Grant Application Detailed Budget U.S. Department of Housing and Urban Development OMB Approval No. 2501-0017 (exp. 01/31/2011)

Functional Categories [Year 1:__] [Year 2:__] [Year 3:__] [All Years:__]

Name of Project/Activity:	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	HUD Share	Applicant Match	Other HUD Funds	Other Fed Share	State Share	Local/Tribal Share	Other	Program Income	Total
a. Personnel (Direct Labor)	$ 66,144.00	$	$	$	$	$	$	$	$ 66,144.00
b. Fringe Benefits	23,161.00								23,161.00
c. Travel	11,636.00								11,636.00
d. Equipment (only items > $5,000 depreciated value)	0.00								0.00
e. Supplies (only items w/depreciated Value < $5,000)	61,130.00								61,130.00
f. Contractual	101,550.0(								101,550.00
g. Construction									0.00
1. Administration and legal expenses									0.00
2. Land, structures, rights-of way, appraisals, etc.									0.00
3. Relocation expenses and payments									0.00
4. Architectural and engineering fees									0.00
5. Other architectural and engineering fees									0.00
6. Project inspection fees									0.00
7. Site work									0.00
8. Demolition and removal	6,000.00								6,000.00
9. Construction	6,000.00								6,000.00
10. Equipment	8,000.00								8,000.00
11. Contingencies									0.00
12. Miscellaneous									0.00
h. Other (Direct Costs)	13,148.00								13,148.00
i. Subtotal of Direct Costs	296,496.0(								296,769.00
j. Indirect Costs (% Approved Indirect Cost Rate: 10 %)									29,650.00
Grand Total (Year: 1):									326,419.00
Grand Total (All Years):									

form **HUD-424-CB** (1/2004)

Instructions for the HUD Grant Application Detailed Budget Form

Public reporting burden for this collection of information is estimated to average 2 hours 36 minutes 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 collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Information collected will provide proposed budget data for multiple programs. HUD will use this information in the selection of applicants. Response to this request for information is required in order to receive the benefits to be derived. The information requested does not lend itself to confidentiality.

General Instructions

This form is designed so that an application can be made for any of HUD's grant programs. Separate sheets must be used for each proposed program year and for a summary of all years.

Check applicable program year or all years box at top of page to indicate which applies.

On the final sheet enter the Grand Total for all years in the applicable box at the bottom of the page. In preparing the budget, adhere to any existing HUD requirements which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, HUD may require budgets to be shown separately by function or activity. Your budget information should show the entire cost of your proposed program of activities per year. If you are not using funds in any of the line item categories, you should leave the item blank. Pages may be duplicated to show budget data for individual programs, projects or activities.

NOTE: Not all budget categories on this form are eligible for funding under all programs. Please see eligible activities under the specific program for which you are seeking funding.

Budget Categories

The budget categories identifies how your program funds will be allocated by type of use, e.g., funds going for salaries, travel, contracts, etc. Each of these line items should be broken out under each applicable column.

Lines a-f--Show the totals of Lines a to f in each column.

Lines g. Show construction related expenses in the appropriate categories below.

Line g.1.--Enter estimated amounts needed to cover administrative expenses. Do not include costs which are related to the normal functions of government.

Line g.2.--Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).

Line g.3.--Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.

Line g.4.--Enter estimated basic engineering fees related to construction (this includes start-up services and preparation of project performance work plan).

Line g.5.--Enter estimated engineering costs, such as surveys, tests, soil borings, etc.

Line g.6.--Enter estimated engineering inspection costs.

Line g.7.--Enter the estimated site preparation and restoration which are not included in the basic construction contract.

Line g.8.--Enter the estimated costs related to demolition activities.

Line g.9.--Enter estimated costs of the construction contract.

Line g.10.--Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility, if such costs are not included in the construction contract.

Line g.11.--Enter any estimated contingency costs.

Line g.12.--Enter estimated miscellaneous costs.

Line h.--Enter any other direct costs not already addressed above.

Line i.--Calculate the totals of all applicable columns to determine the Subtotal of Direct Costs.

Line j.--Indicate the approved Indirect Cost Rate (if any) and calculate the indirect cost in accordance with the terms of your approved indirect cost rate and enter the resulting amount.

Grand Total (Year:__)--Enter the sum of lines i. and j. under column 9 for each year, and enter the applicable year, in the blank, for each sheet completed.

Grand Total (All Years)--Enter the sum of all the, "Grand Total (Year:__)" amounts from each sheet completed, under column 9, for all proposed years.

For each budget category (personnel, fringe benefits, travel, etc) you should identify the amount of funding you plan on using in your grant program. You should complete each column as follows:

Column 1 - Identify the amount of funds that you will need from the HUD grant program for which you are seeking funding.

Column 2 - Identify any matching funds that you are required to include in your proposed program in order to be eligible for assistance.

Column 3 - Identify any other HUD funds that you will be adding to this program either through your formula or competitive grant programs.

Column 4 - Identify any other Federal funds that you will be adding to this program either through your formula or competitive grant programs.

Column 5 - Identify any State funds that you will be adding to this program.

Column 6 - Identify any Local or Tribal Government funds that you will be adding to this program.

Column 7 - Identify any additional funds not previously identified in Columns 1 - 6, that you intend to use for your proposed program.

Column 8 - Identify any program income that you expect to generate under this program.

Column 9 - Add columns 1 - 8 across and place the total in Column 9.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Administration

OMB Approval No. 2535-0113
(exp. 01/31/2011)

Program Title:
American Indian Environmental Improvements for Children's Asthma

Grantee/Recipient Name:
American Lung Association of the Upper Midwest

Grantee Reporting Organization:
American Lung Association of the Upper Midwest

Reporting Period From (mm/dd/yyyy): 12/01/2010 **To** (mm/dd/yyyy): 11/30/2013

Racial Categories	Total Number of Race Responses	Total Number of Hispanic or Latino Responses
American Indian or Alaska Native	2,000	
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native *and* White		
Asian *and* White		
Black or African American *and* White		
American Indian or Alaska Native *and* Black or African American		
* Other multiple race combinations greater than one percent: [Per the form instructions, write in a description using the box on the right]		
Balance of individuals reporting more than one race		
Total:	2,000	0

* If the aggregate count of any reported multiple race combination that is not listed above exceeds 1% of the total population being reported, you should separately indicate the combination. See detailed instructions under "Other multiple race combinations."

Public reporting burden for this collection is estimated to average 1.15 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the information collection instrument. HUD may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

form **HUD-27061** (10/31/2009)

Instructions for the Race and Ethnic Data Reporting form (HUD-27061)

A. General Instructions:

This form is intended to be used by two categories of respondents: (1) applicants requesting funding from the Department of Housing and Urban Development (HUD); and (2) organizations who receive HUD Federal financial assistance that are required to report race and ethnic information.

In compliance with OMB direction to revise the standards for collection of racial data, HUD has revised its standards as depicted on this form. The revised standards are designed to acknowledge the growing diversity of the U.S. population. Using the revised standards, HUD offers organizations that are responding to HUD data requests for racial information, the option of selecting one or more of nine racial categories to identify the racial demographics of the individuals and/or the communities they serve, or are proposing to serve. HUD's collection of racial data treats ethnicity as a separate category from race and has changed the terminology for certain racial and ethnic groups from the way it has been requested in the past using two distinct ethnic categories. The revised definitions of ethnicity and race have been standardized across the Federal government and are provided below.

1. The two ethnic categories as revised by the Office of Management and Budget (OMB) are defined below.

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories as revised by the Office of Management and Budget are defined below:

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Note: The information required to be reported may be collected and submitted to HUD via the use of this form or by other means, such as summary reports or via electronic reporting mechanisms. The primary goal to be achieved is the provision of the summary racial and ethic data of the population(s) proposed to be served or that is being served by your organization in a consistent manner across all HUD programs.

B. Specific Instructions for Completing the Form:

Organizations using this form should collect the individual responses from the community of individuals you intend to serve or those that you are serving, as applicable. After the individual collections are gathered, you should report (via this form or by the use of other means such as electronic reports that provide the summary data required by this form) the aggregate totals of the racial and ethnic data that you collect via the applicable categories as described below:

Total Number of Racial Responses: Under this column you should indicate the total number of responses collected in the blocks next to the applicable categories.

Total Number of Hispanic or Latino Responses: Under this column you should indicate the total number of responses collected in the blocks next to the applicable racial categories (e.g., you would enter the total number of Asian respondents that indicated they are Hispanic or Latino). When collecting this information from beneficiaries of the Federal financial assistance all respondents should be required to indicate their ethnic category, which requires either a "yes" or "no" response.

Other Multiple Race Combinations: Next to this racial category, indicate all racial categories (if any) identified by respondents that do not fit one of the five single race categories or four double race combinations above, and which have a total count that exceeds one percent of the total population being reported. You must identify each such racial combination, including the actual count, the percentage of the total population (in parenthesis), and the actual Hispanic or Latino count.

For example, if you obtain data that indicates that the total population being served is 200 and includes 10 Native Hawaiian or Other Pacific Islander *and* White and 12 Native Hawaiian or Other Pacific Islander *and* Asian, and those numbers (of Native Hawaiian or Other Pacific Islander *and* White and Native Hawaiian or Other Pacific Islander *and* Asian) each equates to more than one percent of the total population being served, and 2 of the Native Hawaiian or Other Pacific Islander *and* White indicate they belong to the Hispanic/Latino ethic category and 3 of the Native Hawaiian or Other Pacific Islander *and* Asian indicate they belong to the Hispanic/Latino ethnic category, you should complete the form as follows:

Racial Categories	Total Number of Race Responses	Total Number of Hispanic or Latino Responses
* Other multiple race combinations: [Per the form instruction, write in a description using the box on the right]	Native Hawaiian or Other Pacific Islander AND White 10 (5%)	2
	Native Hawaiian or Other Pacific Islander AND Asian 12 (6%)	3

How the percentage should be applied will vary by program depending on whether the program is required to provide data on the total community, or on the beneficiaries/individuals that are being served or that are proposed to be served.

Balance of individuals reporting more than one race: This block is intended to capture the balance of any racial categories that are not included in the list of nine above, and are not included under **"Other multiple race combinations greater than on percent."** Indicate the total number of all racial categories reported that do not fit the nine racial categories above, and do not equate to one percent of the total population being reported. Be sure to also indicate the total number of all related Hispanic or Latino responses.

Total: On the last row of the form you should indicate the aggregate totals of all the information you have gathered including the total of all racial categories and the total of all the Hispanic or Latino categories.

Healthy Homes and Lead Hazard Programs

U.S. Department of Housing and Urban Development
Office of Lead Hazard Control

OMB Approval No. 2539-0015
(expires 6/30/2011)

Factor 4 **Leveraging Resources** **Page** 1 **of** 1

Name Of The Organization Or Entity That Will Contribute Match Or Leveraged Funds And If The Organization Will Be a Subgrantee/Subrecipient	Work To Be Accomplished In Support Of The Program.	Value Of In-Kind Or Cash Match Contribution*	Additional Leveraged Funds Contribution	Total Of Match And Leveraged Contributions
Name: American Lung Association in Minnesota Type of Organization: non-profit Subgrantee/Subrecipient: ☒ Yes ☐ No	donation of products, evaluation data collection, reduction in in direct rate			
Name: Little Earth of United Tribes Type of Organization: Housing authority Subgrantee/Subrecipient: ☒ Yes ☐ No	training release time and project planning			
Name: Community University Health Care Clinic Type of Organization: clinic Subgrantee/Subrecipient: ☐ Yes ☒ No	case management			
Name: Native American Community Clinic Type of Organization: clinic Subgrantee/Subrecipient: ☐ Yes ☒ No	case management			
Name: Minneapolis Public Schools Type of Organization: public school Subgrantee/Subrecipient: ☐ Yes ☒ No	referrals			
Name: Great Plains Tribal Chairmen's Health Board Type of Organization: non-profit Subgrantee/Subrecipient: ☒ Yes ☐ No	phones, mtg room, office space, materials, time			
Name: Montana State University Extension Type of Organization: academic Subgrantee/Subrecipient: ☐ Yes ☒ No	travel scholarships for 40 inds for 2.5 day training			
Name: Minnesota Dept of Health Asthma Program Type of Organization: state asthma program Subgrantee/Subrecipient: ☐ Yes ☒ No	advisory board and planning			
Name: Wisconsin Dept of Health Services Asthma Prog Type of Organization: state asthma program Subgrantee/Subrecipient: ☐ Yes ☒ No	advisory board and planning			
	Total Amount	$		

Name of the organization or entity that will contribute match or leveraged funds and if they are to be a subgrantee/subrecipient: Self explanatory.
Work to be accomplished in support of the program: The type of activities that will be accomplished in support of the program (i.e. outreach, training, risk Assessments/paint Inspections, relocation, etc.)
Value of In-kind or Cash Match Contribution: As required by statute or appropriation.
Additional Leveraged Funds Contribution: Additional funds above the match contribution required by statute or appropriation
Total of Match and Leveraged Contributions: The total of an applicant's In-kind or Cash Match Contribution and any additional Leveraged Funds Contribution

Clear All

Print

Healthy Homes and Lead Hazard Programs

U.S. Department of Housing and Urban Development
Office of Lead Hazard Control

OMB Approval No. 2539-0015
(expires 6/30/2011)

Applicant: American Lung Association of the Upper Midwest

CFDA:

Factor 1 Capacity Of The Applicant And Relevant Organizational Experience

Public reporting burden for this collection of information is estimated to average 17 hours. This includes the time for collecting, reviewing, and reporting the data. This information collection is collected during the application process and is used to select grantees under a competitive selection process. Section 1011 of Title X of the Housing and Community Development Act of 1992 authorizes this collection. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

A. Key Personnel

Name and Position Title (please include the organization position titles in addition to those shown). Resumes or position descriptions are to be included in appendix.	Percent of Time Proposed for this Grant (HUD Funded or In-Kind)	Percent of Time to be spent on other LHC HUD grants	Percent of Time to be spent on other Activities
	Note: These three columns should total 100%		
A.1 Overall Project Director Name: [redacted] Organization Position Title: Phone Number: 651-223-9578 Fax Number: 651-227-5459 Email: [redacted]	30%		70%
A.2 Day-to-Day Program Manager ☐ To be hired ☒ On staff Name: [redacted] Organization Position Title: Manager Respiratory Health Phone Number: 651-227-8014 Fax Number: 651-227-5459 Email: [redacted]	100%		
A.3 Other Tobacco Control Advisor ☐ To be hired ☒ On staff Name: Pat McKone Organization Position Title: Director of Tobacco Control Phone Number: Fax Number: Email:	5%		95%

B. Partners

Name of the organization or entity that partners or will partner with applicant and if partner will be subgrantee/subrecipient	Description of Commitment and Status	Proposed Activities To Be Conducted by Partner	Amount of HUD Grant Funds (If Subgrant)
B.1 Name: Little Earth of United Tribes Type of Organization housing Subgrantee/Subrecipient: ☒ Yes ☐ No ☒ Current Partner ☐ Partnership to be developed	Fully committed. Contract	Assist with planning, receive training to be home visitor, secure maintenance staff time	5000
B.2 Name: Great Plains Tribal Chairmen's Health Board Type of Organization community - based organization Subgrantee/Subrecipient: ☐ Yes ☐ No ☒ Current Partner ☐ Partnership to be developed	Fully committed. MOU	Liaison with tribal community; planning; culturally-appropriate model, supporting trainings	6000
B.3 Name: MN American Indian Asthma Network Type of Organization community-based organization Subgrantee/Subrecipient: ☒ Yes ☐ No ☐ Current Partner ☒ Partnership to be developed	Fully committed. MOU	Liaison with tribal community; planning; culturally-appropriate model, supporting trainings	6000
B.4 Name: Angie Carlson, RPh, PhD, Data Intelligence Type of Organization Evaluator Subgrantee/Subrecipient: ☐ Yes ☒ No ☐ Current Partner ☒ Partnership to be developed	Fully committed. MOU	Serve as project evaluator and conduct data analysis.	5500
B.5 Name: Pediatric Home Servie Type of Organization Health Services Subgrantee/Subrecipient: ☒ Yes ☐ No ☐ Current Partner ☒ Partnership to be developed	Contract	Provide training and conduct home visits in Minneapolis area	16800
B.6 Name: Oglala Sioux Tribe Housing Authority Type of Organization Subgrantee/Subrecipient: ☒ Yes ☐ No ☒ Current Partner ☐ Partnership to be developed	Contract	receive training, develop policies/procedures, conduct assessments and	121500
B.7 Name: Missouri Breaks Industries Type of Organization Health Subgrantee/Subrecipient: ☒ Yes ☐ No ☒ Current Partner ☐ Partnership to be developed	Contract	Liaison with Section 8 housing owners, conduct assessments and modifications	39000

Definitions:
Partner Name: Name of organization or entity that will partner with applicant in conducting program activities.
Type of Organization or Program: Health, Housing, Environmental, Community Development Department, Planning Department, Grassroots Faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institution, Job Training and Economic Opportunity Organization, etc.
Description of Commitment: Memorandum of Understanding/Agreement, Contract, Subgrantees, Letter, etc.
Proposed Activities to be Conducted by Partner: The type of activities that will be conducted by the grant partner in support of program efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.)
Amount of HUD Grant Funds if Subgrantee/Subrecipient: The dollar amount subgrantee/subrecipient will be receiving for the services they will provide.

Clear All

Print

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Type or clearly print the following information:)

Applicant Name: American Lung Association of the Upper Midwest

Project Name: American Indian Environmental Improvements for Children's Asthm

Location of the Project: Minneapolis, Minnesota; northern Minnesota; Tribal Reservations in South Dakota: Pine Ridge Reservation of the Oglala Sioux, Standing Rock Reservation, Cheyenne River Reservation.

Name of the Federal Program to which the applicant is applying: Office of Healthy Homes and Lead Hazard Control

Name of Certifying Jurisdiction: _____

Certifying Official of the Jurisdiction Name: _____

Title: _____

Signature: _____

Date: _____

IT IS RECOMMENDED THAT YOU PRINT THESE INSTRUCTIONS BEFORE CONTINUING. DO NOT MODIFY THE ELOGIC MODEL® TEMPLATE. DO NOT CUT AND PASTE INTO THE ELOGIC MODEL® TEMPLATE.
When opening the eLogic Model®, you will be asked if you want to enable "Macros"; click Yes. The eLogic Model® uses a Microsoft Excel®

platform. "Macros" are a form of programming used in Excel® to enable additional functionality. You will need to "enable" the "Macros" to use all functions on your eLogic Model®. To enable the macros to function, you will have to adjust the security settings on your computer.

Testing to See If the Macros are Working.

If you do not see this dialog box when you first open your eLogic Model®, then check to see if the Macros are working by opening the eLogic Model®, and going to the Tab labeled Year 1. Click on the gray area of the column labeled, "Needs." If the column expands, your Macro settings are working. To expand and return the cell to its original size, click once. Do not double click.

Depending on your version of Excel®, there are several steps you must take in order to use all the functions in your eLogic Model®. The description below provides information for the four most common versions of Excel® in use today, one of which is probably installed on your computer. If you are working in a network, and you cannot control your desktop settings, contact your system administrator for support.

SECURITY AND THE USE OF MACROS
You will need to "enable" the Macros to use all functions on your eLogic Model®. After creating and saving your your eLogic Model®, you may reset your security levels to their original settings.

Excel® 2007 - You can change macro security settings in the Trust Center, unless a system administrator in your organization has prevented you from changing the settings.

On the Developer tab, in the Code group:

- Click Macro Security.

Tip: If the Developer tab is not displayed, click the Microsoft Office Button (top left of your Excel®), click Excel® Options, and then in the Popular category under Top options for working with Excel®, click Show Developer tab in the Ribbon.
In the Macro Settings category, under Macro Settings, click the option that you want. **Note:** Any changes that you make in the Macro Settings category in Excel® apply only to Excel® and do not affect any other Microsoft Office program.

Tip: You can also access the Trust Center in the Excel® Options dialog box.

- Click the Microsoft Office Button, and then click Excel® Options in the Trust Center category.

- Click Trust Center Settings, and then click the Macro Settings category.

- If your settings are set to "Disable all macros with notification", when you open your Excel®, you will see a Security Warning stating "Macros have been disabled" and Options button to the left (this button is located under the toolbars).

If you do not change the Macro security settings, you will have to enable the Macros each time you open the Excel®.

Excel® 2003 - There are four levels of security regarding the use of Macros: Very High, High, Medium, and Low. If upon opening the eLogic Model® the dialog box states that you must change your Security setting to enable Macros, your security settings are either set to Very High or High and you must take the following steps:

- Go to the toolbar at the top of the screen and click on "Tools."

- Then click "Options" and then click the tab labeled "Security" located on the top right of the window.

- At the bottom right of the window, click the button that says "Macro Security" and select Medium as your setting.

- Click "OK" and then click "OK" in the Options window.

- Close your eLogic Model®. Re-open your eLogic Model®. You will now receive a dialog box with the message "Security Warning."

- Click on the button at the bottom that says "Enable Macros." Your eLogic Model® will open and be fully functional.

If upon opening the eLogic Model® the dialog box gives you an option to enable "Macros" at that moment, it means that Security is set to Medium. All you need to do is to click the button at the bottom of the dialog box that says, "Enable Macros." Your eLogic Model® will open and be fully functional.

If upon opening the eLogic Model® there is no dialog box, your Security setting is set on "Low" and your Macros are already enabled. No additional step is needed.

Excel® 2000 - There are three levels of security regarding the use of Macros: High, Medium, and Low. The High security setting automatically disables most Macros and does not alert you to the action. If when entering Services/Activities in Column 3, or Outcomes in Column 5, you select "other", the word "other" appears and remains in the cell, the Macro is not functioning. Save and close changes you have made thus far.

- From the menu, select "Tools," "Macro", "Security". A dialog box will open.

- Click on the "Security" TAB and select "Medium,"

- Click "OK." Reopen your eLogic Model®. A dialog box will open. Select "Enable Macros." Your eLogic Model® will open and be fully functional.

If your copy of Excel® is already set to "Medium" security, the enable Macros dialog box will appear and you can proceed as above.

The low security setting automatically enables all Macros and you will not receive any message. The eLogic Model® will open and be fully functional.

Excel® 1997 - If you are using this version of Excel® and need assistance, please contact HUD's NOFA Information Center for assistance at (800) HUD-8929 week days during their operating hours of 10:00 a.m. to 6:30 p.m. eastern time, Monday to Friday, except federal holidays. The NOFA Information Center cannot provide you additional help right before a deadline date. Please take into account their operating hours and allow at least 72 hours for the NOFA Information Center to be able to get you additional help.

Additional Support
If after trying the instructions for your version of Excel® and need additional assistance, please contact the NOFA Information Center at (800) HUD-8929.

Persons with hearing or speech impairments may access this number via TTY by calling the Federal Information Relay Service at (800) 877-8339. The NOFA Information Center is open between the hours of 10 a.m. and 6:30 p.m. eastern Ttme, Monday through Friday, except federal holidays.

Check that You Have the Correct eLogic Model® for your Program.
The eLogic Model® is found in the Instructions Download for the application package posted to the Grants.gov website. Before you begin completing your eLogic Model®, check the name of the program and the fiscal year that is populated on the eLogic Model®. If it contains a program name different from the program application, or does not have 2010 in the Fiscal Year data field, you have opened the wrong eLogic Model®. To correct, go back to the website and look for the program you want to apply for and download the proper eLogic Model®. **New**

Features in the 2010 eLogic Model®
The 2010 eLogic Model® has new features and functions compared to the 2009 eLogic Model that are described below:

Coversheet

A **Coversheet** Tab has been added to collect additional data regarding the applicant and place of performance. This additional data allows **HUD** to better match the **eLogic Model®** that is submitted with the application and with the eLogic Model® that has been negotiated, and reports that are submitted as As required over theperformance period fo the award. The **Coversheet** now provides for a Logic Model Amendment Number. Program **eLogic Models®** are initially created for a three year period since it is difficult to project outputs and outcomes going beyond three years. The use of a Logic Model Amendment Number allows **HUD** to issue an amended **eLogic Model®** for programs longer than three years duration.

This Logic Model Amendment Number field will also allow HUD to review and approve amendments to the eLogic Models® where **due to circumstances in the community**, the original projects need to be modified. The modifications are not to be granted simply because an agency is not meeting its proposed goals, but rather to take into account extraordinary circumstances in a community that requires **HUD** to consider an amendment to the original **eLogic Model®** to accommodate changing needs. The amendment will also allow **HUD** to amend the eLogic Model to cover an additional one year where a 12 month extension has been granted on an award.

CCR Doing Business As (DBA) Field
When entering the applicant organization profile in the **Central Contractor Registration (CCR)**, organizations may have a **legal name** and a

"Doing Business As" (DBA) Name. Sometimes the **Legal Name** in the CCR represents that part of a large organization which is responsible for paying the federal taxes for all divisions or organizations within its structure. This may be the case with large universities or state or local governments. This may happen because the Doing Business As Name can be used to distinguish sub-organizations of the entity at different locations, e.g. Departments of a State or local government or university campuses. To ensure that we accurately reflect the organization or sub-organization of the legal entity that will be receiving the **HUD** funds, a field has been added to capture the CCR Doing Business As Name and **DUNS** Number.

Mandatory Fields
There are seven**"mandatory**" fields in your eLogic Model®**: "Applicant Legal Name", "DUNS Number", and "Project Name", "Grantee Contact Name", "Grantee Contact email", "Logic Model Contact Name", "Logic Model Contact email".** You must enter the required data in these fields as they are recorded in the CCR for the **eLogic Model®** to be complete. Before closing and saving your **eLogic Model®,** click the button at the top left of the worksheet (Tab Coversheet) that says **"Check Errors".** If you did not complete any of the **"mandatory"** fields, a message box will appear telling you what field(s) was not completed and the field will be highlighted in yellow. If you attempt to close your **eLogic Model®** without completing the **"Applicant Legal Name"** and/or the **DUNS** Number, you will receive a dialog box that reminds you that the required data has not been entered. Click **"OK"** and the cursor will go to the required field and allow you to enter the required data. The final dialog box will ask you if you want to save your data. If you want to save the data, click "**Yes"** as you would do with any Microsoft Excel® workbook. **If you click "No", the file will close and your data will not be saved.** Please remember when saving your **eLogic Model®** that **file names** must not contain any special characters or spaces which could be **"read"** as viruses File names must be no more than fifty characters including any path information in the file name. See the **FY2010 General Section** for complete details.

The eLogic Model® Workbook
The eLogic Model® workbook has 12 separate worksheets and each worksheet is identified by a Tab at the bottom of the page. If you cannot see all the Tabs, be sure to maximize your workbook by clicking the middle button in the top right corner of the workbook to expand your window or move your bottom scroll bar so all the Tabs appear.
The 12 Worksheets/Tabs are:

- Instructions
- Coversheet
- Year1
- Year2
- Year3
- Total
- GoalsPriorities
- Needs
- Services
- Outcomes
- Tools
- Reporting

Instructions for Completing the Cover Sheet
NOTE: The "**Fiscal Year**" does not appear on the Cover Sheet but in the Tabs for each year of the project, See description under,

"**INSTRUCTIONS FOR COMPLETING THE Year 1, Year 2 Year 3 and Total Tabs in the eLogic Model®."**

Program Information
"HUD Program Name" and "**Program CFDA #"** located on Rows 11 and 12 respectively are pre-populated.

"Program Component" is located on Row 13 to 19. If the program under which you are applying has components, e.g., **EOI** or **PEI** under the **Fair Housing Initiatives Program** click on the component field. A drop down menu will appear. Select as many component that you are applying under. If you are permitted by the **NOFA** to apply for funding under more than one program component, using the drop down select as many as needed in the fields provided. If there are no components in the funding opportunity for which you are seeking funding, skip this field. Once you have entered your **"Program Component"** in the **"Cover Sheet",** worksheets **Year1**, **Year2**, **Year3**, and **Total** will automatically populate the same information.

Grantee Information

"**Applicant Legal Name**" is located on Row 21 and is a **mandatory field**. Enter the **legal name**as entered in the Central Contractor Registration and which matches the applicant **Legal Name** entered in **Box 8a** in the **SF-424** in your application. Once you have entered your **"Applicant Legal Name"** in the **"Coversheet"**, **worksheets**, **Year1**, **Year2**, **Year3**, and **Total worksheets** will automatically populate the same information.

"**CCR Doing Business As Name**" is located on Row 22, is new for 2010. . Only complete this field if your **Central Contractor Registration** includes an entry in **Doing Business As (DBA).** Enter the name as it appears in CCR. Once you have entered **your "CCR Doing Business As Name"** in the **"Cover Sheet"**, worksheets, **Year1**, **Year2**, **Year3**, and **Total** worksheets will automatically populate the same information.

"**DUNS Number**" is located on Row 23 and is a **mandatory field**. Enter the **DUNS #** exactly as it appears in **box 8c** of the **SF-424** and as registered with the **Central Contractor Registration**. The **DUNS** number entered must be for the organization that is entered in **box 8a** of the **SF-424**, Application for **Federal Assistance**. Your **DUNS** number is a nine digit number or a nine digit plus four digit number. Some applicants will use a nine digit plus four digit **DUNS** number. If you do, then insert the four digits in the field provided. If you do not use a **DUNS** plus four #, leave the four digit field blank. Make sure you enter the **DUNS** number accurately. Once you have entered your "**DUNS** Number" in the
"Cover Sheet", worksheets **Year1**, **Year2**, **Year3**, and **Total** worksheets will automatically populate the same information

"**City**" is located on Row 24. Enter the City where your organization is located. This information must match the applicant address data in your application SF424. .

"**State**" is located on Row 25 Use the dropdown to enter the State where your organization is located, this information must match the **SF-424** data in your application.

"**Zip Code**" is located on Row 26. Enter the same nine-digit zip code used for the applicant address in your SF424.

"**Grantee Contact Name**" and "**Grantee Contact email**" are located on Rows 27 and 28 respectively. Enter the Grantee Contact Name and email address in the fields provided.

"**Logic Model Contact Name**" and "**Logic Model Contact email**" are located on Rows 28 and 29 respectively. Enter the name of the person that completed the **eLogic Model®** and their **email address** in the field provided or the name and email of a person to contact who can address questions concerning the eLogic Model submitted with the application and, if you are selected for an award, **eLogic Model reporting®.**

Project Information
"**Project Name**" is located on Row 32 and is a **mandatory field**. Enter the name of your project in the field provided. Use exactly the same name as you did on box 15 of the form SF424. If you did not provide a project name on the **SF424**, please make sure that you provide a project name in your **eLogic Model®.** The project name is helpful in distinguishing logic models submitting by the same grantee over multiple years and for differing projects.

If you are submitting multiple funding requests for the 2010 fiscal year funding under the same applicant name for the same **HUD** program, you **must** include a **project name** that can distinguish between the two applications and logic models submitted. The **project name** may be based upon the location of the project, the address at which it is located, anything that would distinguish one project from another for the same applicant. If you are not sure what to name your project, using your applicant name or acronym and then adding a 1 or 2, or 3 , etc., to distinguish the projects would be sufficient to distinguish the two logic models being processed.

Once you have entered your **"Project Name" in** the **"Cover Sheet"**, worksheets", **Year1**, **Year2**, **Year3**, and **Total worksheets** will automatically populate the same information.

"**Project Location City/County/Parish"** is located on Row 33. Applicants, except Indian Tribes, will enter the city or township or County/Parish where the project will be located. If there are multiple locations, enter the location where the majority of the work will be done. Indian Tribes, including multi-state tribes, should enter the city or county associated with their business address location.

"**Project Location State**" is located on Row 34. Use the dropdown menu to select the location of your project. The data field label, **"Project Location State"** includes all fifty states and American Samoa, District of Columbia, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Palau, Puerto Rico, and the Virgin Islands. In the case of multi-state or regional entities, enter the State location where the majority of activities are to occur. For Indian Tribes, enter the state applicable to the business address of the Tribal entity.

"**Zip Code**" is located on Row 35 and is to be entered for the "Project Location State". Please enter the nine digit zip code.
"**Project Type" is located on Row 36**." Project Type describes the type of project you are doing, Please see the program **NOFA** for specific instructions. If no instructions are provided, provide a project type that would categorize the nature of the program e.g. housing counseling; family self-sufficiency program; research; regional development, community development, fair housing; technical assistance; etc."**Construction Type"** is located on Row 37 and describes the type of Construction you are doing, e.g., new construction, rehabilitation, acquisition, mixed use development, etc. A logic model may provide specific drop down selections for this field based upon program **NOFA** If you are not involved with a construction program, leave the field blank.

Additional Information- Leave Blank At the Time of Application

"**Grants.gov Application Number**", "**HUD Award Number**", and "**Logic Model Amendment Number**" are located on Rows 39, 40 and 41 respectively. THESE ARE FIELDS THAT ARE TO BE COMPLETED ONLY IF YOU ARE SELECTED AS A GRANTEE AND ARE SUBMITTING YOUR REPORTS TOHUD.
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NSTRUCTIONS FOR COMPLETING THE Year 1, Year 2 Year 3 and Total Tabs in the eLogic Model®
The "**Fiscal Year**" represents the fiscal year of the Notice of Funding Availability **(NOFA)** under which the award will be made. This field is pre-populated and located in **Tabs Year1**, **Year2**, **Year3**, and **Total** in cell [O6] below the **HUD** logo.
The **"Year1"** Tab is the first sheet of the **eLogic Model**® workbook to be used to enter your data for columns labeled:

- **HUD Goals**
- **Policy Priority**
- **Needs**
- **Services/Activities**
- **Measures**
- **Outcomes**
- **Measures**
- **Evaluation Tools**

If you have a multi-year award, you will enter data in the **Year2**, **Year3**, and **Total** worksheets. These worksheets are identical in format as Year1. Applicants applying for a multiple year award must complete a worksheet for each year of performance showing what is to be accomplished per year. The **"Total"** worksheet should be used to show the *sum of cumulative* accomplishments achieved for all Services/Activities and Outcomes for all years covered by the award. For example, a two-year award would include worksheets showing Services/Activities and Outcomes covering **Year1**. The **Year2** worksheet would show Services/Activities covering **Year2.** The **"Total"** worksheet would show the *cumulative* totals for all Services/Activities and Outcomes for both **Year1** and **Year2**. A three-year award would include the worksheets showing all Services/Activities and Outcomes for **Year1**, **Year2**, **Year3**, and the **"Total"** worksheet would show the *cumulative* totals for all **Services/Activities** and **Outcomes** for **Year1**, **Year2**, and **Year3**.

A one-year award would include ONLY Year1. A Total Worksheet is not required for a one year award
Note: Some cells of the worksheet are "lock protected" so you can only make entries in cells that are for input as directed by these instructions.

"**Reporting Period**", "**Reporting Start Date**" and "**Reporting End Date**" are fields located in **Year1**, **Year2**, **Year3**, and **Total** worksheets. The **Reporting Dates remain blank at the time of application** and are completed when submitting a report to HUD. See "INSTRUCTIONS FOR REPORTING PERFORMANCE TO HUD" later in these Instructions.

COLUMNS OF THE eLogic Model® (1-7)
Column 1 – Policy
Under the "Policy" Column (1), there are actually two columns; one labeled HUD Goals, and the other labeled Policy Priority. Review the HUD Goals and Policy Priorities by clicking on the Tab labeled, "Goals Priorities" at the bottom of the **eLogic Model®.** For each of the **eLogic Model®** worksheets used in your application, select the HUD Goals and Policy Priorities that your program will address. You do this by clicking the mouse in one of the cells in Column (1) of the worksheets labeled **(Year1, Year2, Year3, Total)**. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of letters and numbers that correspond to the HUD Goals and Policy Priorities will appear. Select one or more of the HUD Goals and Policy Priorities number/letter in the list by clicking it. If you make an error and want to remove the listing, select the cell and click the DELETE KEY on your keyboard. The item will be deleted.

To associate the HUD Goals and Policy Priorities to particular Services/Activities, select a HUD Goal and Policy Priority in Column 1 and then select related Services/Activities in Column 3, Programming. Please remember that not every Activity and Outcome is related to a HUD Policy Priority so that you can select a HUD goal without selecting a HUD policy priority. Also your activities and outcomes may be associated to more than one HUD goal and one policy priority.

If there is more than one Service/Activity to be administered related to the HUD Goal and Policy Priority, select all the related Services/Activities and associated Outcomes and skip as many rows as needed to identify the activities and outcomes associated to the HUD Strategic Goal and/or Policy Priority. Then before entering the next HUD Goal and Policy Priority, skip a row and then enter the next Strategic Goal and/or HUD Policy Priority and all the associated activities and outcomes to ensure that the association is clear.

Applicants/Grantees can make clear during each Year of their award, what Services/Activities are related to the achievement of the HUD Goal and Policy Priority selected.

Repeat this process until you have selected all HUD Goals and Policy Priorities that apply to your application.

Column 2 – Planning
Under the "Planning" Column (3), select a "Needs" statement. Do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of "Needs" statement(s) will appear. Select one or more of these Needs statements in the list by clicking it. Because the column may be too narrow to show the full Needs statement in the dropdown list, you may wish to refer to the Tab labeled "Needs" to see the full statements or you can (using your mouse) click on the shaded cell [D7] labeled "Needs" and this will expand the cell. To return the cell to its original size, click again on cell [D7] labeled "Needs."

When expanding and returning the cell to its original size, click once. Do not double click. When you select a "Needs" statement, the full statement will fill the cell. If you don't want this statement, you can simply click the dropdown arrow again and select another item; or, you can delete a statement by selecting the cell and clicking the **DELETE KEY** on your keyboard. If you want to select more than one statement, go to the next cell in the column and repeat the process selecting the appropriate statement(s). You can do this until you have selected all the statements that are appropriate to your proposed program.

The selections should reflect the Needs identified in your response to your Rating Factor narratives. There is no need to select all the Needs statements if they do not apply to what you plan to address or accomplish with the funding requested. When developing your eLogic Model®, associate the Needs statement(s) selected to the Services/Activities and Outcome(s) you select. To show relationships, you can skip rows when making your Needs statement(s) selection(s) and remember to place the associated Services/Activities and Outcome(s) in the same row.

Column 3 – Programming
Under the "Programming" Column (3), select Services/Activities. You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of eligible Services/Activities appears. Select one of the Services/Activities in the list by clicking it. Identify your Year1 Services/Activities using the Year1 worksheet. Identify Year2 Services/Activities using the Year2 worksheet. Identify Year3 Services/Activities using the Year3 worksheet. Make a composite eLogic Model® of all years on the Total worksheet. *If you are only applying for a one year award, you do not need to create a composite eLogic Model® on the Total Tab.* Because the column may be too narrow to show the full Services/Activities statement in the dropdown list, you may wish to refer to the Tab labeled "Services" to see the full range of eligible Services/Activities, or you can (using your mouse) click on the shaded cell [E7] Services/Activities. This will expand the cell. To return the cell to its original size, click on shaded cell [E7] Services/Activities. When expanding and returning the cell to its original size, click once. **Do not double click.**

NOTE: If the Services/Activities that you are looking for does not appear on the dropdown list, choose "other" from the dropdown list and follow the instructions in the dialog boxes which are also described below:

- A dialog box will appear that says **"Year1".** Click **"OK"** and another dialog box will appear that says, "You have selected 'other' and have the option to create a new Service/Activity or Outcome and a Unit of Measure. Are you prepared to do this now?"

- Click **"Yes"** if you wish to continue.

- You will see an input window that says, "Enter a new Activity/Service or Outcome to your dropdown list." Enter your new Service/Activity in the field provided and click **"OK."**

- A second window will appear that says, "Specify a Unit of Measure." Enter the Unit of Measure in the field provided and click **"OK".** The new Service/Activity will appear in the **eLogic Model®** cell and it will be added to the dropdown list.

- The new Service/Activity which you added will be displayed with the prefix "new".

If this function does not occur when working with your **eLogic Model®** please look at the directions for enabling macros. If after following the directions and this function still does not work, please call the NOFA Information Center at 800-HUD-8929 week days during operating hours of 10:00 a.m. to 6:30 p.m. eastern time, Monday to Friday, except federal holidays. The NOFA Information Center cannot provide you additional help right before a deadline date. Please take into account their operating hours and allow at least 72 hours for the NOFA Information Center to be able to get you additional help.

YOU ARE ONLY PERMITTED TO ADD A TOTAL OF THREE NEW SERVICES/ACTIVITIES PER ELOGIC MODEL®.

- In the event that you want to delete, or change your newly created Service/Activity, follow the instructions in the dialog boxes which are also described below:

- Click the Tab labeled Services at the bottom of your screen and then click cell [B1], "Click here to allow deletion of New Activities" at the top right of the window.

- A dialog box will appear that says "Do you want to delete this new Service/Activity?", click "OK."

- A dialog box will appear that says "Caution! This will delete all instances of 'new Service/Activity in your Logic Model. Do you wish to continue?" Click "Yes."

You can only delete new Services/Activities.
To find out how to associate a Service/Activity and Outcome to a HUD Goal and Policy Priority, see the instructions under Column 1, Policy.

Column 4 – Measure
Notice that as the Services/Activities you selected appears in Column 3, a corresponding Unit of Measure appears or populates in the Column 4, Measure. The Unit of Measure could be "persons", "dollars", "square feet", "houses", "date", or some other Unit of Measure that relates to the selected Services/Activities. Immediately below the Unit of Measure are three blank cells. Enter the projected number of persons or units (or dates if applicable) you are proposing to deliver or accomplish in the "Pre" column. When entering the date, use the format M/D/YYYY. When entering your projection in the "Pre" column, type the number or date in the cell and tab down or use your mouse to go to the next cell. If you click the Enter key, you will see the error message, "Run-time error '13':".If you see this message, click the button labeled End to continue. The "Run-time error '13':" will not affect your work.

Please note that the "Post" and the Year-to-Date (YTD) columns are locked to be used later for reporting purposes so that at the time of application, you cannot enter data in these fields.

Column 5 – Impact
Under Column 5, "Impact", select the Outcome that best corresponds to the "Needs" statement, Column 2 and Services/Activities, Column 3, which you just previously identified and selected for your eLogic Model®. This is the same procedure used for completing Column 3. When you select an Outcome from the dropdown list, a Unit of Measure automatically appears in the next column, "Measure." Since the column may be too narrow to show the full Outcome statement in the dropdown list, you may wish to refer to the Tab labeled "Outcomes" to see the full range of Outcomes, or you can (using your mouse) click on the shaded cell [J7] Outcome. This will expand the cell. To return the cell to its original size, click on shaded cell [J7] Outcome.

NOTE: When expanding and returning the cell to its original size, click once. **Do not double click**.

NOTE: If the Outcome that you are looking for does not appear on the dropdown list, choose "other" from the dropdown list and follow the instructions in the dialog boxes which are also described below:

- A dialog box will appear that says **"Year1".** Click **"OK"** and another dialog box will appear that says, "You have selected 'other' and have the option to create a new Service/Activity or Outcome and a Unit of Measure. Are you prepared to do this now?"

- Click **"Yes"** if you wish to continue.

- You will see an input window that says, **"Enter a new Activity/Service or Outcome to your dropdown list."** Enter your new Outcome in the field provided and click "OK."

- A second window will appear that says, **"Specify a Unit of Measure."** Enter the Unit of Measure in the field provided and click **"OK".** The new Outcome will appear in the **eLogic Model®** cell and it will be added to the dropdown list.

- The new Service/Activity which you added will be displayed with the prefix **"new".**

If this function does not occur when working with your **eLogic Model®** please look at the directions for enabling macros. If after following the directions and this function still does not work, please call the **NOFA Information Center** at 800-HUD-8929 week days during operating hours of 10:00 a.m. to 6:30 p.m. eastern time, Monday to Friday, except federal holidays. The NOFA Information Center cannot provide you additional help right before a deadline date. Please take into account their operating hours and allow at least 72 hours for the NOFA Information Center to be able to get you additional help.

YOU ARE ONLY PERMITTED TO ADD A TOTAL OF THREE NEW OUTCOMES PER ELOGIC MODEL®.
In the event that you want to delete, or change your newly created Outcome, follow the instructions in the dialog boxes which are also described below:

- Click the Tab labeled Outcomes at the bottom of your screen and then click cell [B1], "Click here to allow deletion of New Outcomes" at the top right of the window.

- A dialog box will appear that says "Do you want to delete this Outcome?", click "OK."

- A dialog box will appear that says **"Caution!** This will delete all instances of 'new Outcome' in your Logic Model. Do you wish to continue?" Click **"Yes."**

- **You can only delete new Outcomes.**

To find out how to associate a Service/Activity and Outcome to a HUD Goal and Policy Priority, see the instructions under Column 1, Policy.

Column 6 – Measure
As the Outcomes you selected appear in the cell, a corresponding Unit of Measure appears or populates in Column 6, Measure. The Unit of Measure could be "persons", "dollars", "square feet", "houses", "date", or some other Unit of Measure that relates to the selected Outcome. Immediately below the Unit of Measure are three blank cells. Enter the projected number of persons or units (or dates if applicable) you are proposing to deliver or accomplish in the "Pre" column. When entering the date, use the format M/D/YYYY. When entering your projection in the "Pre" column, type the number or date in the cell and tab down or use your mouse to go to the next cell. If you click the Enter key, you will see the error message, "Run-time error '13' " If you see this message, click the button labeled End to continue. The "Run-time error '13':" will not affect your work.
The "Post" and the Year-to-Date (YTD) columns are locked to be used later for reporting purposes.

Review for Using Columns 2, 3, 4, 5, and 6 of the eLogic Model®

How To Demonstrate the Relationship between a HUD Goal, Policy Priority, Services/Activities and Outcomes
In the eLogic Model®, applicants can select Services/Activities and Outcomes as appropriate to how they conduct business. There are four possible types of associations among Services/Activities and Outcomes:

One to One - A single Service/Activity can yield a single Outcome. For example, referral to an employer can yield job placement; the Service/Activity is referral and the Outcome is job placement.

One to Many - A single Service/Activity can yield more than one Outcome. For example, a Service/Activity such as referral to an employer can yield several Outcomes such as job placement, job retention lasting 30 days, and job retention lasting longer than 90 days.

Many to One - More than one Service/Activity can yield one Outcome. For example, Services/Activities such as providing resume writing, job search classes, pre-employment counseling, and referrals to employers can result in a single job placement, the Outcome.

Many to Many - More than one Service/Activity can yield more than one Outcome. For example, multiple Services/Activities such as providing resume writing, job search classes, pre-employment counseling, and referrals to employers can result in multiple Outcomes including job placement, job retention more than 30 days, job retention more than 90 days, and increased household income.
There is no predesigned way to complete your eLogic Model®. It depends on how you operate your program.

Demonstrating Relationships Between Services/Activities and Outcomes
Show the relationships between the Services/Activities and Outcomes as you create your eLogic Model® using one or more of these models described above:

- One to One
- One to Many
- Many to One
- Many to Many

Between each Service/Activity, skip a row and then start entering the next set of Services/Activities. Use the same structure to enter your associated Outcomes. There is more than enough space to do this within the eLogic Model® Template.

Repeat the process of specifying "Policy", "Needs", "Service/Activity" and "Outcome" using as many rows as is necessary to fully describe your proposal. Applicants must skip a row when selecting new HUD Goals, Policy Priorities, Needs, Activities/Services and Outcomes. The eLogic Model® form extends to six pages when printed out. You may view a preprint of your eLogic Model® at any time by selecting FILES | Print Preview from the Menu bar at the very top of the Excel® Window. It is recommended that you do this periodically to get a better view of the eLogic Model® you are creating.

Associating Services/Activities with Outcomes Over Multiple Years
You can adjust the look of your eLogic Model® by skipping rows, so that "Needs", "Services/Activities" and "Outcomes" are grouped or associated together. If you are conducting a multi-year project and the "Services/Activities" occurs in Year1 with the resulting Outcomes occurring in Year2, make sure that you show the relationship between the Services/Activities in Year1 with the Outcomes occurring in Year2 and similarly the relationships between Year2 Services/Activities with the Outcomes occurring in Year3. You can do this by leaving blank fields corresponding to the lines in which Services/Activities were identified in the previous year or years. For example, if you have enrolled someone in General Equivalency Degree (GED) classes, the results of attending the GED Classes may not result in a person obtaining a GED degree until Year 2 or Year 3.

To show the relationship over time:

- Enter the Services/Activities in Year 1 noting to yourself the line numbers on the Excel® worksheet that the Services/Activities appear in the Year 1 Tab of the eLogic Model®.

- Move to the year Tab that you are proposing the Outcomes to occur. In the Year 2 or Year 3 Tab, place the Outcomes in the Outcomes section in the same rows that you noted the Services/Activities. You will be leaving the Outcomes blank in Year 1 and the Services/Activities blank for those corresponding rows in either Year 2 or Year 3.

- Skip a row in both the Year 1 and the corresponding Year that you placed the Outcomes. Do this as many times as needed, remembering to maintain the same row numbers for Services/Activities and Outcomes across the span of years.

Demonstrating the Relationship To Needs Statements
Similarly, if you want to demonstrate the relationship between Services/Activities, Outcomes and a Needs statement, select the Needs statement and enter the Services/Activities and the corresponding Outcomes on the same row in the Excel® worksheet. To select another Needs statement, skip a row and identify the Services/Activities and Outcomes on the same row in the Excel® worksheet. This can occur within a single year or across years provided you remember to maintain the row alignment to the Needs statement, Services/Activities and Outcomes. You can continue adding activities and outcomes associated to the Needs statement as needed. When done, skip a row to move to another Needs statement and set of Services/Activities,

CAUTION, DO NOT CUT & PASTE ITEMS FROM ONE COLUMN TO ANOTHER. For example, do not cut and paste an item from the "Needs" Column to the "Services/Activities" Column, or the "Services/Activities" Column to the "Outcomes" Column. Doing so will produce an unstable worksheet which will behave erratically, requiring you to start over with a new blank eLogic Model® workbook.

Column 7 – Accountability
Under the "Accountability" Column (7), enter the tools and the process of collection and processing of data in your organization to support all project management, reporting, and responses to the Management Questions. This column provides the framework for structuring your data collection efforts. If the collection and processing of data is not well planned, the likelihood of its use to further the management of the program and support evaluation activity is limited. If data are collected inconsistently, or if data are missing, not retrievable, or mishandled, the validity of any conclusions is weakened.

The structure of Column 7 contains five components in the form of dropdown fields that address the Evaluation Process. You are responsible for addressing each of the five steps that address the process of managing the critical information about your project.

A. Tools for Measurement
B. Where Data Maintained
C. Source of Data
D. Frequency of Collection
E. Processing of Data

You may select up to five choices for each of the five processes (A-E) that supports Accountability and tracks Services/Activities and Outcomes. Given the limited space, please identify the most frequent sources for the processes (A-E). As you proceed through the remaining components, B through E, specify those components in the same order as you selected the "Tools for Measurement" listed under item A. For example, if the first Tool is "Pre-post Test," then the first item under B "Where Data Maintained" must identify where the pre-post test data is maintained, and so on through E. The first entry should pertain to "Pre-post Test." Likewise, if the second item in A is "Satisfaction Surveys," then specify the second item in B through E as it pertains to "Satisfaction Surveys."

A. Tools for Measurement. A device is needed for collecting data; e.g., a test, survey, attendance log, or inspection report, etc. The tool "holds" the evidence of the realized Services/Activities or Outcomes specified in the eLogic Model®. At times, there could be multiple tools for a given event. A choice can be made to use several tools, or rely on one that is most reliable, or most efficient but still reliable. Whatever tool is identified, it is important to remain consistent throughout the project.
Instructions: Under Column 7, Accountability, select your choices of "Tools for Measurement" to Track Services/Activities and Outcomes. You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Tools appears. Select one or more of the Tools in the list by clicking it.

B. Where Data Maintained. A record of where the data or data tool resides must be maintained. It is not required that all tools and all data are kept in one single place. You may keep attendance logs at the main office files, but keep other tools or data such as a "case record" in the case files at the service site. It is important to designate where tools and/or data are to be maintained. For example, if your program has a sophisticated computer system and all data is entered into a custom-designed database, it is necessary to designate where the original or source documents will be maintained.

Instructions: Under Column 7, Accountability, select your choices of "Where Data Maintained." You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Where Data Maintained appears. Select one or more of the Where Data Maintained in the list by clicking it.

C. Source of Data. This is the source where the data originates. Identify the source and make sure that it is appropriate.
Instructions: Under Column 7, Accountability, select your choices of "Source of Data." You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Source of Data appears. Select one or more of the Source of Data in the list by clicking it.

D. Frequency of Collection. Timing matters in data collection. In most instances, you want to get it while it occurs. Collect data at the time of the encounter; if impossible, when it is most opportune immediately thereafter. For example, collect report card data immediately upon the issuance of report cards. Do not wait until after the school year is over. Collect feedback surveys at the conclusion of the event, not a few months later when clients may be difficult to reach. Reporting can be done at anytime if the data is already collected. Another important aspect of this dimension is consistency. If some post tests are collected soon after the event, but others are attempted months later, the data are confounded by the differences in the timing. If some financial data are collected at the middle of the month and others at the end of the month, the data may be confounded by systematic timing bias.
Instructions: Under Column 7, Accountability, select your choices of "Frequency of Collection." You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Frequency of Collection appears. Select one or more of the Frequency of Collection in the list by clicking it.

E. Processing of Data. This is where you identify the mechanism that will be employed to process the data. Some possibilities are: manual tallies, computer spreadsheets, flat file database, relational database, statistical database, etc. The eLogic Model® is only a summary of the program and it cannot accommodate a full description of your management information system. There is an implicit assumption that the grantee has thought through the process to assure that the mechanism is adequate to the task(s).
Instructions: Under Column 7, Accountability, select your choices of "Processing of Data." You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Processing of Data appears. Select one or more of the Process of Data in the list by clicking it.

Saving Your eLogic Model®
The 2010 eLogic Model® was constructed using Excel™ 2007. The models are posted on Grants.gov as Excel® 2003. You can save your eLogic Model® as an Excel® 97-2003 Workbook or as an Excel® 2007 Workbook. If you are using Excel® 97-2003 and if you see [Compatibility Mode] at the top of your Excel® where the name of the Excel® Workbook is located, it will not affect the functionality of the eLogic Model®. You can run the eLogic Model® in either Excel® version without functionality issues.
When you have completed the eLogic Model®, or wish to stop and continue later, save the file by going to the Excel® Menu bar and choosing FILE | Save As. Then specify a name for the file, and note where you save the file on your computer.

- Use the name of the HUD Program and your organization name to form a file name for your eLogic Model®. **For example, FHIP_DillardAffordableHousing.** Please note that there is an "underscore" between FHIP and no spaces between Dillard Affordable Housing separating the Program Name from the Project Name which is needed to identify the eLogic Model® in the database. This is the only convention allowed to separate these two terms. Do not use an underscore to separate words in your project name. The database will read "DillardAffordableHousing" as one name.

Do not use spaces or special characters such as dashes, periods, asterisks, and symbols when saving your eLogic Model®, only use letters and numbers. Only underscores are permitted. If you fail to follow these directions by using special characters or spaces, or the file name exceeds 50 characters, grants.gov will reject your submission as JAVA code treats your submission as containing a virus.

If your program has a program component, please follow the example below adding the Program Component "EOI" with an underscore:

- **FHIP_EOI_DillardAffordableHousing**

Please remember, if you are submitting multiple applications under the same applicant name for the same HUD program, you must distinguish between the two applications as is shown below:

- **FHIP_EOI_DillardAffordableHousing1**
- **FHIP_EOI_DillardAffordableHousing2**

Please be sure to review the file formats and naming requirements contained in the General Section.

Excel® automatically adds the file extension ".xls" or "xlsx" to your file name. Make sure the file extension is not capitalized. In following these directions, if your organizational name exceeds the 50 character limit for space, you should abbreviate your organizational name by either using its initials or a recognizable acronym, e.g., South Carolina State University maybe written as SCSU, or Howard University maybe written as HOWDU.

If you attempt to close the eLogic Model® without entering the Applicant Legal Name, the DUNS Number or Project Name, you receive a message that says "You still need to enter the Applicant Legal Name, the DUNS Number or Project Name. Dialog boxes have been created as reminders. Click OK on the dialog boxes. You will then get to the default Excel® dialog box asking if you want to save changes. Clicking CANCEL will allow you to go back and enter the missing mandatory fields. Clicking YES will save your work and close the Workbook but the mandatory fields will not be completed. **Clicking NO WILL NOT SAVE your work and will close the Workbook."**

Later, you will "Attach" this file to your application. Please remember the name of the file that you are saving. Be sure to delete any earlier version so that when you go to attach the file to your application, you select the appropriate and final file.

A single Workbook will be adequate for completing your eLogic Model®.

This ends the instructions for completing your eLogic Model® for application submission.

INSTRUCTIONS FOR REPORTING PERFORMANCE TO HUD

Do not modify or change the integrity of the eLogic Model® by adding additional Tabs or worksheets. The Instructions provided here will meet your needs. When saving your eLogic Model®, save it in the Excel® format. Do not convert it into PDF.

If your project is selected for funding, the eLogic Model® will be used as a monitoring and reporting tool upon final approval from the HUD program office. Upon approval, HUD will open the reporting side of the eLogic Model® allowing you to submit the actual Services/Activities and Outcomes against the approved (projected) Services/Activities and Outcomes. Specifically, HUD will open the "Post" and "YTD" fields in both Columns 4 and 6, and will close the "Pre" fields in the same columns. HUD will also open the Reporting Tab for you to meet the reporting requirements that are discussed below. The HUD program office will send back to you or post to a website, the approved eLogic Model® to be used for reporting purposes.

Identify the Reporting Period Covered by the Report

On the Coversheet are three fields that must be completed when you submit your reports to HUD: "**Grants.gov Application Number**", "**HUD Award Number", and "Logic Model Amendment Number**" which are located on Rows 33, 34 and 35 respectively. These fields allow HUD to associate the eLogic Model® submitted with the application with the negotiated logic model, and reports submitted. On the Year1, Year2, Year3 and Total Tabs are three additional fields labeled "Reporting Period", "Reporting Start Date" and "Reporting End Date." These three fields are not to be used at time of application. At the time of reporting they are "mandatory. They are used during the reporting process to record the Start and End date of your reporting period. ." The required data must be entered to have a complete eLogic Model® report.

Before closing and saving your eLogic Model® report, click the worksheet Tab, "Coversheet" and at the top left, click "Check Errors." If you did not complete any of the "mandatory" fields, a message box will appear telling you what field(s) were not completed and the field(s) will be highlighted in yellow. When actually reporting performance on your approved eLogic Model®, select the "Reporting Period" using the dropdown feature for:

- Yr1 1st Quarter
- Yr1 2nd Quarter
- Yr1 3rd Quarter
- Yr1 4th Quarter
- Yr2 5th Quarter
- Yr2 6th Quarter
- Yr2 7th Quarter
- Yr2 8th Quarter
- Yr3 9th Quarter
- Yr3 10th Quarter
- Yr3 11th Quarter
- Yr3 12th Quarter
- Final Report.

Note: For those reporting on a semi-annual basis, the reporting period identified in the eLogic Model® report would be Yr1 2nd Quarter, and Yr1 4th Quarter for the first year reports and Yr2 6th Quarter and Yr2 8th Quarter, etc.. For those reporting on an annual basis, the eLogic Model® reporting period would be selected as Yr1 4th Quarter. If the award was a one year award, and the award was completed, the reporting period selected would be Final Report. If the report was multi-year, for the 2nd year report, the reporting period would be Yr2 8th Quarter.

Then enter a "Reporting Start Date" and the "Reporting End Date" that reflects the reporting period you will be submitting in accordance with required reporting time frames indicated in the HUD Program NOFA and the Award Agreement. When entering the dates, you must use this format, MM/DD/YYYY including the slashes. Using the MM/DD/YYYY format will allow HUD to enter your eLogic Model® into the database. If not, you may have to resubmit your eLogic Model® if it is not accepted by HUD.

Completing Performance Information in YEAR1, YEAR2, YEAR3, and TOTAL Tabs

Your projections approved by HUD that were entered in the "Pre" Column will be locked in and the "Post" and "YTD" will be opened for reporting purposes. When reporting enter:

- Year1 accomplishments utilizing the Year1 Tab
- Year2 accomplishments utilizing the Year2 Tab
- Year3 accomplishments utilizing the Year3 Tab

For multi-year awards, use the Total Tab to capture cumulative reporting during years 2 and 3 and for your final report. *If you have a one year award you only need to complete Year1 for your final report.* If you have a two year award, use Year1, Year2, and Total. If you have a three year award, use Year1, Year2, Year3, and Total.

In each reporting period, enter your data for the reporting period cover by the report. Do not enter cumulative data in this column. The column labeled YTD is used to capture the cumulative data for the current reporting period as well as all past reports submitted covering the first year of the award. For example, if you report quarterly.

When reporting Activities in Year1:

- Enter your first quarter accomplishments in the "Post" column and the cumulative accomplishments in the "YTD" column.For the first quarter reporting, the numbers or dates will be the same in both columns.

- For the second quarter of Year1 reporting, enter the data covering second quarter activities and outcomes which occurred in that quarter only. In the "YTD" column, you will enter the cumulative total of both the first and second quarter accomplishments.

- Follow this same process for all quarters in Year1.

When reporting Activities in Year2:

- Only enter your first quarter accomplishments of Year2 in the "Post" column. The information should only reflect activities and outcomes that occur in the 1st quarter of year 2. Cumulative accomplishment from year 1 nad year 2 acitiviite nad outcones will be recorded in the Total Worksheet.

- Enter the Year 2 Quarter 1 accomplishments in the "YTD" column. For the first quarter reporting the numbers or dates will be the same for both the Actual and the YTD columns.

- For the second quarter of Year2 reporting, you will only enter the second quarter results (what actually occurred in the second quarter independent of the previous quarter) of theYear2 in the "Post" column.

- In the "YTD" column, you will enter the cumulative total of both the first and second quarter accomplishments for Year2. In the Total worksheet enter the cumulative total (the YTD from Year1 and the YTD from Year2). Follow these instructions for all quarters in Year2.

When reporting Activities in Year3, enter your first quarter accomplishments of Year3 non-cumulative in the "Post" column and the cumulative accomplishment of Year3 in the "YTD" column.

- For the first quarter reporting the numbers or dates will be the same in both columns.

- For the second quarter of Year3 reporting, you will enter the non-cumulative second quarter results (what actually occurred in the second quarter independent of the previous quarter) of the Year3 in the "Post" column.

- In the "YTD" column you will enter the cumulative total of both the first and second quarter accomplishments for Year3. In the Total worksheet enter the cumulative total (the YTD from Year1, the YTD from Year2 and the YTD from Year3). Follow these instructions for all quarters in Year3.

Using the Total Worksheet

If you have a multi-year award, you will begin to use the "Total" Tab at the beginning of the second year. The "Total" Tab is designed to show cumulative totals of Year1, Year2, and Year3. The "Total" worksheet will show the cumulative progress for Year1, Year2, and Year3. In the Total worksheet, when you are reporting accomplishments for the first quarter of Year2, add the "YTD" number from Year1 and the "YTD" number for Year2. Remember, the first quarter of Year2 and the "Post" is the same number as the "YTD" number. If you are reporting accomplishments for the second quarter of Year2, add the "YTD" number from Year1 and the "YTD" number from Year2 and add them to reach a cumulative total or

"YTD" of Year1 and the first two quarters of Year2.
Follow these instructions for all quarters in Year2, and Year3. At the end of the award period, the "Total" Worksheet will contain the cumulative total for all years.

Using the Reporting Worksheet

The Reporting Tab (worksheet) serves three functions: 1) Respond to the Management Questions, 2) Describe or explain actual performance compared to what was projected, and 3) Provide an explanation of any deviation (positive or negative) from the projections in your approved eLogic Model® .

Each program has different Management Questions that are applicable to that program only. The Management Questions contained in the eLogic Model® ask key questions related to all Services/Activities and Outcomes in the drop-down lists in the eLogic Model® forms for each HUD program. Grantees are required to report on the Management Questions which relate to the specific Services/Activities and Outcomes that are in their HUD approved eLogic Model®. These are determined during negotiations with HUD. HUD will use the approved eLogic Model® for monitoring program performance throughout the project. The Services/Activities and Outcomes identified in your approved eLogic Model®, and resultant data reported in your eLogic Model® over the award performance period should enable you to address most or all of the Management Questions reflective of your project. The data collected during the course of your work and captured in the eLogic Model® will also be useful to you in evaluating the effectiveness of your program.

Use the Reporting Tab to enter your responses to the Management Questions by entering the appropriate "Count/Amount" in the fields provided. The last question asks, "Describe the population you are serving in the space below." Enter a brief summary description of the demographic and socio-economic characteristics of the area and clients you are serving. Your description should be short and to the point -- a paragraph or less.

Narrative Description - Positive/Negative Deviation from Approved eLogic Model® Projections

In addition to your submission of your eLogic Model® results, if there are deviations from what you projected, then you must include a narrative indicating any positive or negative deviations from projected Services/Activities and Outcomes as contained in your approved eLogic Model® and explain the basis for the actual performance as compared to what was projected. In your narrative be sure to identify the Services/Activities and Outcomes from your approved eLogic Model® that you are describing and the reason why this deviation occurred. When doing this, create a paragraph header labeled, "Narrative Description - Positive/Negative Deviation from Approved Logic Model Projections." By identifying the deviations and the reasons, HUD is able to obtain information on what impacts affect the timeline for program activity and outcomes, and also will be able to share and disseminate best practices to help grantees learn from each other and to also increase the effectiveness of the program.

Saving Your Report
Save the eLogic Model® file you receive from HUD. Each time you submit your report to HUD, add the fiscal year of the NOFA in which the award was made and the reporting period to the file name. For example:
This is for a 1st quarter report.

- **FHIP_EOI_DillardAffordableHousing2010qtr1**

This is for a 2nd quarter or semi-annual report.

- **FHIP_EOI_DillardAffordableHousing2010qtr2**

This is for a 3rd quarter report.

- **FHIP_EOI_DillardAffordableHousing2010qtr3**

This is for a 4th quarter or annual report.

- **FHIP_EOI_DillardAffordableHousing2010qtr4**

This is for a 5th quarter or the first reporting period in year 2 of the project.

- **FHIP_EOI_DillardAffordableHousing2010qtr5**

Please remember, if you are reporting on multiple projects under the award for the same HUD program, you must distinguish between the two reports as is shown below. **Please note that an underscore was added before the fiscal year. Only add the underscore if there are multiple projects:**

- **FHIP_EOI_DillardAffordableHousing1_2010qtr1**
- **FHIP_EOI_DillardAffordableHousing2_2010qtr2**

For eLogic Model® Training via webcast, consult the webcast schedule found at HUD's website at: http://www.hud.gov/offices/adm/grants/fundsavail.cfm. If you have any questions regarding reporting requirements, please contact your HUD program representative.

Reporting Requirements
As part of your required reports to HUD, you must also submit an eLogic Model® report in either Excel® 2003 or 2007. (See the FY2010 General Section of the NOFA in the HUD approved electronic formats.)

2010 eLogic Model® Information Coversheet

Instructions

When completing this section there are "mandatory" fields that must be completed. These fields are highlighted in yellow. The required data must be entered correctly to complete an eLogic Model®. After completing all mandatory fields on the coversheet click on the "Check Errors" button at the top of this page. Applicant Legal Name must match box 8a in the SF-424 in your application. Enter the legal name by which you are incorporated and pay taxes. CCR Doing Business is new for 2010 eLogic Model®. Only complete this field if your registration at CCR includes an entry in Doing Business as: (dba). Enter the DUNS # as entered into box 8c of the SF-424 Application for Federal Assistance form. Enter the City where your organization is located, this information must match the SF-424 data in your application. Use the dropdown to enter the State where your organization is located, this information must match the SF-424 data in your application. This information must match the SF-424 data in your application. Enter the Grantee Contact Name and email address in the field provided. Enter the name of the person that completed the eLogic Model® and their email address in the field provided. When completing the Project Information Section, applicants except Indian Tribes must enter their Project Name, Project Location City/County/Parish, State, Project Type, and Construction Type. If there are multiple locations, enter the location where the majority of the work will be done. Indian tribes, including multi-state tribes, should enter the City or County associated with their business address location. For Indian Tribes, enter the state applicable to the business address of the Tribal entity.

Program Information

HUD Program	**Asthma Interventions in Public and Assisted Multifamily Housing**
Program CFDA #	**14.914**
	Program Component

Grantee Information

Applicant Legal Name	American Lung Association of the Upper Midwest
CCR Doing Business As Name	American Lung Association in Minnesota`
DUNS Number	82095969 -
City	3000 Kelly Lane
State	Illinois
Zip Code	62711 - 6226
Grantee Contact Name	Jill Heins Nesvold
Grantee Contact email	jill.heins@lungmn.org
Logic Model Contact Name	Jill Heins Nesvold
Logic Model Contact email	jill.heins@lungmn.org

Project Information

Project Name	American Indian Environmental Improvements for Children's Asthma in Minnesota, South Dakota, North
Project Location City/County/Parish	Shannon County
Project Location State	SOUTH DAKOTA
Zip Code	57770 -
Project Type	training, technical assistance, assessment, and
Construction Type	rehabilitation

Additional Information for Reporting (Leave Blank At the Time of Application)

Grants.gov Application Number	
HUD Award Number	
Logic Model Amendment Number	

eLogic Model®

Applicant Legal Name	American Lung Association of the Upper Midwest
CCR Doing Business As Name	American Lung Association in Minnesota
HUD Program	HUD Program
Program Component	
Project Name	erican Indian Environmental Improvements for Children's Asthma

HUD Goals	Policy Priority	Needs	Services/Activities	Output Goal
1		2	3	4
Policy		Planning	Programming	Measure
		There is a need to develop, demonstrate, and promote cost effective holistic preventive interventions to assist in the control of asthma among children and others currently residing in federally assisted multifamily housing developments that are administered by local public housing authorities (i.e., public housing) as well as privately owned multifamily housing that is subsidized by HUD (e.g. Project-based Section 8, Section 208, and Section 211 housing).	Case Management-Referrals to medical establishment |Referrals	
2C	1a			
			Health-Mitigate asthma triggers-cockroaches-Children under age 6 |IPM Interventions	
3B	1b			
			Health-Mitigate asthma triggers-cockroaches-Children 6-17 |IPM Interventions	
3E	1c			
			Health-Mitigate asthma triggers-dust mite-Children 6-17 |IPM Interventions	
5A	2c			
			Health-Mitigate asthma triggers-dust mite-Children under age 6 |IPM Interventions	
	4b			
			Health-Mitigate asthma triggers-mold-Children 6-17 |Interventions	
	4c			
			Health-Mitigate asthma triggers-mold-Children under age 6 |Interventions	
	5d			
			Health-Mitigate asthma triggers-other-Children 6-17 |Interventions	
			Health-Mitigate asthma triggers-other-Children under age 6 |Interventions	
			Health-Mitigate asthma triggers-Rodents-Children 6-17 |IPM Interventions	
			Health-Mitigate asthma triggers-Rodents-Children under age 6 |IPM Interventions	
			Housing Interventions completed |Units	
			Housing–Housing Assessment-Privately-Owned assisted housing |Households	
			Housing-Housing assessment-Public housing |Households	
			Housing-Housing inspection |Inspections	

			Outreach-Medical establishment-Sessions to educate and engage medical personnel in program efforts-Sessions |Sessions	
			Outreach-Community participants meetings for input/feedback-Meeting |Meetings	
			Outreach-Community participants meetings for input/feedback-Persons |Persons	
			Outreach-Households Recruited |Households	
			Outreach-Households Recruited-Children 6-17 |Persons	
			Outreach-Households Recruited-Children under age 6 |Persons	
			Outreach-Medical establishment-Sessions to educate and engage medical personnel in program efforts by accepting medical care referrals |Persons	
			Policy Priority-Capacity Building and Information Sharing-Training provided to public housing officials and owners of assisted housing on effective practices to improve asthma	
			Policy Priority-Capacity Building and Information Sharing-Training provided to public housing officials and owners of assisted housing on effective practices to improve asthma	
			Policy Priority-Housing as a Platform-Information given on Healthy Housing Management Practices: integrated pest management, reduction of allergen triggers, provides air quality	
			Policy Priority-Housing as a Platform-Establishing a process for referrals of children under age 6 for medical treatment of asthma or underlying conditions |Persons	
			Policy Priority-Housing as a Platform-Establishing a process for referrals of children ages 6-17 for medical treatment of asthma or underlying conditions |Persons	
			Policy Priority-Housing as a Platform-Establishing a process for referrals of children under age 6 for medical treatment of allergies that may trigger asthma attacks |Persons	
			Policy Priority-Housing as a Platform-Establishing a process for referrals of children ages 6-17 for medical treatment of allergies that may trigger asthma attacks |Families	
			Safety interventions-Smoke/CO detectors |Interventions	
			Safety interventions-Smoking cessation interventions |Persons	

Year 1

OMB Approval 2535-0114 exp. 2/28/2011

Reporting Period

Reporting Start Date

Reporting End Date

DUNS No. DUNS Numbe - 82095969

2010

Measures			Outcomes	Measures			Evaluation Tools
4			5	6			7
Pre	**Post**	**YTD**	Impact	**Pre**	**Post**	**YTD**	Accountabilit
Referrals			Employment Opportunities-Other-Persons retained	Persons			
100				5			**A. Tools for Measurement**
IPM Interventions			Employment Opportunitie	FTE Jobs			Database
150				1			Intake log
IPM Interventions			Health-Reduction in smoking-Quit smoking	Persons			Interviews
150				100			Program specific form(s)
IPM Interventions			Health-Reduction in housing related health hazards-	Households			Questionnaire
150				225			**B. Where Data Maintained**
IPM Interventions			Health-Reduction in smoking-	Persons			Agency database
150				225			
Interventions			Health-Reduction-	Physician visits			
150							
Interventions			Health-Reduction-Incidence/se	ER visits			
150							**C. Source of Data**
Interventions			Health-Reduction-incidence/se	Hospitalization days			Environmental reports
150							Site reports
Interventions			Housing rehabilitated-Number of	Units			Work plan reports
150				225			
IPM Interventions				#VALUE!			
150							**D. Frequency of Collection**
IPM Interventions			Housing-Housing Assessment-	Average other			Quarterly
150				225			Upon incident
Units			Housing-Housing	Average Other			
225				225			
Households			Housing-Housing Assessment-Units	Average Concentration			
75				225			**E. Processing of Data**
Households			Housing-Housing Assessment-Units receiving	Average Load			Computer spreadsheets
150				225			Manual tallies
Inspections			Outreach-Education-Resident	Tools			Relational database
225				450			

#VALUE!			Policy Priority-	Persons			
				40			
Sessions			Policy Priority-	Practitioners/Academic Institutions			
8				10			
Meetings			Policy Priority-	Publications			
4				2			
Persons			Policy Priority-	Percentage			
40				100			
Households			Training Opportunitie	Persons			
285				40			
Persons			Training Opportunitie	Sessions			
150				10			
Persons				#VALUE!			
135							
Persons				#VALUE!			
40							
Sessions				#VALUE!			
10							
Persons				#VALUE!			
40							
Households				#VALUE!			
225							
Persons				#VALUE!			
135							
Persons				#VALUE!			
150							
Persons				#VALUE!			
135							
Families				#VALUE!			
150							
Interventions				#VALUE!			
200							
Persons				#VALUE!			
300							
#VALUE!				#VALUE!			
#VALUE!				#VALUE!			
#VALUE!				#VALUE!			
#VALUE!				#VALUE!			

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eLogic Model ®

Applicant Legal Name	American Lung Association of the Upper Midwest
CCR Doing Business As Name	American Lung Association in Minnesota
HUD Program	HUD Program
Program Component	
Project Name	can Indian Environmental Improvements for Children's Asthma

HUD Goals	Policy Priority	Needs	Services/Activities	Output Goal	
1		2	3	4	
Policy		Planning	Programming	Measure	Pre
		There is a need to develop, demonstrate, and promote cost effective holistic preventive interventions to assist in the control of asthma among children and others currently residing in federally assisted multifamily housing developments that are administered by local public housing authorities (i.e., public housing) as well as privately owned multifamily housing that is subsidized by HUD (e.g. Project-based Section 8, Section 208, and Section 211 housing).	Case Management-Referrals to medical establishment |Referrals		
2C	1a				100
			Health-Mitigate asthma triggers-cockroaches-Children under age 6 |IPM Interventions		IF
3B	1b				150
			Health-Mitigate asthma triggers-cockroaches-Children 6-17 |IPM Interventions		IF
3E	1c				150
			Health-Mitigate asthma triggers-dust mite-Children 6-17 |IPM Interventions		IF
5A	2c				150
			Health-Mitigate asthma triggers-dust mite-Children under age 6 |IPM Interventions		IF
	4b				150
			Health-Mitigate asthma triggers-mold-Children 6-17 |Interventions		
	4c				150
			Health-Mitigate asthma triggers-mold-Children under age 6 |Interventions		
	5d				150
			Health-Mitigate asthma triggers-other-Children 6-17 |Interventions		
					150
			Health-Mitigate asthma triggers-other-Children under age 6 |Interventions		
					150
			Health-Mitigate asthma triggers-Rodents-Children 6-17 |IPM Interventions		IF
					150
			Health-Mitigate asthma triggers-Rodents-Children under age 6 |IPM Interventions		IF
					150
			Housing Interventions completed |Units		
					225
			Housing–Housing Assessment-Privately-Owned assisted housing |Households		
					75
			Housing-Housing assessment-Public housing |Households		
					150
			Housing-Housing inspection |Inspections		
					225

			Outreach-Medical establishment-Sessions to educate and engage medical personnel in program efforts-Sessions |Sessions		
					8
			Outreach-Community participants meetings for input/feedback-Meeting |Meetings		
					4
			Outreach-Community participants meetings for input/feedback-Persons |Persons		
					40
			Outreach-Households Recruited |Households		
					285
			Outreach-Households Recruited-Children 6-17 |Persons		
					150
			Outreach-Households Recruited-Children under age 6 |Persons		
					135
			Outreach-Medical establishment-Sessions to educate and engage medical personnel in program efforts by accepting medical care referrals |Persons		
					40
			Policy Priority-Capacity Building and Information Sharing-Training provided to public housing officials and owners of assisted housing on effective practices to		
					10
			Policy Priority-Capacity Building and Information Sharing-Training provided to public housing officials and owners of assisted housing on effective practices to		
					40
			Policy Priority-Housing as a Platform-Information given on Healthy Housing Management Practices: integrated pest management, reduction of allergen triggers, avoiding		
					225
			Policy Priority-Housing as a Platform-Establishing a process for referrals of children under age 6 for medical treatment of asthma or underlying conditions |Persons		
					135
			Policy Priority-Housing as a Platform-Establishing a process for referrals of children ages 6-17 for medical treatment of asthma or underlying conditions |Persons		
					150
			Policy Priority-Housing as a Platform-Establishing a process for referrals of children under age 6 for medical treatment of allergies that may trigger asthma attacks		
					135
			Policy Priority-Housing as a Platform-Establishing a process for referrals of children ages 6-17 for medical treatment of allergies that may trigger asthma attacks		
					150
			Safety interventions-Smoke/CO detectors |Interventions		
					200
			Safety interventions-Smoking cessation interventions |Persons		
					300

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Measures		**Outcomes**	**Measures**			**Evaluation Tools**
4		5	6			7
Post	**YTD**	Impact	**Pre**	**Post**	**YTD**	Accountability
Referrals		Employment Opportunities-Other-Persons retained	Persons			
			5			**A. Tools for Measurement**
M Interventions		Employment Opportunities	FTE Jobs			Database
			1			Intake log
M Interventions		Health-Reduction in smoking-Quit smoking	Persons			Interviews
			100			Program specific form(s)
M Interventions		Health-Reduction in housing related health hazards-	Households			Questionnaire
			225			**B. Where Data Maintained**
M Interventions		Health-Reduction in smoking-	Persons			Agency database
			225			
Interventions		Health-Reduction-	Physician visits			
Interventions		Health-Reduction-Incidence/se	ER visits			
						C. Source of Data
Interventions		Health-Reduction-incidence/se	Hospitalization days			Environmental reports
						Site reports
Interventions		Housing rehabilitated-Number of	Units			Work plan reports
			225			
M Interventions			#VALUE!			
						D. Frequency of Collection
M Interventions		Housing-Housing Assessment-	Average other			Quarterly
			225			Upon incident
Units		Housing-Housing	Average Other			
			225			
Households		Housing-Housing Assessment-Units	Average Concentration			
			225			**E. Processing of Data**
Households		Housing-Housing Assessment-Units receiving	Average Load			Computer spreadsheets
			225			Manual tallies
Inspections		Outreach-Education-Resident	Tools			Relational database
			450			

#VALUE!		Policy Priority-	Persons			
			40			
Sessions		Policy Priority-	Practitioners/Academic Institutions			
			10			
Meetings		Policy Priority-	Publications			
			2			
Persons		Policy Priority-	Percentage			
			100			
Households		Training Opportunitie	Persons			
			40			
Persons		Training Opportunitie	Sessions			
			10			
Persons			#VALUE!			
Persons			#VALUE!			
Sessions			#VALUE!			
Persons			#VALUE!			
Households			#VALUE!			
Persons			#VALUE!			
Persons			#VALUE!			
Persons			#VALUE!			
Families			#VALUE!			
Interventions			#VALUE!			
Persons			#VALUE!			
#VALUE!			#VALUE!			
#VALUE!			#VALUE!			
#VALUE!			#VALUE!			
#VALUE!			#VALUE!			

eLogic Model®

Applicant Legal Name	American Lung Association of the Upper Midwest
CCR Doing Business As Name	American Lung Association in Minnesota
HUD Program	HUD Program
Program Component	
Project Name	n Indian Environmental Improvements for Children's Asthma

HUD Goals	Policy Priority	Needs	Services/Activities	Output Goal	
1		2	3	4	
Policy		Planning	Programming	Measure	**Pre**
		There is a need to develop, demonstrate, and promote cost effective holistic preventive interventions to assist in the control of asthma among children and others currently residing in federally assisted multifamily housing developments that are administered by local public housing authorities (i.e., public housing) as well as privately owned multifamily housing that is subsidized by HUD (e.g. Project-based Section 8, Section 208, and Section 211 housing).			
2C	1a				
3B	1b				
3E	1c				
5A	2c				
	4b				
	4c				
	5d				

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Measures		Outcomes	Measures			Evaluation Tools
4		5	6			7
Post	**YTD**	Impact	**Pre**	**Post**	**YTD**	ccountabilit
#VALUE!		Policy Priority-Capacity Building and Knowledge Sharing-Publication of project findings in one or more scientific or professional journals |Publications	Publications			
			2			**A. Tools for Measurement**
#VALUE!		Policy Priority-Capacity Building and Knowledge Sharing-Program	Practitioners/Academic Institutions			Database
			4			Intake log
#VALUE!			#VALUE!			Interviews
						Program specific form(s)
#VALUE!			#VALUE!			Questionnaire
						B. Where Data Maintained
#VALUE!			#VALUE!			Agency database
#VALUE!			#VALUE!			
#VALUE!			#VALUE!			
						C. Source of Data
#VALUE!			#VALUE!			Environmental reports
						Site reports
#VALUE!			#VALUE!			Work plan reports
#VALUE!			#VALUE!			
						D. Frequency of Collection
#VALUE!			#VALUE!			Quarterly
						Upon incident
#VALUE!			#VALUE!			
#VALUE!			#VALUE!			
						E. Processing of Data
#VALUE!			#VALUE!			Computer spreadsheets
						Manual tallies
#VALUE!			#VALUE!			Relational database

#VALUE!	#VALUE!
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Applicant Legal Name American Lung Association of the Upper Midwest
CCR Doing Business As Name American Lung Association in Minnesota`
HUD Program Interventions in Public and Assisted Multifamily Housing **Reporting Period**
Program Component **Reporting Start Date** **DUNS No.** 82095969 - 0
Project Name ments for Children's Asthma in Minnesota, South Dakota, North Dakota, a **Reporting End Date**

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HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
		There is a need to develop, demonstrate, and promote cost effective holistic preventive interventions to assist in the control of asthma among children and others currently residing in federally assisted multifamily housing developments that are administered by local public housing authorities (i.e., public housing) as well as privately owned multifamily housing that is subsidized by HUD (e.g. Project-based Section 8, Section 208, and Section 211 housing).	Case Management-Referrals to medical establishment |Referrals	Referrals			Employment Opportunities-Other-Persons retained current employment |Persons	Persons			
2C	1a			100				5			**A. Tools for Measurement**
			Health-Mitigate asthma triggers-cockroaches-Children under age 6 |IPM Interventions	IPM Interventions			Employment Opportunities-Section 3-Green Jobs created |FTE Jobs	FTE Jobs			Database
3B	1b			150				1			Intake log
			Health-Mitigate asthma triggers-cockroaches-Children 6-17 |IPM Interventions	IPM Interventions			Health-Reduction in smoking-Quit smoking |Persons	Persons			Interviews
3E	1c			150				100			Program specific form(s)
			Health-Mitigate asthma triggers-dust mite-Children 6-17 |IPM Interventions	IPM Interventions			Health-Reduction in housing related health hazards-Improved safety |Households	Households			Questionnaire
5A	2c			150				225			**B. Where Data Maintained**
			Health-Mitigate asthma triggers-dust mite-Children under age 6 |IPM Interventions	IPM Interventions			Health-Reduction in smoking-Reduced/relocated smoking |Persons	Persons			Agency database
	4b			150				225			
			Health-Mitigate asthma triggers-mold-Children 6-17 |Interventions	Interventions			Health-Reduction-incidence/severity-Asthma exacerbation |Physician visits	Physician visits			
	4c			150							
			Health-Mitigate asthma triggers-mold-Children under age 6 |Interventions	Interventions			Health-Reduction-Incidence/severity-Asthma-Emergency Room visits |ER visits	ER visits			
	5d			150							**C. Source of Data**
			Health-Mitigate asthma triggers-other-Children 6-17 |Interventions	Interventions			Health-Reduction-incidence/severity-Asthma-Hospitalization days |Hospitalization days	Hospitalization days			Environmental reports
				150							Site reports
			Health-Mitigate asthma triggers-other-Children under age 6 |Interventions	Interventions			Housing rehabilitated-Number of units made free from other household contaminants that trigger Asthma |Units	Units			Work plan reports
				150				225			
			Health-Mitigate asthma triggers-Rodents-Children 6-17 |IPM Interventions	IPM Interventions				#VALUE!			
				150							**D. Frequency of Collection**
			Health-Mitigate asthma triggers-Rodents-	IPM Interventions			Housing-Housing Assessment-Units receiving	Average other			Quarterly

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CCR Doing Business As Name American Lung Association in Minnesota`
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2010

HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
			Children under age 6 |IPM Interventions	150			interventions-Reduced allergen triggers-cockroach-Other |Average other	225			Upon incident
			Housing Interventions completed |Units	Units			Housing-Housing Assessment-Units receiving interventions-Reduced allergen triggers-dust mite-Other |Average Other	Average Other			
				225				225			
			Housing–Housing Assessment-Privately-Owned assisted housing |Households	Households			Housing-Housing Assessment-Units receiving interventions-Reduce allergen triggers- mice-Concentration |Average Concentration	Average Concentration			
				75				225			**E. Processing of Data**
			Housing-Housing assessment-Public housing |Households	Households			Housing-Housing Assessment-Units receiving interventions-Reduce allergen triggers-mold-Load |Average Load	Average Load			Computer spreadsheets
				150				225			Manual tallies
			Housing-Housing inspection |Inspections	Inspections			Outreach-Education-Resident understanding of housing health hazards |Tools	Tools			Relational database
				225				450			
				#VALUE!			Policy Priority-Capacity Building and Knowledge Sharing-Persons trained agree to incorporate some or all the practices trained on |Persons	Persons			
								40			
			Outreach-Medical establishment-Sessions to educate and engage medical personnel in program efforts-Sessions |Sessions	Sessions			Policy Priority-Capacity Building and Knowledge Sharing-Program results presented to other practitioners and academic institutions |Practitioners/Academic Institutions	Practitioners/Academic Institutions			
				8				10			
			Outreach-Community participants meetings for input/feedback-Meeting |Meetings	Meetings			Policy Priority-Capacity Building and Knowledge Sharing-Publication of project findings in one or more scientific or professional journals |Publications	Publications			
				4				2			
			Outreach-Community participants meetings for input/feedback-Persons |Persons	Persons			Policy Priority-Housing as a Platform-Percentage of work conducted by Partners |Percentage	Percentage			
				40				100			
			Outreach-Households Recruited |Households	Households			Training Opportunities-Green-Other-Persons |Persons	Persons			
				285				40			
			Outreach-Households Recruited-Children 6-	Persons			Training Opportunities-Green-Other-Sessions	Sessions			

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Project Name ments for Children's Asthma in Minnesota, South Dakota, North Dakota, al **Reporting End Date**

2010

HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
			17 |Persons	150			|Sessions	10			
			Outreach-Households Recruited-Children under age 6 |Persons	Persons				#VALUE!			
				135							
			Outreach-Medical establishment-Sessions to educate and engage medical personnel in program efforts by accepting medical care referrals |Persons	Persons				#VALUE!			
				40							
			Policy Priority-Capacity Building and Information Sharing-Training provided to public housing officials and owners of assisted housing on effective practices to improve asthma control-Sessions |Sessions	Sessions				#VALUE!			
				10							
			Policy Priority-Capacity Building and Information Sharing-Training provided to public housing officials and owners of assisted housing on effective practices to improve asthma control-Persons |Persons	Persons				#VALUE!			
				40							
			Policy Priority-Housing as a Platform-Information given on Healthy Housing Management Practices: integrated pest management, reduction of allergen triggers, indoor air quality improvements, and Green	Households				#VALUE!			
				225							
			Policy Priority-Housing as a Platform-Establishing a process for referrals of children under age 6 for medical treatment of asthma or underlying condition |Persons	Persons				#VALUE!			
				135							
			Policy Priority-Housing as a Platform-Establishing a process for referrals of children ages 6-17 for medical treatment of asthma or underlying condition |Persons	Persons				#VALUE!			
				150							
			Policy Priority-Housing as a Platform-Establishing a process for referrals of children under age 6 for medical treatment of allergies that may trigger asthma attacks |Persons	Persons				#VALUE!			
				135							
			Policy Priority-Housing as a Platform-Establishing a process for referrals of children ages 6-17 for medical treatment of allergies that may trigger asthma attacks |Families	Families				#VALUE!			
				150							
			Safety interventions-Smoke/CO detectors	Interventions				#VALUE!			

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HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
			|Interventions	200							
			Safety interventions-Smoking cessation interventions |Persons	Persons				#VALUE!			
				300							
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
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				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			

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Applicant Legal Name American Lung Association of the Upper Midwest

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HUD Program Interventions in Public and Assisted Multifamily Housing **Reporting Period**

Program Component **Reporting Start Date** **DUNS No.** 82095969 - 0

Project Name ments for Children's Asthma in Minnesota, South Dakota, North Dakota, a **Reporting End Date**

2010

HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
					#VALUE!				#VALUE!		
					#VALUE!				#VALUE!		
					#VALUE!				#VALUE!		
					#VALUE!				#VALUE!		
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Applicant Legal Name American Lung Association of the Upper Midwest

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HUD Program Interventions in Public and Assisted Multifamily Housing

Reporting Period

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Project Name ments for Children's Asthma in Minnesota, South Dakota, North Dakota, a

Reporting End Date

2010

HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
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Applicant Legal Name	American Lung Association of the Upper Midwest
CCR Doing Business As Name	American Lung Association in Minnesota`
HUD Program	Interventions in Public and Assisted Multifamily Housing
Program Component	
Project Name	ments for Children's Asthma in Minnesota, South Dakota, North Dakota, ai
Reporting Period	
Reporting Start Date	
Reporting End Date	
DUNS No.	82095969 - 0

2010

HUD Goals	**Policy Priority**	**Needs**	**Services/Activities**	**Measures**			**Outcomes**	**Measures**			**Evaluation Tools**
1		2	3	4			5	6			7
Policy		Planning	Programming	**Pre**	**Post**	**YTD**	Impact	**Pre**	**Post**	**YTD**	Accountability
					#VALUE!				#VALUE!		
					#VALUE!				#VALUE!		
					#VALUE!				#VALUE!		
					#VALUE!				#VALUE!		
					#VALUE!				#VALUE!		
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					#VALUE!				#VALUE!		

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Applicant Legal Name American Lung Association of the Upper Midwest

CCR Doing Business As Name American Lung Association in Minnesota`

HUD Program Interventions in Public and Assisted Multifamily Housing

Program Component

Project Name ments for Children's Asthma in Minnesota, South Dakota, North Dakota, a

Reporting Period

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2010

HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
					#VALUE!				#VALUE!		
					#VALUE!				#VALUE!		
					#VALUE!				#VALUE!		
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Applicant Legal Name	American Lung Association of the Upper Midwest		
CCR Doing Business As Name	American Lung Association in Minnesota`		
HUD Program	Interventions in Public and Assisted Multifamily Housing	**Reporting Period**	
Program Component		**Reporting Start Date**	
Project Name	ments for Children's Asthma in Minnesota, South Dakota, North Dakota, a	**Reporting End Date**	

DUNS No. 82095969 - 0

2010

HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	**Pre**	**Post**	**YTD**	Impact	**Pre**	**Post**	**YTD**	Accountability
				#VALUE!				#VALUE!			

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2010

HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
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Applicant Legal Name American Lung Association of the Upper Midwest

CCR Doing Business As Name American Lung Association in Minnesota`

HUD Program Interventions in Public and Assisted Multifamily Housing

Program Component

Project Name ments for Children's Asthma in Minnesota, South Dakota, North Dakota, a

Reporting Period

Reporting Start Date

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2010

HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			

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HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			

HUD Goals	
1A	**Strengthen the Nation's Housing Market to Bolster the Economy and Protect Consumers** (1A) Stem the foreclosure crisis.
1B	**Strengthen the Nation's Housing Market to Bolster the Economy and Protect Consumer** (1B) Protect and educate consumers when they buy, refinance or rent a home.
1C	**Strengthen the Nation's Housing Market to Bolster the Economy and Protect Consumers** (1C) Create financially sustainable homeownership opportunities.
1D	**Strengthen the Nation's Housing Market to Bolster the Economy and Protect Consumers** (1D) Establish an accountable and sustainable housing finance system.
2A	**Meet the Need for Quality Affordable Rental Homes** (2A) End homelessness and substantially reduce the number of families and individuals with severe housing needs.
2B	**Meet the Need for Quality Affordable Rental Homes** (2B) Expand the supply of affordable rental homes where most needed.
2C	**Meet the Need for Quality Affordable Rental Homes** (2C) Preserve the affordability and improve the quality of federally assisted and private unassisted affordable rental homes.
2D	**Meet the Need for Quality Affordable Rental Homes** (2D) Expand families' choices of affordable rental homes located in a broad range of communities.
3A	**Utilize Housing as a Platform for Improving Quality of Life** (3A) Utilize HUD assistance to improve educational outcomes and early learning and development.
3B	**Utilize Housing as a Platform for Improving Quality of Life** (3B) Utilize HUD assistance to improve health outcomes.
3C	**Utilize Housing as a Platform for Improving Quality of Life** (3C) Utilize HUD assistance to increase economic security and self-sufficiency.
3D	**Utilize Housing as a Platform for Improving Quality of Life** (3D) Utilize HUD assistance to improve housing stability through supportive services for vulnerable populations including the elderly, people with disabilities, homeless people, and those individuals and families at risk of becoming homeless.
3E	**Utilize Housing as a Platform for Improving Quality of Life** (3E) Utilize HUD assistance to improve public safety.
4A	**Build Inclusive and Sustainable Communities Free from Discrimination** (4A) Catalyze economic development and job creation, while enhancing and preserving community assets.
4B	**Build Inclusive and Sustainable Communities Free from Discrimination** (4B) Promote energy efficient buildings and location efficient communities that are healthy, affordable and diverse.
4C	**Build Inclusive and Sustainable Communities Free from Discrimination** (4C) Ensure open, diverse, and equitable communities.
4D	**Build Inclusive and Sustainable Communities Free from Discrimination** (4D) Facilitate disaster preparedness, recovery and resiliency.
4E	**Build Inclusive and Sustainable Communities Free from Discrimination** (4E) Build the capacity of local, state and regional public and private organizations.
5A	**Transform the Way HUD Does Business** (5A) Build Capacity: Create a flexible and high performing learning organization with a motivated, skilled workforce.
5B	**Transform the Way HUD Does Business** (5B) Focus on Results: Create an empowered organization that is customer-centered, place based, collaborative, and responsive to employee feedback and focused on results.

HUD Priorities	
1a	**Job Creation/Employment** (1a) Improving access to job opportunities through information sharing, coordination with federal, state, and local entities, and other means.
1b	**Job Creation/Employment** (1b) Increasing access to job training, career services, and work, supports through coordination with federal, state, and local entities.
1c	**Job Creation/Employment** (1c) Expanding economic and job creation opportunities for low-income residents and creating better transportation access to those jobs and other economic opportunities by partnering with federal and nonprofit agencies, private industry, and planning and economic development organizations and by leveraging federal and private resources.
2a	**Sustainability** (2a) Promote and preserve community assets including small businesses, fresh food markets, parks, hospitals, and quality schools by incentivizing comprehensive and inclusive local economic development planning.
2b	**Sustainability** (2b) Give consumers more information about the true cost of living by incorporating both housing and transportation costs into measures of affordability.
2c	**Sustainability** (2c) Improve residents' health and safety, particularly that of children and other vulnerable populations, by promoting green and healthy design, construction, rehabilitation, and maintenance of housing and communities.
2d	**Sustainability** (2d) Support and promote an energy-efficient, green, and healthy housing market by retrofitting existing housing, supporting energy-efficient new construction, improving home energy labeling, and promoting financing products that reduce the carbon footprint of non-HUD-supported residential buildings.
2e	**Sustainability** (2e) Reduce energy consumption and incorporate green building practices in the design and operation of HUD-supported affordable housing.
2f	**Sustainability** (2f) Promote coordinated planning, integrating federal resources, and targeting technical assistance at the local, state, and regional levels for sustainable housing and communities.
2g	**Sustainability** (2g) Promote the design and construction of buildings and communities that are accessible and visitable by people with disabilities.
2h	**Sustainability** (2h) Promote the use of climate-resilient and disaster-resistant building design, construction and siting.
2i	**Sustainability** (2i) Encourage metropolitan and regional focus in planning and community development.
3a	**Affirmatively Furthering Fair Housing** (3a) Regional coordination of affirmatively furthering fair housing plans, including such activities as developing regional analyses of impediments.
3b	**Affirmatively Furthering Fair Housing** (3b) Regional strategies to reduce racially segregated living patterns and other effects of formely de jure segregated public or assisted housing in metropolitan areas with a year 2000 dissimilarity index of 70 or higher and where the minority population is at least 20,000 or 3 percent of the total population in the Core Based Statistical Area (CBSA), whichever is greater.
3c	**Affirmatively Furthering Fair Housing** (3c) Decreasing the concentration of poverty and racial segregation in neighborhoods and communities through strategic targeting of resources.
3d	**Affirmatively Furthering Fair Housing** (3d) Promoting visitability for persons with disabilities in single-family housing.
4a	**Capacity Building and Knowledge Sharing** (4a) Develop, target and deliver technical assistance for increasing affordability in areas experiencing increased rental costs due to development.
4b	**Capacity Building and Knowledge Sharing** (4b) Strengthen the capacity of state and local partners, including governments and nonprofit organizations, to implement HUD programs, participate in decision making and planning processes, and coordinate on cross-programmatic, place-based approaches through grantmaking and technical assistance.
4c	**Capacity Building and Knowledge Sharing** (4c) Support knowledge sharing and innovation by disseminating best practices, encouraging peer learning, publishing data analysis and research, and helping to incubate and test new ideas.
5a	**Using Housing as a Platform for Improving Other Outcomes** (5a) Increasing access to high quality early learning programs and services through coordination with local programs.

5C	**Transform the Way HUD Does Business** (5C) Bureaucracy Busting: Create flexible, modern rules and systems that promote responsiveness, openness and transparency.
5D	**Transform the Way HUD Does Business** (5D) Culture Change: Create a healthy, open, flexible work environment that reflects the values of HUD's mission.

5b	**Using Housing as a Platform for Improving Other Outcomes** (5b) Providing physical space to co-locate healthcare and wellness services with housing (e.g., on-site health clinics).
5c	**Using Housing as a Platform for Improving Other Outcomes** (5c) Increasing access to public benefits (such as Temporary Assistance to Needy Families and Supplemental Security Income) through outreach and other means.
5d	**Using Housing as a Platform for Improving Other Outcomes** (5d) Maintaining or improving the physical environment and design of HUD-assisted residences, giving attention to physical safety and crime prevention.
5e	**Using Housing as a Platform for Improving Other Outcomes** (5e) Providing mobility counseling to increase access to neighborhoods of opportunity.
6a	**Expand Cross-Cutting Policy Knowledge (6a)** Support knowledge sharing and innovation by disseminating best practices, encouraging peer learning, publishing data analysis and research, and helping to incubate and test new ideas.

CAMP eLogic Model®

Column 2

NEEDS
There is a need to develop, demonstrate, and promote cost effective holistic preventive interventions to assist in the control of asthma among children and others currently residing in federally assisted multifamily housing developments that are administered by local public housing authorities (i.e., public housing) as well as privately owned multifamily housing that is subsidized by HUD (e.g. Project-based Section 8, Section 208, and Section 211 housing).

CAMP eLogic Model®	*Click here to allow deletion of 'New' Activities*
Column 3	
SERVICES/ACTIVITIES	**UNITS**
Business Opportunities-Other-Green Businesses |Businesses	Businesses
Business Opportunities-Other-Green Dollars |Dollars	Dollars
Business Opportunities-Section 3-Green Businesses |Businesses	Businesses
Business Opportunities-Section 3-Green Dollars |Dollars	Dollars
Case Management-Referrals to medical establishment |Referrals	Referrals
Employment Opportunities-Other-Green Jobs created |FTE Jobs	FTE Jobs
Employment Opportunities-Other-Green Jobs retained |FTE Jobs	FTE Jobs
Employment Opportunities-Section 3-Green Jobs created |FTE Jobs	FTE Jobs
Employment Opportunities-Section 3-Green Jobs retained |FTE Jobs	FTE Jobs
Employment Opportunities-Section 3-Persons placed |Persons	Persons
Health-Mitigate asthma triggers-cockroaches-Children 6-17 |IPM Interventions	IPM Interventions
Health-Mitigate asthma triggers-cockroaches-Children under age 6 |IPM Interventions	IPM Interventions
Health-Mitigate asthma triggers-dust mite-Children 6-17 |IPM Interventions	IPM Interventions
Health-Mitigate asthma triggers-dust mite-Children under age 6 |IPM Interventions	IPM Interventions
Health-Mitigate asthma triggers-mold-Children 6-17 |Interventions	Interventions
Health-Mitigate asthma triggers-mold-Children under age 6 |Interventions	Interventions
Health-Mitigate asthma triggers-other-Children 6-17 |Interventions	Interventions
Health-Mitigate asthma triggers-other-Children under age 6 |Interventions	Interventions
Health-Mitigate asthma triggers-Rodents-Children 6-17 |IPM Interventions	IPM Interventions
Health-Mitigate asthma triggers-Rodents-Children under age 6 |IPM Interventions	IPM Interventions
Housing Interventions completed |Units	Units
Housing interventions completed-Lead |Units	Units
Housing interventions completed using new methods for controlling asthma triggers in homes |Interventions	Interventions
Housing Rehabilitation-Improvements impacting the health/safety of the community, particularly children and vulnerable populations by promoting green and healthy design in housing rehabilitation |Improvements	Improvements
Housing-Housing Assessment-Air contaminants |Average concentration	Average concentration
Housing-Housing Assessment-Allergen triggers-Cockroach concentrations |Average Concentration	Average Concentration
Housing-Housing Assessment-Allergen triggers-Cockroach load |Average Floor Loading	Average Floor Loading
Housing-Housing Assessment-Allergen triggers-Dust mite-Concentration |Average Concentration	Average Concentration
Housing-Housing Assessment-Allergen triggers-Dust mite-Load |Average Floor loading	Average Floor loading
Housing-Housing Assessment-Allergen triggers-Dust mite-Other |Average Other	Average Other
Housing-Housing Assessment-Allergen triggers-Mice-Concentration |Average concentration	Average concentration
Housing-Housing Assessment-Allergen triggers-Mice-Load |Average Load	Average Load
Housing-Housing Assessment-Allergen triggers-Mice-Other |Average Other	Average Other
Housing-Housing Assessment-Allergen triggers-Mold-Load |Average Load	Average Load

Housing-Housing Assessment-Allergen triggers-Mold-Other |Average Other	Average Other
Housing-Housing Assessment-Allergen triggers-Mold-Concentration |Average	Average Concentration
Housing–Housing Assessment-Privately-Owned assisted housing |Households	Households
Housing-Housing assessment-Public housing |Households	Households
Housing-Housing Assessment-Reduce allergen triggers-Cockroach-Other |Average other	Average other
Housing-Housing Assessment-Reduce allergen triggers-Dust mite-Concentration |Average Concentration	Average Concentration
Housing-Housing inspection |Inspections	Inspections
Outreach-Community Participation-Creating incentives to increase participation |Number	Number
Outreach-Medical establishment-Sessions to educate and engage medical personnel in program efforts-Sessions |Sessions	Sessions
Outreach-Community participants meetings for input/feedback-Meeting |Meetings	Meetings
Outreach-Community participants meetings for input/feedback-Persons |Persons	Persons
Outreach-Community-Sessions to educate and involve residents-Sessions |Sessions	Sessions
Outreach-Community-Sessions to educate and involve residents-Residents |Residents	Residents
Outreach-Distributing materials to targeted population |Persons	Persons
Outreach-Households Recruited |Households	Households
Outreach-Households Recruited-Children 6-17 |Persons	Persons
Outreach-Households Recruited-Children under age 6 |Persons	Persons
Outreach-Medical establishment-Sessions to educate and engage medical personnel in program efforts by accepting medical care referrals |Persons	Persons
Outreach-Outreach materials disseminated-English |Materials	Materials
Outreach-Outreach materials disseminated-LEP |LEP Materials	LEP Materials
Partnerships-Coordination with Weatherization Programs |Households	Households
Partnerships-Partnerships with medical services established |Partnerships	Partnerships
Policy Priority-Capacity Building and Information Sharing-Development of a plan to disseminate program results and effective practices |Date	Date
Policy Priority-Capacity Building and Information Sharing-Integration of program results with other practitioners that conduct housing interventions similar to those conducted during the program or interested in expanding expertise to interventions conducted |Practitioners	Practitioners
Policy Priority-Capacity Building and Information Sharing-Training provided to public housing officials and owners of assisted housing on effective practices to improve asthma control-Sessions |Sessions	Sessions
Policy Priority-Capacity Building and Information Sharing-Training provided to public housing officials and owners of assisted housing on effective practices to improve asthma control-Persons |Persons	Persons
Policy Priority-Housing as a Platform-Coordination with medical care providers for improved medical management of asthma |Partners	Partners
Policy Priority-Capacity Building and Information Sharing-Presentation of program results at an academic and/or professional conference |Presentation	Presentation
Policy Priority-Housing as a Platform-Information given on Healthy Housing Management Practices: integrated pest management, reduction of allergen triggers, indoor air quality improvements, and Green cleaning methods |Households	Households

Policy Priority-Housing as a Platform-Establishing a process for referrals of children ages 6-17 for blood lead testing |Persons	Persons
Policy Priority-Housing as a Platform-Establishing a process for referrals of children under age 6 for blood lead testing |Persons	Persons
Policy Priority-Housing as a Platform-Establishing a process for referrals of children under age 6 for medical treatment of asthma or underlying condition |Persons	Persons
Policy Priority-Housing as a Platform-Establishing a process for referrals of children ages 6-17 for medical treatment of asthma or underlying condition |Persons	Persons
Policy Priority-Housing as a Platform-Establishing a process for referrals of children under age 6 for medical treatment of allergies that may trigger asthma attacks |Persons	Persons
Policy Priority-Housing as a Platform-Establishing a process for referrals of children ages 6-17 for medical treatment of allergies that may trigger asthma attacks |Families	Families
Policy Priority-Housing as a Platform-Information provided on access to health care and health care facilities |Households	Households
Relocation-Temporary relocation for individuals |Persons	Persons
Resources leveraged-Dollar value of labor & materials |Dollars	Dollars
Resources leveraged-Dollars |Dollars	Dollars
Safety interventions-Smoke/CO detectors |Interventions	Interventions
Safety interventions-Smoking cessation interventions |Persons	Persons
Training Opportunities-Green Other-Sessions |Sessions	Sessions
Training Opportunities-Green Section 3-Persons |Persons	Persons
Training Opportunities-Green Section 3-Sessions |Sessions	Sessions
Other |Other	

CAMP eLogic Model®	*Click here to allow deletion of 'New' Outcomes*
Column 5	
OUTCOMES	**UNITS**
Business Opportunities-Other-Green Businesses |Businesses	Businesses
Business Opportunities-Other-Green Dollars |Dollars	Dollars
Business Opportunities-Section 3-Green Businesses |Businesses	Businesses
Business Opportunities-Section 3-Green Dollars |Dollars	Dollars
Employment Opportunities-Other-Green Jobs created |FTE Jobs	FTE Jobs
Employment Opportunities-Other-Green Jobs retained |FTE Jobs	FTE Jobs
Employment Opportunities-Other-Persons retained current employment |Persons	Persons
Employment Opportunities-Section 3- Green Jobs-Persons employed |Persons	Persons
Employment Opportunities-Section 3-Green Jobs created |FTE Jobs	FTE Jobs
Employment Opportunities-Section 3-Green Jobs retained |FTE Jobs	FTE Jobs
Health-Improvements in health measures-Incidence/severity-Asthma |Reduced asthma	Reduced asthma
Health-Improvements in health measures-Incidence/severity-Blood lead level |Reduced levels	Reduced levels
Health-Reduction in blood lead levels |Children	Children
Health-Reduction in housing related health hazards-Improved health |Households	Households
Health-Reduction in housing related health hazards-Improved safety |Households	Households
Health-Reduction in smoking-Quit smoking |Persons	Persons
Health-Reduction in smoking-Reduced/relocated smoking |Persons	Persons
Health-Reduction-incidence/severity-Asthma exacerbation |Physician visits	Physician visits
Health-Reduction-Incidence/severity-Asthma-Emergency Room visits |ER visits	ER visits
Health-Reduction-incidence/severity-Asthma-Hospitalization days |Hospitalization days	Hospitalization days
Health-Reduction-incidence/severity-Asthma-Other |Other	Other
Housing rehabilitated-Number of units made free from other household contaminants that trigger Asthma |Units	Units
Housing rehabilitated-Number of units rehabilitated to meet Green building Standards |Units	Units
Housing-Hazard assessment methods implemented-Reduced costs |Dollars	Dollars
Housing-Hazard reduction protocols implemented-Reduced costs |Dollars	Dollars
Housing-Housing Assessment-Units receiving interventions-Reduced air contaminants |Average concentration	Average concentration
Housing-Housing Assessment-Units receiving interventions-Reduced allergen triggers- cockroach load |Average Floor Loading	Average Floor Loading
Housing-Housing Assessment-Units receiving interventions- Reduced allergen triggers-cockroach concentrations |Average Concentration	Average Concentration
Housing-Housing Assessment-Units receiving interventions-Reduced allergen triggers-cockroach-Other |Average other	Average other

Housing-Housing Assessment-Units receiving interventions-Reduced allergen triggers-dust mite-Load |Average Floor Loading	Average Floor Loading
Housing-Housing Assessment-Units receiving interventions-Reduced allergen triggers- dust mite-Concentration |Average Concentration	Average Concentration
Housing-Housing Assessment-Units receiving interventions-Reduced allergen triggers-dust mite-Other |Average Other	Average Other
Housing-Housing Assessment-Units receiving interventions-Reduced allergen triggers- Mice-Load |Average Load	Average Load
Housing-Housing Assessment-Units receiving interventions-Reduce allergen triggers- mice-Concentration |Average Concentration	Average Concentration
Housing-Housing Assessment-Units receiving interventions-Reduce allergen triggers-mice-Other |Average Other	Average Other
Housing-Housing Assessment-Units receiving interventions-Reduce allergen triggers-mold-Load |Average Load	Average Load
Housing-Housing Assessment-Units receiving interventions-Reduce allergen triggers-mold-Concentration |Average Concentration	Average Concentration
Housing-Housing Assessment-Units receiving interventions-Reduce allergen triggers-mold-CFU/m3 |Average CFU/m3	Average CFU/m3
Housing-Housing Assessment-Units receiving interventions-Reduce allergen triggers-Mold-Other |Average Other	Average Other
Outreach-Education-Resident understanding of housing health hazards |Tools	Tools
Policy Priority-Capacity Building and Knowledge Sharing-Persons trained agree to incorporate some or all the practices trained on |Persons	Persons
Policy Priority-Capacity Building and Knowledge Sharing-Program results presented to other practitioners and academic institutions |Practitioners/Academic Institutions	Practitioners/Academic Institutions
Policy Priority-Capacity Building and Knowledge Sharing-Program results presented at Health Care Professional conference(s)/symposium/or other forum |Presentation(s)	Presentation(s)
Policy Priority-Capacity Building and Knowledge Sharing-Publication of project findings in one or more scientific or professional journals |Publications	Publications
Policy Priority-Housing as a Platform-Partners commit to applying findings to improve health outcomes in populations they serve |Partners	Partners
Policy Priority-Housing as a Platform-Project Partners Adopt successful practices to	Partners
Policy Priority-Capacity Building and Knowledge Sharing-Successful program	Practitioners
Policy Priority-Housing as a Platform-Percentage of work conducted by Partners	Percentage
Policy Priority-Housing as a Platform-Participants that have a medical home*	Number
Training Opportunities-Green-Section 3-Persons |Persons	Persons
Training Opportunities-Green-Section 3-Sessions |Sessions	Sessions
Training Opportunities-Green-Other-Persons |Persons	Persons
Training Opportunities-Green-Other-Sessions |Sessions	Sessions
Other |Other	

* A Medical Home is an approach to providing comprehensive primary care that facilitates partnerships between individual patients, and their personal providers; and when appropriate, the patient's family. The provision of medical homes can allow better access to health care, increased satisfaction with care, and improved health.

CAMP eLogic Model®

A. Tools For Measurement
Bank accounts
Construction log
Database
Enforcement log
Financial aid log
Intake log
Interviews
Mgt. Info. System-automated
Mgt. Info. System-manual
Outcome scale(s)
Phone log
Plans
Pre-post tests
Post tests
Program specific form(s)
Questionnaire
Recruitment log
Survey
Technical assistance log
Time sheets
B. Where Data Maintained
Agency database
Centralized database
Individual case records
Local precinct
Public database
School
Specialized database
Tax Assessor database
Training center
C. Source of Data
Audit report
Business licenses
Certificate of Occupancy
Code violation reports
Counseling reports
Employment records
Engineering reports
Environmental reports
Escrow accounts
Financial reports
GED certification/diploma
Health records
HMIS
Inspection results
Lease agreements
Legal documents
Loan monitoring reports
Mortgage documents
Payment vouchers
Permits issued
Placements
Progress reports
Referrals
Sale documents
Site reports
Statistics
Tax assessments
Testing results
Waiting lists
Work plan reports
D. Frequency of Collection
Daily
Weekly
Monthly
Quarterly
Biannually
Annually
Upon incident
E. Processing of Data
Computer spreadsheets
Flat file database
Manual tallies
Relational database
Statistical database

Carter-Richmond Methodology

The Management Questions developed for your program are based on the Carter-Richmond Methodology.* A description of the Carter-Richmond Methodology appears in the General Section of the NOFA.

* © The Accountable Agency – How to Evaluate the Effectiveness of Public and Private Programs," Reginald Carter, ISBN Number 9780978724924

Evaluation Process
An evaluation process will be part of the on-going management of the program.

The following are standard requirements that HUD expects of every program manager as part of their project management.

• Comparisons will be made between projected and actual numbers for both outputs and outcomes.
• Deviations from projected outputs and outcomes will be documented and explained on space provided on the "Reporting" Tab.
• Analyze data to determine relationship of outputs to outcomes; what outputs produce which outcomes.

The reporting requirements are specified in the program specific NOFA and your funding award.

HUD Will Use The Following Management Questions To Evaluate Your Program:

	Response to Management Questions	Measure	Answer
1	How many households are you serving (unduplicated count)?	Households	
2	How many new full-time permanent Green jobs were created to perform work under this grant?	Jobs	
3	How many new full-time permanent Green jobs were created to perform work under this grant and were fulfilled with persons eligible under Section 3?	Jobs	
4	How many new green full-time permanent jobs were created to perform hazard evaluation or control work and were fulfilled with persons eligible under Section 3?	Jobs	
5	How many new green full-time permanent jobs were created to perform hazard evaluation or control work?	Jobs	
6	How many existing green full-time permanent jobs performing hazard evaluation or control work were retained by persons eligible under Section 3?	Jobs	
7	What is the average income of persons eligible under Section 3 that were newly hired to perform work under this grant?	Dollars	
8	How many new techniques for reducing asthma related environmental health and safety hazards for very low and low-income households with children were implemented?	Techniques	
9	What was the average cost of implementing your program for reducing asthma related triggers in public housing?	Dollars	
10	What was the average cost of implementing your program for reducing asthma related triggers in privately owned assisted housing?	Dollars	
11	What was the average cost per unit for interventions to reduce asthma related triggers?	Dollars	
12	What cost savings were realized as a result of conducting the demonstration?	Dollars	
13	How many approved project protocols changed as a result of field experience?	Project Protocals	
14	How many new practices will be incorporated into your program as a result of this demonstration project?	New Practices	
15	How many units were rehabilitated that met green development standards?	Units	
16	What is the average cost per unit to rehabilitate to meet green development standards?	Dollars	
17	How many practitioners adopted new practices based upon training or partnerships formed during the period of performance?	Practitioners	
	If you are collecting client level data, identify the number of persons receiving services:		
18	How many persons receiving services are under the age of 6?	Persons	
19	How many persons receiving services are ages 6-17?	Persons	
20	How many persons receiving services are ages 18-30?	Persons	
21	How many persons receiving services are ages 31-50?	Persons	
22	How many persons receiving services are ages 51-61?	Persons	
23	How many persons receiving services are ages 62 and over?	Persons	

Explanation of Any Deviations From the Approved eLogic

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Grant Application Detailed Budget	U.S. Department of Housing and Urban Development						OMB Approval No. 2501-0017 (exp. 01/31/2011)		
	Functional Categories					[Year 1:__] [Year 2:__] [Year 3:__]	[All Years:__]		
Name of Project/Activity:	**Column 1**	**Column 2**	**Column 3**	**Column 4**	**Column 5**	**Column 6**	**Column 7**	**Column 8**	**Column 9**
	HUD Share	Applicant Match	Other HUD Funds	Other Fed Share	State Share	Local/Tribal Share	Other	Program Income	Total
a. Personnel (Direct Labor)	$ 66,144.00	$	$	$	$	$	$	$	$ 66,144.00
b. Fringe Benefits	23,161.00								23,161.00
c. Travel	11,636.00								11,636.00
d. Equipment (only items > $5,000 depreciated value)	0.00								0.00
e. Supplies (only items w/depreciated Value < $5,000)	61,130.00								61,130.00
f. Contractual	101,550.0(								101,550.00
g. Construction									0.00
1. Administration and legal expenses									0.00
2. Land, structures, rights-of way, appraisals, etc.									0.00
3. Relocation expenses and payments									0.00
4. Architectural and engineering fees									0.00
5. Other architectural and engineering fees									0.00
6. Project inspection fees									0.00
7. Site work									0.00
8. Demolition and removal	6,000.00								6,000.00
9. Construction	6,000.00								6,000.00
10. Equipment	8,000.00								8,000.00
11. Contingencies									0.00
12. Miscellaneous									0.00
h. Other (Direct Costs)	13,148.00								13,148.00
i. Subtotal of Direct Costs	296,496.0(								296,769.00
j. Indirect Costs (% Approved Indirect Cost Rate: 10 %)									29,650.00
Grand Total (Year: 1):									326,419.00
Grand Total (All Years):									

Instructions for the HUD Grant Application Detailed Budget Form

Public reporting burden for this collection of information is estimated to average 2 hours 36 minutes 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 collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Information collected will provide proposed budget data for multiple programs. HUD will use this information in the selection of applicants. Response to this request for information is required in order to receive the benefits to be derived. The information requested does not lend itself to confidentiality.

General Instructions

This form is designed so that an application can be made for any of HUD's grant programs. Separate sheets must be used for each proposed program year and for a summary of all years.

Check applicable program year or all years box at top of page to indicate which applies.

On the final sheet enter the Grand Total for all years in the applicable box at the bottom of the page. In preparing the budget, adhere to any existing HUD requirements which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, HUD may require budgets to be shown separately by function or activity. Your budget information should show the entire cost of your proposed program of activities per year. If you are not using funds in any of the line item categories, you should leave the item blank. Pages may be duplicated to show budget data for individual programs, projects or activities.

NOTE: Not all budget categories on this form are eligible for funding under all programs. Please see eligible activities under the specific program for which you are seeking funding.

Budget Categories

The budget categories identifies how your program funds will be allocated by type of use, e.g., funds going for salaries, travel, contracts, etc. Each of these line items should be broken out under each applicable column.

Lines a-f--Show the totals of Lines a to f in each column.

Lines g. Show construction related expenses in the appropriate categories below.

Line g.1.--Enter estimated amounts needed to cover administrative expenses. Do not include costs which are related to the normal functions of government.

Line g.2.--Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).

Line g.3.--Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.

Line g.4.--Enter estimated basic engineering fees related to construction (this includes start-up services and preparation of project performance work plan).

Line g.5.--Enter estimated engineering costs, such as surveys, tests, soil borings, etc.

Line g.6.--Enter estimated engineering inspection costs.

Line g.7.--Enter the estimated site preparation and restoration which are not included in the basic construction contract.

Line g.8.--Enter the estimated costs related to demolition activities.

Line g.9.--Enter estimated costs of the construction contract.

Line g.10.--Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility, if such costs are not included in the construction contract.

Line g.11.--Enter any estimated contingency costs.

Line g.12.--Enter estimated miscellaneous costs.

Line h.--Enter any other direct costs not already addressed above.

Line i.--Calculate the totals of all applicable columns to determine the Subtotal of Direct Costs.

Line j.--Indicate the approved Indirect Cost Rate (if any) and calculate the indirect cost in accordance with the terms of your approved indirect cost rate and enter the resulting amount.

Grand Total (Year:__)--Enter the sum of lines i. and j. under column 9 for each year, and enter the applicable year, in the blank, for each sheet completed.

Grand Total (All Years)--Enter the sum of all the, "Grand Total (Year:__)" amounts from each sheet completed, under column 9, for all proposed years.

For each budget category (personnel, fringe benefits, travel, etc) you should identify the amount of funding you plan on using in your grant program. You should complete each column as follows:

Column 1 - Identify the amount of funds that you will need from the HUD grant program for which you are seeking funding.

Column 2 - Identify any matching funds that you are required to include in your proposed program in order to be eligible for assistance.

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Grant Application Detailed Budget	U.S. Department of Housing and Urban Development						OMB Approval No. 2501-0017 (exp. 01/31/2011)		
	Functional Categories					[Year 1:__] [Year 2:__] [Year 3:__]	[All Years:__]		
Name of Project/Activity:	**Column 1**	**Column 2**	**Column 3**	**Column 4**	**Column 5**	**Column 6**	**Column 7**	**Column 8**	**Column 9**
	HUD Share	Applicant Match	Other HUD Funds	Other Fed Share	State Share	Local/Tribal Share	Other	Program Income	Total
a. Personnel (Direct Labor)	$ 66,144.00	$	$	$	$	$	$	$	$ 66,144.00
b. Fringe Benefits	23,161.00								23,161.00
c. Travel	11,636.00								11,636.00
d. Equipment (only items > $5,000 depreciated value)	0.00								0.00
e. Supplies (only items w/depreciated Value < $5,000)	61,130.00								61,130.00
f. Contractual	101,550.0(								101,550.00
g. Construction									0.00
1. Administration and legal expenses									0.00
2. Land, structures, rights-of way, appraisals, etc.									0.00
3. Relocation expenses and payments									0.00
4. Architectural and engineering fees									0.00
5. Other architectural and engineering fees									0.00
6. Project inspection fees									0.00
7. Site work									0.00
8. Demolition and removal	6,000.00								6,000.00
9. Construction	6,000.00								6,000.00
10. Equipment	8,000.00								8,000.00
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12. Miscellaneous									0.00
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i. Subtotal of Direct Costs	296,496.0(								296,769.00
j. Indirect Costs (% Approved Indirect Cost Rate: 10 %)									29,650.00
Grand Total (Year: 1):									326,419.00
Grand Total (All Years):									

Instructions for the HUD Grant Application Detailed Budget Form

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Lines a-f--Show the totals of Lines a to f in each column.

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Grant Application Detailed Budget U.S. Department of Housing and Urban Development OMB Approval No. 2501-0017 (exp. 01/31/2011)

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form **HUD-424-CB** (1/2004)

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Grant Application Detailed Budget U.S. Department of Housing and Urban Development OMB Approval No. 2501-0017 (exp. 01/31/2011)

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Applicant Congressional Districts-
American Lung Association of the Upper Midwest

Illinois
Statewide IL-001- IL-019

Iowa
Statewide IA-001- IA-005

Indiana
Statewide IN-001- IN-009

Minnesota
Statewide MN-001- MN-008

Wisconsin
Statewide WI-001- WI-008

North Dakota
Statewide- at large

South Dakota
Statewide- at large

Project Congressional Districts

Minnesota
Statewide MN-001- MN-008

North Dakota
Statewide- at large

South Dakota
Statewide- at large

American Lung Association in Minnesota Application, Affected Areas Document

Minnesota statewide

South Dakota statewide

Standing Rock Reservation in North Dakota

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp. 9/30/2013)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report ☐ **or an Update Report** ☐

1. Applicant/Recipient Name, Address, and Phone (include area code):
American Lung Association of the Upper Midwest

2. Social Security Number or Employer ID Number:
American Indian Envi

3. HUD Program Name
Minneapolis, Minnesota; northern Minnesota; Tribal Reservations in South Dakota: Pine Ridge Reservation of the Oglala Sioux, Standing Rock Reservation, Cheyenne River

4. Amount of HUD Assistance Requested/Received
Office of Healthy Home

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

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 and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(**Note**: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

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 %)
Missouri Breaks Industrial Research	460-43-8471	Contractor	$39,000
Oglala Sioux Tribe Health Administration*	460-45-1271	Contractor	$121,500
Pediatric Home Service	411-65-6511	Contractor	$16,800
*unverified EIN			

(**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)
X	11/15/2010

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Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is voluntary. HUD is authorized to collect this information under the Housing and Community Development Act of 1987 42 U.S.C.3543 (a). The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

Instructions

Overview.

A. Coverage. You must complete this report if:

(1) You are applying for assistance from HUD for a specific project or activity **and** you have received, or expect to receive, assistance from HUD in excess of $200,000 during the during the fiscal year;

(2) You are updating a prior report as discussed below; or

(3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by "Recipients" of HUD Assistance): General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to ***either*** questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
2. State the type of other government assistance (e.g., loan, grant, loan insurance).
3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD ***and any other source*** - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

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).
   Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, “person” means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

1. * Type of Federal Action:
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

3. * Report Type:
- [x] a. initial filing
- [ ] b. material change

4. Name and Address of Reporting Entity:

[x] Prime [ ] SubAwardee

** Name* American Lung Association in Minnesota

** Street 1* 490 Concordia Avenue *Street 2*

** City* Saint Paul *State* MN: Minnesota *Zip* 55103

Congressional District, if known:

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

6. * Federal Department/Agency:
US Dept. Housing and Urban Development

7. * Federal Program Name/Description:
Asthma Interventions in Public and Assisted Multifamily Housing

CFDA Number, *if applicable:* 14.914

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*
$

10. a. Name and Address of Lobbying Registrant:

Prefix Ms. ** First Name* Patrice *Middle Name*

** Last Name* McKone *Suffix*

** Street 1* 424 West Superior Street *Street 2*

** City* Duluth *State* MN: Minnesota *Zip* 55802

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

Prefix Ms. ** First Name* Patrice *Middle Name*

** Last Name* McKone *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:** Sarah Jennings

***Name:** *Prefix* Mr. ** First Name* Harold *Middle Name*

** Last Name* Wimmer *Suffix*

Title: President & CEO **Telephone No.:** 312-781-1100 **Date:** 11/15/2010

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL (Rev. 7-97)

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 11/15/2010

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: American Lung Association of the Upper Midwest

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-4392201

* c. Organizational DUNS: 0820959690000

d. Address:

* Street1: 490 Concordia Avenue
Street2:
* City: Saint Paul
County/Parish:
* State: MN: Minnesota
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 55103-2441

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:
* First Name: Jill
Middle Name:
* Last Name: Heins-Nesvold
Suffix:

Title: Director of Respiratory Health Programs

Organizational Affiliation:
American Lung Association in Minnesota

* Telephone Number: 651-227-8014
Fax Number: 651-227-5459

* Email: jill.heins@lungmn.org

Application for Federal Assistance SF-424

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

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

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:

14.914

CFDA Title:

Asthma Interventions in Public and Assisted Multifamily Housing

*** 12. Funding Opportunity Number:**

FR-5415-N-16

* Title:

Asthma Interventions in Public and Assisted Multifamily Housing

13. Competition Identification Number:

AIMH-16

Title:

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

Affected Areas.pdf

Add Attachment | Delete Attachment | View Attachment

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

The American Indian Environmental Improvements for Children’s Asthma Project

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 CDpdf.

b. Program/Project CDpdf.

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

Congressional Districts.pdf | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12/01/2010

* b. End Date: 11/30/2013

18. Estimated Funding ($):

* a. Federal	588,234.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	588,234.00

*** 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

Add Attachment | Delete Attachment | View Attachment

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: Harold

Middle Name:

* Last Name: Wimmer

Suffix:

* Title: President & CEO

* Telephone Number: 312-781-1100

Fax Number: 312-781-9250

* Email: Harold.Wimmer@lungum.org

* Signature of Authorized Representative: Sarah Jennings

* Date Signed: 11/15/2010

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:** 0820959690000 *** Report Type:** INITIAL

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

* Applicant Name:
American Lung Association of the Upper Midwest

* Street1: 490 Concordia Avenue
Street2:
* City: Saint Paul
County:
* State: MN: Minnesota
* Zip Code: 55103-2441
* Country: USA: UNITED STATES
* Phone: 651-227-8014

2. Social Security Number or Employer ID Number: 20-4392201

* 3. HUD Program Name:
Asthma Interventions in Public and Assisted Multifamily Housing

* 4. Amount of HUD Assistance Requested/Received: $ 588,234.00

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

* Project Name: The American Indian Environmental Improvements
* Street1: 490 Concordia Avenue
Street2:
* City: Saint Paul
County:
* State: MN: Minnesota
* Zip Code: 55103
* 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.

Tracking Number:GRANT10743838 Funding Opportunity Number:FR-5415-N-16 Received Date:2010-11-15T17:25:14-04:00

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:

Government Agency Address:

* Street1:
Street2:
* City:
County:
* State:
* Zip Code:
* Country:

* Type of Assistance: * Amount Requested/Provided: $

* Expected Uses of the Funds:

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:
Street2:
* City:
County:
* State:
* Zip Code:
* Country:

* Type of Assistance: * Amount Requested/Provided: $

* Expected Uses of the Funds:

(**Note**: Use Additional pages if necessary.) Add Attachment Delete Attachment View Attachment

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 %)	
Missouri Breaks Industrial Res	460438471	Contractor	$ 39,000.00	6.63 %
Oglala Sioux Tribe Health Admi	460451271	Contractor	$ 121,500.00	20.65 %
Pediatric Home Service	411656511	Contractor	$ 16,800.00	2.85 %
			$	%
			$	%

(**Note:** Use Additional pages if necessary.) HUD 2880.pdf Add Attachment Delete Attachment View Attachment

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)
Sarah Jennings	11/15/2010

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.

Applicant's (Organization) Name: American Lung Association of the Upper Midwest

Applicant's DUNS Name: 0820959690000

Federal Program: Asthma Interventions in Public and Assisted Multifamily Housing

CFDA Number: 14.914

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.

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	ALAUM Abstract.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	ALAUM Narrative Rating Factor	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	ALAUM Supporting Materials.pd	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	ALAUM HUD 424CB ALAUM Year 1	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	ALAUM HUD 424CB ALAUM Year 2	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	ALAUM HUD 424CB ALAUM Year 3	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	ALAUM HUD 424CB ALAUM combine	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	ALAUM HUD 424CB Oglala Sioux	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	ALAUM Budget Narrative.pdf	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	ALAUM HUD 96010 Program Outco	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	ALAUM HUD 2991Certificate of	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	ALAUM HUD 96012 Capacity and	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	ALAUM HUD 96015 Leveraging Re	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	ALAUM HUD 27061 Racial and Et	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment