



MAX Survey

Third Round Urban Promise Zones Application

This is the intake platform for third round applications for designation as an Urban Promise Zone.

Paperwork Reduction Act Burden: 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 total time required to complete this application is estimated to average sixty-two (62) hours, including the time to review instructions, gather the data needed, and complete and review the application. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Housing and Urban Development, Office of Departmental Grants Management and Oversight, Room 3156, 451 7th St. SW, Washington, D.C. 20410.

The application deadline will be as published in the Promise Zone Application Guide available at: <http://www.hud.gov/promisezones>. All applications must be received by the application due date at 5:00 PM EST.

Submission and Verification:

Applicants must click the “submit” button at the end of the survey for the application to be considered. An application is considered submitted only when the upload is complete and the application is date and time stamped by the Max.gov system. If you do not receive a confirmation of submission by email from Max.gov, your application was not received and will not be considered.

Please note that busy servers, slow processing or upload issues due to large file sizes are not valid reasons for extensions, and only applications received via Max.gov by the application due date, at 5:00 PM EST, will be considered. For this reason, applicants are strongly advised to submit at least 24 hours in advance of the due date.

After a submission, Max.gov provides an opportunity to download a copy of submitted information in addition to providing an email confirmation of submission. The downloadable copy of submitted information contains all text that has been inputted into the survey and a list of filenames attached to the submission. Please verify that the file names attached to the survey are the correct files.

Receipt of a confirmation email from Max.gov does not indicate that the application contains all of the required information, only that information has been input to the survey and/or files have been attached, and such information and files have been received.

Applicants are strongly encouraged to review the application guide prior to clicking the “submit” button at the end of the survey, in order to check that they have included all required information.

If you have any questions about this application or the Promise Zones initiative generally, please email promisezones@hud.gov.

Technical tips for using Max.gov:

To save your progress on a section of the application and work another section, navigate to the desired section of the application. Your progress will automatically save when you click the “next” button or select another section from the Question Index. To save your progress and resume the application later, click the “resume later” button at the bottom of the page. A pop-up box will confirm: “Your responses were successfully saved.” You may exit the page and resume progress later by following the link to your individualized application, found at the end of your application invitation email. It is recommended that applicants back up their narrative survey entries in an off-line word processor in case of computer or technical issues.

The spell check function may not work depending on your browser capabilities. Be sure to double check whether the spell check function is activated and manually spell check, as necessary.

Where character or page limits apply, such limits have been noted in the application.

Although not required, it is strongly recommended that all documents to be attached to the application are uploaded in PDF format unless otherwise noted.

Questions and Comments

Please email Promisezones@hud.gov with any questions or comments

Questions or comments may also be directed by postal mail to the Office of the Deputy Assistant Secretary for Economic Development, U.S. Department of Housing and Urban Development, 451 Seventh Street SW., Room 7136, Washington, DC 20410
ATTN: Third Round Promise Zone selections.

Additional Info:

Please check www.hud.gov/promisezones for continuously updated information including "Office Hours" for technical help, webinars, and FAQs that may be helpful to applicants during the application period.



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Executive Summary

Provide an Executive Summary that describes the Promise Zone Plan, including:

1. A brief description of the needs and assets of the proposed Promise Zone;
2. The goals of the Promise Zone;
3. Major activities and approaches to achieve goals;
4. The lead applicant's capacity to achieve results; and
5. How the Promise Zone designation would accelerate or strengthen existing efforts at comprehensive community revitalization.

(All attachments will be uploaded on the last page of this survey)

 2,000 character limit



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Abstract Information

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I give HUD and USDA permission to share information included in this application survey with the public, including: point of contact information, zone geography and the mapping tool data sheet, any attached photography, and the entire Goals and Activities Template. (All other application attachments will not be shared.)

Your response to this question will not affect the review process or the application score

Choose one of the following answers

Yes, I give permission

No, I do not give permission



Non-federal organizations including foundations, social investors, researchers, consultants, and networks of professionals and organizations have expressed interest in the work underway in communities applying for Promise Zone designations. Community stakeholders and other members of the public also request information from time to time.

* Name of Promise Zone:

City/Cities Included

County/COUNTIES Included

State(s) Included

Congressional District(s) Included

***Application Subcategory**

Choose one of the following answers

 

 Please refer to the Definitions and Clarifying Information Section of the Third Round Promise Zone Urban Application Guide for more information.

***Lead Applicant Information**

Lead Applicant Organization Name

Lead Applicant Organization Address

City, State, Zip Code

***Type of Lead Applicant**

Choose one of the following answers

 

 "UGLG" refers to a Unit of General Local Government. [See definition.](#) Please refer to the Definitions and Clarifying Information Section of the Third Round Promise Zone Application Guide for more information about eligible Types of Lead Applicant.

***Lead Applicant Staff Point of Contact Information**

Name

Title

Email Address

Phone Number



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Community Eligibility

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UGLG Leadership Support

Please provide the **name(s), title(s), and jurisdiction(s)** for all mayors or chief executives of UGLGs that include any geographical area within the proposed Promise Zone boundary.

 **Note:** "UGLG" refers to a Unit of General Local Government. [See definition.](#)

Letter(s) of UGLG leadership support must be uploaded in the Application Attachments section of MAX Survey. For more information on requirements for UGLG support, please see the Section titled "Application Section II - Eligibility Criteria" in the Third Round Promise Zone Application Guide.

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Mapping Tool Data Sheet

Please provide the following information from the Mapping Tool Data Sheet:

Population

Poverty/ELI Rate

Employment Rate

 **Note:** Applicants are required to use the Promise Zone mapping tool to show both the boundary and the poverty levels. The mapping tool emails this information as a PDF to the applicant. This PDF, in its entirety, must be attached to this application. See the Definitions and Clarifying Information Section in the Application Guide for more information on the mapping tool.

Within your narrative attachment, please submit a narrative describing the nature and scope of crime in the Promise Zone, highlighting Part 1 Violent Crime data. For more information, please refer to the Section titled "Application Section III - Selection Criteria Need (10 Points)" in the Application Guide.

 **Note:** Narrative Attachment must be uploaded in the Application Attachments section of MAX Survey.



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Goal 1

Promise Zone Initiative Goal

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Goal 1

Please select the goal area:

Choose one of the following answers

Please choose...



Note: For Goals 1-4, applicants must select one each of the four Promise Zone Initiative goals: Create Jobs, Increase Economic Activity, Improve Educational Opportunities, and Reduce Violent Crime. Applicants must have at least one goal to address each of the four Promise Zone Initiative goals. Applicants may also select up to two other community goals from the following list: *Increase Access to Quality Affordable Housing, Promote Health and Access to Healthcare, Improve Community Infrastructure and Promote Civic Engagement.* These goal options are available for Goals 5-6 only.

Goal 1: Description

Describe the Promise Zone Goal.



250 character limit

*How many activities will you be reporting for this goal?

Choose one of the following answers

1





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Goal 1: Activities

Activity 1A

Activity 1A:

Please identify and describe an activity or intervention associated with Goal 1: .

250 character limit

Please select 1, and up to 5, relevant policy areas for the proposed activity:

Please select at most 5 answers

<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Family Asset Building	<input type="checkbox"/> Commercial Corridors	<input type="checkbox"/> Housing Development	<input type="checkbox"/> Crime Prevention and Intervention	<input type="checkbox"/> Health	<input type="checkbox"/> Strategic Planning
<input type="checkbox"/> K-12	<input type="checkbox"/> Entrepreneurship	<input type="checkbox"/> Transportation	<input type="checkbox"/> Homeownership	<input type="checkbox"/> Community Policing and Trust	<input type="checkbox"/> Healthy Food Access	<input type="checkbox"/> None of the Above:
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Small Business Development	<input type="checkbox"/> Broadband	<input type="checkbox"/> Renter Assistance	<input type="checkbox"/> Public Safety Capacity Building	<input type="checkbox"/> Environmental Health	
<input type="checkbox"/> Workforce Development	<input type="checkbox"/> Private Sector Investment	<input type="checkbox"/> Community Infrastructure	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Reentry	<input type="checkbox"/> Resident Capacity Building	

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

500 character limit

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

500 character limit

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | [\(Grant or Direct Allocation\)](#) | [\(School District\)](#) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

	Please Select Financing Type	Please Select Source Type	Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:
Financial Commitment 1	Select Support <input type="button" value="v"/>	Select Support <input type="button" value="v"/>	<input type="text"/>

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | [\(Grant or Direct Allocation\)](#) | \$10,000; 8/1/16 - 7/31/18; Funding needed to purchase test preparation materials for students at Promise Middle School.

	Please Select Financing Type	Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:
Financial Need 1	Select Support <input type="button" value="v"/>	<input type="text"/>

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

 500 character limit

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

 500 character limit

Timeline/Milestones for Implementation:

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

 500 character limit

OPTIONAL Federal Regulatory and/or Statutory Barriers:

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant's score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Check any that apply

- Community Engagement/Outreach
- Direct Technical Assistance for Specific Issues
- Data Collection and Evaluation
- Research and Best Practices/General Guidance
- Grant and Financial Management Resources
- Needs Assessment
- Training for Partners and Staff
- Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

***The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.*

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

 If more than one type of technical assistance is checked in the response above, please describe each, organized by type.



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Goal 2

Promise Zone Initiative Goal

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Goal 2

Please select the goal area:

Choose one of the following answers

Increase Economic Activity



Note: For Goals 1-4, applicants must select one each of the four Promise Zone Initiative goals: Create Jobs, Increase Economic Activity, Improve Educational Opportunities, and Reduce Violent Crime. Applicants must have at least one goal to address each of the four Promise Zone Initiative goals. Applicants may also select up to two other community goals from the following list: *Increase Access to Quality Affordable Housing, Promote Health and Access to Healthcare, Improve Community Infrastructure and Promote Civic Engagement.* These goal options are available for Goals 5-6 only.

Goal 2: Description

Describe the Promise Zone Goal.



250 character limit

*How many activities will you be reporting for this goal?

Choose one of the following answers

1





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Goal 2: Activities

Activity 2A

Activity 2A:

Please identify and describe an activity or intervention associated with Goal 2: Increase Economic Activity.

250 character limit

Please select 1, and up to 5 relevant policy areas for the proposed activity:

Please select at most 5 answers

<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Family Asset Building	<input type="checkbox"/> Commercial Corridors	<input type="checkbox"/> Housing Development	<input type="checkbox"/> Crime Prevention and Intervention	<input type="checkbox"/> Health	<input type="checkbox"/> Strategic Planning
<input type="checkbox"/> K-12	<input type="checkbox"/> Entrepreneurship	<input type="checkbox"/> Transportation	<input type="checkbox"/> Homeownership	<input type="checkbox"/> Community Policing and Trust	<input type="checkbox"/> Healthy Food Access	<input type="checkbox"/> None of the Above:
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Small Business Development	<input type="checkbox"/> Broadband	<input type="checkbox"/> Renter Assistance	<input type="checkbox"/> Public Safety Capacity Building	<input type="checkbox"/> Environmental Health	
<input type="checkbox"/> Workforce Development	<input type="checkbox"/> Private Sector Investment	<input type="checkbox"/> Community Infrastructure	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Reentry	<input type="checkbox"/> Resident Capacity Building	

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

 500 character limit

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

 500 character limit

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

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	Please Select Financing Type	Please Select Source Type	Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:
Financial Commitment 1	Select Support 	Select Support 	<input type="text"/>

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | [\(Grant or Direct Allocation\)](#) | \$10,000; 8/1/16 - 7/31/18; Funding needed to purchase test preparation materials for students at Promise Middle School.

	Please Select Financing Type	Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:
Financial Need 1	Select Support 	<input type="text"/>

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

 500 character limit

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

 500 character limit

Timeline/Milestones for Implementation:

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

 500 character limit

OPTIONAL Federal Regulatory and/or Statutory Barriers:

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

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Check any that apply

- Community Engagement/Outreach
- Direct Technical Assistance for Specific Issues
- Data Collection and Evaluation
- Research and Best Practices/General Guidance
- Grant and Financial Management Resources
- Needs Assessment
- Training for Partners and Staff
- Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

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Goal 3

Promise Zone Initiative Goal

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Goal 3

Please select the goal area:

Choose one of the following answers

Improve Educational Opportunities



Note: For Goals 1-4, applicants must select one each of the four Promise Zone Initiative goals: *Create Jobs, Increase Economic Activity, Improve Educational Opportunities, and Reduce Violent Crime*. Applicants must have at least one goal to address each of the four Promise Zone Initiative goals. Applicants may also select up to two other community goals from the following list: *Increase Access to Quality Affordable Housing, Promote Health and Access to Healthcare, Improve Community Infrastructure and Promote Civic Engagement*. These goal options are available for Goals 5-6 only.

Goal 3: Description

Describe the Promise Zone Goal.



250 character limit

*How many activities will you be reporting for this goal?

Choose one of the following answers

1



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Goal 3: Activities

Activity 3A

Activity 3A:

Please identify and describe an activity or intervention associated with Goal 3: Improve Educational Opportunities.

250 character limit

Please select 1, and up to 5 relevant policy areas for the proposed activity:

Please select at most 5 answers

<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Family Asset Building	<input type="checkbox"/> Commercial Corridors	<input type="checkbox"/> Housing Development	<input type="checkbox"/> Crime Prevention and Intervention	<input type="checkbox"/> Health	<input type="checkbox"/> Strategic Planning
<input type="checkbox"/> K-12	<input type="checkbox"/> Entrepreneurship	<input type="checkbox"/> Transportation	<input type="checkbox"/> Homeownership	<input type="checkbox"/> Community Policing and Trust	<input type="checkbox"/> Healthy Food Access	None of the Above: <input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Small Business Development	<input type="checkbox"/> Broadband	<input type="checkbox"/> Renter Assistance	<input type="checkbox"/> Public Safety Capacity Building	<input type="checkbox"/> Environmental Health	
<input type="checkbox"/> Workforce Development	<input type="checkbox"/> Private Sector Investment	<input type="checkbox"/> Community Infrastructure	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Reentry	<input type="checkbox"/> Resident Capacity Building	

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of **Goal 3**: in this specific context.

 500 character limit

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

 500 character limit

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

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Financial Commitment 1	Select Support <input type="button" value="v"/>	Select Support <input type="button" value="v"/>	<input type="text"/>

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

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	Please Select Financing Type	Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:
Financial Need 1	Select Support <input type="button" value="v"/>	<input type="text"/>

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

 500 character limit

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

 500 character limit

Timeline/Milestones for Implementation:

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

 500 character limit

OPTIONAL Federal Regulatory and/or Statutory Barriers:

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Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

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Check any that apply

- Community Engagement/Outreach
- Direct Technical Assistance for Specific Issues
- Data Collection and Evaluation
- Research and Best Practices/General Guidance
- Grant and Financial Management Resources
- Needs Assessment
- Training for Partners and Staff
- Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

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Goal 4

Other Community Goal

Goal 4

Please select the goal area:

Choose one of the following answers

Reduce Violent Crime



Note: For Goals 1-4, applicants must select one each of the four Promise Zone Initiative goals: *Create Jobs, Increase Economic Activity, Improve Educational Opportunities, and Reduce Violent Crime*. Applicants must have at least one goal to address each of the four Promise Zone Initiative goals. Applicants may also select up to two other community goals from the following list: *Increase Access to Quality Affordable Housing, Promote Health and Access to Healthcare, Improve Community Infrastructure and Promote Civic Engagement*. These goal options are available for Goals 5-6 only.

Goal 4: Description

Describe the Promise Zone Goal.



250 character limit

*How many activities will you be reporting for this goal?

Choose one of the following answers

1





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Goal 4: Activities

Activity 4A

Activity 4A:

Please identify and describe an activity or intervention associated with Goal 4:Reduce Violent Crime.

250 character limit

Please select 1, and up to 5 relevant policy areas for the proposed activity:

Please select at most 5 answers

<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Family Asset Building	<input type="checkbox"/> Commercial Corridors	<input type="checkbox"/> Housing Development	<input type="checkbox"/> Crime Prevention and Intervention	<input type="checkbox"/> Health	<input type="checkbox"/> Strategic Planning
<input type="checkbox"/> K-12	<input type="checkbox"/> Entrepreneurship	<input type="checkbox"/> Transportation	<input type="checkbox"/> Homeownership	<input type="checkbox"/> Community Policing and Trust	<input type="checkbox"/> Healthy Food Access	None of the Above:
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Small Business Development	<input type="checkbox"/> Broadband	<input type="checkbox"/> Renter Assistance	<input type="checkbox"/> Public Safety Capacity Building	<input type="checkbox"/> Environmental Health	
<input type="checkbox"/> Workforce Development	<input type="checkbox"/> Private Sector Investment	<input type="checkbox"/> Community Infrastructure	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Reentry	<input type="checkbox"/> Resident Capacity Building	

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

 500 character limit

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

 500 character limit

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | [\(Grant or Direct Allocation\)](#) | [\(School District\)](#) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

	Please Select Financing Type	Please Select Source Type	Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:
Financial Commitment 1	Select Support 	Select Support 	<input type="text"/>

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | [\(Grant or Direct Allocation\)](#) | \$10,000; 8/1/16 - 7/31/18; Funding needed to purchase test preparation materials for students at Promise Middle School.

	Please Select Financing Type	Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:
Financial Need 1	Select Support 	<input type="text"/>

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

 500 character limit

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

 500 character limit

Timeline/Milestones for Implementation:

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

 500 character limit

OPTIONAL Federal Regulatory and/or Statutory Barriers:

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant's score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Check any that apply

- Community Engagement/Outreach
- Direct Technical Assistance for Specific Issues
- Data Collection and Evaluation
- Research and Best Practices/General Guidance
- Grant and Financial Management Resources
- Needs Assessment
- Training for Partners and Staff
- Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

***The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.*

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

 If more than one type of technical assistance is checked in the response above, please describe each, organized by type.



MAX Survey

Anonymous Survey : Third Round Urban Promise Zones Application

Goal 5

Other Community Goal

Would you like to report another goal?

Choose one of the following answers

Please choose...



MAX Survey

Anonymous Survey : Third Round Urban Promise Zones Application

Mapping Tool Data Sheet

Attach the *entire* PDF mapping tool data sheet and map here.

Please upload one file

Upload files

 **The mapping tool data sheet and map will not count toward the 28-page narrative or 35-page attachment page limits.** For more information on the mapping tool and mapping tool data sheet, please see the Definitions and Clarifying Information Section of the Third Round Promise Zone Application Guide. The mapping tool can be found at <http://www.huduser.org/PZ2013/promiseZone.html>.

Letter of UGLG Commitment

Attach a letter(s) that demonstrates the commitment from UGLG leadership, including the mayors or chief executives of the UGLGs represented in the Promise Zone. For applications across UGLG lines, a commitment must be demonstrated by leadership of all UGLGs involved.

Please upload between 1 and 10 files

Upload files

 **All letters of support count towards the 35-page limit for attachments.**

Narrative

Attach the application narrative here.

Narrative should include the most important information for the purposes of Promise Zone selection, including a Promise Zone-specific diagram of the partnership structure. For more information on the elements of the narrative, please review the Promise Zones Application Guide.

Please upload one file

Upload files

 Narrative may not exceed 28-pages (suggested formatting is Times New Roman font, 12 point, double-spaced, with one inch margins). Any pages beyond this limit will not be considered or reviewed. **Narrative does NOT count against the 35-page attachment limit.**

Additional Documentation

Attach all additional documentation here.

Additional documentation that will apply to the 35 page combined attachment limit include all letters of UGLG commitment uploaded above, plus the following to be uploaded here:

- To scale city map and community level map
- Preliminary Memorandum of Understanding (MOU)
- Optional Letters of Support from implementation partners (please do not upload general letters of support from entities not acting in the capacity of a partner)
- Any tables, figures, charts, or additional maps.

Additional documentation that will not count against the 35 page combined attachment limit include the following to be uploaded here:

- For public sector lead applicant organizations only, their most recent OMB A-133 (2 CFR Part 200) Full Audit Report
- For nonprofit lead applicant organizations only: BOTH the IRS determination letter to prove 501(c) status, or the letter from the state government to prove non-profit status *and* the most recent IRS Form 990, Return of Organization Exempt from Income Tax

Please combine documents as necessary and label accordingly (upload limit is 10 separate files)

Please upload at most 10 files

Upload files

 For documents that apply to page limit restrictions, pages will be counted sequentially as files are uploaded and any pages or files over the limit will be deleted.

Photographs (Optional)

Attach no more than 3 JPEG photographs of neighborhoods, buildings and streets within the proposed Promise Zone.

The submission of photographs will in no way affect the scoring outcome of an application. These photographs may be used in promotional material in association with the announcement of the third round designees. Do not include images of individuals, as this would require specific release forms from anyone in the image.

Please upload at most 3 files

Upload files

 Optional JPEG photographs will not count towards the 35-page limit for attachments.