

Appendix A

ECONOMIC DEVELOPMENT AND SUPPORTIVE SERVICES PROGRAM PROCESSING SCHEDULE

<u>STEPS</u>	<u>DEADLINE DATE</u>
1. Designate Field Office/AONAP Grant Administrator (FOGA) Designate SecRep/AONAP Office Contact	June 30, 1998
2. Processing Notice provided to FOGA by GMC	July 23, 1998
3. Conduct conference call with FO/AONAP	July 28, 1998
4. Application Deadline	July 31, 1998
5. Fax master log and Fact Sheet for each application (Page 136 of Application Kit) to GMC	August 3, 1998
6. Acknowledgment letters sent to applicants	August 6, 1998
7. Screening for technical deficiencies completed and letters sent to PHAs/ Tribes/TDHEs	August 10, 1998
8. Field Office sends application and Rating Factor 5 score sheets to Secretary's Representative for comments	August 10, 1998
9. Fax to GMC master log updated for applications postmarked by 7/31 but received between 8/3 - 8/9 Also fax Fact Sheet for each new application (Page 136 of Application Kit)	August 10, 1998
10. FOGA ships all applications overnight to GMC	August 13, 1998
11. GMC receives all applications	August 14, 1998
12. GMC organizes applications for review process	August 17, 1998
13. Reviewers trained	August 17, 1998

14. Processing Panel review begins August 17, 1998
15. All curable deficiency corrections/SecRep comments due to the FO/AONAP August 17, 1998
16. FO/AONAP faxes all deficiency corrections/SecRep comments to GMC August 17, 1998
17. Review of applications completed at GMC August 28, 1998
18. Data entry completed and validated by the Grant Administrator August 28, 1998
19. GMC ranks all applications September 2, 1998
20. Recommendations with Congressional forwarded to PIH Asst. Secretary September 3, 1998
21. Asst. Secretary approves grant selections September 9, 1998
22. GMC forwards templates of award and disapproval letters, along with list of grant awards, to FOs/AONAPs via cc:Mail September 10, 1998
23. GMC sends HUD-185 and list of grant awards to Budget Office September 11, 1998
24. FO/AONAP transmits award letters (copy to FAD to reserve funds) September 17, 1998
25. FAD completes reservation of EDSS grant funds September 25, 1998
26. FOs/AONAPs send disapproval letters completed at GMC September 28, 1998
27. Grant agreements completed and sent to grantees October 1, 1998
28. Grant Agreements signed by PHA/Tribes/TDHEs and returned to the FO/AONAP October 10, 1998
29. Grant Agreements signed by OPH/AONAP Administrators October 14, 1998
30. Budget line items entered into LOCCS October 26, 1998

**31. Funds available for grantees
to draw down**

October 30, 1998

APPLICATION MASTER LOG

Field Office Name: _____

HA CODE	APPLICANT NAME	DATE RECEIVED (MM/DD/YY)	TIME RECEIVED (00:00_M)	LOGGED IN BY:	TYPE OF GRANT and AMOUNT REQUESTED (type: PHA or TRIBE/TDHE)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Appendix C

FY 1998 ECONOMIC DEVELOPMENT AND SUPPORTIVE SERVICES GRANT PROGRAM PROCESS CHECKLIST

This checklist will assist you as you manage the screening stage of Economic Development and Supportive Services Grant Program applications. It is recommended that the checklist items be initialed and dated as each step is completed in this review process. If there are any questions, please contact the Grants Management Center (202) 358-0312 or the Office of Native American Programs (ONAP) at (303) 675-1600, for clarification.

- _____ 1. The OPH/AONAP receives an original and two copies of the application by 6:00 p.m. (local time), **July 31, 1998.**
- _____ 2. The OPH/AONAP logs in applications received on or before the deadline date.
- _____ 3. The OPH/AONAP faxes log sheet(s) and fact sheets to Grants Management Center; Attention: Vivian Williams at (202) 358-0258, (PHAs) or Tracy Outlaw (303) 674-1660 (Tribes/TDHEs).
- _____ 4. The OPH/AONAP sends a letter to each applicant acknowledging receipt of the application. 63 FR 23912 III (A)(4)
- _____ 5. The OPH/AONAP screens applications for curable deficiencies and informs applicants of corrections needed.
- _____ 6. The screening and rescreening of all applications is complete. All curable deficiencies have been satisfied.
- _____ 7. The OPH/AONAP sends a memo to the Secretary's Representative/Senior Community Builder with the following attachments:
 - One (1) copy of each application
 - Log Sheet to Verify Receipt of Applications
 - Rating Factor 5 Score Sheet for Comment
 - Grants Management Center Mailing Address
 - The Secretary's Representative/Senior Community Builder returns the applications, a copy of the log sheet, score sheets and comment forms to the OPH/AONAP.
- _____ 8. The OPH/AONAP sends the original and one (1) copy of each application and other required documents to the GMC/ONAP, Denver by the date outlined in the Processing Schedule to the appropriate address below:

**Grants Management Center
Attn: Vivian Williams
501 School Street, SW, Suite 800
Washington, DC 20024**

**ONAP Grants Processing Center
Attn: Tracy Outlaw
1999 Broadway, Suite 3390
Denver, CO 80202**

Appendix D

APPLICATION SCREENING CHECKLIST

All applicants must address each threshold criteria requirement in order to be considered for rating and ranking. If the applicant fails to address **any** item on the list, then the application is considered incomplete and can be rejected by the screener. The following explains each threshold requirement and curable/non-curable deficiencies.

APPLICANT NAME: _____
 PHA/TRIBE/TDHE CODE: _____
 FIELD OFFICE NAME: _____
 SCREENER NAME: _____ DATE: _____

TABS COMPLETED THRESHOLD REQUIREMENTS _____

YES NO
 _____ _____

An original and two copies of a complete application as prescribed in the application kit must be submitted to the appropriate field office by **July 31, 1998**. Reviewer should check for:

_____ _____

1) An original and two copies were submitted. **This is a curable deficiency.**

_____ _____

2) Applications were submitted by 6:00 p.m. on July 31, 1998. **This is a non-curable deficiency.**

2,3

_____ _____

1. Focus on Residents Affected by Welfare Reform. (TAB 2; TAB 3, Section II)

The application must contain written evidence from the applicant that at least 51% of residents to be included in the proposed program are affected by the welfare reform legislation. This requirement is not applicable to applications dealing with the elderly or persons with disabilities. **This is a non-curable deficiency.**

3

_____ _____

2. Evidence an Accessible Community Facility. (TAB 3, Section V)

Provide evidence that proposed activities will be administered at community facilities in, or within easy access to, the specific public or Indian housing development(s) and meet the structural accessibility requirements of Section 504 of the Rehabilitation

TABS COMPLETED
 YES NO

Act and the Americans with Disabilities Act. **This is a non-curable deficiency.**

3,7

3. Leverage other resources
(TAB 3, Section 3 a, TAB VII))

The applicant must evidence partnerships which **equal** a 100% match for the total amount of funds requested under the EDSS program. **This is a non-curable deficiency.**

a) Reviewers should look in TAB 3, page 232, Chart E, "Program Resources", bottom left corner, to verify that "Total of Provider/Partner Contributions" and "Requested EDSS Grant Funds" are equal.

b) The above chart indicates that 25% of the resources are presented as cash.

c) Commitment letters in TAB 7 equal in total to a 100% match of funds.

d) Commitment letters in TAB 7 evidence that 25% of total commitments is presented as cash.

5

4. Comply with current programs
(TAB 5)

Applicant must evidence compliance with other HUD programs or the application is considered incomplete. Screener should check:

a) That applicant has provided certification, in the format provided in the application kit, that it is not in default at the time of the application submission. **This is a curable deficiency.**

b) That the above certification does not contradict any current information that the screening office may have on the applicant (be sure that the applicant has not been declared in default by the local field office). **This is a non-curable deficiency.**

3

5. For "troubled" HAs only, document that a Contract Administrator (or equivalent organization) will administer the grant. **This is a non-curable deficiency.**
(TAB 3, Section IV)

6

6. Have its most recent PHMAP score not less than a "C" for either Indicator #6, Financial Management, or Indicator #7, Resident Services/Community Building. Verify applicant's most recent score through field office documentation.
PHMAP Scores (Indicator #6): _____ (Indicator #7): _____

This is a non-curable deficiency.
(TAB 6, PHMAP Score)

7. Address Inspector General (IG) Findings
IG will review "Yes" responses for appropriateness and acceptability. **This is a curable deficiency.**
(TAB, Certification)

8. Equal Opportunity Requirements.
(Certification, Pg. 212).

Applicant must certify:

- a) That there are no unresolved Inspector General audit findings.
- b) That there are no pending Fair Housing Act charges against the applicant.
- c) That the applicant is not currently involved as a defendant in a Fair Housing Act lawsuit filed by the Department of Justice.
- d) That if the applicant received findings of non compliance with Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, or Section 109 of the Housing and Community Development Act, these findings have been resolved to the satisfaction of the Department. **This is a non-curable deficiency.**

9. Certification on Debarment and Suspension (form HUD 2992)

Screener should check:

- a) That applicant has provided certification, in the format provided in the application kit, that it is not in default at the time of the application submission. **This is a curable deficiency.**
- b) That the above certification does not contradict any current information that the screening office may have on the applicant (be sure that the applicant has not been declared in default by the local field office). **This is a non-curable deficiency.**

TAB 5

TAB COMPLETED

YES NO

**OTHER CERTIFICATIONS (ARE CURABLE)
(MUST BE SIGNED/COMPLETED)**

1 _____

1. APPLICATION FOR FEDERAL ASSISTANCE
(SF-424)

Note: The Catalog of Federal Domestic Assistance Number on Form 424, block number 10; and Form 424A line b should read: 14.863. This is a **curable deficiency**.

6 _____

2. ASSURANCES - NON-CONSTRUCTION PROGRAMS (SF-424 B)

6 _____

3. CERTIFICATION FOR A DRUG-FREE WORKPLACE (HUD-50070)

6 _____

4. APPLICANT/RECIPIENT DISCLOSURE UPDATE REPORT (HUD-2880)

5,8 _____

5. Compliance with Fair Housing and Civil Rights Law.

For PHAs: Certification that the applicant will comply with the requirements of the Fair Housing Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, and will affirmatively further fair housing.
For Tribes/TDHEs: Compliance with the Title II of the Indian Civil Rights Act of 1968 in carrying out this Act, to the extent that such title is applicable, compliance with the Age Discrimination Act of 1975, and Section 504 of the Rehabilitation Act of 1973 (NAHASDA, Sec. 102. (5) Certification of Compliance)
(TAB 5; TAB 8 D, page 199 "Certifications, Assurances, and Blank Formats")

6 _____

6. CERTIFICATION AND DISCLOSURE OF LOBBYING ACTIVITIES (SF-LLL)

Applicant Eligible : _____
Ineligible : _____

Screener Signature: _____ Date: _____

Appendix E

SAMPLE DEFICIENCY LETTER

Applicant
Address

Dear Applicant:

Thank you for your recent application submission for the FY 1998 Economic Development & Supportive Services Program. 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 within **14 days** from the date of receipt of this letter. Please submit your corrections to:

Name of Contact person
Local Field Office/AONAP
Address

The Field Office will review the response(s) submitted by your housing authority 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).

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

Sincerely,

Signature Name and Title

Appendix F

FY 1998 ECONOMIC DEVELOPMENT AND SUPPORTIVE SERVICES PROGRAM
APPLICATION RESCREENING CHECKLIST

Directions: Use this checklist in conjunction with the screening instructions to screen responses to **curable deficiencies** to determine whether they are complete, internally consistent, and contain correct computations.

APPLICANT NAME: _____

HA CODE NUMBER: _____

TYPE OF FUNDING: _____

<u>ITEM RESCREENED</u>	<u>IS IT CURED?</u>
_____ ADDRESS AUDIT FINDINGS/EQUAL OPPORTUNITY REQUIREMENTS	Y___ N___
_____ STANDARD FORM 424	Y___ N___
_____ ASSURANCES FOR NON-CONSTRUCTION	Y___ N___
_____ DRUG-FREE WORKPLACE	Y___ N___
_____ FORM 2880	Y___ N___
_____ DISCLOSURE OF LOBBYING ACTIVITIES	Y___ N___

SUMMARY: Place check mark on applicable line

_____ After rescreening, the application has no deficiencies -- **all deficiencies are cured -- forward for reviewing and scoring.**

_____ After rescreening, the application continues to have deficiencies -- **not all deficiencies cured -- application not to be considered for reviewing and scoring.**

Screener Signature: _____ Date: _____

Appendix G

CORRECTED DEFICIENCY LOG

Field Office Name: _____

	FO LTR DATE	APPLICANT NAME	DATE RECEIVED	TIME RECEIVED	LOGGED IN BY: (Name)	COMMENTS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

Appendix H

FY 1998 ECONOMIC DEVELOPMENT AND SUPPORTIVE SERVICES PROGRAM

APPLICATION COMMENT FORM

APPLICANT NAME: _____

HA CODE: _____

TYPE OF FUNDING/CHECK ONE:

- Family Economic Development and Supportive Services**
- Supportive Services to Assist the Elderly and/or Persons with Disabilities**

REGARDING TAB(S):

Tab Comment

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COMMENTS:

Name of Screener

Signature of Screener

Date

Appendix I

FY 1998 EDSS RATING FACTOR 5
COMPREHENSIVENESS AND COORDINATION
Field Office Review Sheet

APPLICANT NAME: _____

HA CODE: _____

TYPE OF FUNDING/CHECK ONE:

- _____ Family Economic Development and Supportive Services
- _____ Supportive Services to Assist the Elderly and/or Persons with Disabilities

REVIEWER NAME: _____

FIELD OFFICE NAME: _____ STATE: _____

PHONE: _____ FIELD OFFICE CODE: _____

MAXIMUM POINTS: 10

This factor addresses the extent to which the applicant coordinated its activities with other known organizations, participates or promotes participation in a community's Consolidated Planning process, and is working towards addressing a need in a holistic and comprehensive manner through linkages with other activities in the community. It is divided into three sub-factors and scores as follows.

1) Coordination with the Consolidated Plan (2 Points for Family EDSS applicants and 6 points for Elderly/Disabled applicants):

(More points are awarded in the Elderly/Disabled application in order to balance other sections of the rating criteria where points are not applicable to an Elderly/Disabled application.) The extent to which the application demonstrates the applicant has reviewed the community's Consolidated Plan and/or Analysis of Impediments to Fair Housing Choice, and has proposed activities that address the priorities, needs, goals or objectives in those documents; or substantially further fair housing choice in the community. For tribes/TDHEs, the Indian Housing Plan would be the document to review for information.

Strengths: _____

Strengths (cont.) _____

Weaknesses: _____

Points Assigned: Family EDSS applicants _____
Elderly/Disabled applicants _____

2) For Family EDSS Applications, Coordination with the State or Tribal Welfare Plan (4 Points) (Note: Elderly/Disabled Applicants are not scored on this Rating Factor) :

Provide evidence that the proposed EDSS program has been coordinated with and supports the housing authority's efforts to increase resident self-sufficiency and is coordinated and consistent with the State or Tribal Welfare Plan.

Strengths: _____

Strengths (cont.) _____

Weaknesses: _____

Points Assigned: Family EDSS applicants _____

3) Coordination with Other Activities (4 Points):

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 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: _____

Weaknesses: _____

Points Assigned: Family EDSS applicants _____
Elderly/Disabled applicants _____

TOTAL POINTS: _____ (Maximum: 10 points)

Reviewer Signature: _____ Date: _____

Appendix J

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 that its activities/projects are consistent with the EZ/EC strategic plan.

_____ 2 points if yes

_____ 0 points if no

FOGA Signature _____ Date _____