

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: Bridgeport Neighborhood Trust

Project Name: Bridgeport LEAP

Location of the Project: Bridgeport, CT

Name of the Federal Program to which the applicant is applying: Lead Elimination Action Program

Name of Certifying Jurisdiction: Bridgeport, CT

Certifying Official of the Jurisdiction Name: Diane Toolan

Title: Senior Manager Housing and Community Development

Signature: 

Date: 7-9-08

**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 (EZs), renewal community (RCs), or enterprise community (ECs); designated by the United States Department of Agriculture (USDA) in round II (EC-IIs).

(Type or clearly print the following information)

Applicant Name Bridgeport Neighborhood Trust

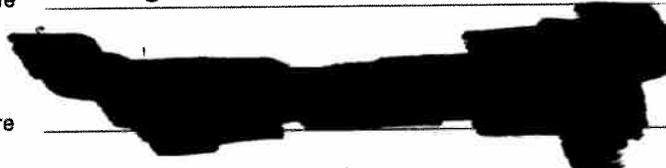
Name of the Federal Program to which the applicant is applying Operation Lead Elimination Action

Name of RC/EZ/EC Bridgeport, CT

I further certify that the proposed activities/projects will be located within the RC/EZ/EC-IIs or strategic planning communities that are intended to serve the RC/EZ/EC-IIs strategic planning community residents, or renewal community. (2 points)

Name of the Official Authorized to Certify the RC/EZ/EC Dawn Twistol

Title Acting Director of Central Grants

Signature 

Date (mm/dd/yyyy) 7/9/08

**Bridgeport Neighborhood Trust
LEAP Program**

Budget Detail and Narrative

Category*	Year 1	Year 2	Year 3	Total	HUD	Match
1. Personnel (Direct Labor)						
Executive Director (Ann Robinson) .05 FTE	4,250	4,420	4,596	13,266	-	
Overall Project Director (Liz Torres) .10 FTE	7,000	7,280	7,572	21,852	-	
Day to Day Program Manager (TBD) 1.0 FTE	50,000	52,000	54,062	156,062	156,062	
Subtotal Personnel	61,250	63,700	66,230	191,180	156,062	
2. Fringe Benefits						
Day to Day Program Manager (TBD) 1.0 FTE	12,500	13,000	13,516	39,016	39,016	
Subtotal Fringe	12,500	13,000	13,516	39,016	39,016	
3. Travel						
Airfare to Conferences 3 people x \$400/ea. x 2 conferences	1,200	-	1,200	2,400	2,400	
Lodging for Conferences 3 people x 4 nights each x 2 trips	3,300	-	3,300	6,600	6,600	
Per Diem for 3 people x 5 days x 2 HUD conferences	1,275	-	1,275	2,550	2,550	
Subtotal Travel	5,775	-	5,775	11,550	11,550	
5. Supplies						
Computer (Printer /Scanner for Day to Day Program Manager	4,855	-	-	4,855	4,855	
Subtotal Supplies	4,855	-	-	4,855	4,855	
7. Contracts and Sub-Grantees						
Bpt. Community Health Lead Safe House (\$300 x 10 families)	1,000	1,000	1,000	3,000	3,000	
TBD - Risk Assessment, Specifications, Clearances	56,666	56,667	56,667	170,000	170,000	
Contractors - TBD - Lead Hazard Control Work	457,013	457,013	457,014	1,371,040	1,091,041	
Fairfield Univ. School of Nursing CPH (detail below)						
Case Mgr/Coordinator .5 FTE	26,229	26,229	26,228	78,686	78,686	
Outreach Worker (1 FTE)	25,480	21,216	19,584	66,280	66,280	
Fringe Benefits	12,740	6,316	14,084	33,140	33,140	
Home Visit Packet	1,690	1,690	1,690	5,070	5,070	
Education Supplies/Handouts	1,200	1,200	1,200	3,600	3,600	
Lead Buckets & Supplies (400 buckets @ \$10 each)	1,500	1,500	1,500	4,500	4,500	
Survey Completion Reward	2,000	1,000	1,000	4,000	4,000	
Misc Instructional Supplies/Office Supplies	700	700	700	2,100	2,100	
Indirect Costs @ 7%	4,757	4,757	4,757	14,271	14,271	
Matrix Public Health Consultants (detail below)	5,186	4,675	4,674	14,535	14,535	
Brenda T. Fenton, Ph. D. (.20 FTE)	6,000	6,000	6,000	18,000	18,000	
Tynette Solomon, M.A. (.40 FTE)	20,000	20,000	20,000	60,000	60,000	
Fringe Benefits @ 28%	7,280	7,280	7,280	21,840	21,840	
Office Supplies (\$100/mo) & Printing (\$500)	1,700	1,700	1,700	5,100	5,100	
Telephone/Internet/Fax	1,250	1,250	1,220	3,720	3,720	
Indirect Costs @ 8%	3,780	3,780	3,780	11,340	11,340	
ACORN - \$250 per unit x 80	6,666	6,668	6,666	20,000	20,000	
Greater Bridgeport Community Enterprise Inc. (Green Team)	33,333	33,333	33,334	100,000	50,000	
ABCD Weatherization Program - \$250 per unit x 80	6,666	6,668	6,666	20,000	20,000	
Subtotal Contracts & Sub-grantees	682,836	670,642	676,744	2,030,223	1,700,224	
9. Other						
Relocation Fund for Families (\$500 x 40 Families)	6,666	6,668	6,666	20,000	20,000	
Subtotal Other	6,666	6,668	6,666	20,000	20,000	
Total Direct Costs	773,882	754,010	768,931	2,296,823	1,931,706	
10. Indirect Costs						
Bpt Neighborhood Trust (3.53% of total HUD funds)	22,764	22,764	22,766	68,294	68,294	
Subtotal Indirect Costs	22,764	22,764	22,766	68,294	68,294	
Total Program Costs	796,646	776,774	791,697	2,365,117	2,000,000	

**Bridgeport Neighborhood Trust
LEAP Program**

Budget Detail and Narrative

Category*	Year 1	Year 2	Year 3	Total	HUD	Match
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* Totals may be slightly off due to rounding

Salary & Fringe

Salary includes the required Executive Director at 5%, Overall Project Director at 10% and the required Day to Day Program Manager at 100%. Job Descriptions and Resumes are included in Appendix A.

Travel

BNT will participate in HUD required conferences for the grant program. Cost will cover up to 3 persons to attend in first and last year of program.

Supplies

BNT will purchase a computer, printer, and scanner for the Day to Day Program Manager. All other supplies will be covered by the admin/overhead cost.

Contracts and Sub-Grantees

BNT will advertise an RFP for qualified environmental consultants to perform the risk assessment, prepare scope of work, manage lead remediation activities and perform clearances at a cost not to exceed \$2,125 per unit.
 BNT will advertise and RFQ for qualified lead abatement contractors to perform interim controls and/or abatement of hazardous materials. Average cost of \$17,138 per unit.
 BNT will enter into a contract with Fairfield University School of Nursing to provide outreach, education and case management to children and families.
 BNT will contract with Matrix Public Health Consultants, a women-owned business, to evaluate the program.
 BNT will contract with Bridgeport Community Health Lead Safe House on a per family basis as relocation is needed. The contractual amount will range from \$200 to \$600 depending on the size of the family. The average amount expected to pay over the course of the program period is \$300 per family.
 BNT will contract with ACORN, a national homeownership counseling agency to provide referrals from their UR HOME Program for a fee not to exceed \$250 per unit.
 BNT will contract with Greater Bridgeport Community Enterprise Inc.'s Green Team to provide 3 Lead Abatement Worker/Supervisor Training, one per year for a fee not to exceed \$35,000 over the program period.

Other

BNT will work with property to secure additional funding as needed through CHIF, Community Capital Fund, and private sources.
 HUD cap or when additional rehabilitation work is needed to bring the unit into compliance with housing code regulations.
 The BLFF Program will access a Relocation Fund to pay families a stipend to stay with families and friends while lead hazard control work is underway on their homes if the landlord is unable to provide alternate housing.

HUD Defined Lead Hazard Control Activities:	
Environmental Consultant Relocation	170,000
Weatherization Program	23,000
Lead Hazard Control Work	20,000
HUD Request for Lead Hazard Control Activities	1,091,041
Total HUD Funds	1,304,041
Percent of Request	65%
Minimum Required Percent	65%
Total HUD Request	2,000,000
Total Match	0
Match Percent	0%
Minimum Required Percent	0%

Grant Application Detailed Budget Worksheet

Bridgeport Neighborhood Trust Inc
 177 State Street
 Bridgeport, CT 06604

Name and Address of Applicant:

Category	Detailed Description of Budget (for full grant period)										
	Estimated Hours	Rate per Hour	Estimated Cost	HUD Share	Applicant Match*	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
1. Personnel (Direct Labor)											
Executive Director, Ann Robinson	312	\$42.52	\$ 13,266	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Overall Project Director, Liz Torres	624	\$35.02	\$ 21,852	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Day to Day Program Manager, TBD	6,240	\$25.01	\$ 156,062	\$ 156,062	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Labor Cost			\$ 191,181	\$ 156,062	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Fringe Benefits											
Day to Day Program Manager, TBD		Base	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
	25.00%	\$ 156,062	\$ 39,016	\$ 39,016	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Fringe Benefits Cost			\$ 39,016	\$ 39,016	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Travel											
3a. Transportation - Local Private Vehicle	Mileage	Rate per Mile	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
			\$0	\$0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal - Trans - Local Private Vehicle			\$0	\$0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Grant Application Detailed Budget Worksheet
 Detailed Description of Budget

	Trips	Fare	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
3b. Transportation - Airfare (show destination) Airfare to Conferences 3 people x \$400/ea. x 2 conferences	2	\$1,200.00	\$2,400	\$2,400							
Subtotal - Transportation - Airfare			\$2,400	\$2,400							
3c. Transportation - Other	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
			\$0	\$0							
Subtotal - Transportation - Other			\$0	\$0							
3d. Per Diem or Subsistence (indicate location) Lodging for Conferences 3 people x 4 nights each x 2 trips Per Diem for 3 people x 5 days x 2 HUD conferences	Days	Rate per Day	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
	24	\$275.00	\$6,600	\$6,600							
	30	\$85.00	\$2,550	\$2,550							
Subtotal - Per Diem or Subsistence			\$9,150	\$9,150							
Total Travel Cost			\$11,550	\$11,550							
4. Equipment (Only items over \$5,000 Depreciated value)	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
			\$0	\$0							
Total Equipment Cost			\$0	\$0							

Detailed Description of Budget

5. Supplies and Materials (Items under \$5,000 Depreciated Value)

	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
5a. Consumable Supplies											
			\$0	\$0							
			\$0	\$0							
Subtotal - Consumable Supplies			\$0	\$0							
5b. Non-Consumable Materials											
Computer/ Printer/ Scanner for Program Manager	1	\$4,855.00	\$4,855	\$4,855							
Subtotal - Non-Consumable Materials			\$4,855	\$4,855							
Total Supplies and Materials Cost			\$4,855	\$4,855							
6. Consultants (Type)											
	Days	Rate per Day	Estimated Cost	HUD Share							
Total Consultants Cost			\$0								
7. Contracts and Sub-Grantees (List individually)											
Bpt Community Health Lead Safe House (Relocation)	10	\$ 300	\$ 3,000	\$ 3,000							
TBD - Contract for Risk Assessment, Specs, Clearances	80	\$ 2,125	\$ 170,000	\$ 170,000							
TBD - Contractors for Lead Hazard Control Work	80	\$ 17,138	\$ 1,371,040	\$ 1,091,040							
Fairfield University School of Nursing CPH	1	\$ 226,183	\$ 226,183	\$ 226,183							
ACORN	80	\$ 250	\$ 20,000	\$ 20,000							
Greater Bridgeport Community Enterprise Inc.	1	\$ 100,000	\$ 100,000	\$ 50,000							
ABCD Weatherization Program	80	\$ 250	\$ 20,000	\$ 20,000							
Matrix Public Health Consultants Evaluation	1	\$ 120,000	\$ 120,000	\$ 120,000							
Total Subcontracts Cost			\$ 2,030,223	\$ 1,700,223							

Detailed Description of Budget

8. Construction Costs

	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
8a. Administrative and legal expenses											
Subtotal - Administrative and legal expenses											
8b. Land, structures, rights-of way, appraisal, etc											
Subtotal - Land, structures, rights-of way,											
8c. Relocation expenses and payments											
Subtotal - Relocation expenses and payments											
8d. Architectural and engineering fees											
Subtotal - Architectural and engineering fees											
8e. Other architectural and engineering fees											
Subtotal - Other architectural and engineering fees											

Grant Application Detailed Budget Worksheet

	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
8f. Project inspection fees											
Subtotal - Project inspection fees											
8g. Site work											
Subtotal - Site work											
8h. Demolition and removal											
Subtotal - Demolition and removal											
8i. Construction											
Subtotal - Construction											
8j. Equipment											
Subtotal - Equipment											
8k. Contingencies											
Subtotal - Contingencies											
8l. Miscellaneous											
Subtotal - Miscellaneous											
Total Construction Costs											

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	Abstract.doc	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	Rating Factor 1 Attachments.p	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	Rating Factor 2 Attachments.p	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	Rating Factor 3 Attachments.p	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	Rating Factor 4 Attachments.p	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	Logic Model.pdf	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	EC Consol Plan Approvals.pdf	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	HUD Lead Grant Budget Narrat	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	HUD424CBW LEAP Grant.xls	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

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:	Bridgeport Neighborhood Trust, Inc.
Applicant's DUNS Name:	[REDACTED]
Federal Program:	LEAD-BASED PAINT HAZARD CONTROL GRANT PROGRAM, LEAD HAZARD REDUCTION DEMONSTRATION G
CFDA Number:	14.903

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

Yes No
- Is the applicant a faith-based organization?

Yes No
- Is the applicant a secular organization?

Yes No
- Does the applicant have 501(c)(3) status?

Yes No
- Is the applicant a local affiliate of a national organization?

Yes No
- 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
- 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.

America's Affordable Communities
Initiative

U.S. Department of Housing
and Urban Development

OMB approval no. 2510-0013
(exp. 03/31/2010)

* Organization Name:

Bridgeport Neighborhood Trust, Inc.

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

	1	2
1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a "housing element," please enter no. If no, skip to question # 4.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right," as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration.). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or is otherwise not based upon explicit health standards?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<p>5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may enter yes.</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" (www.huduser.org/publications/destech/smartcodes.html)</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification? In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p> <p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

<p>11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, attach a brief list of these major regulatory reforms.</p> <p><i>(If you have attachments that are electronic files please scroll to bottom of page 5 and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i></p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Total Points:</p>		

**Part B. State Agencies and Departments or Other Applicants for Projects Located in
Unincorporated Areas or Areas Otherwise Not Covered in Part A**

	1	2
1. Does your state, either in its planning and zoning enabling legislation or in any other legislation, require localities regulating development have a comprehensive plan with a "housing element?" If no, skip to question # 4	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
2. Does your state require that a local jurisdiction's comprehensive plan estimate current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate, and middle income families, for at least the next five years?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
3. Does your state's zoning enabling legislation require that a local jurisdiction's zoning ordinance have a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped in these categories, that can permit the building of affordable housing that addresses the needs identified in the comprehensive plan?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
4. Does your state have an agency or office that includes a specific mission to determine whether local governments have policies or procedures that are raising costs or otherwise discouraging affordable housing?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
5. Does your state have a legal or administrative requirement that local governments undertake periodic self-evaluation of regulations and processes to assess their impact upon housing affordability address these barriers to affordability?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
6. Does your state have a technical assistance or education program for local jurisdictions that includes assisting them in identifying regulatory barriers and in recommending strategies to local governments for their removal?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
7. Does your state have specific enabling legislation for local impact fees? If no skip to question #9.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
8. If yes to the question #7, does the state statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus) and a method for fee calculation?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
9. Does your state provide significant financial assistance to local governments for housing, community development and/or transportation that includes funding prioritization or linking funding on the basis of local regulatory barrier removal activities?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

<p>10. Does your state have a mandatory state-wide building code that a) does not permit local technical amendments and b) uses a recent version (i.e. published within the last five years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification?</p> <p>Alternatively, if the state has made significant technical amendment to the model code, can the state supply supporting data that the amendments do not negatively impact affordability?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>11. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" (www.huduser.org/publications/destech/smartcodes.html)</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>12. Within the past five years has your state made any changes to its own processes or requirements to streamline or consolidate the state's own approval processes involving permits for water or wastewater, environmental review, or other State-administered permits or programs involving housing development? If yes, briefly list these changes.</p> <p><i>(If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i></p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>13. Within the past five years, has your state (i.e., Governor, legislature, planning department) directly or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or panels to review state or local rules, regulations, development standards, and processes to assess their impact on the supply of affordable housing?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>14. Within the past five years, has the state initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the states' "Consolidated Plan submitted to HUD?" If yes, briefly list these major regulatory reforms.</p> <p><i>(If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i></p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>15. Has the state undertaken any other actions regarding local jurisdiction's regulation of housing development including permitting, land use, building or subdivision regulations, or other related administrative procedures? If yes, briefly list these actions.</p> <p><i>(If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i></p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>Total Points:</p>		

Additional Information:

Add Attachment

Delete Attachment

View 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:

* Report Type:

INITIAL

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

* Applicant Name:

Bridgeport Neighborhood Trust, Inc.

* Street1: 177 State Street

Street2: 5th Floor

* City: Bridgeport

County:

* State: CT: Connecticut

* Zip Code: 06604

* Country: USA: UNITED STATES

* Phone: 203-332-7977

2. Social Security Number or Employer ID Number: 222809353

* 3. HUD Program Name:

Operation Lead Elimination Action Program

* 4. Amount of HUD Assistance Requested/Received: \$ 2,000,000.00

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

* Project Name: Bridgeport LEAP

* Street1: 177 State Street

Street2: 5th Floor

* City: Bridgeport

County: Fairfield

* State: CT: Connecticut

* Zip Code: 06604

* 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.

Form HUD-2880 (3/99)

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 %)
Fairfield University	060646623	Outreach/Educ.	\$ 226,183.00 11.00%
Matrix Public Health Consultan	100-00-51	Evaluation	\$ 120,000.00 6.00%
			\$ 0.00 0.00%
			\$ 0.00 0.00%
			\$ 0.00 0.00%

(Note: Use Additional pages if necessary.)

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)

Emilia Diaz

07/10/2008

Facsimile Transmittal

U. S. Department of Housing and Urban Development
Office of Department Grants Management and Oversight

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

1215539908-9397

* Name of Document Transmitting: SUBMITTING NO DOCUMENTS VIA FAX

1. Applicant Information:

* Legal Name: Bridgeport Neighborhood Trust, Inc.

* Address:

* Street1: 177 State Street

Street2: 5th Floor

* City: Bridgeport

County:

* State: CT: Connecticut

* Zip Code: 06604

* Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: [REDACTED] CFDA No.: 14.903

Title: Operation Lead Elimination Action Program

Program Component:

please note: we are not faxing any documents. All are scanned and can be found in the attachments.

3. Facsimile Contact Information:

Department:

Division:

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

Prefix: [REDACTED] * First Name: Elizabeth

Middle Name:

* Last Name: Torres

Suffix:

* Phone Number: 203-332-7977

Fax Number:

* 5. Email: elizabeth@bntweb.org

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

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

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

1

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

[Add Mandatory Project Narrative File](#)

[Delete Mandatory Project Narrative File](#)

[View Mandatory Project Narrative File](#)

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

[Add Optional Project Narrative File](#)

[Delete Optional Project Narrative File](#)

[View Optional Project Narrative File](#)

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

07/10/2008

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: Bridgeport Neighborhood Trust, Inc.

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

222809353

* c. Organizational DUNS:

d. Address:

* Street1: 177 State Street

Street2: 5th Floor

* City: Bridgeport

County:

* State: CT: Connecticut

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 06604

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.

* First Name: Elizabeth

Middle Name:

* Last Name: Torres

Suffix:

Title: Assistant Director

Organizational Affiliation:

Bridgeport Neighborhood Trust, Inc

* Telephone Number: 203-332-7977

Fax Number: 203-579-2338

* Email: elizabeth@bntweb.org

Application for Federal Assistance SF-424

Version 02

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:

14.903

CFDA Title:

Operation Lead Elimination Action Program

* 12. Funding Opportunity Number:

FR-5200-N-06

* Title:

LEAD-BASED PAINT HAZARD CONTROL GRANT PROGRAM, LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM, OPERATION LEAD ELIMINATION ACTION PROGRAM

13. Competition Identification Number:

LEAP-06

Title:

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

Bridgeport, CT

* 15. Descriptive Title of Applicant's Project:

Bridgeport LEAP

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments