<table>
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<tr>
<th>TYPE</th>
<th>EXPERIENCE</th>
<th>BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE</th>
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Active Technical Assistance (TA) Awards Received

Applicants should indicate each active TA award/grant received by the applicant since January 2008 and include award date, award amount, period of performance, award manager, phone number and email address. Applicants should describe performance issues with any award as well as the steps taken or being taken to resolve the issues.

NOTE: Awards received by subcontractors or consultants should not be included.

Organization receiving TA Award -- the Applicant with active TA awards/grants.
Awarding Organization -- the name of the organization that awarded the TA funds.
Award Date -- the date the contract or agreement was executed. Enter as MM/DD/YYYY.
Award Amount -- the amount of the award rounded to the next whole dollar. Do not enter cents in the chart.
Period of Performance -- the timeframe covered by the contract or agreement. Enter start and end dates of the period using MM/YYYY format.
Award Manager -- the employee designated by the awarding organization as the Contracting Officer (CO), Contracting Officer’s Technical Representative (COTR), Government Technical Representative or Government Technical Monitor. NOTE: this is not the applicant’s staff person responsible for managing the award.

Public reporting burden for this collection of information is estimated to average 1.0 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 of information unless that collection displays a valid OMB control number.
Application to Provide McKinney-Vento HMIS Technical Assistance (HMIS TA)

Abt Associates Technical Assistance and Capacity Building: Practice Informed, Evidence-Based

$2,795,664

May 20, 2013

Submitted to:

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
451 7th Street, SW
Washington, DC 20410

Submitted by:

Abt Associates
4550 Montgomery Avenue
Suite 800 North
Bethesda, MD 20814

This Application includes data that shall not be disclosed outside the Government and shall not be duplicated, used or disclosed - in whole or in part - for any purpose other than to evaluate this proposal. If, however, a contract is awarded to this offerer as a result of - or in connection with - the submission of these data, the Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting contract. This restriction does not limit the Government's right to use information contained in these data if it is obtained from another source without restriction. The data subject to this restriction are contained in all sheets.
Abt Associates Inc. is pleased to submit this application to the U.S. Department of Housing and Urban Development (HUD) to provide HMIS technical assistance under the FY 2013 NOFA. We are requesting [redacted] in McKinney-Vento HMIS TA funds to continue to assist HUD in achieving the HMIS TA objectives identified in the NOFA.

Abt has the capacity to conduct all of the eligible TA activities: conducting needs assessments, providing direct TA, developing tools and products (including preparation of the AHAP and HIS/PIT reports), delivering group learning 2015). Task budgets for this period are shown below; details on the proposed staffing and level of effort are shown in the companion detailed budget worksheet.
Introduction

For more than a decade, Abt Associates has supported HUD's Office of Special Needs Assistance Programs (SNAPS) with Homeless Management Information Systems (HMIS) technical assistance (TA). Our team helps Continuums of Care (CoCs) across the country improve the accuracy and functionality of their HMIS implementations and has built a robust HMIS-based data collection and research platform that helps SNAPS answer important policy questions about homelessness and produce the Annual Homelessness Assessment Reports (AHAR) for Congress.

Below we present the narrative for our McKinney-Vento HMIS TA application according to the rating factors identified in the NOFA. Rating Factor 1 describes our capacity and relevant experience. Rating Factor 2 presents our management approach, identifies policy priorities that we will address, and our quality control process. Rating Factor 3 outlines our plans for achieving results and program evaluation.

Rating Factor 1. Applicant's Capacity and Relevant Experience

1.1 Recent Experience and Performance
Rating Factor 2: Soundness of Approach

2.1 Management
<table>
<thead>
<tr>
<th>Activities from NOFA</th>
<th>Outcomes from NOFA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Technical Assistance Activity 1.</strong> Develop <em>products and tools</em> to help grantees to implement new HEARTH-related programmatic and data collection requirements and strategies.</td>
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</tr>
<tr>
<td><strong>Technical Assistance Activity 2.</strong> Provide <em>direct TA</em> to help grantees adopt solid data collection strategies and implement and comply with the new HEARTH HMIS requirements.</td>
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</table>
Rating Factor 3. Achieving Results and Program Evaluation

3.1 Outcomes
The Abt team supports a performance-driven approach to TA delivery that enables HMIS administrators and CoC representatives to adequately support community needs for data on homelessness, homeless assistance programs, and system performance.
3.2 Evaluation

Exhibit 3.2 presents outcome measures for each TA activity and the data sources and methods that we propose to use to assess the effectiveness of each type of TA activity, whether identified outcomes were achieved, and the quality of the product or experience. As described below:

<table>
<thead>
<tr>
<th>Exhibit 3.2 Evaluation Methods</th>
<th>Measures of Effectiveness</th>
<th>Data Source/Method to Demonstrate Progress</th>
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<tr>
<td>Needs/Assessments</td>
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<td>Direct TA</td>
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<tr>
<td>Measures of Effectiveness</td>
<td>Data Source/Method to Demonstrate Progress</td>
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<td>AS Associates Inc 2013 HMIS-7A Application</td>
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<tr>
<td>Organization Name</td>
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<tr>
<td>Detailed Budget</td>
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<tr>
<td>Grant Applications</td>
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<td>U.S. Department of Housing and Urban Development</td>
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<td>Column</td>
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For assistance in 2013 HFR 7A Application:

Program Name:

Organization Name:

Detailed Budget:

Grant Applications:

U.S. Department of Housing and Urban Development

OMB Number: 2506-0017

Expiration Date: 09/30/2011

Project Name:

Applications Due: 2013 HFR 7A Application

Burt Associates
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<tr>
<td>1. Name</td>
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<tr>
<td>2. Award Amount</td>
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<td>3. Federal Action Number</td>
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<td>4. Name and Address of Reporting Entity</td>
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<td>5. If Reporting Entity in No. 4 is Subcontractor, Enter Name and Address of Prime</td>
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<td>6. Federal Department/Agency</td>
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<td>7. Federal Program Name/Description</td>
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<td>9. Signature</td>
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</table>

Complete this form to disclose lobbying activities pursuant to 3 U.S.C. 1352.
| Name and Telephone number of person to be contacted on matters involving this case:
| Division:
| Department:
| Program Component:
| Title:
| Organization DUNS:
| Catalog of Federal Domestic Assistance Number:
| Zip Code:
| State:
| County:
| City:
| Address:

**Facsimile Transmission:**

1366939989-8230
However, you must sign the certification at the end of the report. If you answered "No" to either question 1 or 2, STOP! You do not need to complete the remainder of this form.

Step 3 (for HUD block grants for which information is required in the application): If you answered "Yes" to either question 1 or 2, you are applying for assistance for a specific project or activity. Complete this section.

Part I: Threshold Determinations

- County: [County Name]
- Zip code: [Zip Code]
- Street: [Street Address]
- Apartment: [Apartment Number]
- Unit: [Unit Number]
- Building: [Building Name]
- City: [City]
- State: [State]
- Zip code: [Zip Code]
- Phone: [Phone Number]
- Fax: [Fax Number]
- E-mail: [E-mail Address]
- Website: [Website]

Part II: Project Information

- Project Name: [Project Name]
- Project Type: [Project Type]
- Date: [Date]
- Location: [Location]
- Description: [Description]
- Budget: [Budget]
- Funding Source: [Funding Source]

Part III: Applicant Information

- Applicant Name: [Applicant Name]
- Address: [Address]
- City: [City]
- State: [State]
- Zip Code: [Zip Code]
- Phone: [Phone Number]
- E-mail: [E-mail Address]

Part IV: Certification

- Certification: [Certification]
- Signature: [Signature]
- Date: [Date]

Part V: Documentation

- Documentation: [Documentation]
- Attachment: [Attachment]
### Part III - Interested Parties

1. **All developers, contractors, consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower)**

2. **Any person who has a financial interest in the project or activity (for individuals, give the last name first)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>% of Financial Interest</th>
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### Certification

*WARNING: You are required to make a false statement on this form that you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code.*

I certify that the information is true and complete.

*Signature:*

Mary J. Rollin

*Date: (mm/dd/yyyy)*

05/20/2013
### Application for Federal Assistance SF-424

#### 16. Congressional Districts Of:
- a. Applicant
- b. Program
- c. State
- d. Local
- e. Other
- f. TOTAL

#### 17. Proposed Project:
- a. Start Date: 09/01/2013
- b. End Date: 08/31/2015

#### 18. Estimated Funding ($):
- a. Federal
- b. Applicant
- c. State
- d. Local
- e. Other
- f. TOTAL
- 2,795,664.33

#### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- [ ] Yes
- [ ] No

#### 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes," provide explanation in attachment.)
- [ ] Yes
- [ ] No
- [x] AGREE

#### 21. By signing this application, I certify (1) to the best of my knowledge that the statements herein are true, complete and accurate to the best of my knowledge. I certify (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also certify (3) that the statements herein are true, complete and accurate to the best of my knowledge. I also certify (4) that the statements herein are true, complete and accurate to the best of my knowledge.

---

**Authorized Representative:**
- First Name: [ ]
- Last Name: [ ]
- Title: [ ]
- Telephone Number: [ ]
- Fax Number: [ ]
- Email: [ ]

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**Signature of Authorized Representative:** [ ]

---

**Tracking Number:** GRANT 411-0000014

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**Funding Opportunity Number:** FR-5700-N-06 Received Date: 2013-05-17, 09:54:00
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