

ATTACHMENT 1

1998 TENANT OPPORTUNITIES PROGRAM GRANT SCREENING INSTRUCTIONS

OVERVIEW

The screening process begins with a review of each application in its entirety by the local cognizant HUB or Program Center for deficiencies with respect to completeness, internal consistency or correct computations. Reviewers are to use the attached Screening Checklist in conjunction with these instructions to screen each application.

1. If an application is determined to contain no deficiencies (either curable or incurable), the application will be submitted to the GMC for rating in accordance with the processing notice.

2. If a deficiency is found that is not curable, the cognizant HUB or Program Center will hold the application pending completion of the entire rating and ranking process. The TOP Master Logs submitted to the GMC should also list the names of applications found to have non-curable deficiencies. **These applications should be clearly identified as such.**

3. If a curable deficiency is identified, the cognizant HUB or Program Center must send the applicant a deficiency letter in accordance with the date listed in the processing notice. Applicants will have 14 calendar days to respond to deficiencies. If corrections are received by the local HUD Office after the 14-day period, the application will not be considered for funding. **Applicants should note, however, that HUD may not seek clarification of items or responses that improve the substantive quality of the applicant's response to any eligibility or selection criterion.**

4. Each successful applicant will have a duty to affirmatively further fair housing. Applicants should include in their work plans the specific steps that they will take to (1) address the elimination of impediments to fair housing that were identified in the jurisdiction's Analysis of Impediments (AI) to Fair Housing Choice; (2) remedy discrimination in housing; or (3) promote fair housing choice. Further, applicants have a duty to carry out the specific activities cited in their responses to the rating factors that address affirmatively furthering fair housing.

SCREENING

Screening should be performed by a single reviewer as assigned by the cognizant HUB or Program Center. If more than one reviewer is involved, each reviewer should place their signature on the signature line indicating their review. In such a case, the reviewers should initial the items on the checklist they reviewed.

CURABLE/INCURABLE DEFICIENCIES

Curable technical deficiencies relate to items that are not necessary for HUD's review under selection factors and would not improve the quality of the applicant's program proposal. Some examples of a curable deficiency would be the failure of an applicant to submit a required assurance, budget narrative, certification, computational errors, applicant data form, incomplete forms such as the SF-424 or lack of required signatures. Some examples of a non-curable deficiency is re-submitting data to address the Threshold and Selection Factors.

If there are any questions regarding whether certain information is curable or incurable, please contact the GMC.

DEFICIENCY LETTER

If the deficiency is curable, the cognizant HUB or Program Center will send a deficiency letter to the applicant. The letter must contain the following elements:

- specifically list and explain the nature of each deficiency
- explain what has to be provided to cure the deficiency
- state the deadline date (the 14th calendar day after the date of the letter) and time for responding to the deficiency and that the response must be received at the cognizant HUB or Program Center by that date specified in the processing schedule of this notice
- state that an applicant's failure to adequately respond to the deficiency letter will result in its application not being considered for funding
- in addition, the letter will state that in responding to the deficiency, the applicant may only change the item(s) noted as deficiencies by the local cognizant HUB or Program Center.

The cognizant HUB or Program Center must also call the applicant and alert it to the fact that it will be receiving a deficiency letter. If an applicant failed to respond to a deficiency letter within the deadline set, the application will not be considered for funding.

RESCREENING

Once an applicant responds to the deficiency letter, the responses must be rescreened to ensure that the revised application is complete, consistent, and contains correct computations. If a deficiency is not adequately cured, the application will not be considered for funding. A reviewer must ensure that the corrections submitted do not substantially revise the application or change fundamental features of the program. Examples of such changes would be:

- changing the applicant's name;
- changing responses other than to cure incorrect budget amounts or

revisions required to correct inconsistencies with other criteria.

Reviewers who determine that an applicant has substantially revised their application, or changed a fundamental feature of the program not listed in the previous examples, may consult with the GMC in determining if the corrections are acceptable.

COMMENTS

In addition to screening for technical deficiencies, cognizant HUBs or Program Centers are encouraged to provide comments, if any, regarding the application. The comments will be used as background material for reviewers scoring the applications. Comments should be recorded on the Comment Form attached. If comments are provided, please attach a copy of the comment sheet to the applications being mailed to the GMC.

FURTHER PROCESSING

After the screening process is completed and the curable deficiencies corrections are included in all applications, the cognizant HUBs or Program Centers shall attach deficiency letter(s) (if any) and a copy of the Comment Form to the applications being forwarded to the GMC for scoring. The screening checklist should be attached to the receiving office's copy of the application with copies of deficiency letter(s) (if any), and the original Comment Form to be retained for record keeping purposes.

ATTACHMENT 2

APPLICATION SCREENING PROCESS/CHECKLIST

ELIGIBILITY:

All applicants must meet the definition of a RA or IRO outlined in Section E of the SuperNOFA, and must address all Threshold Factors and application submission requirements to be eligible for funding.

Applications submitted by a PHA or other private organizations are **not** acceptable and will be deemed ineligible.

Make a complete cross-check of all applications against current grantees in the cognizant HUB or Program Center's jurisdiction to avoid funding duplication and verify the information with respective PHA, if appropriate.

All applicants must comply with all Fair Housing and civil rights laws, statutes, regulations and executive orders as enumerated in 24 CFR 5.105(a). If an applicant (1) has been charged with a violation of the Fair Housing Act by the Secretary; (2) is the defendant in a Fair Housing Act lawsuit filed by the Department of Justice; or (3) has received a letter of noncompliance findings under Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, or Section 109 of the Housing and Community Development Act, the applicant is not eligible to apply for funding under this SuperNOFA until the applicant resolves such charge, lawsuit, or letter of findings to the satisfaction of the Department.

NOTE: Under no circumstances should a Reviewer change any information in an application to make an applicant eligible for funding.

HUD Headquarters encourages each reviewer to provide comments regarding any inaccurate information included in the application. The cognizant HUB or Program Center may also determine if the applicant meets eligibility requirements based on the inaccurate information.

THRESHOLD CRITERIA DESCRIPTION

Each TOP category has separate threshold requirements.

All applicants must address each threshold criteria requirement in a category in order to be considered for rating and ranking. If the applicant fails to address **any threshold requirement**, the application is automatically rejected by the reviewer. Once a reviewer has checked to verify that all threshold requirements have been addressed, the reviewer must further check for curable items within the information submitted. If **signatures are missing on documentation submitted in the application**, it is a curable deficiency.

ATTACHMENT 2

FIELD OFFICE APPLICATION SCREENING CHECKLIST

APPLICANT NAME: _____

HA CODE: _____

HUB/PROGRAM CENTER: _____

REVIEWER(S): _____ DATE: _____

_____ DATE: _____

Please make the appropriate selection below for each Threshold Factor. If an applicant failed to address a Threshold Factor that is considered a non-curable deficiency, the application will not be considered for further processing. Please note the Threshold Factors that have asterisks, each reviewer must certify that the information provided for these factors are accurate.

SUPERNOFA ECONOMIC SELF-SUFFICIENCY GRANTS THRESHOLD CRITERIA

COMPLETED
YES NO

THRESHOLD FACTORS

- | | |
|--|---|
| <p>_____</p> <p>_____</p> <p>_____</p> | <p>1. An original and two copies of a complete application must be postmarked July 31, 1998, and submitted to the appropriate HUB or Program Center as prescribed by the SuperNOFA.</p> <p>2. Focus on Residents Affected by Welfare Reform.
Applicant must state that:</p> <p style="padding-left: 40px;">a) at least 51% or more of the public housing residents to be included in the proposed program are affected by the welfare reform legislation. These may include TANF recipients and also may include legal immigrants, and disabled SSI recipients to the extent that their benefits are clearly affected by welfare reform. In addition, elderly or persons with disabilities who are scheduled, under the work plan, to provide services to families affected by TANF may also be included in the 51%. (TAB 3, Section I narrative, also refer to TAB 2, Needs Assessment to determine whether there are sufficient numbers of TANF or other</p> |
|--|---|

TOP Processing Notice

affected residents to implement a successful TOP program under which 51% of those served would be affected by welfare reform). Also, to the extent that elderly or persons with disabilities who are not directly affected by welfare reform are included in the 51%, review the work plan to determine that they will provide services to public housing residents affected by welfare reform.

- _____
- b) For elderly projects applicants, the cognizant HUB or Program Center must determine that the information provided is accurate and justifies the statement above.

3. **Partnership between the Resident Association (RA) and the Housing Authority (HA).**

- _____
- a) Signed MOU between the RA and the HA. It must be finalized, dated and signed by duly authorized officials of both the RA and HA. (TAB 6 MOU with HA).

4*. **Accessible Community Facility.**
(TAB 3, Sec. VII narrative, TAB 6 MOU with HA, if applicable, or Use Agreement) (non-curable)

Applicant must include:

- _____
- a) an executed use agreement with the HA or Use Agreement with proper authority (owner or operator of the site) for use of the facility, and, **(curable)**
- _____
- b) facility must be accessible to persons with disabilities **(non-curable)**
- _____
- c) a description of the community facility which indicates that majority of the activities will be administered at a community facility in or within easy accessibility of the property; **(TAB 3, Section VII narrative) (non-curable)**
- _____
- d) in the case of applications for programs to be implemented for the primary benefit of residents in housing that is dispersed in a rural setting, the applicant must provide evidence that participants will have access to transportation to the

community facility that is convenient
(non-curable)

5. Contract Administrator (CA).

(TAB 3, Sec. IV narrative, TAB 6 Partnership Agreement or MOU) (non-curable)

Applicant must include:

- a) a narrative in TAB 3, Section IV which indicates that the applicant has entered into an agreement with a capable entity who is a Contract Administrator, and
- b) complete TAB 6, Partnership agreement or a MOU that is signed and dated.

A Contract Administrator is not required if the applicant has provided the following evidence:

- a) a certification and/or letter from HUD or an IPA stating that the financial management system is established, determined satisfactory, in compliance with the requirement of 24 CFR Part 84, and that adequate procurement procedure are established.

6*. Applicant Non-Profit Status and Certification of Elections TAB 5, Certification of Resident Council Board Election) (curable)

Applicant must include:

- a) for IRO's, evidence that the applicant is registered as a nonprofit corporation with 501(c) status or have applied for such status (copy of certification from State that the applicant is registered as a corporation and documentation which show that applicant has filed with Internal Revenue Service (IRS) and process is completed or an acknowledgment letter from IRS that applicant's paperwork is in process), or for site-based RAs evidence that the applicant is registered as a nonprofit (copy of State certification that

applicant is registered as a corporation)
and must have applied for 501c
status with the IRS.

- _____
- b) For site-based RAs only
Certification of the RA board
election, signed by the HA
and/or an independent third-party
monitor and notarized.

**7*. Compliance with Current Programs
(TAB 4, Applicant/Administrator Track Record,
Certification) (curable)**

Applicant must include:

- _____
- a) a certification which show that the
applicant and contract administrator, if
applicable, is not in default with
respect to any previous HUD funded grant
programs the applicant has received.

(cognizant HUB or Program Center must ensure
that the above certification does not
contradict with any current information in
which the reviewing office may have on the
applicant and the applicant has not been
declared in default by the local field
office.)

8. Intermediary Resident Organizations

- _____
- a) Provided name of the RAs that will
receive training, technical
assistance and/or coordinated
supportive services with letter of
support from each entity
identified.

**9.* AUDIT FINDINGS AND EQUAL OPPORTUNITY
REQUIREMENTS
(TAB 4, Applicant/Administrator Track Record,
Certification) (curable)**

Applicant must certify that with respect to
applicant and, if applicable, contract
administrator:

- _____
- a) that there are no unresolved, outstanding
Inspector General audit findings,
- _____
- b) there are no findings of outstanding

civil rights violations in accordance with the requirements of Section II B of the General Section of the NOFA. (Check the applicant against the list provided by FHEO of potential applicants who do not meet the civil rights threshold).

- _____
- c) that there are no Field Office management review findings relating to discriminatory housing practices and must be in compliance with civil rights laws and equal opportunity requirements.

(cognizant HUB or Program Center must ensure that the above certification does not contradict with any current information in which the reviewing office may have on the applicant.)

ORGANIZATIONAL DEVELOPMENT GRANTS THRESHOLD CRITERIA

COMPLETED
YES NO

THRESHOLD FACTORS

1.* Certification of Elections (Curable)

Applicant must include:

- _____
- a) certification of the RA's board elections as required by HUD, notarized by the local HA and/or an independent third-party monitor
Board Election Does not apply to IRO applicants. (Tab 5)

2.*Contract Administrator (CA)

TAB 3, Sec. IV narrative, TAB 6
Partnership Agreement or MOU
(non-curable) Does not apply to IROs.

Applicant must include:

- _____
- a) a narrative in TAB 3, Section IV which indicates that the applicant has entered into an agreement with a capable entity who is a Contract Administrator, and
- _____
- b) complete TAB 6, Partnership agreement or a MOU

A Contract Administrator is not required if the applicant has provided the following evidence:

TOP Processing Notice

- _____
- a) a certification and/or letter from HUD or an IPA stating that the financial management system is established, determined satisfactory, in compliance with the requirement of 24 CFR Part 84, and that adequate procurement procedures are established.

3.* Compliance with Current Programs
(TAB 4, Applicant/Administrator Track Record, Certification) (curable)

Applicant must include:

- _____
- a) a certification which show that the applicant and, if applicable, contract administrator, is not in default with respect to any previous HUD funded grant programs the applicant has received.

(cognizant HUB or Program Center must ensure that the above certification does not contradict with any current information in which the reviewing office may have on the applicant and the applicant has not been declared in default by the local field office.)

4.* COMPLIANCE WITH CURRENT PROGRAMS
(TAB 4, Applicant/Administrator Track Record, Certification) (curable)

Applicant must certify that with respect to applicant and, if applicable, contract administrator:

- _____
- a) there are no unresolved, outstanding Inspector General audit findings,
- _____
- b) there are no findings of outstanding civil rights violations in accordance with the requirements of Section II B of the General Section of the NOFA. (Check the applicant against the list provided by FHEO of potential applicants who do not meet the civil rights threshold).
- _____
- c) there are no Field Office management review findings relating to discriminatory housing practices and must be in compliance with civil rights laws and equal opportunity requirements.

TOP Processing Notice

(cognizant HUB or Program Center must ensure that the above certification does not contradict with any current information in which the reviewing office may have on the applicant.)

MEDIATION GRANT THRESHOLD CRITERIA

COMPLETED
YES NO

THRESHOLD FACTORS

**1. Written Agreement with Mediator (Tab 6)
(non-curable)**

Applicant must include:

- _____

- a) Written agreement with professional mediator or mediation organization with roles and responsibilities of each party.
- _____

- b) Agreement must specify, consistent with the work plan, mediator/partner will train IRO staff and/or volunteers.

**2. Mediation Experience/Referral Agreement
(non-curable)**

Applicant must include:

- _____

- a) Evidence that mediator/partner have at least three years of experience in providing mediation services and at least 2 years experience in mediation training; (Tab 4)
- _____

- b) Includes referral agreement with a judicial, law enforcement or social service agency for mediation referral. (Tab 6)

**3.* Applicant Non-Profit Status
(curable)**

Applicant must include:

- _____

- a) evidence that the applicant is registered as a nonprofit corporation with 501(c) status or have applied for such status (copy of certification from State that the applicant is registered as a corporation and documentation which show that applicant has filed with Internal Revenue Service (IRS) and process is

TOP Processing Notice

completed or an acknowledgment letter from IRS that applicant's paperwork is in process). (Tab 6)

4.* AUDIT FINDINGS AND EQUAL OPPORTUNITY
REQUIREMENTS
(TAB 4, Applicant/Administrator Track Record,
Certification) (curable)

Applicant must certify that for applicant and
mediation partner:

- _____
- a) that there are no unresolved, outstanding
Inspector General audit findings,
- _____
- b) No finding of outstanding civil rights
violations in accordance with the
requirements of Section II B of the
General Section of the NOFA. (Check the
applicant against the list provided by
FHEO of potential applicants who do not
meet the civil rights threshold).
- _____
- c) that there are no Field Office management
review findings relating to
discriminatory housing practices and must
be in compliance with civil rights laws
and equal opportunity requirements.

(cognizant HUB or Program Center must
ensure that the above certification
does not contradict with any current
information in which the reviewing office
may have on the applicant.)

ATTACHMENT 3

APPLICATION SCREENING CHECKLIST (Cont'd)

<u>TAB</u>	<u>COMPLETED</u>		<u>CERTIFICATIONS AND ASSURANCES</u>
	<u>YES</u>	<u>NO</u>	
1	_____	_____	APPLICANT TRANSMITTAL LETTER
1	_____	_____	FACT SHEET
1	_____	_____	STANDARD FORM 424
2	_____	_____	NEEDS ASSESSMENT REPORT
3	_____	_____	TWO YEAR WORK PLAN WHICH INCLUDES GOALS, BUDGET, TIMETABLE AND STRATEGIES.
4	_____	_____	APPLICANT/ADMINISTRATOR TRACK RECORD
5	_____	_____	CERTIFICATION AND ASSURANCES
5	_____	_____	RESOLUTION OF AGREEMENT TO COMPLY WITH HUD TERMS
5	_____	_____	OTHER FUNDING SOURCES
5	_____	_____	ASSURANCE FOR NON-CONSTRUCTION
5	_____	_____	DRUG-FREE WORKPLACE
5	_____	_____	DISCLOSURE OF LOBBYING ACTIVITIES

NOTE: All applicants must address the selection factors in TOP Super NOFA, page 99-109. The scoring instructions will be used to review and score each factor for all applications at the GMC in Washington, D.C.

ATTACHMENT 4

CROSS CHECK WORKSHEET FOR DUPLICATION OF FUNDING

This worksheet is to be used for each Tenant Opportunities Program application being reviewed in the FY 1998 funding round. The cross check must be performed by cognizant HUB or Program Center staff on all applicants.

1. What is the Applicant's name? _____

2. Has a TOP grant been awarded to this applicant in prior years?

Yes _____ No _____

If yes, does the amount requested exceed the \$100,000 statutory limit? Yes _____ No _____

3. If applicant is applying for an additional grant, does the amount requested exceed the \$100,000 statutory limit? Yes _____ No _____

4. Has the applicant received a TOP grant under a different name in prior years? Yes _____ No _____

If yes, please provide the organization name used and amount received?

Organization Name _____ Amount Received _____

5. Has the applicant received training from an Intermediary Organization, jurisdiction-wide or city-wide TOP grant?

Yes _____ No _____

If yes, please provide the Intermediary Organization, jurisdiction-wide or city-wide name and grant amount allocated to applicant site.

Organization Name _____ Amount Received _____

ATTACHMENT 5

Field Office Input Related to Selection Factor:
Applicant/Administrator Track Record/Capability

ESSG (FACTOR 3) _____ (6 POINTS) MG (FACTOR 2C) _____ (6 POINTS)

1. Review Chart A in Tab 4 of the application. Do any of the grants mentioned fall in the public housing domain?

Yes ☐ No ☐

2. If so, check the status of the grant(s) in LOCCS and any information on the grant in the project file. Comment on the extent to which the information in LOCCS and/or the project file(s): 1) confirms the information provided on the applicant or contract administrator; 2) contradicts the information provided on the applicant or contract administrator; 3) does not include relevant information.

3. If the contract administrator is a housing authority, provide the latest PHMAP scores of the housing authority in the following areas:

a) Financial management/cash reserves OR operating reserves; and

Score _____

b) Resident services and community building OR Resident initiatives

Score _____

4. If the contract administrator and/or financial manager is NOT a Housing Authority, review the letter provided on the Contract Administrator's behalf by a previous client or the IPA audit. Comment on what the letter does or does not reveal about the contract administrator's capacity and predisposition towards satisfactory fulfillment of the contract administrator's responsibilities in the Partnership Agreement (see Tab 6).

TOP Processing Notice

5. State explicitly whether or not the applicant has the necessary administrative capacity, from your experience with the applicant, the designated contract administrator and/or the designated financial manager, to perform its responsibilities under the MOU or Partnership Agreement.

ATTACHMENT 6

**FY 1998 TENANT OPPORTUNITIES PROGRAM GRANT
REVIEW PROCESS CHECKLIST**

This checklist will assist the GMC as they manage the review of the Tenant Opportunities Program Grant TOP applications. It is recommended that the checklist items be initialed and dated as each step is completed in this review process. It is important that each application be accounted for at all times. Use this checklist in conjunction with the Resident Initiatives Handbook (7490.01) and this Notice. If there are any questions, please contact the GMC at (202) 358-0221 for clarification.

- _____ 1. Applications submitted to the cognizant HUB or Program Center or Area Office.
- _____ 2. The OPH logs and applications received on or before the deadline date.
- _____ 3. The OPH faxes, logs, and applicant fact sheet to Odessa Burroughs at (202) 358-0246.
- _____ 4. Cognizant HUB or Program Center sends a letter to each applicant acknowledging receipt of the application.
- _____ 5. Cognizant HUB or Program Center screens applications for curable deficiencies and informs applicants of corrections needed.
- _____ 6. The screening and rescreening of all applications are completed. All curable deficiencies have been corrected.
- _____ 7. Cognizant HUB or Program Center sends TOP applications to the GMC in Washington, D.C.
- _____ 8. The HUB or Program Center sends a memo to the Secretary's Representative with the following attachments;
 - One (1) copy of each application
 - Log Sheet to verify receipt of applications
 - Rating Factor 5 Score Sheet for comment
 - The Secretary's Representative/Senior Community Builder returns the applications, a copy of the log sheet, score sheets and comment forms to the cognizant HUB/Program Center.

-
9. The HUBs/Program Centers sends the original and one (1) copy of each application and other required documents to the GMC by the date outlined in the Processing Schedule to the following address:

Grants Management Center
501 School Street S. W.
Suite 800
Washington, D. C. 20024

TOP APPLICATION MASTER LOG (A)

	HA CODE	APPLICANT NAME	DATE RECEIVED	TIME RECEIVED	LOGGED IN BY: NAME/HUB OR PROGRAM CENTER	TYPE OF GRANT/AMOUNT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

TOP Processing Notice

ATTACHMENT 8

TOP APPLICATION MASTER LOG (B) (IROS)

	HA CODE	APPLICANT NAME	DATE RECEIVED	TIME RECEIVED	LOGGED IN BY: NAME/HUB OR PROGRAM CENTER	TYPE OF GRANT/AMOUNT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

TOP Processing Notice

ATTACHMENT 9

TOP CORRECTED DEFICIENCY LOG (C)

	HUB or Program Center LTR DATE	APPLICANT NAME	DATE RECEIVED	TIME RECEIVED	LOGGED IN BY: NAME/HUB OR PROGRAM CENTER	COMMENTS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

COGNIZANT HUB OR PROGRAM CENTER _____

TOP Processing Notice

**FY 1998 TENANT OPPORTUNITIES PROGRAM
RESCREENING CHECKLIST**

Directions: Use this checklist in conjunction with the screening instructions to screen responses to curable deficiencies to determine if the tabs listed below are cured and completed.

APPLICANT NAME _____

HA CODE NUMBER _____

GRANT CATEGORY _____

=====

<u>ITEM RESCREENED</u>	<u>IS IT CURED?</u>
------------------------	---------------------

The following documents:

_____	TAB 1	TRANSMITTAL LETTER	Y _____	N _____
_____	TAB 1	FACT SHEET	Y _____	N _____
_____	TAB 1	STANDARD FORM 424	Y _____	N _____
_____	TAB 4	COMPLIANCE CERTIFICATION (unsigned)	Y _____	N _____
_____		USE AGREEMENT (unsigned)	Y _____	N _____
_____	TAB 5	CERTIFICATION OF ELECTION	Y _____	N _____
_____	TAB 5	CERTIFICATION OF AUTOMATED		
		CAPABILITY (unsigned)	Y _____	N _____
_____	TAB 5	CERTIFICATION OF BOARD ELECTION	Y _____	N _____
_____	TAB 5	BOARD RESOLUTION	Y _____	N _____
_____	TAB 5	OTHER FUNDING SOURCES	Y _____	N _____
_____	TAB 5	ASSURANCE FOR NON-CONSTRUCTION	Y _____	N _____
_____	TAB 5	DRUG-FREE WORKPLACE	Y _____	N _____
_____	TAB 5	STANDARD FORM 2880	Y _____	N _____
_____	TAB 5	DISCLOSURE OF LOBBYING	Y _____	N _____

SUMMARY: Please check mark on applicable line

_____ After rescreening the application has no deficiencies -
all deficiencies are cured -- **forward for rating.**

_____ After rescreening the application continues to have
deficiencies -- not all deficiencies cured --
application will not be considered for TOP funding.

=====

REVIEWERS (S) _____	DATE _____
_____	DATE _____

ATTACHMENT 11

SAMPLE DEFICIENCY LETTER

Applicant
Address

Dear Applicant:

Thank you for your recent application submission for the FY 1998 Tenant Opportunities Program (TOP). The **(name of local field office)** has conducted the initial screening of your application. Your application was found technically deficient in the following areas:

- 1.
- 2.
- 3.

Please provide the additional information identified as curable deficiencies within **14 days** from the date of this letter. Please submit your corrections to:

Name of Contact person
Local Field Office
Address

The Field Office will review the response(s) submitted by your RC/RMC to ensure that your response(s) corrects the deficiency(s) previously identified. If your response(s) do not address the deficiencies identified above, your application will not be considered for funding. You will be notified in writing that your application is ineligible.

If you have any questions, please contact (insert name and telephone number). The Office's TDD/TYY number or that of the Federal Information Relay Service is 1-800-877-8339.

Thank you for your interest in the Department's programs.

Sincerely,

Signature Name and Title

ATTACHMENT 12

FY 1998 TENANT OPPORTUNITIES PROGRAM GRANT
COMMENT FORM

APPLICANT NAME: _____

HA CODE: _____

GRANT CATEGORY: _____

REGARDING TAB (S):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COMMENTS:

Name of Commenter

Signature of Commenter

Date

ATTACHMENT 13

**FY 1998 TENANT OPPORTUNITIES PROGRAM
SCORING INSTRUCTIONS
SELECTION FACTOR #5
ECONOMIC SELF-SUFFICIENCY GRANT**

APPLICANT NAME: _____
IDENTIFIER (HA CODE OR PROJECT #) _____
REVIEWER: _____

DATE OF REVIEW: _____

**COMPREHENSIVENESS AND COORDINATION
MAXIMUM POINTS: 10**

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

1. COORDINATION WITH THE CONSOLIDATED PLAN (2 Points).

Reviewers shall consider the extent to which the application demonstrates that the applicant has reviewed the community's Consolidated Plan and/or Analysis of Impediments to Fair Housing Choice, and has proposed activities that address the priorities, needs, goals or objectives in those documents; or substantially further fair housing choice in the community based on race, color, national origin, religion, sex, familial status, and disability.

HIGH - 2. A high score is received where the application successfully demonstrated that the applicant has reviewed the community's Consolidated Plan and/or Analysis of Impediments to Fair Housing Choice, and has proposed activities that clearly address the priorities, needs, goals or objectives in those documents; or substantially further fair housing choice in the community; and has helped the community to update the AI to incorporate these activities.

LOW - 0. A low score is received where the application has not demonstrated or provided evidence that the applicant has reviewed the community's Consolidated Plan and/or Analysis of impediments to Fair Housing Choice, and not proposed activities that address the priorities, needs, goals or objectives in those documents; or substantially further fair housing choice in the community.

[illegible][illegible]

TAB/Pg.#

Points Assigned: _____

Reviewers shall determine if the application provides evidence that the proposed TOP has been coordinated with and supports the housing authority's efforts to increase resident self-sufficiency and is coordinated and consistent with the State Welfare Plan.

45

efforts to increase resident self-sufficiency and is coordinated and consistent with the State Welfare Plan.

MEDIUM - 1-2. A medium score is received where the applicant has provided a fair amount of evidence that the proposed TOP has been coordinated with and supports the housing authority's efforts to increase resident self-sufficiency and is coordinated and consistent with the State Welfare Plan.

LOW - 0. A low score is received where the applicant provides little or no evidence that the proposed TOP has been coordinated with and supports the housing authority's efforts to increase resident self-sufficiency and is not coordinated and/or consistent with the State Welfare Plan.

Strengths	TAB/Pg.#
-----------	----------

[illegible]

Weaknesses TAB/Pg.#

[illegible]

Points Assigned:

TOP Processing Notice

3. COORDINATION WITH OTHER ACTIVITIES (4) points.

The reviewer shall determine the extent to which the application demonstrates that the applicant, in carrying out program activities, will develop linkages with: other HUD funded program activities proposed or on-going in the community; or other State, Federal or locally funded activities proposed or on-going in the community which taken as a whole support and sustain a comprehensive system to address the needs.

HIGH -3-4. A high score is received where the applicant clearly demonstrates and provides support that linkages will be developed with other HUD funded program activities proposed or on-going in the community; or other State, Federal or locally funded activities proposed or on-going in the community which taken as a whole support and sustain a comprehensive system to address the needs.

MEDIUM -2-1. A medium score is received where the applicant provides average support that linkages will be developed with other HUD funded program activities proposed or on-going in the community; or other State, Federal or locally funded activities proposed or on-going in the community which taken as a whole support and sustain a comprehensive system to address the need.

LOW 0. A low score is received where the applicant fails to provide any documentation to support the development of linkages with other HUD funded program activities proposed or on-going in the community; or other State, Federal or locally funded activities proposed or on-going in the community which taken as a whole support and sustain a comprehensive system to address the needs.

Strengths

TAB/Pg. #

TOP Processing Notice

Weaknesses

TAB/Pg. #

Points Assigned: _____

**FY 1998 TENANT OPPORTUNITIES PROGRAM
SCORING INSTRUCTIONS FOR SELECTION FACTOR #5
MEDIATION GRANT**

APPLICANT NAME: _____
IDENTIFIER (HA CODE OR PROJECT #) _____
NAME OR REVIEWER: _____
DATE OF REVIEW: _____

**COMPREHENSIVENESS AND COORDINATION
MAXIMUM POINTS: 10**

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

1. COORDINATION WITH THE CONSOLIDATED PLAN (2 POINTS)

High 2: A high score is received where the application clearly demonstrates the applicant has reviewed the community's Consolidated Plan and/or Analysis of Impediments to Fair Housing Choice, and has used charts to demonstrate how proposed activities will clearly address the priorities, needs, goals or objectives in those documents; or substantially further fair housing choice in the community.

LOW 0: A low score is received where the application has failed to provide evidence that the applicant has reviewed the community's Consolidated Plan and/or Analysis of Impediments to Fair Housing Choice, and has not proposed activities that address the priorities, needs, goals or objectives in those documents; or substantially further fair housing choice in the community.

Strengths _____ TAB/Pg.#

TOP Processing Notice

Weaknesses

TAB/Pg.#

Points Assigned: _____

2. Coordination with the State Welfare Plan (1 point).

High (1 Point). Through appropriate use of HUD forms and narratives in TAB 3, the applicant provides concrete evidence that the proposed TOP must have been coordinated with and supports the housing authority's efforts to increase resident-self sufficiency and is coordinated and consistent with the State Welfare Plan.

Low (0 Points). The applicant provides ineffectual or no evidence that the proposed TOP must have been coordinated with and supports the housing authority's efforts to increase resident-self sufficiency and is coordinated and consistent with the State Welfare Plan.

Strengths

TAB/Pg.#

Weaknesses

TAB/Pg.#

Points Assigned: _____

3. Coordination with Other Activities (7 points).

High (5-7 Points). The application clearly demonstrates that the applicant is capable in carrying out program activities which will develop significant linkages with: other HUD funded program activities proposed or on-going in the community; or other State, Federal or locally funded activities proposed or on-going in the community which taken as a whole support and sustain a comprehensive system to address the mediation needs.

Medium (4-2 Points). The application demonstrated that the applicant in carrying out program activities will develop some linkages with: other HUD funded program activities proposed or on-going in the community, or other State, Federal or locally funded activities proposed or on-going in the community which taken as a whole support and sustain a comprehensive system to address the mediation needs.

Low (1-0 Points). The application failed to demonstrate that the applicant can carry out program activities or

TOP Processing Notice

Strengths TAB/Pg.#

[illegible]

Weaknesses

[illegible]

Points Assigned:

52

FY 1998 SCORING FACTORS
EZ/EC

APPLICANT NAME: _____
REVIEWERS NAME: _____
DATE OF REVIEW: _____
GRANT CATEGORY: _____
HA CODE: _____

The applicant certified that its activities/projects (must be eligible) are in a Federally designated EZ/EC and that it serves the EZ/EC residents and that its activities/projects are consistent with the EZ/EC strategic plan.

_____ 2 points if yes

_____ 0 points if no

FOGA Signature _____ Date _____

PART 1 GENERAL APPLICANT INFORMATION

Applicant

Name _____

HA Code _____

Amount Requested \$ _____

Grant Type (Please check one):

() Economic Self-Sufficiency Grant

_____ Basic Grants

_____ Additional Grant (ESS Grant Only)

() Organizational Development Grant

() Mediation Grant

PART 2 FACTOR 5 SCORING INFORMATION

Economic Self-Sufficiency Grants

FACTOR 5 Maximum Points: 10

Final Score _____

PART 3 FACTOR 5 SCORING INFORMATION

Mediation Grants

FACTOR 5 Maximum Points 10

Final Score _____

Reviewer/Scorer

Name: _____

_____ (Please type or print)

I certify that the review and screening process of this application is complete and contains appropriate comments for supporting the score.

I did not provide technical assistance to this applicant, or discuss the application with anyone who did. I do not have a relationship to the applicant that would present a conflict of interest.

Signature _____

Date _____

TOP Processing Notice

[illegible]