million loan from Entity X to add a third floor to its facility. Various assets of the DMEPOS supplier secure the mortgage. The total value of the DMEPOS supplier's property and assets is $100 million.

Using the formula described above, divide $20 million (the dollar amount of the secured mortgage) by $100 million (the total property and assets of the Enrolling DMEPOS Supplier). This results in .20, or 20%. Because Entity X's interest represents at least 5% of the total property and assets of the Enrolling DMEPOS Supplier, financial control exists and Entity X must be reported in this section.

MANAGING CONTROL (ORGANIZATIONS)

Any organization that exercises operational or managerial control over the DMEPOS supplier, or conducts the day-to-day operations of the DMEPOS supplier, is a managing organization and must be reported. The organization need not have an ownership interest in the DMEPOS supplier in order to qualify as a managing organization. This could be a management services organization under contract with the DMEPOS supplier to furnish management services for this business location.

OMB Approval No. 0938-0685

SPECIAL TYPES OF ORGANIZATIONS

Governmental/Tribal Organizations: If a Federal, State, county, city or other level of government, or an Indian tribe, will be legally and financially responsible for Medicare payments received (including any potential overpayments), the name of that government or Indian tribe should be reported as an owner. The DMEPOS supplier must submit a letter on the letterhead of the responsible government (e.g., government agency) or tribal organization, which attests that the government or tribal organization will be legally and financially responsible in the event that there is any outstanding debt owed to CMS. This letter must be signed by an "authorized official" of the government or tribal organization who has the authority to legally and financially bind the government or tribal organization to the laws, regulations, and program instructions of Medicare. See Section 14 for further information on and a definition of "authorized officials."

Charitable and Religious Organizations: Many non-profit organizations are charitable or religious in nature, and are operated and/or managed by a Board of Trustees or other governing body. The actual name of the Board of Trustees or other governing body should be reported in this section.

C. Adverse Legal History - This section is to be completed with information concerning any adverse legal actions that have been imposed or levied against the organization(s) reported in this section. See Table A in Section 3 of the application form for a list of adverse actions that must be reported.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. The DMEPOS supplier must state whether the organization reported in Section 5B, under any current or former name or business identity, has ever had any of the adverse legal actions listed in Section 3 (Table A) of this form imposed against it.

2. If the answer to this question is "Yes," supply all requested information. Attach copies of official documentation related to the adverse legal action. Such documentation includes adverse legal action notifications (e.g., notification of disciplinary action; criminal court documentation that verifies the conviction of a crime) and documents that evidence how the adverse legal action was finally resolved (e.g., reinstatement notices, etc.).

If the DMEPOS supplier is uncertain as to whether the owning or managing organization falls within one of the adverse legal action categories, the DMEPOS supplier should query the Healthcare Integrity and Protection Data Bank. If the DMEPOS supplier needs information on how to access the data bank, call 1-800-767-6732 or visit www.npdb-hipdb.com.

OMB Approval No. 0938-0685

5. Ownership Interest and/or Managing Control Information (Organizations)

This section is to be completed with information about all organizations that have 5% or more (direct or indirect) ownership of, any partnership interest in, and/or managing control of, the supplier identified in Section 4A, as well as any information on adverse legal actions that have been imposed against that organization. See instructions for examples of organizations that should be reported here. If there is more than one organization, copy and complete this section for each.

A. Check here ☐ if this section does not apply and skip to Section 6.

B. Organization with Ownership Interest and/or Managing Control—Identification Information

☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Check all that apply:	☐ 5% or more Ownership Interest ☐ Managing Control		☐ Partner
2. Legal Business Name			
3. "Doing Business As" Name (if applicable)			
4. Business Address Line 1 (Street Name and Number)			
Business Address Line 2 (Suite, Room, etc.)			
City	State	ZIP Code + 4	
5. Tax Identification Number	Medicare Identification Number(s) or NPI(s) (if applicable)		

C. Adverse Legal History ☐ **Change** **Effective Date:**_____

This section is to be completed for the organization reported in Section 5B above.

1. Has the organization in Section 5B above, under any current or former name or business identity, ever had any of the adverse legal actions listed in Table A in Section 3A imposed against it? ☐ YES ☐ NO

2. **IF YES**, report each adverse legal action, when it occurred, the law enforcement authority/court/administrative body that imposed the action, and the resolution. Attach a copy of the adverse legal action documentation(s) and resolution(s).

Adverse Legal Action:	Date:	Law Enforcement Authority:	Resolution:

OMB Approval No. 0938-0685

SECTION 6. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS)

This section is to be completed with information about any individual who has a 5% or greater (direct or indirect) ownership interest in, or any partnership interest in, the DMEPOS supplier identified in Section 4A. In addition, all officers, directors, and managing employees of the DMEPOS supplier must be reported in this section. If there is more than one individual, copy and complete this section for each. **The DMEPOS supplier MUST have at least ONE owner and/or managing employee.** If this is a "one person" operation, then report yourself in this section as **both** a 5% or greater owner and a managing employee or director/officer.

A. Individual with Ownership Interest and/or Managing Control - Identification Information - If adding, deleting, or changing information on an existing 5% or greater owner, partner, officer, director, or managing employee, check the appropriate box, indicate the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. If not reporting a change, complete this section for the following:

The following individuals **must** be reported in Section 6A: (see below for definitions of these terms)

- All persons who have a 5% or greater ownership interest in the DMEPOS supplier reported in Section 4A;
- If (and only if) the DMEPOS supplier is a corporation (whether for-profit or non-profit), all officers and directors of the DMEPOS supplier reported in Section 4A;
- All managing employees of the DMEPOS supplier reported in Section 4A, and
- All individuals with a partnership interest in the DMEPOS supplier reported in Section 4A, regardless of the percentage of ownership the partner has.

NOTE: All partners within a partnership must be reported in this application. This applies to both "General" and "Limited" partnerships. For instance, if a limited partnership has several limited partners and each of them only has a 1% interest in the DMEPOS supplier, each limited partner must be reported in this application, even though each owns less than 5%. The 5% threshold primarily applies to corporations and other organizations that are not partnerships.

For purposes of this application, the terms "officer," "director," and "managing employee" are defined as follows:

- The term **"Officer"** is defined as any person whose position is listed as being that of an officer in the DMEPOS supplier's **"Articles of Incorporation"** or **"Corporate Bylaws," OR** anyone who is appointed by the board of directors as an officer in accordance with the DMEPOS supplier's corporate bylaws.
- The term **"Director"** is defined as a member of the DMEPOS supplier's **"Board of Directors."** It does not necessarily include a person who may have the word "Director" in his/her job title (e.g., Departmental Director, Director of Operations). See note below.

NOTE: A person who has the word "Director" in his/her job title may be a "managing employee," as defined below. Moreover, where a DMEPOS supplier has a governing body that does not use the term "Board of Directors," the members of that governing body will still be considered "Directors." Thus, if the DMEPOS supplier has a governing body titled "Board of Trustees" (as opposed to "Board of Directors"), the individual trustees are considered "Directors" for Medicare enrollment purposes.

- The term **"Managing Employee"** is defined as any individual, including a general manager, business manager, or administrator, who exercises operational or managerial control over the DMEPOS supplier, or who conducts the day-to-day operations of the DMEPOS supplier. For Medicare enrollment purposes, "managing employee" also includes individuals who are not actual employees of the DMEPOS supplier but, either under contract or through some other arrangement, manage the day-to-day operations of the DMEPOS supplier.

NOTE: If a governmental or tribal organization will be legally and financially responsible for Medicare payments received (per the instructions for Governmental/Tribal Organizations in Section 5), the provider is only required to report its managing employees in Section 6. Owners, partners, officers, and directors do not need to be reported.

Refer to the instructions and examples in Section 5 for further clarification of what is meant by the terms "direct owner" and "indirect owner." If further assistance is needed in completing this section, contact the National Supplier Clearinghouse.

OMB Approval No. 0938-0685

***IMPORTANT* – Only Individuals should be reported in Section 6. Organizations must be reported in Section 5.**

1. Furnish the individual's full name, title, social security number, date of birth, and Medicare identification number or NPI (if applicable).

NOTE: Section 1124A of the Social Security Act requires that the DMEPOS supplier furnish Medicare with the individual's social security number.

2. Indicate the individual's relationship with the enrolling supplier identified in Section 2A. If this individual has a title other than that listed in this section, check the "Other" box and specify the title used by this individual.

Example: A supplier is 100% owned by Company C, which itself is 100% owned by Individual D. Assume that Company C is reported in Section 5B as an owner of the supplier. Assume further that Individual D, as an indirect owner of the supplier, is reported in Section 6A1. Based on this example, the supplier would check the "5% or Greater Indirect Owner" box in Section 6A2.

B. Adverse Legal History - This section is to be completed with information concerning any adverse legal actions that have been imposed or levied against individuals reported in Section 6A. See Table A in Section 3 of the application form for a list of adverse actions that must be reported.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. The DMEPOS supplier must state whether the individual reported in Section 6A, under any current or former name or business identity, has ever had any of the adverse legal actions listed in Section 3 (Table A) of this form imposed against him or her.

2. If the answer to this question is "Yes," supply all requested information. Attach copy(s) of official documentation related to the adverse legal action. Such documentation includes adverse legal action notifications (e.g., notification of disciplinary action; criminal court documentation that verifies the conviction of a crime) and documents that evidence how the adverse legal action was finally resolved (e.g., reinstatement notices, etc.).

If the DMEPOS supplier is uncertain as to whether this individual falls within one of the adverse legal action categories, the DMEPOS supplier should query the Healthcare Integrity and Protection Data Bank. If the supplier needs information on how to access the data bank, call 1-800-767-6732 or visit www.npdb-hipdb.com.

OMB Approval No. 0938-0685

6. Ownership Interest and/or Managing Control Information (Individuals)

This section is to be completed with information about any individual that has a 5% or greater (direct or indirect) ownership interest in, or any partnership interest in, the supplier identified in Section 4A. All officers, directors, and managing employees of the supplier must also be reported in this section. In addition, any information on adverse legal actions that have been imposed against the individuals reported in this section must be furnished. If there is more than one individual, copy and complete this section for each individual.

A. Individual with Ownership Interest and/or Managing Control—Identification Information

☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Name First	Middle	Last	Jr., Sr., etc.
Title	Date of Birth (MM/DD/YYYY)		
Social Security Number	Medicare Identification Number or NPI (if applicable)		

2. What is the above individual's relationship with the supplier in Section 2A? (Check all that apply.)

☐ 5% or Greater Direct Owner ☐ Managing Employee

☐ 5% or Greater Indirect Owner ☐ Director/Officer

☐ Other (Specify):_____ ☐ Partner

B. Adverse Legal History ☐ **Change** **Effective Date:**_____

This section is to be completed for the individual reported in Section 6A above.

1. Has the individual in Section 6A above, under any current or former name or business identity, ever had any of the adverse legal actions listed in Table A in Section 3A imposed against him or her? ☐ YES ☐ NO

2. **IF YES**, report each adverse legal action, when it occurred, the law enforcement authority/court/administrative body that imposed the action, and the resolution. Attach a copy of the adverse legal action documentation(s) and resolution(s).

Adverse Legal Action:	Date:	Law Enforcement Authority:	Resolution:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OMB Approval No. 0938-0685

SECTION 7: CHAIN HOME OFFICE INFORMATION

This section has been intentionally omitted.

SECTION 8: BILLING AGENCY

The purpose of collecting this information is to develop effective monitoring of agents/agencies that that prepare and/or submit claims to bill the Medicare program on behalf of the DMEPOS supplier. A billing agency is a company or individual that the DMEPOS supplier hires or contracts with to furnish claims processing functions for its business location. Any entity that meets this description must be reported in this section.

A. Check Box - If this DMEPOS supplier does not use a billing agency, check the box and skip to Section 11.

B. Billing Agency Name and Address - If reporting a change to information about a previously reported billing agency, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. Furnish the name and tax identification number of the billing agency.

2. Furnish the "doing business as" name of the billing agency.

3. Furnish the complete address and telephone number of the billing agency.

C. Billing Agreement/Contract Information - If reporting a change to existing information about a previously reported billing agreement/contract, check "Change," provide the effective date of the change, complete this entire questionnaire, and sign and date the certification statement. Otherwise:

The DMEPOS supplier that is enrolling is responsible for responding to the questions listed.

These questions are designed to show that the DMEPOS supplier fully understands and comprehends its billing agreement and that it intends to adhere to all Medicare laws, regulations, and program instructions. At any time, the NSC or CMS may request copies of all agreements/contracts associated with this billing agency.

SECTION 9: FOR FUTURE USE

This section has been intentionally omitted.

OMB Approval No. 0938-0685

7. Chain Home Office Information — This Section Not Applicable

8. Billing Agency

This section is to be completed with information about all billing agencies this supplier uses or contracts with that submit claims to Medicare on behalf of the supplier. If more than one billing agency is used, copy and complete this section for each. The supplier may be required to submit a copy of its current signed billing agreement/contract if Medicare cannot verify the information furnished in this section.

A. Check here ☐ if this section does not apply and skip to Section 11.

B. Billing Agency Name and Address ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

1. Legal Business Name as Reported to the IRS		Tax Identification Number
2. "Doing Business As" Name (if applicable)		
3. Business Street Address Line 1 (Street Name and Number)		
Business Street Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

C. Billing Agreement/Contract Information ☐ **Change** **Effective Date:**_____

Answer the following questions about the supplier's agreement/contract with the above billing agency.

1. Does the supplier have unrestricted access to its Medicare remittance notices? ☐ YES ☐ NO
2. Does the supplier's Medicare payment go directly to the supplier? ☐ YES ☐ NO
   IF NO, proceed to Question 3.
   IF YES, skip Questions 3, 4 and 5.
3. Does the supplier's Medicare payment go directly to a bank? ☐ YES ☐ NO
   IF NO, proceed to Question 4.
   IF YES, answer the following questions and skip Questions 4 and 5.
   a) Is the bank account only in the name of the supplier? ☐ YES ☐ NO
   b) Does the supplier have unrestricted access to the bank account and statements? ☐ YES ☐ NO
   c) Does the bank only answer to the supplier regarding what the supplier wants from the bank (e.g., sweep account instructions, bank statements, closing account, etc.)? ☐ YES ☐ NO
4. Does the supplier's Medicare payment go directly to the billing agent? ☐ YES ☐ NO
   IF NO, proceed to Question 5.
   IF YES, answer the following question and skip Question 5.
   a) Does the billing agent cash the supplier's check? ☐ YES ☐ NO
      IF NO, proceed to Question b.
      IF YES, are <u>all</u> of the following conditions included in the billing agreement? ☐ YES ☐ NO
      1) The agent receives payment under an agency agreement with the supplier. ☐ YES ☐ NO
      2) The agent's compensation is not related in any way to the dollar amounts billed or collected. ☐ YES ☐ NO
      3) The agent's compensation is not dependent upon the actual collection of payment. ☐ YES ☐ NO
      4) The agent acts under payment disposition instructions that the supplier may modify or revoke at any time. ☐ YES ☐ NO
      5) In receiving payment, the agent acts only on behalf of the supplier (except insofar as the agent uses part of that payment as compensation for the agent's billing and collection services). ☐ YES ☐ NO
   b) Does the billing agent either give the Medicare payment directly to this supplier or deposit the payment into this supplier's bank account? ☐ YES ☐ NO
5. Who receives the supplier's Medicare payment?_____

9. For Future Use — This Section Not Applicable

OMB Approval No. 0938-0685

SECTION 10: STAFFING COMPANY - This section has been intentionally omitted.

SECTION 11: SURETY BOND INFORMATION

This section is to be completed by DMEPOS suppliers mandated by law to obtain a surety bond in order to enroll in and bill the Medicare program. Furnish all requested information about the supplier's insurance agent, surety company, and the surety bond. Read the letter sent with this application or call the NSC to determine if this DMEPOS supplier is required to obtain a surety bond. The surety bond must be an annual bond, a continuous bond, or a government security in lieu of a bond, (i.e., a Treasury note, United States bond, or other Federal public debt obligation). Annual surety bond renewals must be reported to the NSC on a timely basis to ensure continuance of claim payments. A certified true or notarized copy of the original surety bond must be submitted with this application. Failure to submit the surety bond will prevent the processing of this application. If an insurance agent or an insurance broker issues the bond, the DMEPOS supplier must also submit a certified copy of the agent's Power of Attorney with this application.

A. **Check Box** – Check the box if this DMEPOS supplier is not required to obtain a surety bond for Medicare enrollment.

B. **Check Box** - Check the box if this DMEPOS supplier qualifies for an exemption as a government entity.

If this DMEPOS supplier believes it is a government-operated DMEPOS supplier and is entitled to an exemption to the surety bond requirement, the DMEPOS supplier must furnish a letter signed by a government official of the Federal, State, local or Tribal Government (on official government letterhead), asserting that the government agency/tribe will back the debts owed by this DMEPOS supplier in full faith and credit of the government/tribe with this application. This letter can be the same letter that is referred to in Section 5 of these instructions. Otherwise, a surety bond **must** be obtained prior to participating in the Medicare program.

C. **Name and Address of Surety Bond Company** - If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. Furnish the legal business name and tax identification number of the surety bond company liable for this bond.
2. Furnish the complete business address, telephone number and e-mail address of the surety bond company.

D. **Name and Address of Insurance Agency/Broker** - If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. Provide the legal business name of the agency that issued the bond.
2. Provide the name of the individual agent who issued the bond for the bond agency.
3. Furnish the complete business address, telephone number and e-mail address of the agency.

E. **Surety Bond Information** – If the supplier has a Government Security check "Not Applicable" and skip to Section F below. If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise, complete this section with specific information about the bond as follows:

1. State the dollar amount of the bond and the bond number.
2. Furnish the effective date of the bond. If reporting a new bond or new surety bond company, furnish the expiration date of the current bond.
3. Indicate if the bond is renewed annually or if it is continuous.
4. Indicate if this is a "Dual Obligee Bond." A dual obligee bond is issued when a supplier bills both the Medicare and Medicaid programs.

F. **Government Security** - If the supplier has a Surety Bond check "Not Applicable," skip this section and complete Section E above. If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise, complete this section with specific information about the government security as follows:

1. State the amount of the bond, the effective date, and the Federal Reserve Account number.
2. Check the appropriate box indicating the type and duration for which the government security will be effective.

OMB Approval No. 0938-0685

10. Staffing Company — This Section Not Applicable

11. Surety Bond Information

This section is to be completed by all DMEPOS suppliers mandated by regulation (see C.F.R. 424.57) to obtain a surety bond in order to enroll in and bill the Medicare program. Furnish all requested information about the supplier's insurance agent, surety company, and the surety bond.

A. Check here ☐ if this supplier is not required to obtain a surety bond for Medicare enrollment and skip to Section 13. See instructions for surety bond requirements.

B. Check here ☐ if this supplier qualifies for a waiver of the bond requirement based on its operation as a government entity. See instructions for specific documentation requirements and skip to Section 13.

C. Name and Address of Surety Bond Company	☐ **Change**	**Effective Date:**_____
1. Legal Business Name of Surety Bond Company as Reported to the IRS		Tax Identification Number
2. Business Address Line 1 (Street Name and Number)		
Business Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

D. Name and Address of Insurance Agency/Broker	☐ **Change**	**Effective Date:**_____
1. Legal Business Name of Agency/Broker as Reported to the IRS		
2. Name of Individual Agent		
3. Business Address Line 1 (Street Name and Number)		
Business Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
Telephone Number (Ext.) ( ) ( )	Fax Number (if applicable) ( )	E-mail Address (if applicable)

E. Surety Bond Information	☐ **Not Applicable**	☐ **Change**	**Effective Date:**_____
1. Amount of Surety Bond $		Surety Bond Number	
2. Effective Date of Surety Bond (MM/DD/YYYY)		If reporting a new bond, give cancellation date of the current bond (MM/DD/YYYY)	
3. Is the surety bond:	☐ Annual?	(or)	☐ Continuous?
4. Check here ☐ if this is a Medicare/Medicaid "Dual Obligee Surety Bond."			

F. Government Security	☐ **Not Applicable**	☐ **Change**	**Effective Date:**_____
If a government security has been purchased, furnish the following information.			
1. Amount $	Effective Date (MM/DD/YYYY)	Federal Reserve Bank Account Number	

2. Check the appropriate box below:
   - a) Is the Treasury Bill: ☐ Not Applicable ☐ 3 months? ☐ 6 months? ☐ 1 year?
   - b) Is the Treasury Note: ☐ Not Applicable ☐ 2 years? ☐ 5 years? ☐ 10 years?
   - c) Is the government security a 30-year Treasury Bond? ☐ YES ☐ NO ☐ Not Applicable

Note: If the government security is less than one year in duration, the supplier must submit proof of the renewable government security to the NSC at least 14 days prior to the expiration date.

OMB Approval No. 0938-0685

SECTION 12: CAPITALIZATION REQUIREMENTS FOR HOME HEALTH AGENCIES

This section has been intentionally omitted.

SECTION 13: CONTACT PERSON INFORMATION (OPTIONAL)

To assist in the timely processing of the DMEPOS supplier's application, provide the full name, SSN, mailing address, e-mail address, and telephone number of an individual who can be reached to answer questions regarding the information furnished in this application (preferably the individual who completed this application). The supplier is not required to furnish a contact person in this section. It should be noted that if a contact person is not provided, all questions about this application will be directed to the authorized official named in Section 15B.

A. Check Box - If this section does not apply, check the box and skip to Section 14.

B. Contact Person Information -- If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

- Provide the full name, e-mail address, telephone number, and mailing address of an individual who can answer questions about the information furnished in this application.

SECTION 14: PENALTIES FOR FALSIFYING INFORMATION ON THIS ENROLLMENT APPLICATION

The DMEPOS supplier should review this section to understand those penalties that can be applied against the supplier for deliberately furnishing false information to enroll or maintain enrollment in the Medicare program.

OMB Approval No. 0938-0685

12. Capitalization Requirements for Home Health Agencies — This Section Not Applicable

13. Contact Person Information (Optional)

Furnish the name(s) and telephone number(s) of a person(s) who can answer questions about the information furnished in this application (preferably the individual who completed this application). If a contact person is not furnished in this section, all questions will be directed to the authorized official named in Section 15B.

A. Check here ☐ if this section does not apply and skip to Section 14.

B. Contact Name and Telephone Number ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:**_____

Name: First	Last	Social Security Number
Address Line 1 (Street Name and Number)		
Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
E-mail Address (if applicable)	Telephone Number ( )	(Ext.) ( )

14. Penalties for Falsifying Information on this Enrollment Application

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program.

1. 18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry.

Individual offenders are subject to fines of up to $250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to $500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

2. Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against any individual who, "knowingly and willfully," makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program.

The offender is subject to fines of up to $25,000 and/or imprisonment for up to five years.

3. The Civil False Claims Act, 31 U.S.C. § 3729, imposes civil liability, in part, on any person who:
   a) knowingly presents, or causes to be presented, to an officer or any employee of the United States Government a false or fraudulent claim for payment or approval;
   b) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or
   c) conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

The Act imposes a civil penalty of $5,000 to $10,000 per violation, plus three times the amount of damages sustained by the Government.

4. Section 1128A(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency...a claim...that the Secretary determines is for a medical or other item or service that the person knows or should know:
   a) was not provided as claimed; and/or
   b) the claim is false or fraudulent.

This provision authorizes a civil monetary penalty of up to $10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.

5. The government may assert common law claims such as "common law fraud," "money paid by mistake," and "unjust enrichment."

Remedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.

OMB Approval No. 0938-0685

SECTION 15: CERTIFICATION STATEMENT

This section is used to officially notify the DMEPOS supplier of additional requirements that must be met and maintained in order for the DMEPOS supplier to be enrolled in the Medicare program. This section also requires the signature and date signed of an authorized official who can legally and financially bind the DMEPOS supplier to the laws, regulations, and program instructions of the Medicare program. Section 16 permits the authorized official to delegate signature authority to certain individual(s) (delegated officials) for the purpose of reporting changes to the DMEPOS supplier's enrollment record after the DMEPOS supplier has been enrolled. The DMEPOS supplier may have no more than two (2) currently active authorized officials at any given time. See 15B below to determine who within the DMEPOS supplier organization qualifies as an authorized official.

A. **Additional Requirements for Medicare Enrollment** – These are the additional requirements that must be met by the DMEPOS supplier to enroll in and maintained by the DMEPOS supplier to bill the Medicare program. Carefully read these requirements. By signing, the DMEPOS supplier will be attesting to having read these requirements and that the DMEPOS supplier understands them.

B. **1st Authorized Official Signature** - If adding a new, or deleting an existing authorized official, check the appropriate box and indicate the effective date of that change.

NOTE: The authorized official must also be reported in Section 6.

- The authorized official must sign and date this application.

By his/her signature, the authorized official binds the DMEPOS supplier to all of the requirements listed in the Certification Statement and acknowledges that the DMEPOS supplier may be denied entry to or revoked from the Medicare program if any requirements are not met. **All signatures must be original.** Faxed, photocopied, or stamped signatures will not be accepted.

C. **2nd Authorized Official Signature** – This section provided to report a second (optional) authorized official for this supplier. See instructions above for Section 15B.

An authorized official is an appointed official to whom the DMEPOS supplier has granted the legal authority to enroll it in the Medicare program, to make changes and/or updates to the DMEPOS supplier's status in the Medicare program (e.g., new practice locations, change of address, etc.), and to commit the DMEPOS supplier to fully abide by the laws, regulations, and program instructions of Medicare. The authorized official must be the DMEPOS supplier him/herself in sole proprietorships or the DMEPOS supplier's general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of 5% or more of the enrolling DMEPOS supplier (see Section 5 for definition of a "direct owner"), or must hold a position of similar status and authority within the DMEPOS supplier's organization.

Only the authorized official has the authority to sign the initial CMS 855S application and the re-enrollment CMS 855S application on behalf of the DMEPOS supplier. The delegated official has no such authority.

By signing this form for initial enrollment in the Medicare program or for re-enrollment purposes, the authorized official agrees to immediately notify the Medicare program contractor if any information in the application is not true, correct, or complete. In addition, the authorized official, by his/her signature, agrees to notify the Medicare contractor of any future changes to the information contained in this form, after the DMEPOS supplier is enrolled in Medicare, within 30 days of the effective date of the change.

Governmental/Tribal Organizations

As stated in the instructions for Governmental/Tribal Organizations in Section 5, the authorized official signing the CMS 855S in Section 15 must be the same person submitting the letter attesting that the governmental or tribal organization will be legally and financially responsible for any outstanding debts owed to CMS. For instance, the head of a County Department of Health and Human Services would ordinarily qualify as an authorized official of the governmental entity.

OMB Approval No. 0938-0685

SPECIAL REPORTING REQUIREMENTS

To change authorized officials, the DMEPOS supplier must:

- Check the "Delete" box in Section 15B,
- Provide the effective date of the deletion, and
- Have the authorized official being deleted provide his/her printed name, signature, and date of signature.

NOTE: If the current authorized official's signature is unattainable (e.g., person has left the company), the NSC may request documentation verifying that the person is no longer the authorized official.

To then add a new authorized official, the DMEPOS supplier must:

- Copy the page containing the Certification Statement,
- Check the "Add" box in Section 15B and provide the effective date of the addition,
- Have the new authorized official provide the information requested in 15B, and
- Have the new authorized official provide his/her signature and date of signature.

By signing his or her name, the new authorized official assumes from the prior authorized official all of the powers (e.g., the power to delegate authority to a delegated official, etc.) previously held by the latter, and also agrees to adhere to all Medicare requirements, including those outlined in Sections 15A and 15B of the Certification Statement. However, a change of the authorized official has no bearing on the authority of existing delegated officials to make changes and/or updates to the DMEPOS supplier's status in the Medicare program.

If the DMEPOS supplier is reporting a change of information about the current authorized official (e.g., change in job title), this section should be completed as follows:

- Check the box to indicate a change and furnish the effective date,
- Provide the new information, and
- Have the authorized official sign and date this section.

NOTE: DMEPOS supplier's can have **no more than two (2)** authorized officials at any given time.

OMB Approval No. 0938-0685

15. Certification Statement

This section is used to officially notify the supplier of additional requirements that must be met and maintained in order for the supplier to be enrolled in the Medicare program. This section also requires the signature and date signed of an authorized official who can legally and financially bind the supplier to the laws, regulations, and program instructions of the Medicare program. Section 16 permits the authorized official to delegate signature authority to other individual(s) (delegated officials) employed by the supplier for the purpose of reporting future changes to the supplier's enrollment record. See instructions to determine who qualifies as an authorized official and a delegated official for the supplier.

A. Additional Requirements for Medicare Enrollment

By his/her signature(s), the authorized official named below and the delegated official(s) named in Section 16 agree to adhere to the following requirements stated in this Certification Statement:

1.) I agree to notify the Medicare contractor of any future changes to the information contained in this form within 30 days of the effective date of the change. I understand that any change in the business structure of this supplier may require the submission of a new application.

2.) I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation or falsification of any information contained in this application or contained in any communication supplying information to Medicare, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Medicare billing number(s), and/or the imposition of fines, civil damages, and/or imprisonment.

3.) I agree to abide by the Medicare laws, regulations, and program instructions applicable to DMEPOS suppliers. The Medicare laws, regulations, and program instructions are available through the Medicare contractor.

4.) Neither this DMEPOS supplier, nor any 5% or greater owner, partner, officer, director, managing employee, authorized official, or delegated official thereof is currently sanctioned, suspended, debarred, or excluded by the Medicare or Medicaid program, or any other Federal agency or program, or is otherwise prohibited from providing services to Medicare or other Federal program beneficiaries.

5.) I agree that any existing or future overpayment made to the DMEPOS supplier by the Medicare program may be recouped by Medicare through the withholding of future payments.

6.) I will not knowingly present or cause to be presented a false or fraudulent claim for payment by Medicare, and will not submit claims with deliberate ignorance or reckless disregard of their truth or falsity.

B. 1st Authorized Official Signature ☐ **Add** ☐ **Delete** **Effective Date:**_____

I have read the contents of this application. My signature legally and financially binds this supplier to the laws, regulations, and program instructions of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete to the best of my knowledge, and I authorize the Medicare program contractor to verify this information. I also certify that I have read, understand, meet, and will continue to meet all supplier standards as outlined in 42 CFR § 424.57. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the Medicare program contractor of this fact immediately.

Authorized Official Name **Print**	First	Middle	Last	Jr., Sr., etc.
Authorized Official **Signature**	(First, Middle, Last, Jr., Sr., M.D., D.O., etc.)		Title/Position	Date (MM/DD/YYYY) Signed

C. 2nd Authorized Official Signature ☐ **Add** ☐ **Delete** **Effective Date:**_____

I have read the contents of this application. My signature legally and financially binds this supplier to the laws, regulations, and program instructions of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete to the best of my knowledge, and I authorize the Medicare program contractor to verify this information. I also certify that I have read, understand, meet, and will continue to meet all supplier standards as outlined in 42 CFR § 424.57. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the Medicare program contractor of this fact immediately.

Authorized Official Name **Print**	First	Middle	Last	Jr., Sr., etc.
Authorized Official **Signature**	(First, Middle, Last, Jr., Sr., M.D., D.O., etc.)		Title/Position	Date (MM/DD/YYYY) Signed

OMB Approval No. 0938-0685

SECTION 16: DELEGATED OFFICIAL (OPTIONAL)

A delegated official must be a W-2 managing employee of the DMEPOS supplier, or an individual with a 5% or greater direct ownership interest in, or any partnership interest in, the enrolling DMEPOS supplier. Delegated officials are persons who are delegated the legal authority by the authorized official reported in Section 14B to make changes and/or updates to the DMEPOS supplier's status in the Medicare program. This individual must also be able to commit the DMEPOS supplier to fully abide by the laws, regulations, and program instructions of Medicare. For purposes of this section only, if the individual being assigned as a delegated official is a managing employee, that individual **must** be an actual W-2 employee of the enrolling DMEPOS supplier. The NSC may request evidence indicating that the delegated official is an actual employee of the DMEPOS supplier. Independent contractors are not considered "employed" by the DMEPOS supplier. A DMEPOS supplier can have no more than three delegated officials at any given time.

The signature of the authorized official in Section 16B2 constitutes a legal delegation of authority to any and all delegated official(s) assigned in Section 16.

A. Check Box - If the DMEPOS supplier chooses not to assign any delegated officials in this application, check the box in this section. There is no requirement that the DMEPOS supplier have a delegated official. However, if no delegated officials are assigned, the authorized official will be the only person who can make changes and/or updates to the DMEPOS supplier's status in the Medicare program. All delegated officials must meet the following requirements:

- The delegated official must sign and date this application,
- The delegated official must furnish his/her title/position, and
- The delegated official must check the box furnished if they are a W-2 employee.

NOTE: The delegated official must also be reported in Section 6.

B. 1st Delegated Official Signature

If the DMEPOS supplier chooses to add delegated officials or to delete existing ones, this section should be completed as follows:

- Check the appropriate box indicating if the delegated official is being added or deleted and furnish the effective date,
- The authorized official must provide his or her signature and date of signature in Sections 15B and 16B2,
- The delegated official(s) to be added must provide the information and their signature(s) in Section 16B, and
- The delegated official(s) to be deleted does not have to sign or date the application.

NOTE: All signatures must be original. Faxed, photocopied, or stamped signatures are not acceptable.

If the DMEPOS supplier is reporting a change of information about an existing delegated official (e.g., change in job title, etc.), this section should be completed as follows:

- Check the box marked "Change" and furnish the effective date,
- Provide the new information, and
- The authorized official must sign and date Sections 15B and 16B2.

Delegated officials may not delegate their authority to any other individual. Only an authorized official may delegate the authority to make changes and/or updates to the DMEPOS supplier's Medicare status. Even when delegated officials are reported in this application, an authorized official retains the authority to make any such changes and/or updates by providing his or her printed name, signature, and date of signature as required in Section 15B.

In addition, the delegated official, by his/her signature, agrees to notify the Medicare contractor of any changes to the information contained in this application within 30 days of the effective date of the change.

C. 2nd Delegated Official Signature - This section provided to report a second (optional) delegated official for this supplier. See instructions above for Section 16B.

D. 3rd Delegated Official Signature - This section provided to report a second (optional) delegated official for this supplier. See instructions above for Section 16B.

OMB Approval No. 0938-0685

SECTION 17: ATTACHMENTS

This section contains a list of documents that, if applicable, must be submitted with this enrollment application. Failure to provide the required documents will delay the enrollment process.

- Check the appropriate boxes indicating which documents are being submitted with this application.

NOTE: Any licenses (both business and professional) that are needed to operate this business in the State where the enrolling DMEPOS supplier business is located as reported in section 4A **must** be included with this application.

All enrolling DMEPOS suppliers are required to furnish information on all Federal, State and local (city/county) professional and business licenses, certifications and/or registrations required to practice as a DMEPOS supplier in DMEPOS supplier's State of business location as reported in section 4A (e.g., Federal Drug Enforcement Agency (DEA) number for pharmacies, business occupancy license, local business license, etc.). The NSC will supply specific licensing requirements for a DMEPOS supplier upon request.

In lieu of copies of the above requested documents, the enrolling DMEPOS supplier may submit a notarized Certificate of Good Standing from the DMEPOS supplier's business location State licensing/certification board or other medical associations. This certification cannot be more than 30 days old.

If the enrolling DMEPOS supplier has had a previously revoked or suspended license, certification, or registration reinstated, attach a copy of the reinstatement notice with this application.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0685. The time required to complete this information collection is estimated at 5-8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.

OMB Approval No. 0938-0685

16. Delegated Official (Optional)

The signature of the authorized official below constitutes a legal delegation of authority to the official(s) named in this section to make changes and/or updates to this supplier's enrollment information. The signature(s) of the delegated official(s) shall have the same force and effect as that of the authorized official, and shall legally and financially bind the supplier to all the laws, regulations, and program instructions of the Medicare program. By his or her signature, the delegated official certifies that he or she has read the Certification Statement in Section 15 and agrees to adhere to all of the stated requirements. The delegated official also certifies that he/she meets the definition of a delegated official. When making changes and/or updates to the supplier's enrollment information maintained by the Medicare program, the delegated official certifies that the information provided is true, correct, and complete.

A. Check here ☐ if this supplier will not be assigning any delegated official(s) and skip to Section 17.

B. 1st Delegated Official Signature ☐ Add ☐ Delete ☐ Change Effective Date:_____

1. Delegated Official Name **Print** First	Middle	Last	Jr., Sr., etc.
Delegated Official **Signature** (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed
Title/Position	☐ Check here only if Delegated Official is a W-2 employee		
2. **Signature** of Authorized Official Assigning this Delegation (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed

C. 2nd Delegated Official Signature ☐ Add ☐ Delete ☐ Change Effective Date:_____

2. Delegated Official Name **Print** First	Middle	Last	Jr., Sr., etc.
Delegated Official **Signature** (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed
Title/Position	☐ Check here only if Delegated Official is a W-2 employee		
3. **Signature** of Authorized Official Assigning this Delegation (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed

D. 3rd Delegated Official Signature ☐ Add ☐ Delete ☐ Change Effective Date:_____

3. Delegated Official Name **Print** First	Middle	Last	Jr., Sr., etc.
Delegated Official **Signature** (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed
Title/Position	☐ Check here only if Delegated Official is a W-2 employee		
4. **Signature** of Authorized Official Assigning this Delegation (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			Date (MM/DD/YYYY) Signed

17. Attachments

This section is a list of documents that, if applicable, should be submitted with this completed enrollment application.

Place a check next to each document (as applicable or required) from the list below that is being included with this completed application.

- ☐ Copy(s) of all Federal, State, and/or local (city/county) professional licenses, certifications and/or registrations
- ☐ Copy(s) of all Federal, State, and/or local (city/county) business licenses, certifications and/or registrations
- ☐ Copy(s) of all adverse legal action documentation (e.g., notifications, resolutions, and reinstatement letters)
- ☐ Copy(s) of all State pharmacy licenses
- ☐ Copy(s) of all surety bonds and/or Agent's Power of Attorney
- ☐ Copy(s) of all liability insurance policies
- ☐ IRS documents confirming the tax identification number and legal business name (e.g., CP 575)
- ☐ Any additional documentation or letters of explanation as needed

[FR Doc. 03–9943 Filed 4–24–03; 8:45 am]
BILLING CODE 4120–01–P

Federal Register

Friday,
April 25, 2003

Part IV

Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Parts 405, 412, 413, and 485

Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2003 Rates; Correction; Final Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 405, 412, 413, and 485

[CMS–1203–CN]

RIN 0938–AL23

Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2003 Rates; Correction

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Correction of final rule.

SUMMARY: This document corrects technical errors that appeared in the final rule published in the **Federal Register** on August 1, 2002 entitled ''Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2003 Rates,'' including three technical errors in the wage index values. Except for the three wage index corrections, these technical corrections are effective retrospectively to October 1, 2002. The corrections to the wage index values are effective prospectively for discharges occurring on or after April 28, 2003.

EFFECTIVE DATES: All corrections except those listed in items 12(b) and 13 of section III of this notice are effective as of October 1, 2002. The corrections listed in items 12(b) and 13 of section III of this document are effective on April 28, 2003.

FOR FURTHER INFORMATION CONTACT: Margot Blige Holloway, (410) 786–4642.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 02–19292 of August 1, 2002 (67 FR 49982), there were a number of technical errors that are identified and corrected in the Correction of Errors section below. With the exception of three provisions related to correction of wage index values, the provisions in this correction notice are effective as if they had been included in the document published on August 1, 2002. Accordingly, these corrections are effective on October 1, 2002. The three corrected wage index values are effective prospectively with discharges occurring on or after April 28, 2003. The errors in these wage index values resulted from the inadvertent use of incorrect geographic reclassification designations or wage data or both in calculating these values.

II. Summary of the Corrections to the August 1, 2002 Final Rule

This correction notice makes a number of changes to the August 1, 2002 final rule. Because of the number of corrections and length of some of these corrections, we are summarizing the corrections in sections II.A. and II.B. of the notice. Sections II.A. and II.B. of the notice describe the corrections that are effective October 1, 2002 and April 28, 2003, respectively. Section III of this notice specifies the details of each correction to the August 1, 2002 final rule.

A. Corrections Effective October 1, 2002

In section II.B.2.b of the final rule, we described the revisions to diagnostic related groups (DRGs) 14 and 15. Beginning on page 49988 of the final rule, we presented the public comments and our responses to the proposed changes to these DRGs. However, we inadvertently omitted two comments regarding the proposed changes to DRGs 14 and 15. We apologize for this omission, as we fully intend to monitor these DRGs and the cases assigned to them. In addition, we discovered, and are correcting, typographical errors on pages 49994 and 50005.

On page 50014 of the final rule, we discussed the new technology application for Xigris™. In our discussion of our decision to approve the application to receive new technology add-on payments, we mistakenly listed the following criteria for use as ''FDA-listed indications and contraindications'';

- Active internal bleeding;
- Recent (within 3 months) hemorrhagic stroke;
- Recent (within 2 months) intracranial or intraspinal surgery or severe head trauma;
- Trauma with an increase risk of life-threatening bleeding;
- Presence of an epidural catheter;
- Intracranial neoplasm or mass lesion or evidence of cerebral herniation.

We are correcting this error in section III of this notice and make note that the items in the list above are the FDA-labeled contraindications to the use of this drug. The FDA approval of Xigris™ also specified that its use is ''indicated for the reduction of mortality in adult patients with severe sepsis (sepsis associated with acute organ dysfunction) who have a high risk of death.'' In the study supporting the FDA approval of this drug risk of death was determined by the patient's Acute Physiology and Chronic Health Evaluation (APACHE II) score, which is commonly used in intensive care units to make this judgment. Patients with APACHE II scores of less than 25 were at a lower risk of death and had no advantage in mortality from the use of Xigris™.

On page 50053 of the final rule, we discussed the amendment to the definition of ''like hospital,'' which is used for purposes of determining sole community hospital (SCH) status. The amended definition of ''like hospital'' excludes any hospital that provides 8 percent or less of the services furnished by the SCH. We also adopted inpatient days as the unit of measurement, as a proxy for measuring services. In the preamble discussion, there were references both to using Medicare inpatient days and total inpatient days as a proxy for measuring service overlap. It is total inpatient days, not Medicare inpatient days, that will be used as a proxy to measure service overlap. Accordingly, we are correcting the references regarding inpatient days and patient days that appeared on pages 50054 through 50056 of the final rule. However, we note that the revision to the regulations at § 412.92(c)(2) correctly reflects total inpatient days as the proxy for measuring service overlap.

On page 50126 we are correcting a typographical error in the budget neutrality factor. Therefore, the figure ''0.994027'' will be corrected to read ''0.993209''.

On September 30, 2002, we published a program memorandum, Transmittal A–02–092, to correct certain wage index values and hospital geographical classifications that we published incorrectly in the August 1, 2001 and August 1, 2002 final rules. The corrections were made to errors by CMS and the fiscal intermediaries in handling the data used to calculate certain average hourly wages, wage indexes, and capital geographic adjustment factors (GAFs) published in tables 2, 3A, 4A, and 9. (The corrections are to items referenced on pages 50155, 50199, 50212, and 50217).

On pages 50223 through 50229 of the August 1, 2002 final rule, we published tables 4G and 4H. There are errors in the wage indexes listed in these tables as a result of the use of an incorrect data file. These changes are not retroactive decisions, but simply constitute corrections resulting from the mishandling of data. In section III of this notice, we will republish tables 4G and 4H to correct the errors made in the wage index values listed in those tables.

On pages 50230 through 50239, we published table 5. This table contained several typographical errors (on pages 50236 and 50238, respectively) that we

will correct in section III of this notice. These changes are not retroactive decisions, but simply constitute corrections to typographical errors in the table.

On pages 50264 through 50273, we published table 9. There are errors in several of the entries of the table and we are correcting these errors by identifying entries that should be deleted, added, or revised. These errors were brought to our attention after the publication of the August 1, 2002 final rule. The corrections to hospitals' reclassification status are effective with discharges occurring on or after October 1, 2002. These corrections make table 9 consistent with the hospitals' actual payment designations. Therefore, they are not retroactive decisions, but simply constitute corrections to typographical errors in the table. The corrections to table 9 are specified in section III of this notice.

Appendix A—Regulatory Impact Analysis (pages 50276 through 50288) provides a detailed analysis of the impact of the final rule on hospitals included and excluded from the acute care hospital inpatient prospective payment systems. We note that there are technical and typographical errors in some of the explanatory language and the tables in sections I through VIII of the appendix, pages 50276 through 50285. These technical errors do not affect payment amounts or payment methodology. Therefore, they are not retroactive decisions, but simply constitute corrections to technical and typographical errors in the impact analysis section of the final rule. Because of the number of changes to this section, we are correcting the errors by reprinting the sections with the corrected text and providing the following list of corrections:

• On page 50276, the revisions are as follows:

—Second column, first paragraph, 13th and 14th lines, the phrase ''$0.3 billion increase'' will be corrected to read ''$300 million increase'';

—Second column, third full paragraph, 4th and 5th lines, the phrase ''and the effects on some may be significant'' will be corrected to read ''and that the effects on some hospitals may be significant'';

—Second column, fourth full paragraph, 9th through 11th lines, the phrase ''mandate any requirements for State, local, or tribal governments'' will be corrected to read ''result in any unfunded mandates for State, local, or tribal governments or the private sector as defined by section 202'';

—Third column, second full paragraph, 6th through 9th lines, the phrase ''to adequately compensate hospitals for their legitimate costs'' will be corrected to read ''to compensate hospitals adequately for their legitimate costs'';

—Third column, second full paragraph, 9th line, the phrase ''we share national goals'' will be corrected to read '' we share the national goal'';

—Third column, fourth full paragraph, 14th line, the phrase ''proposed rules, we solicited comments and'' will be corrected to read ''proposed rules, in the May 9, 2002 proposed rule, we solicited comments and'';

—Third column, seventh full paragraph, 4th through 7th lines, the sentence ''We did include overall savings estimates attributable to the provision in the preamble discussion.'' will be corrected to read ''We did consider overall savings estimates attributable to the provision in the preamble discussion. Furthermore, we have not provided such an analysis in the impact tables in this final rule because we have decided not to make revisions to the postacute care transfer policy at this time. As stated elsewhere in the preamble, we will continue to assess whether further expansions or refinements of the transfer policy may be warranted for FY 2004 or subsequent years, and, if so, how to design such refinements and assess their impact.'';

• On page 50277, the revisions are as follows:

—First column, first paragraph, 11th through 12th lines, the phrase ''of the beneficiary and make more decisions based on solvency'' will be corrected to read ''on the needs of the beneficiary and force them to make more decisions based on solvency'';

—First column, first full paragraph, 6th through 9th lines, the phrase ''high outlier payments hospitals are receiving in FY 2002 (approximately 7.2 percent of total DRG payments) compared to the FY 2003 estimated 5.1 percent'' will be corrected to read ''high total of outlier payments hospitals are receiving in FY 2002 (approximately 6.9 percent of total DRG payments) compared to the FY 2003 estimate of 5.1 percent'';

—First column, second full paragraph, 9th line, the phrase ''the prospective payment method'' will be corrected to read ''the prospective payment methodology'';

—First column, the last paragraph, will be corrected to read as specified in section III of this notice.

—Third column, first full paragraph, 7th and 8th lines, the phrase ''$0.3 billion'' will be corrected to read ''$300 million'';

—Third column, second full paragraph, 3rd line from the bottom, the phrase ''available source overall'' will be corrected to read ''available data overall'';

• On page 50278 the revisions are as follows:

—First column, second full paragraph, 4th line, the phrase ''This allows'' will be corrected to read ''This methodology allows'';

—First column, third full paragraph, last 3 lines, the phrase ''(MDHs) is also equal to the market basket increase of 3.5 percent minus 0.55 percentage points (for an update of 2.95 percent).'' will be corrected to read ''(MDHs) are also equal to the market basket increase of 3.5 percent minus 0.55 percentage points (for an update of 2.95 percent). We estimate the aggregate impact of this update will be to increase hospital payments by $500 million.'';

—First column, fourth full paragraph, 2nd line, the phrase ''changes in hospitals' '' will be corrected to read ''changes in a hospital's'';

—First column, fourth full paragraph, last line, the line will be corrected by adding the following sentence ''Because the impact of MGCRB reclassifications are budget neutral overall, the only impacts of these changes are on payments to individual hospitals and hospital groups.''

—First column, last paragraph, 3rd line, the figure ''7.2'' will be corrected to read ''6.9''.

—Second column, first paragraph, last line, the line will be corrected by adding the following sentence ''We estimate FY 2002 payments will be approximately $1.5 billion higher than if outlier payments had been 5.1 percent of total DRG payments.''

—Second column, second full paragraph, last line, the line will be corrected by adding the following sentence ''We estimate the impact of this reduction will be to decrease aggregate payments by $1 billion.''

—Second column, seventh full paragraph, last line, the line will be corrected by adding the following sentence ''We estimate the higher DSH payments will increase overall Medicare payments to hospitals by $200 million.''

• On pages 50279 through 50280, Table I—Impact Analysis of Changes for FY 2003, Operating Prospective Payment System, we are correcting the numbering of the columns and some of the figures contained with the table. The corrected table is in section III of this notice.

• On pages 50281 through 50283, we provide a detailed explanation of impact of the changes displayed in Table I. This explanation includes references to column numbers and to figures contained in Table I. We are correcting the numbering of the columns and some of the figures in the table; therefore, we will also correct these figures in our explanation of Table I. We also note the following corrections:

• On page 50281,

—Third column, first full paragraph, line 9, the phrase ''80 percent with'' will be corrected to read ''80 percent of'';

—Third column, last paragraph, lines 8 and 9, the figures ''(343)'' and ''11'' will be corrected to read ''(344)'' and ''10'' respectively;

—Chart showing the ''percentage change in area wage index values'', third column of the chart, the figures ''11'' and ''343'' will be corrected to read ''10'' and ''344'' respectively;

—Third column, last paragraph, last two lines, the phrase ''greater than 5 percent or with increases of more than 10 percent'' will be corrected to read ''greater than 5 percent but less than 10 percent. There are no rural hospitals with decreases in their wage index value greater than 10 percent.'';

• On page 50282,

—Chart at the top of the page, the figures ''2553'' and ''1975'' will be corrected to read ''2565'' and ''1985'' respectively;

—Second column, second full paragraph, lines 1 through 3, the sentence ''The overall effect of geographic reclassification is required by section 1886(d)(8)(D) of the Act to be budget neutral.'' will be corrected to read ''Section 1886(d)(8)(D) of the Act requires that the overall effect of geographic reclassification is budget neutral.''

—Second column, second full paragraph, line 5, the figure ''0.990672'' will be corrected to read ''0.991095'';

—Second column, fourth full paragraph, lines 1 and 2, the sentence ''A positive impact is evident among of the most rural hospital groups.'' will be corrected to read ''Geographic reclassification has a positive impact on most of the rural hospital groups.'';

—Second column, last paragraph, lines 9 and 10, the phrase ''while rural reclassified hospitals are expected'' will be corrected to read ''while rural reclassified hospitals are also expected'';

—Third column, first full paragraph, line 3, the phrase ''in this proposed rule'' will be corrected to read ''in this final rule'';

—Third column, first full paragraph, lines 6 and 7, the phrase ''policy changes to date'' will be corrected to read ''policy changes'';

—Third column, second full paragraph, line 1, the phrase ''It includes'' will be corrected to read ''Column 7 includes'';

—Third column, second full paragraph, line 9, the figure ''7.2'' will be corrected read ''6.9''.

• On page 50283,

—First column, third paragraph, lines 5 and 6, the phrase ''Hospitals in rural areas, meanwhile, experience'' will be corrected to read ''Meanwhile, hospitals in rural areas experience'';

—Second column, first full paragraph—

++ Line 7, the phrase ''This is primarily due'' will be corrected to read ''These reductions are primarily due'';

++ Line 11, the phrase ''only hospital category'' will be corrected to read ''only rural hospital category'';

++ Line 14, the phrase ''updated wage data'' will be corrected to read ''updated wage index data'';

++ Line 14, the phrase ''In the East'' will be corrected to read ''In the rural East'';

++ Line 16, the phrase ''Mountain and West'' will be corrected to read ''The rural Mountain and West'';

—Third column, first full paragraph, line 2, the phrase ''receive a'' will be corrected to read ''receive an overall'';

• On pages 50283 through 50284, Table II—Impact Analysis of Changes for FY 2003 Operating Prospective Payment System, the table will be corrected to read as specified in section III of this notice.

• On page 50285—

—First column, first paragraph, last line, the phrase ''from column 8 of Table I will be corrected to read ''from column 7 of Table I'';

—First column, second full paragraph, the section entitled VII.A. Impact of Changes Relating to Payment for the Clinical Training Portion of Clinical Psychology Training Programs was inadvertently included in the final rule. Therefore, we are correcting this error by deleting the text of this section and renumbering sections VII.B. and VII.C. as sections VII.A. and VII.B. respectively. We are also making revisions to the heading of renumbered section VII.A. and to the discussions in the both of sections. Please see section III of this notice for the revised language;

—Second column, second paragraph, lines 7 through 9, the sentence ''Currently, we have identified 622 hospitals that qualify under this provision'' will be corrected to read ''We have identified 622 hospitals that currently qualify under this provision''.;

—Second column, third paragraph—

++ Line 5, the phrase ''appear to receive this adjustment'' will be corrected to read ''will receive pass-through payments'';

++ Lines 5 through 8, the sentence ''In order to be eligible, hospitals must employ the CRNA and the CRNA must agree not to bill for services under Part B.'' will be corrected to read ''That is, another approximately 600 rural hospitals have similar volumes to hospitals that currently receive the pass-through. However, because in order to be eligible to receive pass-through payments, the hospital must employ the CRNA and the CRNA must agree not to bill for services under Part B, we estimate that half the hospitals that would otherwise qualify based on volume of procedures are not eligible because they either do not employ the CRNA or the CRNA does not agree not to bill for services under Part B.'';

++ Lines 11 through 15, the sentence ''If one-half of these hospitals then met the other criteria, 45 additional hospitals would be eligible for these pass-through payments under this change'' will be corrected to read ''If one-half of these hospitals then met the other criteria (the CRNA is employed by the hospital and the CRNA does not bill for Part B), 45 additional hospitals would now be eligible for these pass-through payments under this change.'';

—Second column, fourth paragraph—

++ Line 5, the figure ''600'' will be corrected to read ''630'';

++ Line 7, the figure ''270'' will be corrected to read ''598''.

—Second column, after the fourth paragraph, we are adding a new section C to read as specified in section III of this notice.

B. Corrections Effective April 28, 2003

This section summarizes three wage index corrections that result from our errors in the geographic reclassification designations and wage data that were used to calculate the FY 2003 wage indexes for three hospitals. Where errors are identified and corrections are made to the wage index, we believe it is appropriate to apply the revised wage index prospectively. As we stated in the January 3, 1984 final rule (49 FR 258), ''Application of a retroactive adjustment to the rates [for corrections in the wage index] would erode the basis of the prospective payment system that payment will be made at a predetermined, specified rate.'' Because we can only make prospective changes

to the wage index values, these corrections are effective for discharges occurring on or after April 28, 2003.

On pages 50214 through 50221 of the August 1, 2002 final rule, we published table 4A. In addition, on pages 50221 through 50223, we published table 4C. These tables contain errors as a result of errors in the geographic reclassification designations or the wage data or both used to calculate the hospitals' wage index values. Items 12(b) and 13 of section III of this notice specify these corrections.

III. Correction of Errors

In FR Doc. 02–19292 of August 1, 2002 (67 FR 49982), make the following corrections:

1. On page 49989, in the first column, before the first full paragraph the following paragraphs are inserted:

''*Comment:* One commenter is opposed to the reassignment of code 436 from DRG 14 to DRG 15, citing that this will create a need for additional government oversight due to an increase in adverse coding compliance issues. The commenter is concerned that if code 436 is moved from the higher weighted DRG, coders may increase the use of the physician query process in an effort to obtain the higher-weighted DRG 14. The commenter states that CMS has previously expressed concerns regarding the physician query process, and the reassignment of this code may exacerbate the problem of ''leading'' physician queries. The commenter goes on to state that the Office of Inspector General (OIG) has previously identified DRG pair 14 and 15 as deserving of scrutiny for potential fraud and abuse issues, and that the movement of code 436 may also result in escalated monitoring.

Response: It is possible that this change will result in the need for additional government oversight due to an increase in adverse coding compliance issues. If a physician is not able to more specifically label a patient's stroke as hemorrhagic or occlusive and instead documents cerebrovascular accident (CVA), the expected code would be 436. Cases where the documentation supports code 436, but another code is present on the medical record, may be subject to additional scrutiny.

Comment: A commenter has stated that placement of code 436 in DRG 15 instead of the higher weighted DRG 14 places an unfair and adverse financial burden on struggling rural health care providers. The commenter notes that in facilities without computerized tomography (CT) or magnetic resonance imaging (MRI) scanning technology, physicians may be unwilling to document infarction or hemorrhage without confirming imaging studies. The commenter also notes that correct coding of lacunar infarction will result in DRG 14, when in fact a lacunar infarction may cause a sudden but often only minimal residual deficit, while a CVA could have much more severe residual deficits.

Response: We have placed code 436 in DRG 15 strictly on the basis of historical hospital charge data, not with any punitive intent. We understand that strokes vary in the nature and intensity of their residual deficits. We also understand that very specific diagnostic tests or radiology examinations may be outside the scope of the treating facility and that physicians may opt to treat an obvious stroke patient without performing additional extensive studies that drive up the cost of medical care. We will continue to monitor the use of code 436, and will reexamine its DRG placement during the next fiscal year.''

2. On page 49994, in the second column, first full paragraph, fourth line, the figure ''87.06'' is corrected to read ''86.07''.

3. On page 50005, second column, lines 12 through 14, the phrase ''The principal diagnosis will consist of any principal diagnosis in MDC 5 except AMI:'' is corrected to read ''New DRG 527 (Percutaneous Cardiovascular Procedure with Drug-Eluting Stent with AMI) will have a principal diagnosis of any principal diagnosis in MDC5 except AMI:''.

4. On page 50014, first column, last paragraph, the paragraph is corrected to read as follows:

''Xigris™ was found to carry an increased risk of bleeding and for this reason the FDA listed the following contradictions to Xigris™ use on the approved label:

- Active internal bleeding;
- Recent (within 3 months) hemorrhagic stroke;
- Recent (within 2 months) intracranial or intraspinal surgery or severe head trauma;
- Trauma with an increased risk of life-threatening bleeding;
- Presence of an epidural catheter; and
- Intracranial neoplasm or mass lesion or evidence of cerebral herniation.

In addition, patients with an APACHE II score of less than 25 were at lower risk of death and had no advantage in mortality from the use of Xigris™.''

5. On page 50054,

a. First column, fourth full paragraph, lines 1 and 2, the phrase ''Medicare inpatient days'' is corrected to read ''total inpatient days'';

b. Second column, second full paragraph, lines 20 and 21, the phrase ''inpatient days'' is corrected to read ''total inpatient days''.

6. On page 50055,

a. First column, third full paragraph, line 12, the phrase ''inpatient days'' is corrected to read ''total inpatient days'';

b. First column, third full paragraph, line 23, the phrase ''The number of inpatient days'' is corrected to read ''The total number of inpatient days'';

c. First column, last paragraph, lines 1 and 2, the phrase ''Medicare inpatient days'' is corrected to read ''total inpatient days'';

d. Second column, fourth full paragraph, line 13, the phrase ''inpatient days'' is corrected to read ''total inpatient days''.

7. On page 50056, first column, first partial paragraph, line 2, the phrase ''number of patient days'' is corrected to read ''total number of inpatient days''.

8. On page 50126, third column, third paragraph, line 16, the figure ''0.994027'' is corrected to read ''0.993209''.

9. On page 50155, in Table 2—Hospital Average Hourly Wage for Federal Fiscal Years 2001 (1997 Wage Data), 2002 (1998 Wage Data), and 2003 (1999 Wage Data) Wage Indexes and 3-Year Average of Hospital Average Hourly Wages, line 12 (provider no. 140155),

a. Fourth column, the figure ''13.0438'' is corrected to read ''24.2907'';

b. Fifth column, the figure ''17.2026'' is corrected to read ''21.4743'';

10. On page 50199, in Table 2—Hospital Average Hourly Wage for Federal Fiscal Years 2001 (1997 Wage Data), 2002 (1998 Wage Data), and 2003 (1999 Wage Data) Wage Indexes and 3-Year Average of Hospital Average Hourly Wages, line 22 (provider no. 450054),

a. Fourth column, the figure ''23.0492'' is corrected to read ''25.3285'';

b. Fifth column, the figure ''21.9091'' is corrected to read ''22.6900'';

11. On page 50212, in Table 3A—FY 2003 and 3-Year Average Hourly Wage for Urban Areas, second set of columns,

a. Line 40 (Kankakee, IL),

(1) Second column, the figure ''18.8681'' is corrected to read ''25.0641''

(2) Third column, the figure ''20.7325'' is corrected to read ''22.8591''

b. Line 43 (Killeen-Temple, TX),

(1) Second column, the figure ''22.2296'' is corrected to read ''24.1567''

(2) Third column, the figure ''21.1752'' is corrected to read ''21.8355''.

12. On pages 50214 through 50221, in Table 4A—Wage Index and Capital Geographic Adjustment Factor (GAF) for Urban Areas,

a. On page 50217, second set of columns,

(1) Line 26 (3740 Kankakee, IL),

(a) Second column, the figure ''0.8204'' is corrected to read ''1.0790'';

(b) Third column, the figure ''0.8732'' is corrected to read ''1.0534''.

(2) Line 43 (3810 Killeen-Temple, TX),

(a) Second column, the figure ''0.9570'' is corrected to read ''1.0399'';

(b) Third column, the figure ''0.9704'' is corrected to read ''1.0272''.

b. On page 50219,

(1) First set of columns, line 52 (6340 Pocatello, ID),

(a) Second column, the figure ''0.9674'' is corrected to read ''0.9372'';

(b) Third column, the figure ''0.9776'' is corrected to read ''0.9566''.

(2) Second set of columns, line 14 (6520 Provo-Orem, UT),

(a) Second column, the figure ''0.9984'' is corrected to read ''0.9879'';

(b) Third column, the figure ''0.9989'' is corrected to read ''0.9917''.

13. On page 50222, in Table 4C—Wage Index and Capital Geographic Adjustment Factor (GAF) for Hospitals that are Reclassified,

a. First set of columns, line 56 (Huntsville, AL)

(1) Second column, the figure ''0.8771'' is corrected to read ''0.8789'';

(2) Third column, the figure ''0.9141'' is corrected to read ''0.9154''.

b. Third set of columns,

(1) Line 4 (Pocatello, ID),

(a) Second column, the figure ''0.9674'' is corrected to read ''0.9175'';

(b) Third column, the figure ''0.9776'' is corrected to read ''0.9427''.

(2) Line 8 (Provo-Orem, UT),

(a) Second column, the figure ''0.9984'' is corrected to read ''0.9879'';

(b) Third column, the figure ''0.9989'' is corrected to read ''0.9917''.

14. On pages 50223 through 50229, in Table 4G, Pre-Reclassified Wage Index for Urban Areas, the table is corrected to read as follows:

TABLE 4G.—PRE-RECLASSIFIED WAGE INDEX FOR URBAN AREAS

Urban area (constituent counties)	Wage index
0040 Abilene, TX	
Taylor, TX	
0060 Aguadilla, PR	0.4587
Aguada, PR	
Aguadilla, PR	
Moca, PR	
0080 Akron, OH	0.9600
Portage, OH	
Summit, OH	
0120 Albany, GA	1.0594
Dougherty, GA	
Lee, GA	
0160 Albany-Schenectady-Troy, NY	0.8542
Albany, NY	
Montgomery, NY	
Rensselaer, NY	
Saratoga, NY	
Schenectady, NY	
Schoharie, NY	
0200 Albuquerque, NM	0.9315
Bernalillo, NM	
Sandoval, NM	
Valencia, NM	
0220 Alexandria, LA	0.7859
Rapides, LA	
0240 Allentown-Bethlehem-Easton, PA	0.9735
Carbon, PA	
Lehigh, PA	
Northampton, PA	
0280 Altoona, PA	0.9225
Blair, PA	
0320 Amarillo, TX	0.9034
Potter, TX	
Randall, TX	
0380 Anchorage, AK	1.2358
Anchorage, AK	
0440 Ann Arbor, MI	1.1103
Lenawee, MI	
Livingston, MI	
Washtenaw, MI	
0450 Anniston, AL	0.8044
Calhoun, AL	
0460 Appleton-Oshkosh-Neenah, WI	0.9162
Calumet, WI	
Outagamie, WI	
Winnebago, WI	
0470 Arecibo, PR	0.4356
Arecibo, PR	
Camuy, PR	
Hatillo, PR	
0480 Asheville, NC	0.9876
Buncombe, NC	
Madison, NC	
0500 Athens, GA	1.0211
Clarke, GA	
Madison, GA	
Oconee, GA	
0520 Atlanta, GA	0.9991
Barrow, GA	
Bartow, GA	
Carroll, GA	
Cherokee, GA	
Clayton, GA	
Cobb, GA	
Coweta, GA	
DeKalb, GA	
Douglas, GA	
Fayette, GA	
Forsyth, GA	
Fulton, GA	
Gwinnett, GA	
Henry, GA	
Newton, GA	
Paulding, GA	
Pickens, GA	
Rockdale, GA	
Spalding, GA	
Walton, GA	
0560 Atlantic-Cape May, NJ	1.1017
Atlantic, NJ	
Cape May, NJ	
0580 Auburn-Opelika, AL	0.8325
Lee, AL	
0600 Augusta-Aiken, GA-SC	1.0264
Columbia, GA	
McDuffie, GA	
Richmond, GA	
Aiken, SC	
Edgefield, SC	
0640 Austin-San Marcos, TX	0.9637
Bastrop, TX	
Caldwell, TX	
Hays, TX	
Travis, TX	
Williamson, TX	
0680 Bakersfield, CA	0.9899
Kern, CA	
0720 Baltimore, MD	0.9929
Anne Arundel, MD	
Baltimore, MD	
Baltimore City, MD	
Carroll, MD	
Harford, MD	
Howard, MD	
Queen Anne's, MD	
0733 Bangor, ME	0.9664
Penobscot, ME	
0743 Barnstable-Yarmouth, MA	1.3202
Barnstable, MA	
0760 Baton Rouge, LA	0.8294
Ascension, LA	
East Baton Rouge, LA	
Livingston, LA	
West Baton Rouge, LA	
0840 Beaumont-Port Arthur, TX	0.8324
Hardin, TX	
Jefferson, TX	
Orange, TX	
0860 Bellingham, WA	1.2282
Whatcom, WA	
0870 Benton Harbor, MI	0.9042
Berrien, MI	
0875 Bergen-Passaic, NJ	1.2150
Bergen, NJ	
Passaic, NJ	
0880 Billings, MT	0.9022
Yellowstone, MT	
0920 Biloxi-Gulfport-Pascagoula, MS	0.8757
Hancock, MS	
Harrison, MS	
Jackson, MS	
0960 Binghamton, NY	0.8542
Broome, NY	
Tioga, NY	
1000 Birmingham, AL	0.9222
Blount, AL	
Jefferson, AL	
St. Clair, AL	
Shelby, AL	
1010 Bismarck, ND	0.7972

TABLE 4G.—PRE-RECLASSIFIED WAGE INDEX FOR URBAN AREAS—Continued

Urban area (constituent counties)	Wage index
Burleigh, ND	
Morton, ND	
1020 Bloomington, IN	0.8907
Monroe, IN	
1040 Bloomington-Normal, IL	0.9109
McLean, IL	
1080 Boise City, ID	0.9310
Ada, ID	
Canyon, ID	
1123 Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH (NH Hospitals)	1.1288
Bristol, MA	
Essex, MA	
Middlesex, MA	
Norfolk, MA	
Plymouth, MA	
Suffolk, MA	
Worcester, MA	
Hillsborough, NH	
Merrimack, NH	
Rockingham, NH	
Strafford, NH	
1125 BoulderLongmont, CO	0.9689
Boulder, CO	
1145 Brazoria, TX	0.8535
Brazoria, TX	
1150 Bremerton, WA	1.0944
Kitsap, WA	
1240 Brownsville-Harlingen-San Benito, TX	0.8880
Cameron, TX	
1260 Bryan-College Station, TX	0.8821
Brazos, TX	
1280 Buffalo-Niagara Falls, NY	0.9365
Erie, NY	
Niagara, NY	
1303 Burlington, VT	1.0052
Chittenden, VT	
Franklin, VT	
Grand Isle, VT	
1310 Caguas, PR	0.4371
Caguas, PR	
Cayey, PR	
Cidra, PR	
Gurabo, PR	
San Lorenzo, PR	
1320 Canton-Massillon, OH	0.8932
Carroll, OH	
Stark, OH	
1350 Casper, WY	0.9690
Natrona, WY	
1360 Cedar Rapids, IA	0.9056
Linn, IA	
1400 Champaign-Urbana, IL	1.0635
Champaign, IL	
1440 Charleston-North Charleston, SC	0.9235
Berkeley, SC	
Charleston, SC	
Dorchester, SC	
1480 Charleston, WV	0.8898
Kanawha, WV	
Putnam, WV	
1520 Charlotte-Gastonia-Rock Hill, NC-SC	0.9850
Cabarrus, NC	
Gaston, NC	
Lincoln, NC	
Mecklenburg, NC	
Rowan, NC	
Stanly, NC	
Union, NC	
York, SC	
1540 Charlottesville, VA	1.0438
Albemarle, VA	
Charlottesville City, VA	
Fluvanna, VA	
Greene, VA	
1560 Chattanooga, TN-GA	0.8976
Catoosa, GA	
Dade, GA	
Walker, GA	
Hamilton, TN	
Marion, TN	
1580 Cheyenne, WY	0.9007
Laramie, WY	
1600 Chicago, IL	1.1044
Cook, IL	
DeKalb, IL	
DuPage, IL	
Grundy, IL	
Kane, IL	
Kendall, IL	
Lake, IL	
McHenry, IL	
Will, IL	
1620 Chico-Paradise, CA	0.9840
Butte, CA	
1640 Cincinnati, OH-KY-IN	0.9381
Dearborn, IN	
Ohio, IN	
Boone, KY	
Campbell, KY	
Gallatin, KY	
Grant, KY	
Kenton, KY	
Pendleton, KY	
Brown, OH	
Clermont, OH	
Hamilton, OH	
Warren, OH	
1660 Clarksville-Hopkinsville, TN-KY	0.8406
Christian, KY	
Montgomery, TN	
1680 Cleveland-Lorain-Elyria, OH	0.9670
Ashtabula, OH	
Cuyahoga, OH	
Geauga, OH	
Lake, OH	
Lorain, OH	
Medina, OH	
1720 Colorado Springs, CO	0.9916
El Paso, CO	
1740 Columbia, MO	0.8496
Boone, MO	
1760 Columbia, SC	0.9307
Lexington, SC	
Richland, SC	
1800 Columbus, GA-AL	0.8374
Russell, AL	
Chattahoochee, GA	
Harris, GA	
Muscogee, GA	
1840 Columbus, OH	0.9751
Delaware, OH	
Fairfield, OH	
Franklin, OH	
Licking, OH	
Madison, OH	
Pickaway, OH	
1880 Corpus Christi, TX	0.8729
Nueces, TX	
San Patricio, TX	
1890 Corvallis, OR	1.1453
Benton, OR	
1900 Cumberland, MD-WV (WV Hospital)	0.7975
Allegany, MD	
Mineral, WV	
1920 Dallas, TX	0.9998
Collin, TX	
Dallas, TX	
Denton, TX	
Ellis, TX	
Henderson, TX	
Hunt, TX	
Kaufman, TX	
Rockwall, TX	
1950 Danville, VA	0.8859
Danville City, VA	
Pittsylvania, VA	
1960 Davenport-Moline-Rock Island, IA-IL	0.8835
Scott, IA	
Henry, IL	
Rock Island, IL	
2000 Dayton-Springfield, OH	0.9282
Clark, OH	
Greene, OH	
Miami, OH	
Montgomery, OH	
2020 Daytona Beach, FL	0.9062
Flagler, FL	
Volusia, FL	
2030 Decatur, AL	0.8973
Lawrence, AL	
Morgan, AL	
2040 Decatur, IL	0.8204
Macon, IL	
2080 Denver, CO	1.0601
Adams, CO	
Arapahoe, CO	
Denver, CO	
Douglas, CO	
Jefferson, CO	
2120 Des Moines, IA	0.8791
Dallas, IA	
Polk, IA	
Warren, IA	
2160 Detroit, MI	1.0448
Lapeer, MI	
Macomb, MI	
Monroe, MI	
Oakland, MI	
St. Clair, MI	
Wayne, MI	
2180 Dothan, AL	0.8137
Dale, AL	
Houston, AL	
2190 Dover, DE	0.9356
Kent, DE	
2200 Dubuque, IA	0.8795
Dubuque, IA	
2240 Duluth-Superior, MN-WI	1.0368
St. Louis, MN	
Douglas, WI	
2281 Dutchess County, NY	1.0684
Dutchess, NY	

TABLE 4G.—PRE-RECLASSIFIED WAGE INDEX FOR URBAN AREAS—Continued

Urban area (constituent counties)	Wage index
2290 Eau Claire, WI	0.9162
Chippewa, WI	
Eau Claire, WI	
2320 El Paso, TX	0.9265
El Paso, TX	
2330 Elkhart-Goshen, IN	0.9722
Elkhart, IN	
2335 Elmira, NY	0.8542
Chemung, NY	
2340 Enid, OK	0.8376
Garfield, OK	
2360 Erie, PA	0.8925
Erie, PA	
2400 Eugene-Springfield, OR	1.0944
Lane, OR	
2440 Evansville-Henderson, IN-KY (IN Hospitals)	0.8755
Posey, IN	
Vanderburgh, IN	
Warrick, IN	
Henderson, KY	
2520 Fargo-Moorhead, ND-MN	0.9684
Clay, MN	
Cass, ND	
2560 Fayetteville, NC	0.8889
Cumberland, NC	
2580 Fayetteville-Springdale-Rogers, AR	0.8100
Benton, AR	
Washington, AR	
2620 Flagstaff, AZ-UT	1.0682
Coconino, AZ	
Kane, UT	
2640 Flint, MI	1.1135
Genesee, MI	
2650 Florence, AL	0.7792
Colbert, AL	
Lauderdale, AL	
2655 Florence, SC	0.8780
Florence, SC	
2670 Fort Collins-Loveland, CO	1.0066
Larimer, CO	
2680 Ft. Lauderdale, FL	1.0297
Broward, FL	
2700 Fort Myers-Cape Coral, FL	0.9680
Lee, FL	
2710 Fort Pierce-Port St. Lucie, FL	0.9823
Martin, FL	
St. Lucie, FL	
2720 Fort Smith, AR-OK	0.7895
Crawford, AR	
Sebastian, AR	
Sequoyah, OK	
2750 Fort Walton Beach, FL	0.9693
Okaloosa, FL	
2760 Fort Wayne, IN	0.9457
Adams, IN	
Allen, IN	
De Kalb, IN	
Huntington, IN	
Wells, IN	
Whitley, IN	
2800 Forth Worth-Arlington, TX	0.9446
Hood, TX	
Johnson, TX	
Parker, TX	
Tarrant, TX	
2840 Fresno, CA	1.0216
Fresno, CA	
Madera, CA	
2880 Gadsden, AL	0.8505
Etowah, AL	
2900 Gainesville, FL	0.9871
Alachua, FL	
2920 Galveston-Texas City, TX	0.9465
Galveston, TX	
2960 Gary, IN	0.9584
Lake, IN	
Porter, IN	
2975 Glens Falls, NY	0.8542
Warren, NY	
Washington, NY	
2980 Goldsboro, NC	0.8892
Wayne, NC	
2985 Grand Forks, ND-MN	0.8897
Polk, MN	
Grand Forks, ND	
2995 Grand Junction, CO	0.9456
Mesa, CO	
3000 Grand Rapids-Muskegon-Holland, MI	0.9525
Allegan, MI	
Kent, MI	
Muskegon, MI	
Ottawa, MI	
3040 Great Falls, MT	0.8950
Cascade, MT	
3060 Greeley, CO	0.9237
Weld, CO	
3080 Green Bay, WI	0.9502
Brown, WI	
3120 Greensboro-Winston-Salem-High Point, NC	0.9282
Alamance, NC	
Davidson, NC	
Davie, NC	
Forsyth, NC	
Guilford, NC	
Randolph, NC	
Stokes, NC	
Yadkin, NC	
3150 Greenville, NC	0.9100
Pitt, NC	
3160 Greenville-Spartanburg-Anderson, SC	0.9122
Anderson, SC	
Cherokee, SC	
Greenville, SC	
Pickens, SC	
Spartanburg, SC	
3180 Hagerstown, MD	0.9268
Washington, MD	
3200 Hamilton-Middletown, OH	0.9418
Butler, OH	
3240 Harrisburg-Lebanon-Carlisle, PA	0.9223
Cumberland, PA	
Dauphin, PA	
Lebanon, PA	
Perry, PA	
3283 Hartford, CT	1.2394
Hartford, CT	
Litchfield, CT	
Middlesex, CT	
Tolland, CT	
[3] 285 [2] Hattiesburg, MS	0.7680
Forrest, MS	
Lamar, MS	
3290 Hickory-Morganton-Lenoir, NC	0.9028
Alexander, NC	
Burke, NC	
Caldwell, NC	
Catawba, NC	
3320 Honolulu, HI	1.1457
Honolulu, HI	
3350 Houma, LA	0.8385
Lafourche, LA	
Terrebonne, LA	
3360 Houston, TX	0.9892
Chambers, TX	
Fort Bend, TX	
Harris, TX	
Liberty, TX	
Montgomery, TX	
Waller, TX	
3400 Huntington-Ashland, WV-KY-OH	0.9636
Boyd, KY	
Carter, KY	
Greenup, KY	
Lawrence, OH	
Cabell, WV	
Wayne, WV	
3440 Huntsville, AL	0.8903
Limestone, AL	
Madison, AL	
3480 Indianapolis, IN	0.9717
Boone, IN	
Hamilton, IN	
Hancock, IN	
Hendricks, IN	
Johnson, IN	
Madison, IN	
Marion, IN	
Morgan, IN	
Shelby, IN	
3500 Iowa City, IA	0.9587
Johnson, IA	
3520 Jackson, MI	0.9532
Jackson, MI	
3560 Jackson, MS	0.8607
Hinds, MS	
Madison, MS	
Rankin, MS	
3580 Jackson, TN	0.9275
Madison, TN	
Chester, TN	
3600 Jacksonville, FL	0.9381
Clay, FL	
Duval, FL	
Nassau, FL	
St. Johns, FL	
3605 Jacksonville, NC	0.8666
Onslow, NC	
3610 Jamestown, NY	0.8542
Chautauqua, NY	
3620 Janesville-Beloit, WI	0.9849
Rock, WI	
3640 Jersey City, NJ	1.1190
Hudson, NJ	
3660 Johnson City-Kingsport-Bristol, TN-VA	0.8268
Carter, TN	
Hawkins, TN	
Sullivan, TN	
Unicoi, TN	
Washington, TN	

TABLE 4G.—PRE-RECLASSIFIED WAGE INDEX FOR URBAN AREAS—Continued

Urban area (constituent counties)	Wage index
Bristol City, VA	
Scott, VA	
Washington, VA	
3680 Johnstown, PA	0.8462
Cambria, PA	
Somerset, PA	
3700 Jonesboro, AR	0.7749
Craighead, AR	
3710 Joplin, MO	0.8613
Jasper, MO	
Newton, MO	
3720 Kalamazoo-Battlecreek, MI	1.0595
Calhoun, MI	
Kalamazoo, MI	
Van Buren, MI	
3740 Kankakee, IL	1.0790
Kankakee, IL	
3760 Kansas City, KS-MO	0.9736
Johnson, KS	
Leavenworth, KS	
Miami, KS	
Wyandotte, KS	
Cass, MO	
Clay, MO	
Clinton, MO	
Jackson, MO	
Lafayette, MO	
Platte, MO	
Ray, MO	
3800 Kenosha, WI	0.9686
Kenosha, WI	
3810 Killeen-Temple, TX	1.0399
Bell, TX	
Coryell, TX	
3840 Knoxville, TN	0.8970
Anderson, TN	
Blount, TN	
Knox, TN	
Loudon, TN	
Sevier, TN	
Union, TN	
3850 Kokomo, IN	0.8971
Howard, IN	
Tipton, IN	
3870 La Crosse, WI-MN	0.9400
Houston, MN	
La Crosse, WI	
3880 Lafayette, LA	0.8475
Acadia, LA	
Lafayette, LA	
St. Landry, LA	
St. Martin, LA	
3920 Lafayette, IN	0.9278
Clinton, IN	
Tippecanoe, IN	
3960 Lake Charles, LA	0.7965
Calcasieu, LA	
3980 Lakeland-Winter Haven, FL	0.9357
Polk, FL	
4000 Lancaster, PA	0.9078
Lancaster, PA	
4040 Lansing-East Lansing, MI	0.9726
Clinton, MI	
Eaton, MI	
Ingham, MI	
4080 Laredo, TX	0.8472
Webb, TX	
4100 Las Cruces, NM	0.8872
Dona Ana, NM	
4120 Las Vegas, NV-AZ	1.1521

TABLE 4G.—PRE-RECLASSIFIED WAGE INDEX FOR URBAN AREAS—Continued

Urban area (constituent counties)	Wage index
Mohave, AZ	
Clark, NV	
Nye, NV	
4150 Lawrence, KS	0.7923
Douglas, KS	
4200 Lawton, OK	0.8315
Comanche, OK	
4243 Lewiston-Auburn, ME	0.9179
Androscoggin, ME	
4280 Lexington, KY	0.8581
Bourbon, KY	
Clark, KY	
Fayette, KY	
Jessamine, KY	
Madison, KY	
Scott, KY	
Woodford, KY	
4320 Lima, OH	0.9483
Allen, OH	
Auglaize, OH	
4360 Lincoln, NE	0.9892
Lancaster, NE	
4400 Little Rock-North Little Rock, AR	0.9097
Faulkner, AR	
Lonoke, AR	
Pulaski, AR	
Saline, AR	
4420 Longview-Marshall, TX	0.8629
Gregg, TX	
Harrison, TX	
Upshur, TX	
4480 Los Angeles-Long Beach, CA	1.2001
Los Angeles, CA	
4520 [1] Louisville, KY-IN	0.9276
Clark, IN	
Floyd, IN	
Harrison, IN	
Scott, IN	
Bullitt, KY	
Jefferson, KY	
Oldham, KY	
4600 Lubbock, TX	0.9646
Lubbock, TX	
4640 Lynchburg, VA	0.9219
Amherst, VA	
Bedford, VA	
Bedford City, VA	
Campbell, VA	
Lynchburg City, VA	
4680 Macon, GA	0.9204
Bibb, GA	
Houston, GA	
Jones, GA	
Peach, GA	
Twiggs, GA	
4720 Madison, WI	1.0467
Dane, WI	
4800 Mansfield, OH	0.8900
Crawford, OH	
Richland, OH	
4840 Mayaguez, PR	0.4914
Anasco, PR	
Cabo Rojo, PR	
Hormigueros, PR	
Mayaguez, PR	
Sabana Grande, PR	
San German, PR	

TABLE 4G.—PRE-RECLASSIFIED WAGE INDEX FOR URBAN AREAS—Continued

Urban area (constituent counties)	Wage index
4880 McAllen-Edinburg-Mission, TX	0.8428
Hidalgo, TX	
4890 Medford-Ashland, OR	1.0498
Jackson, OR	
4900 Melbourne-Titusville-Palm Bay, FL	1.0253
Brevard, Fl	
4920 Memphis, TN-AR-MS	0.8920
Crittenden, AR	
DeSoto, MS	
Fayette, TN	
Shelby, TN	
Tipton, TN	
4940 Merced, CA	0.9840
Merced, CA	
5000 Miami, FL	0.9802
Dade, FL	
5015 Middlesex-Somerset-Hunterdon, NJ	1.1213
Hunterdon, NJ	
Middlesex, NJ	
Somerset, NJ	
5080 Milwaukee-Waukesha, WI	0.9893
Milwaukee, WI	
Ozaukee, WI	
Washington, WI	
Waukesha, WI	
5120 Minneapolis-St. Paul, MN-WI	1.0903
Anoka, MN	
Carver, MN	
Chisago, MN	
Dakota, MN	
Hennepin, MN	
Isanti, MN	
Ramsey, MN	
Scott, MN	
Sherburne, MN	
Washington, MN	
Wright, MN	
Pierce, WI	
St. Croix, WI	
5140 Missoula, MT	0.9157
Missoula, MT	
5160 Mobile, AL	0.8108
Baldwin, AL	
Mobile, AL	
5170 Modesto, CA	1.0498
Stanislaus, CA	
5190 Monmouth-Ocean, NJ	1.0674
Monmouth, NJ	
Ocean, NJ	
5200 Monroe, LA	0.8137
Ouachita, LA	
5240 Montgomery, AL	0.7734
Autauga, AL	
Elmore, AL	
Montgomery, AL	
5280 Muncie, IN	0.9284
Delaware, IN	
5330 Myrtle Beach, SC	0.8976
Horry, SC	
5345 Naples, FL	0.9754
Collier, FL	
5360 Nashville, TN	0.9578
Cheatham, TN	
Davidson, TN	
Dickson, TN	
Robertson, TN	

TABLE 4G.—PRE-RECLASSIFIED WAGE INDEX FOR URBAN AREAS—Continued

Urban area (constituent counties)	Wage index
Rutherford TN	
Sumner, TN	
Williamson, TN	
Wilson, TN	
5380 Nassau-Suffolk, NY	1.3357
Nassau, NY	
Suffolk, NY	
5483 New Haven-Bridgeport-Stamford-Waterbury-Danbury, CT	1.2408
Fairfield, CT	
New Haven, CT	
5523 New London-Norwich, CT	1.2394
New London, CT	
5560 New Orleans, LA	0.9046
Jefferson, LA	
Orleans, LA	
Plaquemines, LA	
St. Bernard, LA	
St. Charles, LA	
St. James, LA	
St. John The Baptist, LA	
St. Tammany, LA	
5600 New York, NY	1.4414
Bronx, NY	
Kings, NY	
New York, NY	
Putnam, NY	
Queens, NY	
Richmond, NY	
Rockland, NY	
Westchester, NY	
5640 Newark, NJ	1.1381
Essex, NJ	
Morris, NJ	
Sussex, NJ	
Union, NJ	
Warren, NJ	
5660 Newburgh, NY-PA	1.1387
Orange, NY	
Pike, PA	
5720 Norfolk-Virginia Beach-Newport News, VA-NC	0.8574
Currituck, NC	
Chesapeake City, VA	
Gloucester, VA	
Hampton City, VA	
Isle of Wight, VA	
James City, VA	
Mathews, VA	
Newport News City, VA	
Norfolk City, VA	
Poquoson City, VA	
Portsmouth City, VA	
Suffolk City, VA	
Virginia Beach City VA	
Williamsburg City, VA	
York, VA	
5775 Oakland, CA	1.5072
Alameda, CA	
Contra Costa, CA	
5790 Ocala, FL	0.9402
Marion, FL	
5800 Odessa-Midland, TX	0.9397
Ector, TX	
Midland, TX	
5880 Oklahoma City, OK	0.8900
Canadian, OK	
Cleveland, OK	
Logan, OK	
McClain, OK	
Oklahoma, OK	
Pottawatomie, OK	
5910 Olympia, WA	1.0960
Thurston, WA	
5920 Omaha, NE-IA	0.9978
Pottawattamie, IA	
Cass, NE	
Douglas, NE	
Sarpy, NE	
Washington, NE	
5945 Orange County, CA	1.1474
Orange, CA	
5960 Orlando, FL	0.9640
Lake, FL	
Orange, FL	
Osceola, FL	
Seminole, FL	
5990 Owensboro, KY	0.8344
Daviess, KY	
6015 Panama City, FL	0.8865
Bay, FL	
6020 Parkersburg-Marietta, WV-OH	0.8127
Washington, OH	
Wood, WV	
6080 Pensacola, FL	0.8814
Escambia, FL	
Santa Rosa, FL	
6120 Peoria-Pekin, IL	0.8739
Peoria, IL	
Tazewell, IL	
Woodford, IL	
6160 Philadelphia, PA-NJ	1.0713
Burlington, NJ	
Camden, NJ	
Gloucester, NJ	
Salem, NJ	
Bucks, PA	
Chester, PA	
Delaware, PA	
Montgomery, PA	
Philadelphia, PA	
6200 Phoenix-Mesa, AZ	0.9820
Maricopa, AZ	
Pinal, AZ	
6240 Pine Bluff, AR	0.7962
Jefferson, AR	
6280 Pittsburgh, PA	0.9365
Allegheny, PA	
Beaver, PA	
Butler, PA	
Fayette, PA	
Washington, PA	
Westmoreland, PA	
6323 Pittsfield, MA	1.1288
Berkshire, MA	
6340 Pocatello, ID	0.9372
Bannock, ID	
6360 Ponce, PR	0.5169
Guayanilla, PR	
Juana Diaz, PR	
Penuelas, PR	
Ponce, PR	
Villalba, PR	
Yauco, PR	
6403 Portland, ME	0.9794
Cumberland, ME	
Sagadahoc, ME	
York, ME	
6440 Portland-Vancouver, OR-WA	1.0667
Clackamas, OR	
Columbia, OR	
Multnomah, OR	
Washington, OR	
Yamhill, OR	
Clark, WA	
6483 Providence-Warwick-Pawtucket, RI	1.0854
Bristol, RI	
Kent, RI	
Newport, RI	
Providence, RI	
Washington, RI	
6520 Provo-Orem, UT	0.9879
Utah, UT	
6560 Pueblo, CO	0.9015
Pueblo, CO	
6580 Punta Gorda, FL	0.9218
Charlotte, FL	
6600 Racine, WI	0.9334
Racine, WI	
6640 Raleigh-Durham-Chapel Hill, NC	0.9990
Chatham, NC	
Durham, NC	
Franklin, NC	
Johnston, NC	
Orange, NC	
Wake, NC	
6660 Rapid City, SD	0.8846
Pennington, SD	
6680 Reading, PA	0.9295
Berks, PA	
6690 Redding, CA	1.1135
Shasta, CA	
6720 Reno, NV	1.0648
Washoe, NV	
6740 Richland-Kennewick-Pasco, WA	1.1491
Benton, WA	
Franklin, WA	
6760 Richmond-Petersburg, VA	0.9477
Charles City County, VA	
Chesterfield, VA	
Colonial Heights City, VA	
Dinwiddie, VA	
Goochland, VA	
Hanover, VA	
Henrico, VA	
Hopewell City, VA	
New Kent, VA	
Petersburg City, VA	
Powhatan, VA	
Prince George, VA	
Richmond City, VA	
6780 Riverside-San Bernardino, CA	1.1365
Riverside, CA	
San Bernardino, CA	
6800 Roanoke, VA	0.8614
Botetourt, VA	
Roanoke, VA	
Roanoke City, VA	
Salem City, VA	
6820 Rochester, MN	1.2139
Olmsted, MN	
6840 Rochester, NY	0.9194
Genesee, NY	

TABLE 4G.—PRE-RECLASSIFIED WAGE INDEX FOR URBAN AREAS—Continued

Urban area (constituent counties)	Wage index
Livingston, NY	
Monroe, NY	
Ontario, NY	
Orleans, NY	
Wayne, NY	
6880 Rockford, IL	0.9625
Boone, IL	
Ogle, IL	
Winnebago, IL	
6895 Rocky Mount, NC	0.9228
Edgecombe, NC	
Nash, NC	
6920 Sacramento, CA	1.1500
El Dorado, CA	
Placer, CA	
Sacramento, CA	
6960 Saginaw-Bay City-Midland, MI	0.9650
Bay, MI	
Midland, MI	
Saginaw, MI	
6980 St. Cloud, MN	0.9700
Benton, MN	
Stearns, MN	
7000 St. Joseph, MO	0.8021
Andrew, MO	
Buchanan, MO	
7040 St. Louis, MOIL	0.8855
Clinton, IL	
Jersey, IL	
Madison, IL	
Monroe, IL	
St. Clair, IL	
Franklin, MO	
Jefferson, MO	
Lincoln, MO	
St. Charles, MO	
St. Louis, MO	
St. Louis City, MO	
Warren, MO	
7080 Salem, OR	1.0367
Marion, OR	
Polk, OR	
7120 Salinas, CA	1.4623
Monterey, CA	
7160 Salt Lake City-Ogden, UT	0.9945
Davis, UT	
Salt Lake, UT	
Weber, UT	
7200 San Angelo, TX	0.8374
Tom Green, TX	
7240 San Antonio, TX	0.8753
Bexar, TX	
Comal, TX	
Guadalupe, TX	
Wilson, TX	
7320 San Diego, CA	1.1131
San Diego, CA	
7360 San Francisco, CA	1.4142
Marin, CA	
San Francisco, CA	
San Mateo, CA	
7400 San Jose, CA	1.4145
Santa Clara, CA	
7440 San Juan-Bayamon, PR	0.4741
Aguas Buenas, PR	
Barceloneta, PR	
Bayamon, PR	
Canovanas, PR	
Carolina, PR	

TABLE 4G.—PRE-RECLASSIFIED WAGE INDEX FOR URBAN AREAS—Continued

Urban area (constituent counties)	Wage index
Catano, PR	
Ceiba, PR	
Comerio, PR	
Corozal, PR	
Dorado, PR	
Fajardo, PR	
Florida, PR	
Guaynabo, PR	
Humacao, PR	
Juncos, PR	
Los Piedras, PR	
Loiza, PR	
Luguillo, PR	
Manati, PR	
Morovis, PR	
Naguabo, PR	
Naranjito, PR	
Rio Grande, PR	
San Juan, PR	
Toa Alta, PR	
Toa Baja, PR	
Trujillo Alto, PR	
Vega Alta, PR	
Vega Baja, PR	
Yabucoa, PR	
7460 San Luis Obispo-Atascadero-Paso Robles, CA	1.1271
San Luis Obispo, CA	
7480 Santa Barbara-Santa Maria-Lompoc, CA	1.0481
Santa Barbara, CA	
7485 Santa Cruz-Watsonville, CA	1.3646
Santa Cruz, CA	
7490 Santa Fe, NM	1.0712
Los Alamos, NM	
Santa Fe, NM	
7500 Santa Rosa, CA	1.3046
Sonoma, CA	
7510 Sarasota-Bradenton, FL	0.9425
Manatee, FL	
Sarasota, FL	
7520 Savannah, GA	0.9376
Bryan, GA	
Chatham, GA	
Effingham, GA	
7560 Scranton-Wilkes-Barre-Hazleton, PA	0.8599
Columbia, PA	
Lackawanna, PA	
Luzerne, PA	
Wyoming, PA	
7600 Seattle-Bellevue-Everett, WA	1.1474
Island, WA	
King, WA	
Snohomish, WA	
7610 Sharon, PA	0.8462
Mercer, PA	
7620 Sheboygan, WI	0.9162
Sheboygan, WI	
7640 ShermanDenison, TX	0.9255
Grayson, TX	
7680 Shreveport-Bossier City, LA	0.8987
Bossier, LA	
Caddo, LA	
Webster, LA	
7720 Sioux City, IA-NE	0.9046
Woodbury, IA	
Dakota, NE	

TABLE 4G.—PRE-RECLASSIFIED WAGE INDEX FOR URBAN AREAS—Continued

Urban area (constituent counties)	Wage index
7760 Sioux Falls, SD	0.9257
Lincoln, SD	
Minnehaha, SD	
7800 South Bend, IN	0.9802
St. Joseph, IN	
7840 Spokane, WA	1.0852
Spokane, WA	
7880 Springfield, IL	0.8659
Menard, IL	
Sangamon, IL	
7920 Springfield, MO	0.8424
Christian, MO	
Greene, MO	
Webster, MO	
8003 Springfield, MA	1.1288
Hampden, MA	
Hampshire, MA	
8050 State College, PA	0.8941
Centre, PA	
8080 Steubenville-Weirton, OH-WV (WV Hospitals)	0.8804
Jefferson, OH	
Brooke, WV	
Hancock, WV	
8120 Stockton-Lodi, CA	1.0506
San Joaquin, CA	
8140 Sumter, SC	0.8607
Sumter, SC	
8160 Syracuse, NY	0.9714
Cayuga, NY	
Madison, NY	
Onondaga, NY	
Oswego, NY	
8200 Tacoma, WA	1.0940
Pierce, WA	
8240 Tallahassee, FL	0.8814
Gadsden, FL	
Leon, FL	
8280 Tampa-St. Petersburg-Clearwater, FL	0.9065
Hernando, FL	
Hillsborough, FL	
Pasco, FL	
Pinellas, FL	
8320 Terre Haute, IN	0.8755
Clay, IN	
Vermillion, IN	
Vigo, IN	
8360 Texarkana, AR-Texarkana, TX	0.8088
Miller, AR	
Bowie, TX	
8400 Toledo, OH	0.9810
Fulton, OH	
Lucas, OH	
Wood, OH	
8440 Topeka, KS	0.9199
Shawnee, KS	
8480 Trenton, NJ	1.0432
Mercer, NJ	
8520 Tucson, AZ	0.8911
Pima, AZ	
8560 Tulsa, OK	0.8332
Creek, OK	
Osage, OK	
Rogers, OK	
Tulsa, OK	
Wagoner, OK	
8600 Tuscaloosa, AL	0.8130
Tuscaloosa, AL	

TABLE 4G.—PRE-RECLASSIFIED WAGE INDEX FOR URBAN AREAS—Continued

Urban area (constituent counties)	Wage index
8640 Tyler, TX	0.9521
Smith, TX	
8680 Utica-Rome, NY	0.8542
Herkimer, NY	
Oneida, NY	
8720 Vallejo-Fairfield-Napa, CA	1.3354
Napa, CA	
Solano, CA	
8735 Ventura, CA	1.1096
Ventura, CA	
8750 Victoria, TX	0.8756
Victoria, TX	
8760 Vineland-Millville-Bridgeton, NJ	1.0031
Cumberland, NJ	
8780 Visalia-Tulare-Porterville, CA	0.9840
Tulare, CA	
8800 Waco, TX	0.8073
McLennan, TX	
8840 Washington, DC-MD-VA-WV	1.0851
District of Columbia, DC	
Calvert, MD	
Charles, MD	
Frederick, MD	
Montgomery, MD	
Prince Georges, MD	
Alexandria City, VA	
Arlington, VA	
Clarke, VA	
Culpeper, VA	
Fairfax, VA	
Fairfax City, VA	
Falls Church City, VA	
Fauquier, VA	
Fredericksburg City, VA	
King George, VA	
Loudoun, VA	
Manassas City, VA	
Manassas Park City, VA	
Prince William, VA	
Spotsylvania, VA	
Stafford, VA	
Warren, VA	
Berkeley, WV	
Jefferson, WV	
8920 Waterloo-Cedar Falls, IA	0.8315
Black Hawk, IA	
8940 Wausau, WI	0.9782
Marathon, WI	
8960 West Palm Beach-Boca Raton, FL	0.9939
Palm Beach, FL	
9000 Wheeling, WV-OH	0.7975
Belmont, OH	
Marshall, WV	
Ohio, WV	
9040 Wichita, KS	0.9520

TABLE 4G.—PRE-RECLASSIFIED WAGE INDEX FOR URBAN AREAS—Continued

Urban area (constituent counties)	Wage index
Butler, KS	
Harvey, KS	
Sedgwick, KS	
9080 Wichita Falls, TX	0.8498
Archer, TX	
Wichita, TX	
9140 Williamsport, PA	0.8544
Lycoming, PA	
9160 Wilmington-Newark, DE-MD	1.1173
New Castle, DE	
Cecil, MD	
9200 Wilmington, NC	0.9640
New Hanover, NC	
Brunswick, NC	
9260 Yakima, WA	1.0569
Yakima, WA	
9270 Yolo, CA	0.9840
Yolo, CA	
9280 York, PA	0.9026
York, PA	
9320 Youngstown-Warren, OH	0.9358
Columbiana, OH	
Mahoning, OH	
Trumbull, OH	
9340 Yuba City, CA	1.0276
Sutter, CA	
Yuba, CA	
9360 Yuma, AZ	0.8589
Yuma, AZ	

15. On page 50229, in Table 4H.—Pre-Reclassified Wage Index for Rural Areas, the table is corrected to read as follows:

TABLE 4H.—PRE-RECLASSIFIED WAGE INDEX FOR RURAL AREAS

Nonurban area	Wage index
Alabama	0.7660
Alaska	1.2293
Arizona	0.8493
Arkansas	0.7666
California	0.9840
Colorado	0.9015
Connecticut	1.2394
Delaware	0.9128
Florida	0.8814
Georgia	0.8230
Hawaii	1.0255
Idaho	0.8747
Illinois	0.8204
Indiana	0.8755
Iowa	0.8315
Kansas	0.7923
Kentucky	0.8079
Louisiana	0.7567
Maine	0.8874

TABLE 4H.—PRE-RECLASSIFIED WAGE INDEX FOR RURAL AREAS—Continued

Nonurban area	Wage index
Maryland	0.8946
Massachusetts	1.1288
Michigan	0.9000
Minnesota	0.9151
Mississippi	0.7680
Missouri	0.8021
Montana	0.8481
Nebraska	0.8204
Nevada	0.9577
New Hampshire	0.9796
New Jersey [1]	
New Mexico	0.8872
New York	0.8542
North Carolina	0.8666
North Dakota	0.7788
Ohio	0.8613
Oklahoma	0.7590
Oregon	1.0303
Pennsylvania	0.8462
Puerto Rico	0.4356
Rhode Island [1]	
South Carolina	0.8607
South Dakota	0.7815
Tennessee	0.7877
Texas	0.7821
Utah	0.9312
Vermont	0.9345
Virginia	0.8504
Washington	1.0179
West Virginia	0.7975
Wisconsin	0.9162
Wyoming	0.9007

[1] All counties within the State are classified as urban.

16. On page 50236, in Table 5—List of Diagnosis-Related Groups (DRGs), Relative Weighting Factors, Geometric and Arithmetic Mean Length of Stay (LOS), the fourth column (DRG Title), line 59 (DRG 386) ''Extreme Immaturity'' is corrected to read ''Extreme Immaturity or Respiratory Distress Syndrome Neonate''.

17. On page 50238, in Table 5—List of Diagnosis-Related Groups (DRGs), Relative Weighting Factors, Geometric and Arithmetic Mean Length of Stay (LOS), the third column (Type), line 26 (DRG 473) ''SURG'' is corrected to read ''MED''.

18. On pages 50264 through 50273, Table 9—Hospital Reclassifications and Redesignations by Individual Hospital—FY2003 is corrected by—

a. Adding the following entries (in numerical order):

Provider No.	Actual MSA or rural area	Wage index MSA reclassification	Standardized amount MSA reclassification
130018	13	6340	
240036	6980		5120

b. Deleting the following entries:

Provider No.	Actual MSA or rural area	Wage index MSA reclassification	Standardized amount MSA reclassification
390197	0240	6160	.....
390263	0240	6160	.....
460011	46	6520	.....

c. Correcting the standardized amount MSA reclassification for the following entries:

Provider No.	Actual MSA or rural area	Published standardized amount MSA reclassification	Corrected standardized amount MSA reclassification
340126	34	6640	6895
360175	36	1640	1840
470011	47	.....	1123

d. Correcting the wage index MSA reclassification for the following entry:

Provider No.	Actual MSA or rural area	Published wage index MSA reclassification	Corrected wage index MSA reclassification
010005	01	3440	1000

19. On pages 50276 through 50285, the text beginning with section ''I. Introduction'' and ending with section ''VIII. Impact of Policies Affecting Rural Hospitals'' is corrected to read as follows:

I. Introduction

We have examined the impacts of this rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review) and the Regulatory Flexibility Act (RFA) (September 19, 1980, Public Law 96–354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Public Law 104–4), and Executive Order 13132.

Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more in any 1 year). We have determined that this final rule is a major rule as defined in 5 U.S.C. 804(2). We estimate the total impact of these changes for FY 2003 payments compared to FY 2002 payments to be approximately a $300 million increase.

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and government agencies. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of $5 million to $25 million in any 1 year. For purposes of the RFA, all hospitals and other providers and suppliers are considered to be small entities. Individuals and States are not included in the definition of a small entity.

In addition, section 1102(b) of the Social Security Act requires us to prepare a regulatory impact analysis for any final rule that may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the RFA. With the exception of hospitals located in certain New England counties, for purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital with fewer than 100 beds that is located outside of a Metropolitan Statistical Area (MSA) or New England County Metropolitan Area (NECMA). Section 601(g) of the Social Security Amendments of 1983 (Public Law 98–21) designated hospitals in certain New England counties as belonging to the adjacent NECMA. Thus, for purposes of the acute care hospital inpatient prospective payment systems, we classify these hospitals as urban hospitals.

It is clear that the changes being made in this document will affect both a substantial number of small rural hospitals as well as other classes of hospitals, and that the effects on some hospitals may be significant. Therefore, the discussion below, in combination with the rest of this final rule, constitutes a combined regulatory impact analysis and regulatory flexibility analysis.

Section 202 of the Unfunded Mandates Reform Act of 1995 (Public Law 104–4) also requires that agencies assess anticipated costs and benefits before issuing a final rule, which has been preceded by a proposed rule, that may result in an expenditure in any one year by State, local, or tribal governments, in the aggregate, or by the private sector, of $110 million. This final rule will not result in any unfunded mandates for State, local, or tribal governments or the private sector, as defined by section 202.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed rule (and subsequent final rule) that imposes substantial direct

costs on State and local governments, preempts State law, or otherwise has Federalism implications. We have reviewed this final rule in light of Executive Order 13132 and have determined that it will not have any negative impact on the rights, roles, and responsibilities of State, local, or tribal governments.

In accordance with the provisions of Executive Order 12866, this final rule was reviewed by the Office of Management and Budget.

II. Objectives

The primary objective of the acute care hospital inpatient prospective payment system is to create incentives for hospitals to operate efficiently and minimize unnecessary costs while at the same time ensuring that payments are sufficient to compensate hospitals adequately for their legitimate costs. In addition, we share the national goal of preserving the Medicare Trust Fund.

We believe the changes in this final rule will further each of these goals while maintaining the financial viability of the hospital industry and ensuring access to high quality health care for Medicare beneficiaries. We expect these changes will ensure that the outcomes of this payment system are reasonable and equitable while avoiding or minimizing unintended adverse consequences.

III. Limitations of Our Analysis

The following quantitative analysis presents the projected effects of our policy changes, as well as statutory changes effective for FY 2003, on various hospital groups. We estimate the effects of individual policy changes by estimating payments per case while holding all other payment policies constant. We use the best data available, but we do not attempt to predict behavioral responses to our policy changes, and we do not make adjustments for future changes in such variables as admissions, lengths of stay, or case-mix. As we have done in previous proposed rules, in the May 9, 2002 proposed rule, we solicited comments and information about the anticipated effects of these changes on hospitals and our methodology for estimating payments.

We received several comments on the impact analysis for our May 9, 2002 proposed rule.

Comment: Several commenters noted that the effects of the proposed expansion to the postacute transfer policy were not included in the May 9, 2002 proposed rule impact tables. These commenters were concerned that the effect of implementing either of the two proposed expansions of this policy would result in an overall decrease in per case payments in FY 2003.

Response: We did not analyze the postacute care transfer policy in the impact tables in the proposed rule because we did not propose a specific policy expansion. We did consider overall savings estimates attributable to the provision in the preamble discussion. Furthermore, we have not provided such an analysis in the impact tables in this final rule because we have decided not to make revisions to the postacute care transfer policy at this time. As stated elsewhere in the preamble, we will continue to assess whether further expansions or refinements of the transfer policy may be warranted for FY 2004 or subsequent years, and, if so, how to design such refinements and assess their impact.

Comment: Several commenters noted the impact that the large, legislated decreases in IME payments and the update factor (market basket increase minus 0.55 percentage point) will have on many hospitals. They argued that these decreases in payments, in combination with our proposals and an update factor of less than inflation, will have an even larger overall impact than indicated in our impact tables. The commenters indicated that, in a time when other health care costs are escalating due to nursing shortages, rising drug and technology costs, and ''skyrocketing'' professional and general insurance premiums, hospitals cannot absorb a reduction in inpatient Medicare payments. They argued that decreasing payments and increasing costs will make hospitals less able to make decisions based solely on the needs of the beneficiary and force them to make more decisions based on solvency.

Response: As the commenters pointed out, these reductions are legislated by Congress. However, as discussed further below, one of the biggest impacts on the changes in payments from FY 2002 to FY 2003 is the high total of outlier payments hospitals are receiving in FY 2002 (approximately 6.9 percent of total DRG payments) compared to the FY 2003 estimate of 5.1 percent. The net effect of this difference is to reduce the rate of change by 2.1 percentage points.

IV. Hospitals Included In and Excluded From the Acute Care Hospital Inpatient Prospective Payment System

The prospective payment systems for hospital inpatient operating and capital-related costs encompass nearly all general short-term, acute care hospitals that participate in the Medicare program. There were 44 Indian Health Service hospitals in our database, which we excluded from the analysis due to the special characteristics of the prospective payment methodology for these hospitals. Among other short-term, acute care hospitals, only the 67 such hospitals in Maryland remain excluded from the acute care hospital inpatient prospective payment system under the waiver at section 1814(b)(3) of the Act.

There are approximately 631 critical access hospitals (CAHs). These small, limited service hospitals are paid on the basis of reasonable costs rather than under the acute care hospital inpatient prospective payment system. The remaining 20 percent are specialty hospitals that are excluded from the acute care hospital inpatient prospective payment system. These hospitals include psychiatric hospitals and units, rehabilitation hospitals and units, long-term care hospitals, children's hospitals, and cancer hospitals. The impacts of our final policy changes on these hospitals are discussed below.

Thus, as of July 2002, we have included 4,230 hospitals in our analysis. This represents about 80 percent of all Medicare-participating hospitals. The majority of this impact analysis focuses on this set of hospitals.

V. Impact on Excluded Hospitals and Hospital Units

As of July 2002, there were 1,076 specialty hospitals excluded from the acute care hospital inpatient prospective payment system. Broken down by specialty, there were 486 psychiatric, 220 rehabilitation, 279 long-term care, 80 children's, and 11 cancer hospitals. In addition, there were 1,427 psychiatric units and 962 rehabilitation units in hospitals otherwise subject to the acute care hospital inpatient prospective payment system. Under § 413.40(a)(2)(i)(A), the rate-of-increase ceiling is not applicable to the 67 specialty hospitals and units in Maryland that are paid in accordance with the waiver at section 1814(b)(3) of the Act.

In the past, hospitals and units excluded from the acute care hospital inpatient prospective payment system have been paid based on their reasonable costs subject to limits as established by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). Hospitals that continue to be paid based on their reasonable costs are subject to TEFRA limits for FY 2003. For these hospitals, the proposed update is the percentage increase in the excluded hospital market basket (currently estimated at 3.5 percent).

Inpatient rehabilitation facilities (IRFs) are paid under the IRF prospective payment system for cost reporting periods beginning on or after January 1, 2002. For cost reporting periods beginning during FY 2003, the IRF prospective payment is based on 100 percent of the adjusted Federal IRF prospective payment amount, updated annually (*see* the August 7, 2001 final rule (66 FR 41316 through 41430)). Therefore, these hospitals are not impacted by this final rule.

Effective for cost reporting periods beginning during FY 2003, we have proposed that long-term care hospitals would be paid under a long-term care hospital prospective payment system, where long-term care hospitals receive payment based on a 5-year transition period (see the March 22, 2002 proposed rule (67 FR 13416 through 13494)). However, under this proposed payment system, a long-term care hospital may also elect to be paid at 100 percent of the Federal prospective rate at the beginning of any of its cost reporting periods during the 5-year transition period. For purposes of the update factor, the portion of the proposed prospective payment system transition blend payment based on reasonable costs for inpatient operating services would be determined by updating the long-term care hospital's TEFRA limit by the estimate of the excluded hospital market basket (or 3.5 percent).

The impact on excluded hospitals and hospital units of the update in the rate-of-increase limit depends on the cumulative cost increases experienced by each excluded hospital or unit since its applicable base period. For excluded hospitals and units that have maintained their cost increases at a level below the rate-of-increase limits since their base period, the major effect will be on the level of incentive payments these hospitals and hospital units receive. Conversely, for excluded hospitals and hospital units with per-case cost increases above the cumulative update in their rate-of-increase limits, the major effect will be the amount of excess costs that would not be reimbursed.

We note that, under § 413.40(d)(3), an excluded hospital or unit whose costs exceed 110 percent of its rate-of-increase limit receives its rate-of-increase limit plus 50 percent of the difference between its reasonable costs and 110 percent of the limit, not to exceed 110 percent of its limit. In addition, under the various provisions set forth in § 413.40, certain excluded hospitals and hospital units can obtain payment adjustments for justifiable increases in operating costs that exceed the limit. At the same time, however, by generally limiting payment increases, we continue to provide an incentive for excluded hospitals and hospital units to restrain the growth in their spending for patient services.

VI. Quantitative Impact Analysis of the Policy Changes Under the Hospital Inpatient Prospective Payment System for Operating Costs

A. Basis and Methodology of Estimates

In this final rule, we are announcing policy changes and payment rate updates for the hospital inpatient prospective payment systems for operating and capital-related costs. We estimate the total impact of these changes for FY 2003 payments compared to FY 2002 payments to be approximately a $300 million increase. We have prepared separate impact analyses of the changes to each system. This section deals with changes to the operating prospective payment system.

The data used in developing the quantitative analyses presented below are taken from the FY 2001 MedPAR file and the most current provider-specific file that is used for payment purposes. Although the analyses of the changes to the operating prospective payment system do not incorporate cost data, the most recently available hospital cost report data were used to categorize hospitals. Our analysis has several qualifications. First, we do not make adjustments for behavioral changes that hospitals may adopt in response to these policy changes. Second, due to the interdependent nature of the hospital inpatient prospective payment system, it is very difficult to precisely quantify the impact associated with each change. Third, we draw upon various sources for the data used to categorize hospitals in the tables. In some cases, particularly the number of beds, there is a fair degree of variation in the data from different sources. We have attempted to construct these variables with the best available data overall. For individual hospitals, however, some miscategorizations are possible.

Using cases in the FY 2001 MedPAR file, we simulated payments under the operating prospective payment system given various combinations of payment parameters. Any short-term, acute care hospitals not paid under the acute care hospital inpatient prospective payment systems (Indian Health Service hospitals and hospitals in Maryland) are excluded from the simulations. The impact of payments under the capital prospective payment system, or the impact of payments for costs other than inpatient operating costs, are not analyzed in this section. Estimated payment impacts of FY 2003 changes to the capital prospective payment system are discussed in section IX. of this Appendix.

The changes discussed separately below are the following:

- The effects of the annual reclassification of diagnoses and procedures and the recalibration of the DRG relative weights required by section 1886(d)(4)(C) of the Act.
- The effects of the changes in hospitals' wage index values reflecting wage data from hospitals' cost reporting periods beginning during FY 1999, compared to the FY 1998 wage data, and the effects of removing from the wage data the costs and hours associated with GME and CRNAs.
- The effects of geographic reclassifications by the Medicare Geographic Classification Review Board (MGCRB) that will be effective in FY 2003.
- The total change in payments based on FY 2003 policies relative to payments based on FY 2002 policies.

To illustrate the impacts of the FY 2003 changes, our analysis begins with a FY 2003 baseline simulation model using: the FY 2002 DRG GROUPER (version 19.0); the FY 2002 wage index; and no MGCRB reclassifications. Outlier payments are set at 5.1 percent of total DRG plus outlier payments.

Each final and statutory policy change is then added incrementally to this baseline model, finally arriving at an FY 2003 model incorporating all of the changes. This methodology allows us to isolate the effects of each change.

Our final comparison illustrates the percent change in payments per case from FY 2002 to FY 2003. Six factors have significant impacts here. The first is the update to the standardized amounts. In accordance with section 1886(d)(3)(A)(iv) of the Act, as amended by section 301 of Public Law 106–554, we are updating the large urban and the other areas average standardized amounts for FY 2003 using the most recently forecasted hospital market basket increase for FY 2003 of 3.5 percent minus 0.55 percentage points (for an update of 2.95 percent). Under section 1886(b)(3) of the Act, the updates to the hospital-specific amounts for sole community hospitals (SCHs) and for Medicare-dependent small rural hospitals (MDHs) are also equal to the market basket increase of 3.5 percent minus 0.55 percentage points (for an update of 2.95 percent). We estimate the aggregate impact of this update will be to increase hospital payments by $500 million.

A second significant factor that impacts changes in a hospital's payments per case from FY 2002 to FY 2003 is the change in MGCRB status from one year to the next. That is, hospitals reclassified in FY 2002 that are no longer reclassified in FY 2003 may have a negative payment impact going from FY 2002 to FY 2003; conversely, hospitals not reclassified in FY 2002 that are reclassified in FY 2003 may have a positive impact. In some cases, these impacts can be quite substantial, so if a relatively small number of hospitals in a particular category lose their reclassification status, the percentage change in payments for the category may be below the national mean. This effect is alleviated, however, by section 304(a) of Public Law 106–554, which provided that reclassifications for purposes of the wage index are for a 3-year period. Because the impact of MGCRB reclassifications are budget neutral overall, the only impacts of these changes are on payments to individual hospitals and hospital groups.

A third significant factor is that we currently estimate that actual outlier payments during FY 2002 will be 6.9 percent of total DRG payments. When the FY 2002 final rule was published, we projected FY 2002 outlier payments would be 5.1 percent of total DRG plus outlier payments; the average standardized amounts were offset correspondingly. The effects of the higher than expected outlier payments during FY 2002 (as discussed in the Addendum to this final rule) are reflected in the analyses below comparing our current estimates of FY 2002 payments per case to estimated FY 2003 payments per case. We estimate FY 2002 payments will be approximately $1.5 billion higher than if outlier payments had been 5.1 percent of total DRG payments.

Fourth, section 213 of Public Law 106–554 provides that all SCHs may receive payment on the basis of their costs per case during their cost reporting period that began during 1996. This option was to be phased in over 4 years. For FY 2003, the proportion of payments based on affected SCHs' FY 1996 hospital-specific amount increases from 50 percent to 75 percent.

Fifth, under section 1886(d)(5)(B)(ii) of the Act, the formula for IME is reduced beginning in FY 2003. The reduction is from approximately a 6.5 percent increase for every 10 percent increase in the resident-to-bed ratio during FY 2002 to approximately a 5.5 percent increase. We estimate the impact of this reduction will be to decrease aggregate payments by $1 billion.

Comment: Numerous commenters expressed concern about the statutory reduction to the IME formula multiplier for FY 2003 of 1.35. The commenters stated that this cut in IME reimbursement will have an extremely detrimental impact on the teaching hospital community.

Response: Congress establishes the IME formula multiplier for FY 2003 by law. Any changes to the multiplier must be made through the legislative process.

Comment: One commenter stated that the reduction to the IME formula multiplier was not considered in the impact analysis table (67 FR 31670) in the proposed rule. The commenter requested that the large impact due to reduction in IME payments be acknowledged and weighed against the cost to hospitals that would be incurred by the proposed outlier reduction, transfer payment expansion, and the removal of resident salary costs from the wage index.

Response: In the May 9, 2002 proposed rule at 67 FR 31670 and 31671, we included several footnotes that explain the various calculations in the impact analysis for FY 2003. Footnote number 9 states that the impact of the reduction in IME adjustment payments is reflected in column 8 of the table, which contains all FY 2003 changes. Thus, we have incorporated the reduction to the IME formula multiplier in the impact analysis of total Medicare hospital expenditures for FY 2003, and have similarly done so in this final rule.

Sixth, the disproportionate share hospital (DSH) adjustment increases in FY 2003 compared with FY 2002. In accordance with section 1886(d)(5)(F)(ix) of the Act, during FY 2002, DSH payments that a hospital would otherwise receive were reduced by 3 percent. This reduction is no longer applicable beginning with FY 2003. We estimate the higher DSH payments will increase overall Medicare payments to hospitals by $200 million.

Table I demonstrates the results of our analysis. The table categorizes hospitals by various geographic and special payment consideration groups to illustrate the varying impacts on different types of hospitals. The top row of the table shows the overall impact on the 4,230 hospitals included in the analysis. This number is 555 fewer hospitals than were included in the impact analysis in the FY 2002 final rule (66 FR 40087). Of this number, 437 are now CAHs and are excluded from our analysis.

The next four rows of Table I contain hospitals categorized according to their geographic location: all urban, which is further divided into large urban and other urban; and rural. There are 2,620 hospitals located in urban areas (MSAs or NECMAs) included in our analysis. Among these, there are 1,519 hospitals located in large urban areas (populations over 1 million), and 1,101 hospitals in other urban areas (populations of 1 million or fewer). In addition, there are 1,610 hospitals in rural areas. The next two groupings are by bed-size categories, shown separately for urban and rural hospitals. The final groupings by geographic location are by census divisions, also shown separately for urban and rural hospitals.

The second part of Table I shows hospital groups based on hospitals' FY 2003 payment classifications, including any reclassifications under section 1886(d)(10) of the Act. For example, the rows labeled urban, large urban, other urban, and rural show that the number of hospitals paid based on these categorizations after consideration of geographic reclassifications are 2,650, 1,576, 1,074, and 1,580, respectively.

The next three groupings examine the impacts of the proposed changes on hospitals grouped by whether or not they have GME residency programs (teaching hospitals that receive an IME adjustment) or receive DSH payments, or some combination of these two adjustments. There are 3,119 nonteaching hospitals in our analysis, 870 teaching hospitals with fewer than 100 residents, and 241 teaching hospitals with 100 or more residents.

In the DSH categories, hospitals are grouped according to their DSH payment status, and whether they are considered urban or rural after MGCRB reclassifications. Hospitals in the rural DSH categories, therefore, represent hospitals that were not reclassified for purposes of the standardized amount or for purposes of the DSH adjustment. (They may, however, have been reclassified for purposes of the wage index.)

The next category groups hospitals, considered urban after geographic reclassification, in terms of whether they receive the IME adjustment, the DSH adjustment, both, or neither.

The next five rows examine the impacts of the proposed changes on rural hospitals by special payment groups (SCHs, rural referral centers (RRCs), and MDHs), as well as rural hospitals not receiving a special payment designation. The RRCs (160), SCHs (526), MDHs (241), and hospitals that are both SCH and RRC (76) shown

here were not reclassified for purposes of the standardized amount.

The next two groupings are based on type of ownership and the hospital's Medicare utilization expressed as a percent of total patient days. These data are taken primarily from the FY 1999 Medicare cost report files, if available (otherwise FY 1998 data are used). Data needed to determine ownership status were unavailable for 177 hospitals. Similarly, the data needed to determine Medicare utilization were unavailable for 126 hospitals.

The next series of groupings concern the geographic reclassification status of hospitals. The first grouping displays all hospitals that were reclassified by the MGCRB for FY 2003. The next two groupings separate the hospitals in the first group by urban and rural status. The final row in Table I contains hospitals located in rural counties but deemed to be urban under section 1886(d)(8)(B) of the Act.

TABLE I.—IMPACT ANALYSIS OF CHANGES FOR FY 2003

[Operating prospective payment system, [percent changes in payments per case]

	Num. of Hosps. [1]	DRG changes [2]	New wage data [3]	Remove GME & CRNA 80/20 [4]	Remove GME & CRNA 100 percent [5]	DRG & WI changes [6]	MGCRB reclassfication [7]	All FY 2003 changes [8]
	(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)
By Geographic Location:								
All hospitals	4,230	0.4	0.0	0.0	0.1	0.0	0.0	0.4
Urban hospitals	2,620	0.5	0.0	0.0	0.1	0.0	−0.5	0.2
Large urban areas (populations over 1 million)	1,519	0.4	0.0	0.0	0.0	−0.1	−0.5	0.2
Other urban areas (populations of 1 million or fewer)	1,101	0.5	0.0	0.1	0.1	0.1	−0.4	0.7
Rural hospitals	1,610	0.1	0.2	0.1	0.1	−0.2	2.5	1.9
Bed Size (Urban):								
0–99 beds	645	0.3	0.0	0.1	0.1	0.0	−0.6	1.3
100–199 beds	909	0.3	−0.2	0.1	0.1	−0.3	−0.5	0.8
200–299 beds	523	0.5	0.0	0.1	0.1	0.0	−0.4	0.4
300–499 beds	398	0.6	−0.2	0.0	0.1	0.0	−0.4	−0.1
500 or more beds	145	0.6	0.2	0.0	0.0	0.2	−0.6	−0.6
Bed Size (Rural):.								
0–49 beds	747	−0.3	0.3	0.1	0.1	−0.5	0.5	2.2
50–99 beds	501	−0.1	0.2	0.1	0.1	−0.3	0.9	2.1
100–149 beds	215	0.1	0.3	0.1	0.1	−0.1	2.9	1.9
150–199 beds	78	0.2	0.2	0.1	0.1	0.0	4.9	1.8
200 or more beds	69	0.6	0.1	0.1	0.1	0.2	4.0	1.4
Urban by Region:								
New England	135	0.3	−0.1	0.1	0.1	0.6	−0.1	−0.2
Middle Atlantic	404	0.6	−0.4	0.0	−0.1	−0.5	0.0	−1.3
South Atlantic	384	0.5	0.0	0.1	0.1	0.0	−0.6	0.7
East North Central	429	0.5	0.1	0.0	0.1	0.0	−0.5	0.3
East South Central	159	0.4	−0.1	0.0	0.0	−0.3	−0.7	0.7
West North Central	178	0.5	0.2	0.1	0.1	0.3	−0.7	0.7
West South Central	335	0.5	0.5	0.0	0.0	0.3	−0.7	1.0
Mountain	132	0.7	0.5	0.1	0.1	0.8	−0.6	1.7
Pacific	417	0.3	−0.3	0.1	0.2	−0.3	−0.5	0.0
Puerto Rico	47	0.3	−0.8	0.0	0.0	−0.7	−0.9	0.6
Rural by Region:								
New England	40	0.2	0.2	0.0	0.0	−0.2	−2.8	0.9
Middle Atlantic	67	0.1	−0.5	0.0	0.0	−1.0	2.7	1.2
South Atlantic	232	0.1	0.1	0.1	0.1	−0.3	2.9	1.5
East North Central	215	0.3	0.1	0.1	0.1	−0.1	2.4	2.4
East South Central	239	−0.1	0.7	0.1	0.1	0.2	2.5	2.0
West North Central	279	0.3	0.4	0.0	0.0	0.2	1.6	2.2
West South Central	285	−0.1	0.3	0.1 0.1	−0.3	3.3	1.9	
Mountain	145	0.2	0.1	0.0	0.0	−0.3	1.2	2.0
Pacific	103	0.1	0.3	0.1	0.1	−0.1	2.3	2.0
Puerto Rico	5	0.1	−5.4	0.1	0.1	−5.6	−0.7	−2.7
By Payment Classification:								
Urban hospitals	2,650	0.5	0.0	0.0	0.1	0.0	−0.4	0.2
Large urban areas (populations over 1 million)	1,576	0.4	−0.1	0.0	0.0	−0.1	−0.4	−0.2
Other urban areas (populations of 1 million or fewer)	1,074	0.5	0.0	0.1	0.1	0.1	−0.5	0.7
Rural areas	1,580	0.1	0.2	0.1	0.1	−0.2	2.3	1.9
Teaching Status:								
Non-teaching	3,119	0.3	0.0	0.1	0.1	−0.1	0.3	1.3
Fewer than 100 Residents	870	0.6	−0.1	0.0	0.1	0.0	−0.3	0.5
100 or more Residents	241	0.5	0.0	0.0	0.0	0.0	−0.3	−1.3
Urban DSH:								
Non-DSH	1,549	0.6	0.0	0.0	0.1	0.0	0.2	0.6

TABLE I.—IMPACT ANALYSIS OF CHANGES FOR FY 2003—Continued

[Operating prospective payment system, [percent changes in payments per case]

	Num. of Hosps. [1]	DRG changes [2]	New wage data [3]	Remove GME & CRNA 80/20 [4]	Remove GME & CRNA 100 percent [5]	DRG & WI changes [6]	MGCRB reclassfication [7]	All FY 2003 changes [8]
	(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)
100 or more beds	1,361	0.4	0.0	0.0	0.1	−0.1	−0.5	0.1
Less than 100 beds	286	0.0	0.1	0.1	0.1	−0.3	−0.4	1.3
Rural DSH:								
Sole Community (SCH)	470	−0.2	0.2	0.1	0.1	−0.5	0.2	2.1
Referral Center (RRC)	156	0.2	0.3	0.1	0.1	0.0	4.7	1.5
Other Rural:								
100 or more beds	76	0.0	0.3	0.1	0.1	−0.1	1.3	1.7
Less than 100 beds	332	−0.2	0.4	0.1	0.1	−0.2	0.6	2.1
Urban teaching and DSH:								
DSH	757	0.5	−0.1	0.0	0.0	0.0	−0.6	−0.4
Teaching and no DSH	284	0.7	0.0	0.0	0.0	0.1	0.0	−0.1
No teaching and DSH	890	0.3	0.0	0.1	0.1	−0.1	−0.4	1.2
No teaching and no DSH	719	0.5	−0.1	0.1	0.1	0.0	−0.4	0.8
Rural Hospital Types:								
Non special status hospitals	577	−0.1	0.4	0.1	0.1	−0.1	1.2	1.9
RRC	160	0.3	0.2	0.1	0.1	0.1	6.1	1.1
SCH	526	−0.1	0.2	0.0	0.0	−0.5	0.2	2.1
Medicare-dependent hospitals (MDH)	241	−0.2	0.4	0.1	0.1	−0.3	0.6	2.4
SCH and RRC	76	0.5	0.1	0.0	0.0	0.0	1.3	2.5
Type of Ownership:								
Voluntary	2,461	0.5	0.0	0.0	0.1	0.0	−0.1	0.4
Proprietary	723	0.4	0.1	0.1	0.1	0.0	−0.1	0.4
Government	869	0.2	0.2	0.1	0.1	−0.1	0.2	0.6
Unknown	177	0.4	−0.2	0.0	0.1	−0.3	−0.5	0.3
Medicare Utilization as a Percent of Inpatient Days:								
0–25	310	0.3	−0.1	0.1	0.1	−0.3	−0.3	−0.6
25–50	1,613	0.5	0.0	0.0	0.1	0.0	−0.3	0.1
50–65	1,677	0.4	0.0	0.1	0.1	0.0	0.3	1.0
Over 65	504	0.3	−0.1	0.0	0.1	−0.3	0.6	0.6
Unknown	126	0.9	0.1	0.0	0.0	0.3	−0.7	0.2
Hospitals Reclassified by the Medicare Geographic Classification Review Board: FY 2003 Reclassifications:								
All Reclassified Hospitals	628	0.4	0.0	0.1	0.1	0.0	4.6	1.1
Standardized Amount Only	28	0.2	−0.1	0.1	0.1	−0.3	1.3	0.9
Wage Index Only	521	0.4	0.1	0.1	0.1	0.0	4.7	0.7
Both	38	0.4	0.0	0.1	0.1	−0.1	6.5	0.8
Non-reclassified Hospitals	3,605	0.4	0.0	0.0	0.1	0.0	−0.7	0.3
All Reclassified Urban Hospitals	113	0.6	−0.2	0.0	0.1	0.1	4.6	0.1
Standardized Amount Only	11	0.2	−0.9	0.1	0.1	−1.2	0.7	0.2
Wage Index Only	87	0.7	−0.2	0.0	0.0	0.2	4.8	−0.1
Both	15	0.5	0.2	0.1	0.2	0.4	5.9	3.1
Urban Non-reclassified Hospitals	2,473	0.5	0.0	0.0	0.1	0.0	−0.7	0.2
All Reclassified Rural Hospitals	515	0.3	0.2	0.1	0.1	0.0	4.6	1.7
Standardized Amount Only	11	0.5	0.4	0.1	0.1	0.4	5.3	3.2
Wage Index Only	485	0.3	0.2	0.1	0.1	0.0	4.5	1.7
Both	19	0.3	−0.1	0.1	0.1	−0.3	7.3	1.7
Rural Non-reclassified Hospitals	1,094	−0.1	0.3	0.1	0.1	−0.3	−0.6	2.1
Other Reclassified Hospitals (Section 1886(D)(8)(B))	35	−0.1	−0.2	0.0	0.0	−0.9	−1.3	2.7

[1] Because data necessary to classify some hospitals by category were missing, the total number of hospitals in each category may not equal the national total. Discharge data are from FY 2001, and hospital cost report data are from reporting periods beginning in FY 1999 and FY 1998.

[2] This column displays the payment impact of the recalibration of the DRG weights based on FY 2001 MedPAR data and the DRG reclassification changes, in accordance with section 1886(d)(4)(C) of the Act.

[3] This column displays the impact of updating the wage index with wage data from hospitals' FY 1999 cost reports.

[4] This column displays the impact of an 80/20 percent blend of removing the labor costs and hours associated with graduate medical education (GME) and for the Part A costs of certified registered nurse anesthetists (CRNAs).

[5] This column displays the impact of completely removing the labor costs and hours associated with GME and for the Part A costs of CRNAs.

[6] This column displays the combined impact of the reclassification and recalibration of the DRGs, the updated and revised wage data used to calculate the wage index, the phase-out of GME and CRNA costs and hours, and the budget neutrality adjustment factor for DRG and wage index changes, in accordance with sections 1886(d)(4)(C)(iii) and 1886(d)(3)(E) of the Act. Thus, it represents the combined impacts shown in columns 1, 2, 3 and 4, and the FY 2003 budget neutrality factor of 0.993209.

[7] Shown here are the effects of geographic reclassifications by the Medicare Geographic Classification Review Board (MGCRB). The effects demonstrate the FY 2003 payment impact of going from no reclassifications to the reclassifications scheduled to be in effect for FY 2003. Reclassification for prior years has no bearing on the payment impacts shown here.

[8] This column shows changes in payments from FY 2002 to FY 2003. It incorporates all of the changes displayed in columns 5 and 6 (the changes displayed in columns 1, 2, 3, and 4 are included in column 5). It also displays the impact of the FY 2003 update, changes in hospitals' reclassification status in FY 2003 compared to FY 2002, and the difference in outlier payments from FY 2002 to FY 2003. It also reflects the gradual phase-in for some SCHs of the full 1996 hospital-specific rate. Finally, the impacts of the reduction in IME adjustment payments, and the increase in the DSH adjustment are shown in this column. The sum of these impacts may be different from the percentage changes shown here due to rounding and interactive effect.

B. Impact of the Changes to the DRG Reclassifications and Recalibration of Relative Weights (Column 1)

In column 1 of Table I, we present the combined effects of the DRG reclassifications and recalibration, as discussed in section II. of the preamble to this final rule. Section 1886(d)(4)(C)(i) of the Act requires us to annually make appropriate classification changes and to recalibrate the DRG weights in order to reflect changes in treatment patterns, technology, and any other factors that may change the relative use of hospital resources.

We compared aggregate payments using the FY 2002 DRG relative weights (GROUPER version 19.0) to aggregate payments using the FY 2003 DRG relative weights (GROUPER version 20.0). We note that, consistent with section 1886(d)(4)(C)(iii) of the Act, we have applied a budget neutrality factor to ensure that the overall payment impact of the DRG changes (combined with the wage index changes) is budget neutral. This budget neutrality factor of 0.993209 is applied to payments in Column 5. Because this is a combined DRG reclassification and recalibration and wage index budget neutrality factor, it is not applied to payments in this column.

The DRG changes we are making will result in 0.4 percent higher payments to hospitals overall. This effect is largely attributable to the anticipated higher payments after April 28, 2003, for drug-eluting stents, as described in section II.B. of this final rule. Specifically, we created two new DRGs (526 and 527) to be effective April 28, 2003. The relative weights for these new DRGs are 14 and 16 percent higher, respectively, than the weights for current DRGs 516 and 517, the current DRGs for stents. Hospitals that are currently doing these procedures demonstrate positive impacts from this change.

Another change is to DRGs 14 (retitled, Intracranial Hemorrhage and Stroke with Infarction) and 15 (retitled, Nonspecific Cerebrovascular Accident and Precerebral Occlusion without Infarction), and new DRG 524 (Transient Ischemia). With the new configuration of these DRGs, over 100,000 cases that previously would have been assigned to DRG 14 (with a FY 2003 relative weight of 1.2943) will now be assigned to DRG 15 (with a FY 2003 relative weight of 0.9858).

Urban hospitals with 300 or more beds, and rural hospitals with 200 or more beds benefit from these changes. Rural hospitals with fewer than 50 beds would experience a 0.3 percent decrease due to these changes, and rural hospitals with between 50 and 99 beds would experience a 0.1 percent decrease. Among rural hospitals categorized by region, the East South Central and West South Central would experience a 0.1 percent decrease in payments. Among special rural hospital categories, SCHs would experience a 0.1 percent decrease and MDHs would experience a 0.2 percent decrease.

C. Impact of Wage Index Changes (Columns 2, 3, and 4)

Section 1886(d)(3)(E) of the Act requires that, beginning October 1, 1993, we annually update the wage data used to calculate the wage index. In accordance with this requirement, the wage index for FY 2003 is based on data submitted for hospital cost reporting periods beginning on or after October 1, 1998 and before October 1, 1999. As with column 1, the impact of the new data on hospital payments is isolated in columns 2, 3, and 4 by holding the other payment parameters constant in the three simulations. That is, columns 2, 3, and 4 show the percentage changes in payments when going from a model using the FY 2002 wage index (based on FY 1997 wage data before geographic reclassifications to a model using the FY 2003 pre-reclassification wage index based on FY 1998 wage data).

The wage data collected on the FY 1999 cost reports are similar to the data used in the calculation of the FY 2002 wage index. Also, as described in section III.B. of this preamble, the FY 2003 wage index is calculated by removing 100 percent of hospitals' GME and CRNA costs (and hours). The FY 2002 wage index was calculated by blending 60 percent of hospitals' average hourly wages, excluding GME and CRNA data, with 40 percent of average hourly wages including these data.

Column 2 shows the impacts of updating the wage data using FY 1999 cost reports. This column maintains the same 60/40 phaseout of GME and CRNA costs as the FY 2002 wage index, which is the baseline for comparison. Among regions, the largest impact of updating the wage data is seen in rural Puerto Rico (a 5.4 percent decrease). Rural hospitals in the East South Central region experience the next largest impact, a 0.7 percent increase. Among urban hospitals, Puerto Rico and the Middle Atlantic regions would experience a 0.8 and 0.4 percent decreases, respectively. The Mountain region would experience a 0.5 percent increase.

The next two columns show the impacts of removing the GME and CRNA data from the wage index calculation. Under the 5-year phaseout of these data, FY 2003 would have been the fourth year of the phaseout. This would have meant that, under the phaseout, the FY 2003 wage index would be calculated with 20 percent of the GME and CRNA data included and 80 percent of these data removed, and FY 2004 would begin the calculation with 100 percent of these data removed. However, we are removing 100 percent of GME and CRNA costs from the FY 2003 wage index. To demonstrate the impacts of this provision, we first show the impacts of moving to a wage index with 80 percent of these data removed (Column 3), then show a wage index with 100 percent of these data removed (Column 4). As expected, the impacts in the two columns are similar, with some differences due to rounding. Generally, no group of hospitals is impacted by more than 0.2 percent by this change. Even among the hospital group most likely to be negatively impacted by this change, teaching hospitals with 100 or more residents, the net effect of removing 100 percent of GME and CRNA data is no change in payments.

We note that the wage data used for the final wage index are based upon the data available as of July 2002 and, therefore, do not reflect revision requests received and processed by the fiscal intermediaries after that date.

The following chart compares the shifts in wage index values for labor market areas for FY 2002 relative to FY 2003. This chart demonstrates the impact of the changes for the FY 2003 wage index, including updating to FY 1999 wage data and removing 100 percent of GME and CRNA data. The majority of labor market areas (344) experience less than a 5-percent change. A total of 10 labor market areas experience an increase of more than 5

percent and less than 10 percent. Three areas experience an increase greater than 10 percent. A total of 15 areas experience decreases of more than 5 percent and less than 10 percent. Finally, 1 area experiences a decline of 10 percent or more.

Percentage change in area wage index values	Number of labor market areas	
	FY 2002	FY 2003
Increase more than 10 percent	2	3
Increase more than 5 percent and less than 10 percent	26	10
Increase or decrease less than 5 percent	335	344
Decrease more than 5 percent and less than 10 percent	10	15
Decrease more than 10 percent	1	1

Among urban hospitals, 42 would experience an increase of between 5 and 10 percent and 9 more than 10 percent. A total of 22 rural hospitals have increases greater than 5 percent, but none have greater than 10-percent increases. On the negative side, 55 urban hospitals have decreases in their wage index values of at least 5 percent but less than 10 percent. Two urban hospitals have decreases in their wage index values greater than 10 percent. There are 17 rural hospitals with decreases in their wage index values greater than 5 percent but less than 10 percent. There are no rural hospitals with decreases in their wage index value greater than 10 percent. The following chart shows the projected impact for urban and rural hospitals.

Percentage change in area wage index values	Number of hospitals	
	Urban	Rural
Increase more than 10 percent	9	0
Increase more than 5 percent and less than 10 percent	42	22
Increase or decrease less than 5 percent	2565	1985
Decrease more than 5 percent and less than 10 percent	55	17
Decrease more than 10 percent	2	0

D. Combined Impact of DRG and Wage Index Changes—Including Budget Neutrality Adjustment (Column 5)

The impact of DRG reclassifications and recalibration on aggregate payments is required by section 1886(d)(4)(C)(iii) of the Act to be budget neutral. In addition, section 1886(d)(3)(E) of the Act specifies that any updates or adjustments to the wage index are to be budget neutral. As noted in the Addendum to this final rule, we compared simulated aggregate payments using the FY 2002 DRG relative weights and wage index to simulated aggregate payments using the FY 2003 DRG relative weights and blended wage index. In addition, we are required to ensure that any add-on payments for new technology under section 1886(d)(5)(K) of the Act are budget neutral. As discussed in section II.D. of this final rule, we are approving one new technology for add-on payments in FY 2003. We estimate the total add-on payments for this new technology will be $74.8 million.

We computed a wage and recalibration budget neutrality factor of 0.993209. In Table I, the combined overall impacts of the effects of both the DRG reclassifications and recalibration and the updated wage index are shown in column 5. The 0.0 percent impact for all hospitals demonstrates that these changes, in combination with the budget neutrality factor, are budget neutral.

In addition, section 4410 of Public Law 105–33 provides that, for discharges on or after October 1, 1997, the area wage index applicable to any hospital that is not located in a rural area may not be less than the area wage index applicable to hospitals located in rural areas in that State. This provision is required to be budget neutral. The impact of this provision, which is to increase overall payments by 0.1 percent, is not shown in columns 1, 2, 3, and 4. It is included in the impacts shown in column 5.

The changes in this column are the sum of the changes in columns 1, 2, 3, and 4, combined with the budget neutrality factor and the wage index floor for urban areas. There also may be some variation of plus or minus 0.1 percentage point due to rounding.

E. Impact of MGCRB Reclassifications (Column 6)

Our impact analysis to this point has assumed hospitals are paid on the basis of their actual geographic location (with the exception of ongoing policies that provide that certain hospitals receive payments on bases other than where they are geographically located, such as hospitals in rural counties that are deemed urban under section 1886(d)(8)(B) of the Act). The changes in column 6 reflect the per case payment impact of moving from this baseline to a simulation incorporating the MGCRB decisions for FY 2003. These decisions affect hospitals' standardized amount and wage index area assignments.

By February 28 of each year, the MGCRB makes reclassification determinations that will be effective for the next fiscal year, which begins on October 1. The MGCRB may approve a hospital's reclassification request for the purpose of using another area's standardized amount, wage index value, or both. The final FY 2003 wage index values incorporate all of the MGCRB's reclassification decisions for FY 2003. The wage index values also reflect any decisions made by the CMS Administrator through the appeals and review process.

Section 1886(d)(8)(D) of the Act requires that the overall effect of geographic reclassification is budget neutral. Therefore, we applied an adjustment of 0.991095 to ensure that the effects of reclassification are budget neutral. (See section II.A.4.b. of the Addendum to this final rule.)

As a group, rural hospitals benefit from geographic reclassification. Their payments rise 2.5 percent in column 6. Payments to urban hospitals decline 0.5

percent. Hospitals in other urban areas see a decrease in payments of 0.4 percent, while large urban hospitals lose 0.5 percent. Among urban hospital groups (that is, bed size, census division, and special payment status), payments generally decline.

Geographic reclassification has a positive impact on most of the rural hospital groups. The smallest increases among the rural census divisions are 1.2 and 1.6 percent for Mountain and West North Central regions, respectively. The largest increases are in the rural South Atlantic and West South Central regions. These regions receive increases of 2.9 and 3.3 percent, respectively.

Among all the hospitals that were reclassified for FY 2003 (including hospitals that received wage index reclassifications in FY 2001 or FY 2002 that extend for 3 years), the MGCRB changes are estimated to provide a 4.6 percent increase in payments. Urban hospitals reclassified for FY 2003 are expected to receive an increase of 4.6 percent, while rural reclassified hospitals are also expected to benefit from the MGCRB changes with a 4.6 percent increase in payments. Overall, among hospitals that were reclassified for purposes of the standardized amount only, a payment increase of 1.3 percent is expected, while those reclassified for purposes of the wage index only show a 4.7 percent increase in payments. Payments to urban and rural hospitals that did not reclassify are expected to decrease slightly due to the MGCRB changes, decreasing by 0.7 for urban hospitals and 0.6 for rural hospitals. Those hospitals located in rural counties but deemed to be urban under section 1886(d)(8)(B) of the Act are expected to receive a decrease in payments of 1.3 percent.

F. All Changes (Column 7)

Column 7 compares our estimate of payments per case, incorporating all changes reflected in this final rule for FY 2003 (including statutory changes), to our estimate of payments per case in FY 2002. This column includes all of the policy changes. Because the reclassifications shown in column 6 do not reflect FY 2002 reclassifications, the impacts of FY 2003 reclassifications only affect the impacts from FY 2002 to FY 2003 if the reclassification impacts for any group of hospitals are different in FY 2003 compared to FY 2002.

Column 7 includes the effects of the 2.95 percent update to the standardized amounts and the hospital-specific rates for MDHs and SCHs. It also reflects the 1.8 percentage point difference between the projected outlier payments in FY 2002 (5.1 percent of total DRG payments) and the current estimate of the percentage of actual outlier payments in FY 2002 (6.9 percent), as described in the introduction to this Appendix and the Addendum to this final rule.

Section 213 of Public Law 106–554 provided that all SCHs may receive payment on the basis of their costs per case during their cost reporting period that began during 1996. For FY 2003, eligible SCHs that rebase receive a hospital-specific rate comprised of 25 percent of the higher of their FY 1982 or FY 1987 hospital-specific rate or their Federal rate, and 75 percent of their 1996 hospital-specific rate. The impact of this provision is modeled in column 7 as well.

Under section 1886(d)(5)(B)(ii) of the Act, the formula for IME is reduced beginning in FY 2003. The reduction is from approximately a 6.5 percent increase for every 10 percent increase in the resident-to-bed ratio during FY 2002 to approximately a 5.5 percent increase. We estimate the impact of this change to be a 0.9 percent reduction in hospitals' overall FY 2003 payments. The impact upon teaching hospitals would be larger.

Finally, the DSH adjustment increases in FY 2003 compared with FY 2002. In accordance with section 1886(d)(5)(F)(ix) of the Act, during FY 2002, DSH payments that the hospital would otherwise receive were reduced by 3 percent. This reduction is no longer applicable beginning with FY 2003. The estimated impact of this change is to increase overall hospital payments by 0.2 percent.

There might also be interactive effects among the various factors comprising the payment system that we are not able to isolate. For these reasons, the values in column 7 may not equal the sum of the changes in columns 5 and 6, plus the other impacts that we are able to identify.

The overall change in payments per case for hospitals in FY 2003 increases by 0.4 percent. Hospitals in urban areas experience a 0.2 percent increase in payments per case compared to FY 2002. Meanwhile, hospitals in rural areas experience a 1.9 percent payment increase. Hospitals in large urban areas experience a 0.2 percent decline in payments, largely due to the reduction in IME payments. The impact of the reduction in IME payments is most evident among teaching hospitals with 100 or more residents, who would experience a decrease in payments per case of 1.3 percent.

Among urban census divisions, the largest payment increase was 1.7 percent in the Mountain region. Hospitals in the urban Middle Atlantic would experience an overall decrease of 1.3 percent and hospitals in the New England region would experience a decrease of 0.2 percent. These reductions are primarily due to the combination of the negative impact on these hospitals of reducing IME and the lower outlier payments during FY 2003. The only rural hospital category experiencing overall payment decreases is Puerto Rico, where payments decrease by 2.7 percent, largely due to the updated wage index data. In the rural East North Central region, payments appear to increase by 2.4 percent. The rural West North Central regions also benefited with a 2.2 percent increase.

Among special categories of rural hospitals, those hospitals receiving payment under the hospital-specific methodology (SCHs, MDHs, and SCH/RRCs) experience payment increases of 2.1 percent, 2.4 percent, and 2.5 percent, respectively. This outcome is primarily related to the fact that, for hospitals receiving payments under the hospital-specific methodology, there are no outlier payments. Therefore, these hospitals do not experience negative payment impacts from the decline in outlier payments from FY 2002 to FY 2003 as do hospitals paid based on the national standardized amounts.

Hospitals that were reclassified for FY 2003 are estimated to receive an overall 1.1 percent increase in payments. Urban hospitals reclassified for FY 2003 are anticipated to receive an increase of 0.1 percent, while rural reclassified hospitals are expected to benefit from reclassification with a 1.7 percent increase in payments. Overall, among hospitals reclassified for purposes of the standardized amount, a payment increase of 0.9 percent is expected, while those hospitals reclassified for purposes of the wage index only show an expected 0.7 percent increase in payments. Those hospitals located in rural counties but deemed to be urban under section 1886(d)(8)(B) of the Act are expected to receive an increase in payments of 2.7 percent.

TABLE II.—IMPACT ANALYSIS OF CHANGES FOR FY 2003

Operating prospective payment system, payments per case

	Num. of hosps.	Average FY 2002 payment per case [1]	Average FY 2003 payment per case [1]	All FY 2003 changes
	(1)	(2)	(3)	(4)
By Geographic Location:				
All hospitals	4,230	7,218	7,248	0.4
Urban hospitals	2,620	7,718	7,731	0.2
Large urban areas (populations over 1 million)	1,519	8,269	8,253	−0.2
Other urban areas (populations of 1 million of fewer)	1,101	7,002	7,053	0.7
Rural hospitals	1,610	5,168	5,265	1.9
Bed Size (Urban):				
0–99 beds	645	5,309	5,378	1.3
100–199 beds	909	6,424	6,477	0.8
200–299 beds	523	7,394	7,425	0.4
300–499 beds	398	8,345	8,336	−0.1
500 or more beds	145	10,007	9,948	−0.6
Bed Size (Rural):				
0–49 beds	747	4,260	4,353	2.2
50–99 beds	501	4,776	4,875	2.1
100–149 beds	215	5,106	5,204	1.9
150–199 beds	78	5,515	5,613	1.8
200 or more beds	69	6,750	6,846	1.4
Urban by Region:				
New England	135	8,224	8,206	−0.2
Middle Atlantic	404	8,789	8,672	−1.3
South Atlantic	384	7,311	7,364	0.7
East North Central	429	7,293	7,315	0.3
East South Central	159	6,956	7,004	0.7
West North Central	178	7,358	7,407	0.7
West South Central	335	7,103	7,175	1.0
Mountain	132	7,417	7,543	1.7
Pacific	417	9,386	9,390	0.0
Puerto Rico	47	3,319	3,340	0.6
Rural by Region:				
New England	40	6,405	6,460	0.9
Middle Atlantic	67	5,267	5,328	1.2
South Atlantic	232	5,245	5,325	1.5
East North Central	215	5,139	5,264	2.4
East South Central	239	4,746	4,841	2.0
West North Central	279	5,223	5,340	2.2
West South Central	285	4,536	4,620	1.9
Mountain	145	5,789	5,905	2.0
Pacific	103	6,652	6,785	2.0
Puerto Rico	5	2,753	2,679	−2.7
By Payment Classification:				
Urban hospitals	2,650	7,703	7,716	0.2
Large urban areas (populations over 1 million)	1,576	8,196	8,183	−0.2
Other urban areas (populations of 1 million of fewer)	1,074	7,027	7,077	0.7
Rural areas	1,580	5,155	5,252	1.9
Teaching Status:				
Non-teaching	3,119	5,890	5,964	1.3
Fewer than 100 Residents	870	7,475	7,513	0.5
100 or more Residents	241	11,352	11,202	−1.3
Urban DSH:				
Non-DSH	1,549	6,567	6,604	0.6
100 or more beds	1,361	8,296	8,302	0.1
Less than 100 beds	286	5,168	5,233	1.3
Rural DSH:				
Sole Community (SCH)	470	4,942	5,048	2.1
Referral Center (RRC)	156	5,974	6,061	1.5
Other Rural:				
100 or more beds	76	4,517	4,592	1.7
Less than 100 beds	332	4,089	4,175	2.1
Urban teaching and DSH:				
Both teaching and DSH	757	9,177	9,144	−0.4
Teaching and no DSH	284	7,773	7,766	−0.1
No teaching and DSH	890	6,535	6,611	1.2
No teaching and no DSH	719	6,041	6,089	0.8
Rural Hospital Types:				
Non special status hospitals	577	4,261	4,344	1.9

TABLE II.—IMPACT ANALYSIS OF CHANGES FOR FY 2003—Continued

Operating prospective payment system, payments per case

	Num. of hosps. (1)	Average FY 2002 payment per case [1] (2)	Average FY 2003 payment per case [1] (3)	All FY 2003 changes (4)
RRC	160	5,677	5,740	1.1
SCH	526	5,280	5,393	2.1
Medicare-dependent hospitals (MDH)	241	4,048	4,146	2.4
SCH and RRC	76	6,626	6,794	2.5
Type of Ownership:				
Voluntary	2,461	7,342	7,370	0.4
Proprietary	723	6,945	6,971	0.4
Government	869	6,809	6,850	0.6
Unknown	177	7,302	7,321	0.3
Medicare Utilization as a Percent of Inpatient Days:				
0–25	310	9,845	9,790	−0.6
25–50	1,613	8,267	8,271	0.1
50–65	1,677	6,257	6,318	1.0
Over 65	504	5,647	5,682	0.6
Unknown	126	8,992	9,015	0.2
Hospitals Reclassified by the Medicare Geographic Classification Review Board: FY 2002 Reclassifications:				
All Reclassified Hospitals	628	6,530	6,603	1.1
Standardized Amount Only	28	5,971	6,026	0.9
Wage Index Only	521	6,749	6,798	0.7
Both	38	5,901	5,950	0.8
All Nonreclassified Hospitals	3,605	7,327	7,353	0.3
All Urban Reclassified Hospitals	113	8,610	8,618	0.1
Urban Nonreclassified Hospitals	11	5,794	5,807	0.2
Standardized Amount Only	87	9,211	9,199	−0.1
Wage Index Only	15	5,870	6,050	3.1
Both	2,473	7,690	7,702	0.2
All Reclassified Rural Hospitals	515	5,721	5,819	1.7
Standardized Amount Only	11	4,848	5,003	3.2
Wage Index Only	485	5,728	5,826	1.7
Both	19	5,875	5,977	1.7
Rural Nonreclassified Hospitals	1,094	4,516	4,611	2.1
Other Reclassified Hospitals (Section 1886(D)(8)(B))	35	4,894	5,024	2.7

[1] These payment amounts per case do not reflect any estimates of annual case-mix increase.

Table II presents the projected impact of the changes for FY 2003 for urban and rural hospitals and for the different categories of hospitals shown in Table I. It compares the estimated payments per case for FY 2002 with the average estimated per case payments for FY 2003, as calculated under our models. Thus, this table presents, in terms of the average dollar amounts paid per discharge, the combined effects of the changes presented in Table I. The percentage changes shown in the last column of Table II equal the percentage changes in average payments from column 7 of Table I.

VII. Impact of Specific Policy Changes

A. Impact of Changes Relating to EMTALA Provisions

We will address the proposed changes relating to the EMTALA provisions in a separate final rule to be published at a later date.

B. Impact of Policy Changes Relating to Provider-Based Entities

In section V.K. of the preamble of this final rule, we discuss our Medicare payment policy changes relating to determinations of provider-based status for entities of main providers. These changes are intended to focus mainly on issues raised by the hospital industry surrounding the provider-based regulations and to allow for an orderly and uniform implementation strategy once the grandfathering provision for these entities expires on September 30, 2002.

Because we believed it would be difficult to quantify the impact of these changes, in the May 9, 2002 proposed rule, we solicited comments on these issues.

We faced two problems that prevented us from developing quantitative impact estimates. First, we do not know what level of inappropriate billing is now occurring. We know from anecdotal evidence that, in the past, many hospitals began billing for services of additional facilities as provider-based without seeking CMS approval or even notifying CMS of the existence of the facilities. While some of these facilities may have met provider-based criteria, others undoubtedly did not. Because we do not know what percentage of current payments to hospitals may be due to inappropriate billing, we do not have a baseline to use in projecting future savings from the revised regulations. Moreover, hospitals may furnish similar services at several locations but are not required to identify services at their various locations separately on their bills. Thus, even if a hospital voluntarily stops billing for a particular location's services as hospital services, it will be difficult to determine conclusively whether the reduction in payments resulted from this action or from unrelated factors, such as changes in utilization.

As noted above, we attempted to solicit assistance from commenters in

dealing with the issue of determining the impact of these changes. However, we did not receive any comments that would help resolve this issue. Thus, we remain unable to accurately determine the number of cases that would be determined not to be provider-based or to estimate the dollar impact of these determinations.

VIII. Impact of Policies Affecting Rural Hospitals

A. Raising the Threshold To Qualify for the CRNA Pass-Through Payments

In section V. of the preamble of this final rule, we are raising the maximum number of surgical procedures (including inpatient and outpatient procedures) requiring anesthesia services that a rural hospital may perform to qualify for pass'through payments for the costs of CRNAs to 800 from 500. We have identified 622 hospitals that currently qualify under this provision.

To measure the impact of this provision, we determined that approximately half of the hospitals that would appear to be eligible based on the current number of procedures will receive pass-through payments. That is, another approximately 600 rural hospitals have similar volumes to hospitals that currently receive the pass-through. However, because in order to be eligible to receive pass-through payments, the hospital must employ the CRNA and the CRNA must agree not to bill for services under Part B, we estimate that half the hospitals that would otherwise qualify based on volume of procedures are not eligible because they either do not employ the CRNA or the CRNA does not agree not to bill for services under Part B. We estimate approximately 90 rural hospitals would qualify under the increased maximum volume threshold. If one-half of these hospitals then met the other criteria (the CRNA is employed by the hospital and the CRNA does not bill for Part B), 45 additional hospitals would now be eligible for these pass-through payments under this change.

B. Removal of Requirement for CAHs To Use State Resident Assessment Instrument

In section VII. of the preamble of this final rule, we are eliminating the requirement that CAHs use the State resident assessment instrument (RAI) to conduct patient assessments. There are approximately 630 CAHs. The overwhelming majority of CAHs, 95 percent, or approximately 598 CAHs, provide SNF level care. The elimination of the requirement to use the State RAI will greatly reduce the burden on CAHs because facilities will no longer be required to complete an RAI document for each SNF patient (which would involve approximately 12,000 admissions based on the most recent claims data). Facilities would have the flexibility to document the assessment data in the medical record in a manner appropriate for their facility. The elimination of the requirement for use of the State RAI will reduce the amount of time required to perform patient assessments and allow more time for direct patient care.

C. Exclusion of Limited-Service Specialty Hospitals From the Definition of Like Hospitals for Purposes of Granting SCH Status

Section 1886(d)(5)(D)(iii) of the Act provides that, to qualify as an SCH, a hospital must be more than 35 road miles from another hospital. In addition, there are several other conditions under which a hospital may qualify as an SCH, including if it is the ''* * * sole source of inpatient hospital services reasonably available to individuals in a geographic area * * *'' because of factors such as the ''* * * absence of other like hospitals. * * *'' We have defined a ''like hospital'' in regulations as a hospital furnishing short-term, acute care (§ 412.92(c)(2)). ''Like hospital'' refers to a hospital paid under the acute care hospital inpatient prospective payment system.

We have become aware that, in some cases, new specialty hospitals that offer a very limited range of services have opened within the service area of an SCH and may be threatening the special status of the SCH. For example, a hospital that offers only a select type of surgery on an inpatient basis would qualify under our existing rules as an SCH ''like hospital'' if it met the hospital conditions of participation and was otherwise eligible for payment under the acute care hospital inpatient prospective payment system. Under our existing regulations, an SCH could lose its special status due to the opening of such a specialty hospital, even though there is little, if any, overlap in the types of services offered by the SCH and the specialty hospital. To prevent a hospital from losing its SCH status in such a situation, we are establishing criteria whereby a limited-service specialty hospital may be excluded from the definition of ''like hospital''. To determine whether a hospital qualifies as an SCH, the fiscal intermediary will make a determination whether a nearby hospital paid under the acute care hospital inpatient prospective payment system is a like hospital by comparing the total acute inpatient days of the SCH applicant hospital with the total acute inpatient days of the nearby hospital. If the total acute inpatient days of the nearby hospital are greater than 8 percent of the total inpatient days reported by the SCH applicant hospital, the hospital is considered a like hospital for purposes of evaluating the application for SCH status. If the total acute inpatient days of the nearby hospital are 8 percent or less of the total acute inpatient days of the applicant hospital, the nearby hospital is not considered a like hospital for purposes of evaluating the application for SCH status under § 412.92.

The impact of this change would be: To allow some hospitals that are currently SCHs but whose status is jeopardized by the opening of a limited-service specialty hospital to retain their status; to allow hospitals that are applying for SCH status to exclude existing limited-service specialty hospitals from the list of like hospitals in their service area; or to allow some hospitals that previously lost their SCH status due to a specialty hospital opening in their service area to regain that status. We note that this change is effective for cost reporting periods beginning on or after October 1, 2002. Therefore, hospitals that lost their SCH status and are able to regain that status as a result of this change cannot have that status applied retroactively to prior periods.

We are unable to quantify precisely the impact of this policy change. However, we anticipate it will be minimal because we believe the criteria we have established will limit the application of this policy. We do not anticipate more than approximately 10 situations that will be affected by this change during FY 2003.

IX. Waiver of Proposed Rulemaking and Delay in Effective Date

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** to provide a period for public comment before the provisions of a notice take effect. However, we can waive this procedure, if we find good cause that notice and comment procedure is impracticable, unnecessary, or contrary to the public interest and incorporate a statement of the finding and the reasons for it into the notice issued.

We find it unnecessary to undertake notice and comment rulemaking because this notice merely provides technical corrections to the preamble language of the final rule. In this notice, the technical corrections include

comments and responses that were inadvertently omitted from the August 1, 2002 final rule. We have incorporated these comments and responses into this correction notice to assure the commenters that we received their comments on the proposed rule and that their comments were given full consideration before publication of the final rule. Additional technical corrections include, corrections to entries in various tables and charts, replacing data inadvertently published with the correct data, and also making a variety of grammatical corrections. These corrections are necessary to ensure that the final rule accurately reflects our prospective payment methodology and rates. In addition, these corrections ensure that correct wage index values are used to calculate payments to hospitals. In light of the very technical nature of these corrections, notice-and-comment procedures are both unnecessary and impracticable. Therefore, we find good cause to waive notice and comment procedures.

In addition, the Administrative Procedure Act (APA) normally requires a 30-day delay in the effective date of a final rule. Because this notice simply makes technical modifications to a final rule that has previously gone through notice-and-comment rulemaking, we believe good cause also exists under APA to waive the 30-day delay in the effective date.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: April 17, 2003.

Ann C. Agnew,

Executive Secretary to the Department.

[FR Doc. 03–10015 Filed 4–24–03; 8:45 am]

BILLING CODE 4120–01–P

Reader Aids

Federal Register

Vol. 68, No. 80

Friday, April 25, 2003

CUSTOMER SERVICE AND INFORMATION

Federal Register/Code of Federal Regulations	
General Information, indexes and other finding aids	**202–741–6000**
Laws	**741–6000**
Presidential Documents	
Executive orders and proclamations	**741–6000**
The United States Government Manual	**741–6000**
Other Services	
Electronic and on-line services (voice)	**741–6020**
Privacy Act Compilation	**741–6064**
Public Laws Update Service (numbers, dates, etc.)	**741–6043**
TTY for the deaf-and-hard-of-hearing	**741–6086**

ELECTRONIC RESEARCH

World Wide Web

Full text of the daily Federal Register, CFR and other publications is located at: **http://www.access.gpo.gov/nara**

Federal Register information and research tools, including Public Inspection List, indexes, and links to GPO Access are located at: **http://www.archives.gov/federal__register/**

E-mail

FEDREGTOC-L (Federal Register Table of Contents LISTSERV) is an open e-mail service that provides subscribers with a digital form of the Federal Register Table of Contents. The digital form of the Federal Register Table of Contents includes HTML and PDF links to the full text of each document.

To join or leave, go to **http://listserv.access.gpo.gov** and select *Online mailing list archives, FEDREGTOC-L, Join or leave the list (or change settings);* then follow the instructions.

PENS (Public Law Electronic Notification Service) is an e-mail service that notifies subscribers of recently enacted laws.

To subscribe, go to **http://listserv.gsa.gov/archives/publaws-l.html** and select *Join or leave the list* (or change settings); then follow the instructions.

FEDREGTOC-L and **PENS** are mailing lists only. We cannot respond to specific inquiries.

Reference questions. Send questions and comments about the Federal Register system to: **info@fedreg.nara.gov**

The Federal Register staff cannot interpret specific documents or regulations.

FEDERAL REGISTER PAGES AND DATE, APRIL

15653–15920 1
15921–16164 2
16165–16402 3
16403–16714 4
16715–16942 7
16943–17252 8
17253–17528 9
17529–17726 10
17727–17876 11
17877–18080 14
18081–18530 15
18531–18832 16
18833–19134 17
19135–19320 18
19321–19706 21
19707–19928 22
19929–20068 23
20069–20326 24
20327–22292 25

CFR PARTS AFFECTED DURING APRIL

At the end of each month, the Office of the Federal Register publishes separately a List of CFR Sections Affected (LSA), which lists parts and sections affected by documents published since the revision date of each title.

3 CFR

Proclamations:
7657 15921
7658 16403
7659 17253
7660 17873
7661 17875
7662 18081
7663 18831
7664 19135
7665 19929

Executive Orders:
10448 (Amended by 13293) 15917
10789 (See Memorandum of April 17, 2003) 19705
11157 (Revoked by 13294) 15919
11800 (Revoked by 13294) 15919
12452 (Revoked by 13295) 17255
13045 (Amended by 13296) 19931
13293 15917
13294 15919
13295 17255
13296 19931

Administrative Orders:
Memorandums:
Memorandum of March 28, 2003 17529
Presidential Determinations:
No. 2003–18 of March 24, 2003 16165
No. 2003–19 of March 24, 2003 16167
No. 2003–20 of April 16, 2003 20327
No. 2003–21 of April 21, 2003 20329
Memorandum of April 17, 2003 19705

5 CFR

531 19707
532 19708
Ch. 67 17877
5201 16398

Proposed Rules:
870 17315
1600 16449
1605 16449
1606 16449
1655 16449

6 CFR

Proposed Rules:
29 18524

7 CFR

25 16169
718 16170
723 16170
800 19137
916 17257
917 17257
923 15923
925 19708
927 19139
989 15926
993 ..... 17267, 17539
1412 16170
1413 16170
1427 20331
1464 18833
1465 17272
1940 17153

Proposed Rules:
205 18556
762 17316
772 17320
916 19466
917 19466
929 18908
930 15971
956 17325
985 19755
1580 20062
1901 17320
1941 17316
1943 17316
1951 ..... 17316, 17320

9 CFR

71 16922
77 20333
82 18531
92 16922
93 16922
94 ..... 15932, 16922
98 16922
130 16922

Proposed Rules:
2 17752
77 16733
94 17886
105 17327
115 17327
317 18560
381 18560

10 CFR

2 ..... 18836, 19711
20 19711
35 19321
50 19711

Proposed Rules:
Ch. 1 19162
35 19466
170 16374
171 ..... 16374, 17987

709.....17886, 19166

11 CFR

110.....16715

Proposed Rules:

104.....18484
107.....18484
110.....18484
9003.....18484
9004.....18484
9008.....18484
9032.....18484
9033.....18484
9034.....18484
9035.....18484
9036.....18484
9038.....18484

12 CFR

226.....16185
268.....18083
615.....18532
701.....18334
1730.....16715

Proposed Rules:

5.....17890, 19949
28.....19949
702.....16450
704.....16450
712.....16450
723.....16450

13 CFR

Proposed Rules:

121.....15971, 20350
124.....20350

14 CFR

1.....16943
25.....18843, 19933
39 .....15653, 15937, 16190, 16192, 16195, 16198, 16200, 16203, 16205, 16948, 17544, 17727, 17879, 18103, 18105, 18107, 18112, 18535, 18536, 18852, 18854, 18856, 19326, 19328, 19330, 19334, 19337, 19339, 19341, 19728, 19937, 19940, 19944, 20336, 20339, 20341
71 .....16207, 16351, 16409, 16410, 16943, 16950, 16951, 16952, 17153, 17729, 18114, 18115, 18117, 18118, 18857, 18858, 18860, 19342, 19343, 19344, 19885, 19945
73.....19946
77.....19730
91.....17545, 17870
93.....15657
95.....16943, 17730
97 .....16411, 16412, 16943, 19733, 19734
121 .....15884, 17514, 17545
125.....15884
129.....15884
135.....17545
145.....17545
1214.....19947

Proposed Rules:

1.....16992
21.....16217
25.....16458, 19958
39 .....15682, 15684, 15687, 16220, 16222, 16225, 16458, 16735, 16736, 17563, 17755, 17757, 17893, 18168, 18170, 18565, 18567, 18569, 18571, 18908, 19757, 19759, 19761, 19962, 19963, 20087
71 .....16227, 16229, 16230, 16992, 17987, 18173, 18910, 19470
91.....16992
95.....16992
97.....16992
121.....16992
125.....16992
129.....16992
135.....16992

15 CFR

740.....16144, 16208
742.....16144, 16208
762.....16208
774.....16144, 16208

Proposed Rules:

911.....16993

16 CFR

1500.....19142

Proposed Rules:

305.....16231
310.....16238, 16414
1026.....20356

17 CFR

210.....17880
228.....15939, 18788
229.....15939, 18788
240.....18788
244.....15939
249.....15939, 18788
274.....18788

Proposed Rules:

240.....15688

18 CFR

4.....18538
16.....18538
35.....19610
101.....19610
141.....18538
154.....19610
157.....18538
201.....19610
346.....19610
352.....19610
1305.....17545

Proposed Rules:

4.....19607
16.....19607
141.....19607
157.....19607

20 CFR

404.....15658
408.....16415

21 CFR

172.....17277
201.....18861
310.....18869
335.....18869
341.....17881
369.....18869
510.....17881
520.....18882
558.....17881
872.....19736
1308.....16427

Proposed Rules:

Ch. I.....19766
1.....16998
10.....16461
111.....17896, 19471
112.....19471
335.....18915

24 CFR

245.....20324

Proposed Rules:

202.....15906
902.....16461
1000.....17000

26 CFR

1 .....15940, 16430, 17002, 17277, 20069
40.....15940
48.....15940
49.....15940
54.....17277
301.....16351
602 .....15940, 15942, 17277

Proposed Rules:

1 .....15801, 16462, 17759, 20089
49.....15690

27 CFR

Proposed Rules:

9.....20090
73.....17760

28 CFR

2.....16718
16.....19148, 20225
50.....18119
501.....18544
551.....19149
810.....19738
811.....19739
812.....19741

Proposed Rules:

2.....16743
803.....19770
804.....19771

29 CFR

70.....16398
71.....16398
96.....16162
99.....16162
2509.....16399
2510.....16399, 17472
2520.....16399, 17494
2550.....16399
2560.....16399, 17503
2570 .....16399, 17484, 17506
2575.....16399
2582.....16399
2584.....16399
2589.....16399
2590.....16399, 18048
4022.....18122
4044.....18122

Proposed Rules:

1910.....19472
1915.....19472
1926.....19472

30 CFR

56.....19344
57.....19344
71.....19347
75.....19347
250.....19352
901.....17545
938.....19742

Proposed Rules:

56.....19474
57.....19474
70.....15691
71.....19477
72.....15691
75.....15691, 19477
90.....15691
206.....17565
250.....20091
943.....17566
948.....17896

31 CFR

50.....19302
800.....16720

Proposed Rules:

50.....19309
103.....17569, 18917
240.....20046

32 CFR

Proposed Rules:

199.....16247, 18575
312.....16249
806b.....16746

33 CFR

Ch. 1.....16953
100.....19150
110.....20344
117 .....15943, 16721, 16953, 18123
165 .....16955, 17291, 17733, 17734, 17736, 18123, 19355, 20344
203.....19357

Proposed Rules:

110.....15691
117.....17571, 18922
165 .....15694, 18579, 19166

34 CFR

200.....19152
668.....19152

36 CFR

7.....16432, 17292

Proposed Rules:

7.....19966
1280.....19168

37 CFR

2.....19371
201.....16958

Proposed Rules:

201.....15972, 19966
260.....19482

38 CFR

1.....15659, 17549
14.....17549
17.....17549

39 CFR

964.....19152

Proposed Rules:

111.....18174

40 CFR

9.....16708

46 16708
51 18440
52 ....15661, 15664, 16721, 16724, 16726, 16959, 17551, 18546, 18883, 19106, 19316, 19318, 19371, 19373, 20070, 20072, 20075
60 17990
61 16726
62 ....17738, 17883
63 ....18008, 18062, 18730, 19076, 19375, 19885
70 18548
81 ....18883, 20077
82 ....16728, 16729
89 17741
112 18890
180 ....15945, 15958, 15963, 16436, 17307, 18550
271 ....17308, 17553, 17556, 17748, 18126, 19744
300 19444

Proposed Rules:

Ch. 1 16747
52 ....15696, 16644, 16748, 17002, 17331, 17573, 17576, 18177, 18581, 18934, 19485, 20095, 20096, 20356
60 18003
62 ....17763, 17903
70 18581
81 18934
82 16749
89 17763
180 ....18582, 18935, 19170
261 ....17234, 18052
271 ....17332, 17576, 17577, 17767, 18177

41 CFR

Ch. 101 16730

42 CFR

70 17558
71 17558
405 22268
411 20347
412 22268
413 22268
422 ....16652, 20349
485 22268
489 ....16652, 20349

Proposed Rules:

420 22064
424 22064
440 15973
489 22064
498 22064

43 CFR

10 16354
423 16214
1820 18553

44 CFR

Ch. 1 15666
61 15666
64 15967

45 CFR

160 18895
164 17153
2506 16437

46 CFR

Ch. 1 16953
Ch. 3 16953

Proposed Rules:

401 15697
530 15978
540 17003

47 CFR

2 16962
15 19746
21 16962
25 ....16446, 16962
54 ....15669, 18906
64 ....18826, 19152
73 ....16730, 16968, 18135, 18136, 20082
74 ....16962, 17560, 20225
76 17312
78 16962
90 19444
101 16962

Proposed Rules:

1 17577
15 ....19485, 19773
64 ....16250, 19176
73 ....16750, 16968, 17592, 17593, 18177, 18178, 18179, 18180, 19486
101 19486

48 CFR

1847 16969
1852 16969

Proposed Rules:

2 16366
4 16366
8 19294
13 16366
32 16366
38 19294
52 16366

49 CFR

1 16215
107 19258
171 19258
172 19258
173 19258
177 19258
178 19258
180 19258
Ch. 4 16953
533 16868
571 19752
573 18136
577 18136
579 ....18136, 20225
665 15672
1109 17312
1111 17312
1114 17312

Proposed Rules:

172 16751
173 16751
174 16751
175 16751
176 16751
177 16751
178 16751
192 17593
266 16753
541 18181

50 CFR

17 ....15804, 16970, 17156, 17428, 17430, 17560, 20083
222 17560
224 15674
226 17560
229 ....18143, 19464
230 15680
300 18145
600 18145
635 16216
648 ....16731, 19160
660 18166
679 ....15969, 16990, 17314, 17750, 18145, 19465, 20083, 20086
697 16732

Proposed Rules:

17 ....15876, 15879, 16602, 19888, 20228
600 ....17004, 17005, 17333, 18185, 19180
622 18942
648 ....17903, 20096
660 16754
679 ....18187, 19182, 20360

REMINDERS

The items in this list were editorially compiled as an aid to Federal Register users. Inclusion or exclusion from this list has no legal significance.

RULES GOING INTO EFFECT APRIL 25, 2003

AGRICULTURE DEPARTMENT

Animal and Plant Health Inspection Service

Interstate transportation of animals and animal products (quarantine):

Tuberculous in cattle and bison—

State and area classifications; published 4-25-03

AGRICULTURE DEPARTMENT

Farm Service Agency

Program regulations:

Loan and grant program funds; allocation methodology and formulas; published 3-26-03

AGRICULTURE DEPARTMENT

Rural Business-Cooperative Service

Program regulations:

Loan and grant program funds; allocation methodology and formulas; published 3-26-03

AGRICULTURE DEPARTMENT

Rural Housing Service

Program regulations:

Loan and grant program funds; allocation methodology and formulas; published 3-26-03

AGRICULTURE DEPARTMENT

Rural Utilities Service

Program regulations:

Loan and grant program funds; allocation methodology and formulas; published 3-26-03

ENVIRONMENTAL PROTECTION AGENCY

Air quality implementation plans; approval and promulgation; various States:

Michigan; published 2-24-03

Virginia; published 3-26-03

SECURITIES AND EXCHANGE COMMISSION

Securities:

Sarbanes-Oxley Act of 2002; implementation—

Listed company audit committees; standards; published 4-16-03

TRANSPORTATION DEPARTMENT

Federal Aviation Administration

Airworthiness directives:

DeHavilland; published 3-18-03

COMMENTS DUE NEXT WEEK

AGRICULTURE DEPARTMENT

Agricultural Marketing Service

National Organic Program:

Allowed and prohibited substances; amendments to national list; comments due by 4-28-03; published 4-16-03 [FR 03-09412]

AGRICULTURE DEPARTMENT

Animal and Plant Health Inspection Service

Plant-related quarantine, domestic:

Mexican fruit fly; comments due by 4-28-03; published 2-26-03 [FR 03-04526]

COMMERCE DEPARTMENT

National Oceanic and Atmospheric Administration

Fishery conservation and management:

Alaska; fisheries of Exclusive Economic Zone—

Bering Sea and Aleutian Islands king and tanner crabs; comments due by 4-30-03; published 4-15-03 [FR 03-09232]

Rock sole and yellowfin sole; comments due by 4-29-03; published 2-28-03 [FR 03-04682]

COMMODITY FUTURES TRADING COMMISSION

Commodity pool operators and commodity trading advisors:

Registration exemption and other regulatory relief; comments due by 5-1-03; published 3-17-03 [FR 03-06180]

DEFENSE DEPARTMENT

Acquisition regulations:

Payment withholding; comments due by 4-29-03; published 2-28-03 [FR 03-04700]

ENVIRONMENTAL PROTECTION AGENCY

Air quality implementation plans:

Preparation, adoption, and submittal—

Prevention of significant deterioration and nonattainment new source review; routine maintenance, repair, and replacement; comments due by 5-2-03; published 2-28-03 [FR 03-04769]

Air quality implementation plans; approval and promulgation; various States:

Indiana; comments due by 5-1-03; published 4-1-03 [FR 03-07643]

Pennsylvania; comments due by 4-28-03; published 3-28-03 [FR 03-07510]

Pesticides; tolerances in food, animal feeds, and raw agricultural commodities:

Indoxacarb; comments due by 5-1-03; published 4-16-03 [FR 03-09340]

Toxic substances:

Significant new uses—

Alkoxylated alkylpolyol acrylates, etc.; comments due by 4-28-03; published 3-28-03 [FR 03-07373]

FARM CREDIT ADMINISTRATION

Farm credit system:

Funding and fiscal affairs, loan policies and operations, and funding operations—

Asset-backed and mortgage-backed securities investments; capital adequacy; comments due by 4-28-03; published 3-28-03 [FR 03-07387]

FEDERAL COMMUNICATIONS COMMISSION

Radio and television broadcasting:

International emergency digital distress and safety frequency 406.025 MHz; interference protection from multi-channel video and cable television systems; comments due by 4-30-03; published 3-31-03 [FR 03-07556]

Radio services, special:

Fixed microwave services—

Multichannel Video Distribution and Data Service;NGSO FSS systems co-frequency with GSO and terrestrial systems in Ku-Band frequency range; permit operation; comments due by 4-28-03; published 4-21-03 [FR 03-09681]

FEDERAL MARITIME COMMISSION

Tariffs and service contracts:

Electronic transmission filing; comments due by 5-2-03; published 4-2-03 [FR 03-07693]

FEDERAL TRADE COMMISSION

Hobby Protection Act:

Imitation political and numismatic items; comments due by 5-2-03; published 3-3-03 [FR 03-04868]

Telemarketing sales rule:

National do-not-call registry; user fees; comments due by 5-1-03; published 4-3-03 [FR 03-07932]

HEALTH AND HUMAN SERVICES DEPARTMENT

Food and Drug Administration

Food for human consumption:

Beverages—

Bottled water; allowable level of uranium; comments due by 5-2-03; published 3-3-03 [FR 03-04972]

HOMELAND SECURITY DEPARTMENT

Coast Guard

Drawbridge operations:

Florida; comments due by 4-29-03; published 2-28-03 [FR 03-04760]

Great Lakes Pilotage regulations; rates update

Correction; comments due by 5-1-03; published 4-1-03 [FR 03-07703]

Outer Continental Shelf activities:

Gulf of Mexico; safety zone; comments due by 4-29-03; published 2-28-03 [FR 03-04900]

Ports and waterways safety and drawbridge operations:

Saginaw River, Bay City, MI; comments due by 4-30-03; published 3-24-03 [FR 03-06917]

Regattas and marine parades:

Delaware River, DE; marine events; comments due by 4-28-03; published 2-27-03 [FR 03-04636]

HOMELAND SECURITY DEPARTMENT

Federal Emergency Management Agency

Disaster assistance:

Crisis Counseling Regular Program; comments due

by 5-2-03; published 3-3-03 [FR 03-04901]

HOMELAND SECURITY DEPARTMENT

Immigration and Naturalization Service

Emergency Federal law enforcement assistance:

State and local law enforcement officers authorized to enforce immigration law during mass influx of aliens; training abbreviation or waiver; comments due by 4-28-03; published 2-26-03 [FR 03-04441]

INTERIOR DEPARTMENT

Land Management Bureau

Range management:

Grazing administration—

Livestock grazing on public lands exclusive of Alaska; comments due by 5-2-03; published 3-3-03 [FR 03-04933]

SECURITIES AND EXCHANGE COMMISSION

Securities:

Consolidated Tape Association; participant fee exemptions; comments due by 5-1-03; published 4-1-03 [FR 03-07730]

TRANSPORTATION DEPARTMENT

Federal Aviation Administration

Airworthiness directives:

Aerospatiale; comments due by 5-1-03; published 4-1-03 [FR 03-07749]

Agusta S.p.A.; comments due by 4-29-03; published 2-28-03 [FR 03-04478]

Bell; comments due by 4-28-03; published 2-26-03 [FR 03-04480]

Boeing; comments due by 4-28-03; published 3-12-03 [FR 03-05857]

Empresa Brasileira de Aeronautica S.A. (EMBRAER); comments due by 5-1-03; published 4-1-03 [FR 03-07750]

Eurocopter France; comments due by 4-29-03; published 2-28-03 [FR 03-04475]

McDonnell Douglas; comments due by 4-29-03; published 2-28-03 [FR 03-04487]

Mitsubishi Heavy Industries, Ltd.; comments due by 5-2-03; published 3-26-03 [FR 03-07187]

Raytheon; comments due by 4-30-03; published 3-26-03 [FR 03-06966]

Saab; comments due by 4-30-03; published 3-26-03 [FR 03-06994]

Schweizer Aircraft Corp.; comments due by 4-28-03; published 2-26-03 [FR 03-04479]

Sikorsky; comments due by 4-28-03; published 2-27-03 [FR 03-04474]

SOCATA-Groupe AEROSPATIALE; comments due by 4-29-03; published 3-7-03 [FR 03-05387]

Airworthiness standards:

Special conditions—

Bombardier Aerospace Model BD-100-1A10 airplane; comments due by 5-1-03; published 3-17-03 [FR 03-06332]

Class E airspace; comments due by 5-1-03; published 2-28-03 [FR 03-04797]

TRANSPORTATION DEPARTMENT

Research and Special Programs Administration

Pipeline safety:

Hazardous liquid transportation—

Gas transmission pipelines; integrity management in high consequence areas; comments due by 4-30-03; published 3-19-03 [FR 03-06626]

TREASURY DEPARTMENT

Alcohol, Tobacco and Firearms Bureau

Firearms:

Commerce in explosives—

Fireworks; comments due by 4-29-03; published 1-29-03 [FR 03-01946]

TREASURY DEPARTMENT

Internal Revenue Service

Employment taxes and collection of income taxes at source and procedure and administration:

Payment card transactions; information reporting and backup withholding; cross-reference to Taxpayer Identification Number Matching Program rule; comments due by 5-1-03; published 1-31-03 [FR 03-02208]

Excise taxes:

Communications services; distance sensitivity; comments due by 5-1-03; published 4-1-03 [FR 03-07813]

Income taxes:

Partnership; noncompensatory options; comments due by 4-29-03; published 1-22-03 [FR 03-00872]

Correction; comments due by 4-29-03; published 4-1-03 [FR C3-00872]

LIST OF PUBLIC LAWS

This is a continuing list of public bills from the current session of Congress which have become Federal laws. It may be used in conjunction with ''P L U S'' (Public Laws Update Service) on 202–741–6043. This list is also available online at *http://www.nara.gov/fedreg/plawcurr.html*.

The text of laws is not published in the **Federal Register** but may be ordered in ''slip law'' (individual pamphlet) form from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (phone, 202–512–1808). The text will also be made available on the Internet from GPO Access at *http://www.access.gpo.gov/nara/nara005.html*. Some laws may not yet be available.

H.R. 397/P.L. 108–12

To reinstate and extend the deadline for commencement of construction of a hydroelectric project in the State of Illinois. (Apr. 22, 2003; 117 Stat. 612)

H.R. 672/P.L. 108–13

To rename the Guam South Elementary/Middle School of the Department of Defense Domestic Dependents Elementary and Secondary Schools System in honor of Navy Commander William ''Willie'' McCool, who was the pilot of the Space Shuttle Columbia when it was tragically lost on February 1, 2003. (Apr. 22, 2003; 117 Stat. 613)

Last List April 18, 2003

Public Laws Electronic Notification Service (PENS)

PENS is a free electronic mail notification service of newly enacted public laws. To subscribe, go to *http://listserv.gsa.gov/archives/publaws-l.html*

Note: This service is strictly for E-mail notification of new laws. The text of laws is not available through this service. **PENS** cannot respond to specific inquiries sent to this address.