

**Facsimile Transmittal**

**U. S. Department of Housing  
and Urban Development**

OMB Approval No. 2525-0118  
exp. Date (5/30/2008)

Office of Department Grants  
Management and Oversight

1283971873 - 5234

\* Name of Document Transmitting: Nothing faxed with this application

**1. Applicant Information:**

\* Legal Name: Vermont Housing and Conservation Board

\* Address:

\* Street1: 58 East State Street

Street2:

\* City: Montpelier

County:

\* State: VT: Vermont

\* Zip Code: 05602-3044 \* Country: USA: UNITED STATES

**2. Catalog of Federal Domestic Assistance Number:**

\* Organizational DUNS: 7811579610000 CFDA No.: 14.900

Title: Lead-Based Paint Hazard Control in Privately-Owned Housing

Program Component:

**3. Facsimile Contact Information:**

Department:

Division:

**4. Name and telephone number of person to be contacted on matters involving this facsimile.**

Prefix: \* First Name: Ron

Middle Name:

\* Last Name: Rupp

Suffix:

\* Phone Number: 802-828-2912

Fax Number: 802-828-3254

\* 5. Email: Ron@vhcb.org

**\* 6. What is your Transmittal? (Check one box per fax)**

a. Certification  b. Document  c. Match/Leverage Letter  d. Other

\* 7. How many pages (including cover) are being faxed? 1

# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp. 08/31/2009)

## Applicant/Recipient Information

\* Duns Number: 7811579610000

\* Report Type: INITIAL

### 1. Applicant/Recipient Name, Address, and Phone (include area code):

\* Applicant Name:

Vermont Housing and Conservation Board

\* Street1: 58 East State Street

Street2:

\* City: Montpelier

County:

\* State: VT: Vermont

\* Zip Code: 05602-3044

\* Country: USA: UNITED STATES

\* Phone: 802-828-2912

2. Social Security Number or Employer ID Number: 03-0311984

### \* 3. HUD Program Name:

Lead-Based Paint Hazard Control in Privately-Owned Housing

\* 4. Amount of HUD Assistance Requested/Received: \$ 3,100,000.00

### 5. State the name and location (street address, City and State) of the project or activity:

\* Project Name: Vermont Lead-Based Paint Hazard Reduction Program

\* Street1: 58 East State Street

Street2:

\* City: Montpelier

County:

\* State: VT: Vermont

\* Zip Code: 05602-3044

\* Country: USA: UNITED STATES

## Part I Threshold Determinations

\* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

Yes  No

\* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR Sec. 4.9

Yes  No

If you answered " No " to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

**However,** you must sign the certification at the end of the report.

**Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

\* Government Agency Name:

Vermont Housing and Conservation Board

Government Agency Address:

\* Street1: 58 East State Street

Street2:

\* City: Montpelier

County:

\* State: VT: Vermont

\* Zip Code: 05602-3044

\* Country: USA: UNITED STATES

\* Type of Assistance: grants

\* Amount Requested/Provided: \$ 500,000.00

\* Expected Uses of the Funds:

Grants and Loans for Lead Hazard Reduction

Department/State/Local Agency Name:

\* Government Agency Name:

Vermont housing and Conservation Board

Government Agency Address:

\* Street1: 58 East State Street

Street2:

\* City: Montpelier

County:

\* State: VT: Vermont

\* Zip Code: 05602-3044

\* Country: USA: UNITED STATES

\* Type of Assistance: In-kind Service

\* Amount Requested/Provided: \$ 150,000.00

\* Expected Uses of the Funds:

rehab & in-kind service in support of Lead Hazard Control

(Note: Use Additional pages if necessary.)

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**Part III Interested Parties.** You must decide.

**1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and**

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %

(Note: Use Additional pages if necessary.)

**Certification**

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

\* Signature:

\* Date: (mm/dd/yyyy)

Robert Zatzke

10/07/2010

# Survey on Ensuring Equal Opportunity For Applicants

OMB No. 1890-0014 Exp. 2/28/2009

## Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

## Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

<b>Applicant's (Organization) Name:</b>	Vermont Housing and Conservation Board
<b>Applicant's DUNS Name:</b>	7811579610000
<b>Federal Program:</b>	LEAD-BASED PAINT HAZARD CONTROL GRANT PROGRAM
<b>CFDA Number:</b>	14.900

1. Has the applicant ever received a grant or contract from the Federal government?

Yes       No

2. Is the applicant a faith-based organization?

Yes       No

3. Is the applicant a secular organization?

Yes       No

4. Does the applicant have 501(c)(3) status?

Yes       No

5. Is the applicant a local affiliate of a national organization?

Yes       No

6. How many full-time equivalent employees does the applicant have? (Check only one box).

3 or Fewer       15-50

4-5       51-100

6-14       over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

Less Than \$150,000

\$150,000 - \$299,999

\$300,000 - \$499,999

\$500,000 - \$999,999

\$1,000,000 - \$4,999,999

\$5,000,000 or more

# Survey Instructions on Ensuring Equal Opportunity for Applicants

OMB No. 1890-0014 Exp. 2/28/2009

**Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.**

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

## **Paperwork Burden Statement**

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 valid OMB control number for this

information collection is **1890-0014**. The time required

to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

**If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** The Agency Contact listed in this grant application package.

**Application for Federal Assistance**

**Form SF-424**

**Form Field 14. *Areas affected by Project:***

The proposed activities for this application will take place throughout the entire State of Vermont, including all counties in the State.

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB  
0348-0046

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
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**4. Name and Address of Reporting Entity:**  
 Prime  SubAwardee

\* Name: Vermont Housing and Conservation Board

\* Street 1: 58 East State Street Street 2:

\* City: Montpelier State: VT: Vermont Zip: 05602-3044

Congressional District, if known: VT-All

**5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:**

<b>6. * Federal Department/Agency:</b> U.S. Department of Housing and Urban Dev	<b>7. * Federal Program Name/Description:</b> Lead-Based Paint Hazard Control in Privately-Owned Housing CFDA Number, if applicable: 14.900
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<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ 3,100,000.00
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**10. a. Name and Address of Lobbying Registrant:**

Prefix: \* First Name: N/A Middle Name: \* Last Name: N/A Suffix: \* Street 1: Street 2: \* City: State: Zip:

**b. Individual Performing Services** (including address if different from No. 10a)

Prefix: \* First Name: N/A Middle Name: \* Last Name: N/A Suffix: \* Street 1: Street 2: \* City: State: Zip:

**11.** Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\* Signature: Robert Zatzke

\* Name: Prefix: Mr. \* First Name: Robert Middle Name: \* Last Name: Zatzke Suffix:

Title: Lead Program Coordinator Telephone No.: 802-828-0170 Date: 10/07/2010

**Federal Use Only:** Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="10/07/2010"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="Vermont Housing and Conservation Board"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="03-0311984"/>	* c. Organizational DUNS: <input type="text" value="7811579610000"/>	
<b>d. Address:</b>		
* Street1:	<input type="text" value="58 East State Street"/>	
Street2:	<input type="text"/>	
* City:	<input type="text" value="Montpelier"/>	
County/Parish:	<input type="text"/>	
* State:	<input type="text" value="VT: Vermont"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="05602-3044"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text" value="Mr ."/>	* First Name:	<input type="text" value="Ron"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Rupp"/>	
Suffix:	<input type="text"/>	
Title:	<input type="text" value="Lead Program Director"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="802-828-2912"/>	Fax Number: <input type="text" value="802-828-3254"/>	
* Email:	<input type="text" value="ron@vhcb.org"/>	

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.900

CFDA Title:

Lead-Based Paint Hazard Control in Privately-Owned Housing

**\* 12. Funding Opportunity Number:**

FR-5415-N-11

\* Title:

LEAD-BASED PAINT HAZARD CONTROL GRANT PROGRAM

**13. Competition Identification Number:**

LBPHC-11

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Entire\_State.pdf

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

Vermont Lead-Based Paint Hazard Reduction Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**\* a. Applicant b. Program/Project 

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**\* a. Start Date: \* b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="3,100,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="750,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,850,000.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?** a. This application was made available to the State under the Executive Order 12372 Process for review on  b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372.**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)** Yes  No

If "Yes", provide explanation and attach

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

 \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**Prefix:  \* First Name: Middle Name: \* Last Name: Suffix: \* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative:  \* Date Signed:

## Other Attachment File(s)

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\* Mandatory Other Attachment Filename:

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