Appendix 1:
FY 2000 IHDEP
Grant Application Master Log
## Indian Housing Drug Elimination Program (IHDEP)
### FY 2000

**Master Application Log**

*(Copy form as needed)*

<table>
<thead>
<tr>
<th>Applicant Name and Code (if any)</th>
<th>Date received</th>
<th>Time received</th>
<th>Amount requested</th>
<th>Update? (Feb 99 NOFA)</th>
<th>Update? (May 99 Notice)</th>
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Appendix 2:
FY 2000 IHDEP
Grant Application Completeness Checklist
Indian Housing Drug Elimination Program (IHDEP)  
FY 2000  
Completeness Checklist  

Applicant Name: ____________________________________  Tribal Code:(if any) __________  
AONAP: ____________________________________  Screener: __________________________  

A.  
THRESHOLD REQUIREMENT  

COMPLETED  
YES  NO  
___ ___ Application is postmarked before midnight on due date, or placed in transit with overnight service delivery no later than the specified due date.  

B.  
HUD FORMS (CURABLE)  

COMPLETED  
YES  NO  
___ ___ Rescreened: check if deficiency was corrected  

___ ___ Application Data Input Form  
___ ___ Application Cover Letter  
___ ___ Project Summary, Congressional Notification  
___ ___ Executive Summary and Implementation Schedule  
___ ___ Standard Form-424, Application for Federal Assistance  
___ ___ Standard Form-424A, Budget Information (non-construction programs), with activity Budget Narrative/and supporting documentation, as applicable  
___ ___ Standard Form-424B, Assurances (non-construction programs)  
___ ___ Standard Form-2880, Applicant/Recipient Disclosure/Update Report  
___ ___ Form HUD-50070 Drug-Free Workplace Certification  
___ ___ Form HUD-50071 Certification of Payments to Influence Federal Transactions (Lobbying Certification)  
___ ___ SF-LLL Disclosure of Lobbying Activities Certification  
___ ___ Form HUD-2992 Certification of Debarment and Suspension  
___ ___ Certification of Consistency with the Indian Housing Plan  
___ ___ Certification of Resident Management Corporation, Resident Councils, Resident Organizations, and Residents
Acknowledgement of Application Receipt

C. REQUIRED ELEMENTS (NON-CURABLE)

- A description of subgrantees, if applicable.
- An overall budget and timetable that includes separate budgets, goals and timetables for each activity, and addresses the milestones toward achieving each described goal.
- A description of the number of staff, the titles, professional qualifications, and respective roles of the staff assigned full or part-time to grant implementation.
- Lines of accountability (including organization chart) for implementing the grant activity, coordinating the partnership, and assuring that the commitment made by you and your subgrantees will be met.
- A narrative of the plan that will address the problem of drug-related crime in the developments proposed for funding.

D. EACH of the FIVE RATING FACTORS in this NOFA ADDRESSED:

- Capacity of applicant and relevant organizational experience (20 points)
- Need/extent of the problem (30 points)
- Soundness of approach (35 points)
- Leveraging resources (10 points)
- Comprehensiveness and coordination (10 points)

E. OTHER

- Has applicant sent an original application and two identical copies of application.
- Does amount requested exceed the maximum grant amount permitted? If an error was identified, explain actions taken in specific comment section below.
- Are all computations in the SF-4424A (budget) and budget narrative complete and correct?
- Did AONAP-GA review SF-424A and narrative to check for duplication of funds with other HUD programs?
- Were any duplications of funds found?
- Did the AONAP-GA verify the UNIT COUNT? Name of person verifying and the date of confirmation:
F. AREA ONAP SUMMARY OF ACTIONS

Were technical deficiencies noted:
No _____ Yes_____ If yes, explain below:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Were curable technical deficiencies corrected?
Yes ____ No ____ If no, explain below
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

APPLICATION FULLY ACCEPTABLE
Yes ____ No____ If no, explain below
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Verification of above:
________________________________________ Date: ___________________
(AONAP-GA signature)

As applicable, specific comments by AONAP-GA. Use additional paper if needed.
Appendix 3:
FY 2000 IHDEP
Grant Application Correctable Deficiency Letter
Dear Executive Director (Name):

Thank you for your recent IHDEP FY 2000 application submission. The (Name of Area ONAP) has conducted the initial screening of your application. Your submission was found technically deficient in the following areas:

1.

2.

3.

Please provide the additional information and/or corrected certification(s) for the identified deficiencies within 14 days from the date of this letter. Please submit your corrections to:

Name of Area ONAP
Address
Name of contact person
Phone number
Fax number

If you have any questions, please contact (insert contact name and phone number).

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

Sincerely
Appendix 4:
Environmental Requirements
ENVIRONMENTAL REQUIREMENTS

NO ENVIRONMENTAL REQUIREMENTS ARE ANTICIPATED FOR IHDEP APPLICATIONS

This office finds that the IHDEP NOFA will not have a significant effect on the human environment. It is anticipated that many of the eligible activities in this NOFA will be categorically excluded pursuant to 24 CFR 50.19 and, except for extraordinary circumstances, will not require an environmental review.

However if activities are proposed, such as physical improvements specifically designed to enhance security (installing barriers, speed bumps, landscaping or reconfiguring common areas to discourage drug-related crime), the environmental review will be performed in accordance with 24 CFR part 50 by HUD to determine compliance, in addition to preparing the appropriate environmental review forms. The review will occur prior to grant award and before the applicant can implement the actual physical improvements to enhance security activities at specific housing development sites. This will assure that any environmental impacts will be considered and addressed at the project level once specific non-exempt activities are sufficiently identified.