

Additional Congressional Districts

- a. Applicant: OH – 002
- b. Project: OH-002

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: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Vermont Housing and Conservation Board * Street 1: 58 East State Street Street 2: _____ * City: Montpelier State: VT: Vermont Zip: 05602-3044 Congressional District, if known: VT-All		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency: U.S. Department of Housing and Urban Dev	7. * Federal Program Name/Description: Lead-Based Paint Hazard Control in Privately-Owned Housing CFDA Number, if applicable: 14.900	
8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ 3,100,000.00	
10. a. Name and Address of Lobbying Registrant: Prefix _____ * First Name N/A Middle Name _____ * Last Name N/A Suffix _____ * Street 1 _____ Street 2 _____ * City _____ State _____ Zip _____		
b. Individual Performing Services (including address if different from No. 10a) Prefix _____ * First Name N/A Middle Name _____ * Last Name N/A Suffix _____ * Street 1 _____ Street 2 _____ * City _____ State _____ Zip _____		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * Signature: Robert Zatzke * Name: Prefix Mr. * First Name Robert Middle Name _____ * Last Name Zatzke Suffix _____ Title: Lead Program Coordinator Telephone No.: 802-828-0170 Date: 10/07/2010		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text" value="11/08/2010"/>	4. Applicant Identifier: <input type="text"/>
----------------------------------------------------------------	--------------------------------------------------

5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="University of Cincinnati"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="31-6000989"/>	* c. Organizational DUNS: <input type="text" value="0410647670000"/>

d. Address:

* Street1:	<input type="text" value="51 Goodman Drive, University Hall Suite 530"/>
Street2:	<input type="text" value="P.O. Box 210222"/>
* City:	<input type="text" value="Cincinnati"/>
County/Parish:	<input type="text" value="Hamilton"/>
* State:	<input type="text" value="OH: Ohio"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="45221-0222"/>

e. Organizational Unit:

Department Name: <input type="text" value="Environmental Health"/>	Division Name: <input type="text" value="College of Medicine"/>
-----------------------------------------------------------------------	--------------------------------------------------------------------

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

Prefix: <input type="text" value="Dr."/>	* First Name: <input type="text" value="Tiina"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Reponen"/>	
Suffix: <input type="text"/>	

Title: <input type="text" value="Professor"/>

Organizational Affiliation: <input type="text"/>

* Telephone Number: <input type="text" value="513-558-0571"/>	Fax Number: <input type="text" value="513-558-2263"/>
---------------------------------------------------------------	-------------------------------------------------------

* Email: <input type="text" value="tiina.reponen@uc.edu"/>

Application for Federal Assistance SF-424

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

H: Public/State Controlled 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:

14.906

CFDA Title:

Healthy Homes Technical Studies Grants

*** 12. Funding Opportunity Number:**

FR-5415-N-13A

* Title:

Healthy Homes Technical Studies Program

13. Competition Identification Number:

HHTS-13A

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Synergistic effect of home exposure to aeroallergens and traffic-related air pollution in the development of children's asthma

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="268,709.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="268,709.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Other Attachment File(s)

* Mandatory Other Attachment Filename:

[Add Mandatory Other Attachment](#)

[Delete Mandatory Other Attachment](#)

[View Mandatory Other Attachment](#)

To add more "Other Attachment" attachments, please use the attachment buttons below.

[Add Optional Other Attachment](#)

[Delete Optional Other Attachment](#)

[View Optional Other Attachment](#)

**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: 0410647670000

* Report Type: INITIAL

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

* Applicant Name:

University of Cincinnati

* Street1: 51 Goodman Drive, University Hall Suite 530

Street2: P.O. Box 210222

* City: Cincinnati

County: Hamilton

* State: OH: Ohio

* Zip Code: 45221-0222

* Country: USA: UNITED STATES

* Phone: 513-558-0571

2. Social Security Number or Employer ID Number: 31-6000989

* 3. HUD Program Name:

Healthy Homes Technical Studies Grants

* 4. Amount of HUD Assistance Requested/Received: \$ 268,709.00

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

* Project Name: Synergistic effect of home exposure to aeroallergens and tra

* Street1: 3223 Eden Avenue, Kettering

Street2: P.O. Box 670056

* City: Cincinnati

County: Hamilton

* State: OH: Ohio

* Zip Code: 45267-0056

* Country: USA: UNITED STATES

Part I Threshold Determinations

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

Yes No

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

Yes No

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

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

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

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

Department/State/Local Agency Name:

* Government Agency Name:

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 %)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %

(Note: Use Additional pages if necessary.)

Certification

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

* Signature:

* Date: (mm/dd/yyyy)

Heather Kinsman

11/08/2010

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:	Vermont Housing and Conservation Board
Applicant's DUNS Name:	7811579610000
Federal Program:	LEAD-BASED PAINT HAZARD CONTROL GRANT PROGRAM
CFDA Number:	14.900

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

Yes No

2. Is the applicant a faith-based organization?

Yes No

3. Is the applicant a secular organization?

Yes No

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

Yes No

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

Yes No

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

3 or Fewer 15-50

4-5 51-100

6-14 over 100

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

Less Than \$150,000

\$150,000 - \$299,999

\$300,000 - \$499,999

\$500,000 - \$999,999

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

\$5,000,000 or more

Survey Instructions on Ensuring Equal Opportunity for Applicants

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

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

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

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this

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

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

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

Budget Narrative File(s)

* **Mandatory Budget Narrative Filename:**

To add more Budget Narrative attachments, please use the attachment buttons below.

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	<input type="text" value="1Abstract.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
2) Please attach Attachment 2	<input type="text" value="2RatingFactors.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
3) Please attach Attachment 3	<input type="text" value="3aAppendix1Resumes.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
4) Please attach Attachment 4	<input type="text" value="3bAppendix4OrganizationalChar"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
5) Please attach Attachment 5	<input type="text" value="3cAppendix6LiteratureCited.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
6) Please attach Attachment 6	<input type="text" value="4Appendix2OptionalSupport.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
7) Please attach Attachment 7	<input type="text" value="Appendix5HUD424CBW.xlsx"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
8) Please attach Attachment 8	<input type="text" value="Appendix3HHTS_UCLogicModel.xl"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
9) Please attach Attachment 9	<input type="text" value="5FormHUD96012.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
10) Please attach Attachment 10	<input type="text" value="HUD 96015.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
11) Please attach Attachment 11	<input type="text" value="5FormHUD2990.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
12) Please attach Attachment 12	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
13) Please attach Attachment 13	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
14) Please attach Attachment 14	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
15) Please attach Attachment 15	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

Certification of Consistency with the RC/EZ/EC-IIs Strategic Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in this application are consistent with the strategic plan of a federally-designated empowerment zone (EZ), designated by HUD or by the United States Department of Agriculture (USDA), the tax incentive utilization plan for an urban or rural renewal community (RC) designated by HUD, or the strategic plan for an enterprise community (EC-II) designation in round II by USDA.

(Type or clearly print the following information)

Applicant Name University of Cincinnati (Dr. Tiina Reponen, PI)

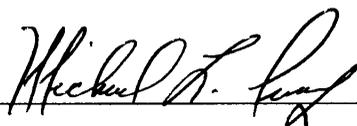
Name of the Federal Program to which the applicant is applying Healthy Homes Tech. Studies Program

Name of RC/EZ/EC-II Cincinnati Urban Round 2 Empowerment Zone

I further certify that the proposed activities/projects will be located within the RC/EZ/EC-II identified above and are intended to serve the residents of the designated area. (2 points)

Name of the Official Authorized to Certify the RC/EZ/EC-II Mr. Michael L. Cervay

Title Director of Community Development

Signature 

Date (mm/dd/yyyy) 11/03/2010

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: Grace LeMasters Type of Organization: Univ. Cincinnati Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00		
Name: Tiina Reponen Type of Organization: Univ. Cincinnati Subgrantee/Subrecipient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Name: Steve Vesper Type of Organization: US EPA Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Name: Type of Organization: Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name: Type of Organization: Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name: Type of Organization: Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name: Type of Organization: Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name: Type of Organization: Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name: Type of Organization: Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Total Amount		\$ 0.00	\$	

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

Applicant:

CFDA:

*The resources that are included as leveraging in this proposal are all projects that have previously been conducted and therefore are not considered to be cost share by our University.



Application for Federal Assistance

Form SF-424

Form Field 14. *Areas affected by Project:*

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