

# **HCV FSS Program Coordinator NOFA**

**For Fiscal Year 2004**

# **Purpose of the FSS Program**

- **Promote local strategies to coordinate rental subsidy, training and services**
- **Enable participants to obtain employment that leads to economic independence**
- **Build family assets through the FSS escrow account**

# **Purpose of the HCV FSS NOFA**

**Provide funds to pay the salaries of  
HCV FSS program coordinators and  
FSS homeownership coordinators**

# **Role of the FSS Program Coordinator**

**Assure that HCV FSS program participants are linked to training and services needed to achieve self-sufficiency**

# **Role of the FSS Homeownership Coordinator**

**Supports homeownership  
activities of FSS families.**

# **Ineligible Uses of Funds**

- **Funds cannot be used for training and/or services for families.**
- **Cannot be used to pay the salary of an FSS coordinator for a public housing FSS program.**

# Funding for FY'04

- **Total available: \$47.7 million**
- **Maximum salary: \$63,000 per coordinator position**

# **Limitation on Renewal Funding Increases**

- **Renewals limited to 1% increase over most recent award for the position unless a higher increase is submitted to and approved by the field office.**

# **Limitation on Renewal Funding Increases**

- **Submit increase request to field office Hub with application copy.**
  - **Written justification plus at least 3 comparables.**
  - **Examples of acceptable reasons: Need higher skill level, increase in hours from P/T to F/T**

# **Application Due Date:**

**Due date: June 22, 2004**

**See General Section of SuperNOFA  
for further information on HUD's  
mailing delivery and receipt  
procedures.**

# Changes

**New FSS application form HUD-52651  
replaces letter format**

**Applicants will submit the SF-424  
and HUD-424B**

# Changes

## Renewal Joint Applicants:

- **PHAs may apply separately or with different PHAs and retain their renewal applicant status.**
  - **These FY'04 joint applications must meet 25 HUD-approved HCV FSS slot requirement.**

# Changes

**Calculations of percentages for FSS homeownership and for families with positive escrow balances that will be used to determine order of funding of eligible applicants.**

# **Priorities: Emphasis on program accomplishments**

- **Moving families to homeownership**
- **Employment as evidenced through positive escrow balances in PIC**
- **Colonias preference for new applicant PHAs. (Texas, New Mexico, Arizona and California)**

# **Eligible Applicants - RENEWAL PHAs**

**PHAs funded under a FY'02 or FY'03  
HCV FSS NOFA that:**

- Hired a coordinator with funding.**
- Executed FSS contracts with families.**
- Submitted FSS reports by completing section 17 of the HUD-50058.**

# **Eligible Applicants - NEW**

- **PHAs not funded in FY'02 or FY'03.**
- **Must have HUD approval to administer a HCV FSS program of at least 25 slots.**
- **Can apply jointly to meet the 25 slot minimum.**

# **Eligible Applicants – MTW Demo Sites with FSS Programs**

- **PHA must administer an FSS program.**
- **PHA may request use of FSS slots reflected in the PHA's MTW Agreement instead of the number in the PHA's FSS Action Plan.**

# **Maximum Positions – Renewal PHA**

- **Highest number of coordinator positions funded in FY'02 or FY'03, including FSS homeownership coordinators, that have been filled.**
- **One initial FSS homeownership coordinator for eligible PHAs that did not receive funding for a homeownership coordinator under a previous NOFA.**

# **Maximum Positions – New PHAs**

- **Up to one full time position.**
- **For joint applicants, up to one position per application, NOT one position for each PHA.**

# **Funding Categories**

- 1. Renewal PHAs with qualifying homeownership programs.**
- 2. New Applicant PHAs with Colonias preference and PHAs with qualifying homeownership programs.**
- 3. Renewal PHAs requesting an initial FSS homeownership coordinator.**

# **Funding Categories - Continued**

- 4. Renewal PHAs without qualifying homeownership programs.**
- 5. New PHAs without qualifying homeownership programs.**

# Order of Funding

**HUD will calculate the FSS Homeownership Percentage and Percentage of Families with Positive Escrow Balances for applicants and will use these percentages to determine the order of funding within each funding category.**

# **FSS Homeownership Percentage**

**The total number of an applicant's HCV FSS homeownership families as a percentage of HCV FSS program participants.**

# **Qualifying Homeownership Program**

**Qualifying programs include the HCV program homeownership option and other programs that prepare HCV program FSS participants for making the transition from renting to homeownership.**

# **FSS Homeownership Families:**

**Current FSS participants enrolled in a qualifying homeownership program as of September 30, 2003, plus FSS graduates that moved to homeownership between October 1, 2000 and September 30, 2003. (Data source: HUD-52651. Reported number is subject to post audit.)**

# **HCV FSS Program Participants:**

**The total of the PHA's HCV FSS program participants on September 30, 2003, plus the number of HCV FSS families that completed their FSS contracts between October 1, 2002 and September 30, 2003.  
(Data source: PIC)**

# **Percentage of Families with Positive Escrow Balances:**

**Number of HCV FSS families with positive escrow balances as a percentage of HCV FSS families with FSS progress reports in PIC from October 1, 2002 through September 30, 2003.**

# **Troubled PHAs:**

**A PHA that is SEMAP troubled or has serious program management review, IG or IPA audit findings for its HCV or Mod Rehab program.**

# **Troubled PHAs, continued:**

**If still troubled at application due date, can apply only if the PHA submits an application that designates another organization or entity acceptable to HUD to administer the FSS program.**

# **Content of Application:**

- **SF-424**
- **HUD-424B**
- **SF-LLL (if appropriate)**
- **HUD-52651 (HCV FSS application)**
- **Acknowledgement of Receipt Form**

# Completing the SF-424:

- **Renewal PHAs: Select “continuation” for #8.**
- **New & Renewal PHAs:**
- **Enter proposed ACC effective and ending dates in #13.**
- **#15, Estimated Funding –Enter the amount requested in the FY’04 FSS application in 15.a.**

# **Completing the HUD-52651:**

- **Information to be provided is similar to what was provided in letter form in previous years.**
- **Renewal PHAs: Complete Parts I through IV.**
- **New Applicant PHAs: Complete Parts I, II and V.**

**Housing Choice Voucher  
(HCV) Family Self-  
Sufficiency (FSS)  
Program Coordinator  
Funding**

**U.S. Department of Housing  
and Urban Development  
Office of Public and Indian  
Housing**

OMB Approval No. 2577-0178  
Exp. (04/30/2007)

Public reporting burden for this collection of information is estimated to average 0.75 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.

**PART I: General Information. (To be completed by all applicants.)**

Applicant Category: <input type="checkbox"/> Renewal <input type="checkbox"/> New	DUNS Number of Applicant:	Funding Request for Fiscal Year:
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A. PHA Name, Mailing Address & PHA Number of applicant: (For joint PHA applicants, PHA Name, Mailing Address & PHA Number of lead PHA applicant):


B. PHA Name & PHA Number for Each Joint Applicant (if Applicable). Note: Use Additional pages if necessary.


C. Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each position requested is on file at the PHA.

Yes  No

D. The applicant qualifies for the following preference categories under this NOFA:

Homeownership:

Yes  No

Colonias:

Yes  No

Other - Specify Category (If applicable under this NOFA):

E. Name and telephone number of person most familiar with application:

Name	Telephone Number
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Signature Block	Title	Telephone #	Fax #	Date (dd/mm/yyyy)
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**PART II: Homeownership Information.** (To be completed by all applicants.)

The PHA applicant currently administers or participates in a HCV Homeownership program or another homeownership program that serves HCV FSS families.  Yes  No

If yes, provide information requested in A – C below:

**A. Name of qualifying homeownership program or programs:**


**B. The total number of HCV FSS families enrolled in the qualifying homeownership program/programs identified above as of September 30 of the last calendar year:**

1.		HCV homeownership program
2.		Other qualifying homeownership programs

**C. Number of HCV FSS graduates that have moved to homeownership between October 1, 2000 and September 30, \_\_\_\_ (Use the last calendar year):**

1.		HCV homeownership program
2.		Other qualifying homeownership programs

**PART III: PHA Applicant Program Status and Accomplishments. (Renewal PHAs Only)**

**B. Program Status:**

1. The applicant qualifies as an eligible renewal PHA under the NOFA.  Yes  No
2. The PHA has filled each position for which it is seeking renewal funding.  Yes  No
3. The applicant has submitted reports on participating families to HUD via the form HUD-50058, Family Self-Sufficiency/Welfare-to-Work Voucher Addendum.  Yes  No

**C. Program accomplishments as of September 30, \_\_\_\_\_. (Use last calendar year):**

1.		Total HCV FSS families under FSS Contract.
2.		The number of HCV FSS program participants with an escrow account balance greater than zero.

**D. Program accomplishments for the last full Federal Fiscal Year, October 1, \_\_\_\_ through September 30, \_\_\_\_ (e.g., FY 2003 would be October 1, 2002 through September 30, 2003):**

1.		The number of HCV families that successfully completed their FSS contracts.
2.		The number of those graduates that no longer needed rental subsidy.
3.		The average escrow account distribution paid to families.

**PART IV: Funding/Positions Requested. (Renewal PHAs Applicants Only)**

For both renewal of currently funded positions and requests for new positions, provide the information below for each position requested. Use additional pages as needed.

- A. **Renewal Positions** - Funding requested to continue currently funded positions: (List FSS homeownership coordinators and regular FSS coordinators separately.)

FY Last Funded	Position Type 'H' or 'R' *	Salary Requested Per Position **	Number of Positions	Requesting an increase above percent allowed in the NOFA? 'Y' or 'N' ***

- B. **New Positions** - Funding requested by coordinator type and salary level (If applicable. Refer to most recent FSS NOFA for maximum new positions that can be funded in the current year.) If more than one position, list each separately.

Position Type 'H' or 'R' *	Salary Requested, including Fringe Benefits**

- C. **Total Requested**

1.	Total number of new and renewal positions requested in this application.
2.	Total \$ Requested.

\* Type: R= Regular, H=Homeownership

\*\* Salary awards will not exceed the cap per position stated in the most recent NOFA.

\*\*\* For any renewal position, where the applicant is requesting a percentage increase above the amount provided for in the current NOFA, the applicant must comply with justification requirements in the current FSS NOFA.

**PART V: Application Information. (New PHA Applicants Only.)**

**A. FSS Action Plan Information:**

	HCV FSS program size in the HUD-approved Action Plan. (For Joint applications, provide total approved slots for all participating PHAs.)
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**B. Position/Salary Requested:**

Number of Positions	Salary Requested, including Fringe Benefits**

**C. Total Requested.**

1.	Total number of positions requested.
2.	Total \$ Requested.

\*\* Salary awards will not exceed the cap per position stated in the most recent NOFA.

# **Submit application:**

- **Original and one copy to the GMC at the Arlington, VA address in the FSS NOFA.**
- **Copy to Field Office Hub. (See listing of Hub offices in NOFA.)**

# **REMEMBER!**

- **Read the FY'04 HCV FSS NOFA carefully.**
- **Base your application on the current NOFA requirements, not on a previous application in your files.**

# **Other Basic (But Important) Things to Remember:**

- **Complete and submit all forms required by the FY'04 NOFA.**
- **Do not provide information that is not requested.**
- **Sign and date forms as required**
- **Send to the correct address and on time.**

# **Contact Information:**

- **Public and Indian Housing Information and Resource Center at 1-800-955-2232**
- **Kathryn Greenspan, Program Office – (202) 708-0614, X4055**
- **Keia Neal, GMC – (202) 358-0221, X8312**