

**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: [REDACTED]

* Report Type:

INITIAL

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

* Applicant Name:

Housing Opportunities Commission

* Street1: 10400 Detrick Avenue

Street2:

* City: Kensington

County: Montgomery

* State: MD: Maryland

* Zip Code: 20895

* Country: USA: UNITED STATES

* Phone: 240-773-9322

2. Social Security Number or Employer ID Number: 52-0859090

* 3. HUD Program Name:

Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

* 4. Amount of HUD Assistance Requested/Received: \$ 133,042.00

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

* Project Name: PH ROSS Family Self-Sufficiency

* Street1: 10400 Detrick Avenue

Street2:

* City: Kensington

County: Montgomery

* State: MD: Maryland

* Zip Code: 20895

* 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"/> %

(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:

Executive Dir.

* Date: (mm/dd/yyyy)

Completed Upon Submission to Grants.gov

06/25/2008

**Public Housing Family
Self-Sufficiency Funding
Request Form**

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

OMB Approval No 2577-0229

(Expires: 3/31/2011)

Public reporting burden for the collection of information is estimated to average 4 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. 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.

1. PHA Information:

Name: Housing Opportunities Commission PHA Number: MD004

Address: 10400 Detrick Avenue

Kensington, MD 20895

Joint Application: Yes No If yes, please provide name(s), PHA number(s), and address information of joint applicant(s) (If more than one joint applicant, please attach addition sheets as necessary):

Name: _____ PHA Number: _____

Address: _____

2. Contact Information for the Person Most Familiar with This Application:

Name: [REDACTED] Telephone: [REDACTED]

e-mail address: [REDACTED]

3. Application Type: New Renewal

4. All Applicants – Total Approved Slots: Please indicate the number of approved slots in your Public Housing FSS Action Plan. There is a 25-slot minimum in order to be eligible for this program. Joint applicants should indicate the combined total of FSS program slots in their HUD-approved Public Housing FSS Action Plans.

Total number of approved slots: 75

5. Most Recent PHAS Rating: High Performer
Standard Performer
Troubled

6. Funding Category for this Application: 1 2 3 4

RENEWAL APPLICANTS PLEASE ANSWER QUESTIONS 7 - 9

7. FSS Coordinator Information:

a) FY under which your FSS Coordinator position was last funded: 2007

b) Number of positions funded: 9

c) Number of positions requested under this NOFA: 9

d) Annual salary requested for each FSS Coordinator(s) (Please list all.): \$ 17,747;12,620;13,889;9,318;14,309;10,807;39,406;5,608;9,338
(Note: The salary requested should include fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap referred to in the NOFA.)

e) Total funding requested for program coordinator salary(ies): \$ 133,042

f) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the positions you are applying for is on file at the PHA: Yes No

8. Reporting to HUD

The PHA has submitted reports on participating families to HUD via the HUD 50058 Family Self-Sufficiency/Welfare-to-Work Voucher Addendum. Yes No

9. Program Accomplishments –

a. 15 Number of years your program has been in existence.

b. 142 The total number of PH FSS participants.

c. 117 The number of Public Housing FSS program participants with an FSS escrow account balance greater than zero.

d. 82% The percent of Public Housing FSS program participants with an FSS escrow account balance greater than zero.

e. \$8,792 The average escrow account distribution paid to Public Housing families that have graduated since October 1, 2000.

f. 80 The number of Public Housing FSS families that have successfully completed their FSS contracts since October 1, 2000.

g. 56% The percent of Public Housing FSS families that have successfully completed their FSS contracts.

h. 43 The number of Public Housing FSS graduates since October 1, 2000 that moved out of public housing.

i. None The number of Public Housing FSS graduates since October 1, 2000 who moved to homeownership through a ROSS-funded homeownership program.

j. 17 The number of Public Housing FSS graduates since October 1, 2000 who moved to homeownership through other homeownership programs.

NEW APPLICANTS PLEASE ANSWER QUESTION 10

10. FSS Coordinator Information:

a) Annual salary requested for the FSS Coordinator position: \$ _____
(Note: The salary requested should include fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap referred to in the NOFA)

b) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the positions you are applying for is on file at the PHA: Yes No

You are our Client!
Grant Applicant Survey

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

OMB No. 2535-0116 (exp. 12/31/2008)

The information collection requirements contained in this document have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44U.S.C. 3501-3520). 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. Public reporting burden for this collection is estimated to average 30 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. All information collection contained in this Survey is optional.

The Department of Housing and Urban Development is trying to provide a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to the Notice of Funding Availability Application and forms and/or the Electronic Grant Application Outreach process. You can complete and submit this survey and attach it to your electronic application or you mail directly to: Department of Housing and Urban Development, 451 7th Street, SW – Room 3156, Washington, DC 20410.

Instructions. Listed below are several questions regarding outreach conducted by the Federal Government to prepare organizations for the Grants.gov registration process, the retrieval of funding opportunities, and submission of electronic applications. The grading scale below provides options from extremely helpful to not applicable. In the box provided, grade the government on its outreach efforts from O-None thru G-Not applicable to my needs. Section seven provides space for you to make SUGGESTIONS FOR IMPROVEMENT, please identify the section you are commenting on. Field level help is available by click on the F1 key.

O= None A = Extremely helpful B = Somewhat helpful C = Helpful D = Not very helpful
 F = Not helpful G = Not applicable to my needs

Section 1 – Electronic Grant Application Outreach Provide details about the type of information you received from HUD about Grants.gov as indicated below.

1. The brochure(s)/guide(s) (insert title(s)): Federal Register	Grade: aC-Helpful
2. Title of the workshop(s) /conference(s)/meeting(s)/training/forum(s)	Date attended: Grade: O-None
3. Title(s) of satellite broadcast(s): PH FSS NOFA Logic Model Training	Date(s): Grade: 5/13/2008 C-Helpful
4. Did you receive information from the Agency Call Center? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the date(s) and rate the quality of assistance received.	Date(s): Grade: O-None
5. Did you receive information from the Grant.gov Contact Center? ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the date(s) and rate the quality of assistance received.	Date(s): Grade: 6/12/2008 B-Somewhat helpful

6. How could we improve our communications to you and others like you (please explain)?
 The 6/12 email notification of a change did not make clear what the changes were. We thought that we had to re-download revised Instructions, but that was not the case.

Section 2 – Electronic Grant Application Registration Process

- 1. Did you find the Grants.gov website information on registration clearer and easier to understand than last year? Yes No
- 2. Do you have access to IBM compatible software? Yes No
- 3. Do you have Internet access within your office or division? Yes No

If no, to question 3, please answer the following questions. Is the access within:

- a. Within your organization? Yes No
- b. Available in your building? Yes No
- c. Available at home? Yes No
- d. Available within 1 mile of where you work? Yes No
- e. Available within 5 miles of where you work? Yes No
- f. Available more than 5 miles of where you work? Yes No
4. Do you have problems with Internet access due to any of the following?
- Cost? Yes No
- Reliability? Yes No
- Office access rights? Yes No
- Poor quality reception? Yes No

Section 3 – Funding Opportunities

Please provide CFDA Number for funding opportunity are you commenting on.	Insert CFDA numeral: 14.877
1. Did you find the Submission Checklist helpful?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Were the Funding Opportunity instructions clearer and easier to follow than last year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Were the Program specific funding opportunity instructions clearer and easier to follow than last year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you find sections of the funding opportunity duplicative?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

5. If **yes**, to any of the questions above, identify the section(s) and areas for streamlining the redundant information.

HUD published the HCV FSS and PH ROSS FSS NOFA's before the Federal Register, so the format was different. It seemed shorter, and it more clearly described the application requirements.

Please provide a Submission Checklist of all required forms and documents in each specific NOFA.

Section 4 – Finding Grant Opportunities

1. Was it easier to find the Finding Opportunities on-line through Grants.gov than previous methods?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Based on previous years, how easy was it to find grants in the	Choose from dropdown
a. Federal Register	More Difficult
b. Trade journals	None
c. Agency websites	About the same
3. How could finding grant opportunities be improved (please explain)? It would be helpful to have an index of the pages in the SuperNOFA, which would make it easier to find each specific NOFA.	

Section 5 – Applying for Grant Opportunities

1. How many people were involved in completing the application submission?	Number: 13
2. Did you find the electronic application useful for dissemination purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Did the same individual who downloaded the grant application submit the application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you know where to look for instructions for completing and submitting the application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. At what point in the process did you download and read the Application Instructions?	A-Before looking at the application
6. What Section of the Electronic Application Desktop Guide were most useful?	

7. How could the Electronic Application Desktop Guide be improved (please explain)?	
8. Did you find the Submission Tips helpful?	Grade C-Helpful
9. Did you find the NOFA Application Submission Checklist helpful?	Grade C-Helpful
10. Did you know how to use the attachment form in the application package?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
11. Did you have a problem saving your application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not know

Section 6 – Applicant Information

Organization Legal Name Housing Opportunities Commission

Address 10400 Detrick Avenue City Kensington State MD

Zip Code 20895 Telephone Number: (including area code) 

Contact Name:  Email Address 

Section 7 – Suggestions

For improving the Electronic Grant process, please specify below. Please identify the section you are commenting on.

Electronic submission of NOFA's is easier, but it does not allow for explanation/clarification of responses. An Application Submission Checklist for each NOFA including all required forms would have been helpful. It also would have been helpful to have all required & optional forms together in each specific Application download.

On form HUD-52767, the wording of questions in 9 Program Accomplishments is unclear & confusing, & the definitions in the NOFA do not match the wording in the questions in 9. We would greatly appreciate clearer wording in the questions in 9 Program Accomplishments.

See Section 1 #6, Section 3 #5 and Section 4 #3 above.

Thank you.

**CERTIFICATION OF
CONSISTENCY WITH THE
INDIAN HOUSING PLAN**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT
OFFICE OF PUBLIC AND INDIAN HOUSING**

OMB Approval No. 2577-0229
Expiration Date: 3/31/2011

SAVE

Instructions for completing this form: All tribes/TDHEs must submit this form in conjunction with their ROSS application.

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Indian Housing Plan.

Applicant Name: Housing Opportunities Commission

Project Name: Public Housing Family Self-Sufficiency Program

Location of the Project: _____

Name of the Federal Program(s) to which the applicant is applying: This form is not applicable

Name of Certifying Jurisdiction: _____

Title: _____

Signature: _____

Date: _____

Public reporting burden for the collection of information is estimated to average fifteen minutes per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. 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-87 "Cost Principles for State, Local, and Indian Tribal Governments";
- A-122 "Cost Principles for Nonprofit Organizations";
- A-110 "Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals, and Other Nonprofit Organizations"; and
- A-133 "Audits of States, Local Governments, and Non-Profit Organizations".

B. Grant Coordination

The CA and the applicant will meet weekly to discuss progress, problems incurred, strategies to overcome them, specific areas of responsibility, future activities, and any other issues as necessary.

C. Financial Responsibility

The applicant retains ultimate responsibility for all grant activities, including drawing down funds from HUD, grant expenditures, and reporting to HUD.

D. Performance Measurement

The CA will work with the applicant to ensure that results agreed to by the applicant and HUD are achieved. All semi-annual financial and performance reports prepared by the CA must be reviewed and approved by the applicant prior to submission to HUD.

E. Coordinating and Building Partnerships

The CA agrees to coordinate the provision of assistance from grant partners. The CA also agrees to work with the applicant in pursuing additional partnerships/assistance from community organizations, government, and other organizations whose services would benefit residents and the overall grant program. Following are suggested resources:

- Area enrichment programs
- Local Banks
- Chamber of Commerce
- Community Development Agencies
- Private Industry Council
- Local/State Health & Human Services Agencies
- Local Higher Education and Continuing Education Facilities
- Local Independent School Districts
- Social Service Organizations

F. Program Assessment and Reporting

The CA agrees to conduct or otherwise assist the applicant in assessing grant activities based on 1) the performance measures in the applicant's grant proposal submitted to HUD and 2) any revisions to the assessment methodology made by the local HUD field office. For Public Housing FSS applicants, the CA will ensure that the PHA meets its PIC reporting requirements by reporting on the enrollment, progress, and exit of individual families using the HUD-50058 addendum. The CA will ensure that reports to HUD are made as required. All semi-annual financial and performance reports prepared by the CA must be reviewed and approved by the applicant prior to submission to HUD.

III. Contract Period

This contract is based on a period of time beginning _____ and ending _____.
(NOTE: CAs must be retained for the full term of the grant.)

IV. Termination

Each party may terminate this agreement provided 60 calendar days of written notice is given to the local HUD field office and the other party to this agreement. Applicants may terminate this agreement based on non-compliance or non-cooperation by the CA. Termination may only occur when all channels of resolution have been exhausted, including mediation between the two parties. If all avenues for resolution have been exhausted, termination by the applicant will require a two-thirds majority vote of the applicant's Board of Directors/Resident Council.

WITNESS OUR HANDS EFFECTIVE _____

Applicant Organization

Contract Administrator

Applicant Executive Director/
Other Authorized Representative

Executive Director

Date

Date

**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: Housing Opportunities Commission
Project Name: Public Housing ROSS Family Self-Sufficiency
Location of the Project: Countywide

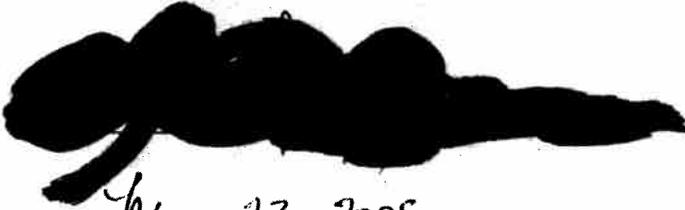
Name of the Federal
Program to which the
applicant is applying: PH Ross Family Self-Sufficiency

Name of
Certifying Jurisdiction: Montgomery County, Maryland

Certifying Official
of the Jurisdiction
Name: Luann W. Korona

Title: Chief, Community Development Division

Signature:

A large, solid black rectangular redaction covers the signature area.

Date: May 23, 2008

**Race and Ethnic Data
Reporting Form**

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

OMB Approval No. 2535-0113
(exp. 10/31/2008)

Program Title:
Public Housing Family Self-Sufficiency Program

Grantee/Recipient Name:
Housing Opportunities Commission

Grantee Reporting Organization:
Housing Opportunities Commission

Reporting Period From (mm/dd/yyyy): 05/01/2008 To (mm/dd/yyyy): 05/31/2008

Racial Categories	Total Number of Race Responses	Total Number of Hispanic or Latino Responses
American Indian or Alaska Native	2	
Asian	2	
Black or African American	55	
Native Hawaiian or Other Pacific Islander		
White	10	7
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White	1	
Black or African American <i>and</i> White		
American Indian or Alaska Native <i>and</i> 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:	70	7
* 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.

Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

Type or clearly print the Applicant's name and full address in the space below.

Housing Opportunities Commission
10400 Detrick Avenue
Kensington, MD 20895

(fold line)

Type or clearly print the following information:

Name of the Federal Program to which the applicant is applying:

Public Housing Family Self-Sufficiency

To Be Completed by HUD

- HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.
- HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:
- Enclosed
 - Being sent under separate cover

Processor's Name _____

Date of Receipt _____



**HOUSING
OPPORTUNITIES
COMMISSION**
OF MONTGOMERY COUNTY, MD

10400 Detrick Avenue
Kensington, Maryland 20895-2484
(301) 929-6700

June 5, 2008

Mr. Lee Palman, Director
Office of Public Housing
Department of Housing & Urban Development
D.C. Field Office
820 First St., N.E., Suite 300
ATTENTION: Diane Duke
Washington, D.C. 20002-4205

Dear Mr. Palman,

As required under the 2008 NOFA for the Family Self-Sufficiency Program Coordinators' funding, the Housing Opportunities Commission (HOC) is submitting this letter to confirm the following:

- HOC's plan for Affirmatively Furthering Fair Housing (see enclosed)
- HOC's required Addendum to its Administrative Plan regarding Affirmatively Furthering Fair Housing (see enclosed), approved by the Commission on June 4, 2008
- HUD has on file HOC's Code of Conduct
- Salary comparables for the Coordinator positions (see enclosed)

We are currently preparing our submission for the 2008 NOFA's. Please call FSS Coordinator, [REDACTED] at [REDACTED] if further clarification is needed.

Thank you for your continued support for the Family Self-Sufficiency Program.

Sincerely,

[REDACTED]
Executive Director

Enclosures





10400 Detrick Avenue
Kensington, Maryland 20895-2484
(301) 929-6700

June 6, 2008

Mr. Lee A. Palman, Director
Office of Public Housing
Department of Housing & Urban Development – District of Columbia office
820 First St., N.E.
Washington, D.C. 20002-4205

Ref: **2008 NOFA for Family Self-Sufficiency (FSS) Program Coordinators**
Affirmatively Furthering Fair Housing

Dear Mr. Palman,

We are submitting this letter in order to comply with the requirements of the 2008 NOFA for the Family Self-Sufficiency Program (FSS). Please be advised that the Housing Opportunities Commission (HOC) has promulgated policies and practices designed to comply with all applicable fair housing and civil rights requirements. HOC has not been the subject of or charged with any ongoing systemic violation of the Fair Housing Act and is not a defendant in a Fair Housing Act lawsuit filed by the Department of Justice. Additionally, HOC is not subject to any findings related to the Civil Rights Act of 1964, the Rehabilitation Act of 1973 or the Housing and Community Development Act of 1974.

Overcoming the effects of impediments to fair housing choice that were identified in the jurisdiction's Analysis of Impediments (AI) to Fair Housing Choice

In April 2007, Montgomery County released its most recent Analysis of Impediments to Fair Housing Choice. The Housing Opportunities Commission's Fair Housing and Equal Opportunities Officer participated in the review of the draft proposal. HOC supports the findings in the document. The impediments are listed below, with a description of HOC's ongoing efforts to address each of them.

1. Unfair Lending Practices

As a housing finance agency, HOC provides funding for loans for a number of its own homeownership programs. Local lenders qualify and service the mortgagees, which adhere to strict underwriting standards. HOC prohibits the types of loans that are commonly known today as "predatory." HOC also mandates and provides homeownership counseling for participants in these programs.



HOC's Fair Housing and Equal Opportunities Officer has also participated in community forums on fair housing and predatory lending.

HOC also serves as a source of volunteers to serve as "testers" that help monitor compliance with fair housing.

2. Lack of general awareness concerning fair housing issues among residents and professionals in Montgomery County

HOC's Fair Housing and Equal Opportunities Officer regularly participates in fair housing forums throughout the county. In recent years, he has spoken at forums and trainings for the general public, rental property owners and managers, maintenance staff, service providers, and county employees.

HOC's Fair Housing and Equal Opportunities Officer is also a member of the county's Interagency Fair Housing Group, which provides policy recommendations to the county government.

3. Lack of currently available affordable housing

HOC is the county's largest provider of affordable housing. HOC is currently expanding its portfolio of affordable housing. Current efforts include the purchase of a 175-unit senior Section 8 New Construction development as preservation of affordable housing, the new development of tax-credit properties, and the purchase of scattered-site units as new affordable housing.

4. Lack of available, especially affordable, housing for residents with a disability

As noted above, HOC is the county's largest affordable housing provider. Included in its portfolio are a significant number of units in a variety of federal, state, local and unregulated programs. HOC also administers subsidy programs for persons with mental health issues. Working with outside partners, HOC has also developed permanent and transitional housing for special needs populations. HOC is currently expanding its efforts in each of these areas.

5. Difficulty finding affordable housing, particularly special needs and group housing

Like other developers, HOC must address regulatory and community concerns as it develops housing in the county. HOC has strong working relationships with county planning and housing agencies, as well as community groups and political leaders. In recent years, HOC has successfully found units for special needs housing in a number of locations. HOC is currently working on new sites.

6. Shortage of comprehensive testing and study information on the fair housing environment in Montgomery County

HOC staff supports the county's testing efforts, as noted above. HOC also uses available demographic and similar data from many sources as it develops its policies and properties.

Remedy discrimination in housing

The Housing Opportunities Commission has promulgated policies and practices designed to comply with all applicable fair housing and civil rights requirements. HOC has not been the subject of or charged with any ongoing systemic violation of the Fair Housing Act and is not a defendant in a Fair Housing Act lawsuit filed by the Department of Justice. Additionally, HOC is not subject to any findings related to the Civil Rights Act of 1964, the Rehabilitation Act of 1973 or the Housing and Community Development Act of 1974.

HOC's published statement regarding Fair Housing and Civil Rights and the action that HOC takes to further Fair Housing is stated below:

It is the policy of the Housing Opportunities Commission to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; Section 504 of the Rehabilitation Act of 1973; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity.

No person shall, on the grounds of race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Housing Opportunities Commission's programs.

To further its commitment to full compliance with applicable Civil Rights laws, the Housing Opportunities Commission will provide Federal/State/local information to applicants, residents and other interested parties regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the Housing Opportunities Commission office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The Housing Opportunities Commission will assist any family that believes they have suffered illegal discrimination by providing copies of the appropriate housing discrimination forms. The Housing Opportunities Commission will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity and the Montgomery County Office of Human Rights.

In order to continue to promote fair housing and housing choice, the Housing Opportunities Commission, together with its employees and agents:

- 1. Will agree not to refuse or fail to show, rent or negotiate for the rental or sale of, or otherwise make unavailable a dwelling to any person because of the person's race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;*

2. *Will agree not to commit any act of discrimination against any person in items, conditions, or privileges in the sale or rental of a dwelling, or in the provision of services in connection therewith because of the person's race, color, sex, religion, national origin, familial status, sexual orientation, disability or source of income;*
3. *Will agree not to interfere with, intimidate, threaten, or coerce any person in the exercise or enjoyment of the right to purchase, sell, rent, or occupy a dwelling in any manner that might result in, or be interpreted as an act of discrimination on the basis of race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;*
4. *Will agree not to make, print, or publish, or cause to be made, printed or published, any notice, statement or advertisement, with respect to the rental or sale of a dwelling, that indicates, directly or indirectly any preference, limitation or discrimination based on race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income, or an intention to make any such preference, limitation or discrimination;*
5. *Will agree not to represent to any person because of race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income that any dwelling is not available for inspection, rental or sale, when such dwelling is in fact available;*
6. *Will agree not to steer, by use of words or actions, any person to or from the viewing or selection of any dwelling in any geographic area because of the person's race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income, or in any way influencing the residential choice of any person on account of the person's race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;*
7. *Will agree not to volunteer information or respond to questions from customers about the racial, ethnic, religious, familial status, sexual orientation, disability or source of income composition, of any apartment building, apartment complex or residential area;*
8. *Will agree not to induce or attempt to induce, either directly or indirectly, any person to rent, lease, sell, or purchase a dwelling by the use of representations directly or indirectly regarding the entry or prospective entry in a neighborhood of a person or persons of a particular race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;*
9. *Will agree not to utilize any documents, any words or codes designed to reflect the race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income of prospective or actual customer except as necessary to comply with reporting requirements.*

Promote fair housing rights and fair housing choice

HOC continuously reviews its programs and policies to ensure that the agency is in full compliance with the spirit and letter of fair housing and equal opportunity laws. HOC works with the Montgomery County government and other local resources to ensure equal opportunity to housing in the county.

HOC has an excellent working relationship with the Montgomery County Human Rights Commission, which provides oversight, testing and resolution of fair housing complaints. The Commission staff provides training to HOC staff on the importance, procedures and resolution of complaints generated from illegal discrimination. On an annual basis, both the Human Rights Commission and HOC meet jointly to discuss mutual issues related to fair housing and to maintain close working ties. When HOC receives complaints from applicants regarding housing discrimination, such complaints are forwarded to the Human Rights Commission for action. HOC follows up on the action taken. HOC actively serves as a source of volunteers to serve as testers, that help determine violators of Fair Housing laws.

Please be aware that HOC has a full-time Fair Housing Coordinator on staff that provides advice, consultation, and training in the important area of Fair Housing and Civil Rights.

Sincerely,

A large black rectangular redaction box covering the signature of the Executive Director.

Executive Director



**HOUSING
OPPORTUNITIES
COMMISSION**
OF MONTGOMERY COUNTY, MD

10400 Detrick Avenue
Kensington, Maryland 20895-2484
(240) 773-9000

TO: [REDACTED] Program Coordinator

FROM: [REDACTED] Director of Human Resources

DATE: June 4, 2008

RE: Family Self-Sufficiency Program

This information is being furnished in support of the Housing Opportunities Commission's request for funding for the above stated program. Provided is a compensation comparability study of HOC positions dedicated to the Family Self-Sufficiency Program as compared to like positions in other jurisdictions. The salary figures are representative of pay scales effective July 1, 2008.

FSS Case Managers:

Organization	Position Title	Salary Range	Benefits Cost
Housing Opportunities Commission	Resident Counselor III	\$43,394 - \$71,694	35%
Baltimore City	Counselor III	\$32,530 - \$45,965	36%
	Counsel IV	\$34,177 - \$48,292	36%
Montgomery County, Maryland (HHS)	Social Worker II	\$49,253 - \$81,513	35%
	Social Worker III	\$51,598 - \$85,463	35%
Prince Georges County	Community Developer II	\$42,793 - \$78,356	36%
	Community Developer III	\$49,538 - \$90,407	36%

The Housing Opportunities Commission has eight Resident Counselors working as Case Managers in the Family Self-Sufficiency Program, five full time and three part time. The average projected salary for HOC Resident Counselor III's working on the FSS program for the fiscal year beginning July 1, 2008, based on full time employment, will be \$53,594, and the average benefit cost is estimated at \$18,976.

FSS Program Coordinator:

Organization	Position Title	Salary Range	Benefits Cost
Housing Opportunities Commission	Program Coordinator	\$54,733 - \$90,797	45%
Baltimore City	Social Work Supervisor II	\$53,410 - \$85,218	36%
Montgomery County, Maryland (HHS)	Social Worker IV	\$56,631 - \$93,944	35%
Prince Georges County	Administrative Specialist	\$62,186 - \$120,989	36%

In addition, HOC's FSS Program Coordinator will have a projected salary of \$76,262 for the fiscal year beginning July 1, 2008, and the projected cost for benefits for the incumbent for the period of July 1, 2008, through June 30, 2009 is \$34,658.



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	NOFA 2008 PH HUD-2880.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	HUD-52767.pdf	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	HUD-2994-A Your Are Our Clie	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	HUD-96010 PHFSS V8.3 042708	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	HUD-52752.pdf	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	HUD-52755.pdf	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	NOFA 2008 PH Consolidated Pla	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	NOFA 2008 PH HUD-27061.pdf	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	NOFA 2008 Section3 HUD-60002	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	NOFA 2008 PH HUD-2993.pdf	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	NOFA 2008 HUD Letter.pdf	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	NOFA 2008 Fair Housing Letter	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	NOFA 2008 Salary Comparables	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

**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: [REDACTED]

* Report Type: INITIAL

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

* Applicant Name:

Housing Opportunities Commission

* Street1: 10400 Detrick Avenue

Street2: [REDACTED]

* City: Kensington

County: Montgomery

* State: MD: Maryland

* Zip Code: 20895

* Country: USA: UNITED STATES

* Phone: 240-773-9322

2. Social Security Number or Employer ID Number: 52-0859090

* 3. HUD Program Name:

Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

* 4. Amount of HUD Assistance Requested/Received: \$ 133,042.00

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

* Project Name: PH ROSS Family Self-Sufficiency

* Street1: 10400 Detrick Avenue

Street2: [REDACTED]

* City: Kensington

County: Montgomery

* State: MD: Maryland

* Zip Code: 20895

* 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)

Nancy Scull

07/05/2008

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)

1213980040-8965

* Name of Document Transmitting: NOFA 2008 PH Family Self-Sufficiency Program

1. Applicant Information:

* Legal Name: Housing Opportunities Commission
* Address:
* Street1: 10400 Detrick Avenue
Street2:
* City: Kensington
County: Montgomery
* State: MD: Maryland
* Zip Code: 20895 * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: [REDACTED] CFDA No.: 14.877
Title: Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services
Program Component:

3. Facsimile Contact Information:

Department:
Division: Resident Services Division

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

Prefix: Mrs. * First Name: Nancy
Middle Name:
* Last Name: Scull
Suffix:
* Phone Number: 240-773-9322
Fax Number: 301-949-1136

* 5. Email: nancy.scull@hocmc.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? 2

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:

07/05/2008

4. Applicant Identifier:

MD004

5a. Federal Entity Identifier:

MD004FSF003

* 5b. Federal Award Identifier:

MD004RFS086A007

State Use Only:

6. Date Received by State:

7. State Application Identifier:

MD20070606-0552

8. APPLICANT INFORMATION:

* a. Legal Name: Housing Opportunities Commission

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

52-0859090

* c. Organizational DUNS:

d. Address:

* Street1:

10400 Detrick Avenue

Street2:

* City:

Kensington

County:

Montgomery

* State:

MD: Maryland

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

20895

e. Organizational Unit:

Department Name:

Division Name:

Resident Services Division

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

Prefix:

Mrs.

* First Name:

Nancy

Middle Name:

* Last Name:

Scull

Suffix:

Title: Family Self-Sufficiency Program Coordinator

Organizational Affiliation:

* Telephone Number:

240-773-9322

Fax Number:

301-949-1136

* Email:

nancy.scull@hocmc.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

L: Public/Indian Housing Authority

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:

14.877

CFDA Title:

Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

* 12. Funding Opportunity Number:

FR-5200-N-09

* Title:

Public Housing Family Self-Sufficiency

13. Competition Identification Number:

PHFSS-09

Title:

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

Montgomery County, Maryland

* 15. Descriptive Title of Applicant's Project:

To provide funding to staff the HOC Family Self-Sufficiency Program to case manage and link Public Housing participants to available resources leading to economic independence/self-sufficiency.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant MD-08

* b. Program/Project MD-08

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

17. Proposed Project:

* a. Start Date: 07/01/2009

* b. End Date: 06/30/2010

18. Estimated Funding (\$):

* a. Federal	133,042.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	133,042.00

* 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.)

Yes No

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: Mrs. * First Name: Nancy
Middle Name:
* Last Name: Scull
Suffix:

* Title: Family Self-Sufficiency Program Coordinator

* Telephone Number: 240-773-9322 Fax Number: 301-949-1136

* Email: nancy.scull@hocmc.org

* Signature of Authorized Representative: Nancy Scull * Date Signed: 07/05/2008

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

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 checked="" type="checkbox"/> a. bid/offer/application <input 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:

Prime SubAwardee

* Name:

* Street 1: Street 2:

* City: State: Zip:

Congressional District, if known:

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

6. * Federal Department/Agency: <input type="text" value="Dept. of Housing & Urban Development"/>	7. * Federal Program Name/Description: <input type="text" value="Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services"/> CFDA Number, if applicable: <input type="text" value="14.877"/>
---	--

8. Federal Action Number, if known: <input type="text" value="FR-5200-N-09"/>	9. Award Amount, if known: \$ <input type="text"/>
---	--

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1: Street 2:

* City: State: Zip:

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

Prefix * First Name Middle Name

* Last Name 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:

* Name: Prefix * First Name Middle Name

* Last Name Suffix

Title: Telephone No.: Date:

Authorized for Local Reproduction
Standard Form - LLL (Rev. 7-87)

**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:

[REDACTED]

* Report Type:

INITIAL

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

* Applicant Name:

Housing Opportunities Commission

* Street1: 10400 Detrick Avenue

Street2:

* City: Kensington

County: Montgomery

* State: MD: Maryland

* Zip Code: 20895

* Country: USA: UNITED STATES

* Phone: 240-773-9322

2. Social Security Number or Employer ID Number: 52-0859090

* 3. HUD Program Name:

Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

* 4. Amount of HUD Assistance Requested/Received: \$ 133,042.00

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

* Project Name: PH ROSS Family Self-Sufficiency

* Street1: 10400 Detrick Avenue

Street2:

* City: Kensington

County: Montgomery

* State: MD: Maryland

* Zip Code: 20895

* 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.)

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: 

D. Scott Minton, Executive Dir. * Date: (mm/dd/yyyy)

Completed Upon Submission to Grants.gov

06/25/2008

**Public Housing Family
Self-Sufficiency Funding
Request Form**

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

OMB Approval No 2577-0229

(Expires: 3/31/2011)

Public reporting burden for the collection of information is estimated to average 4 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. 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.

1. PHA Information:

Name: Housing Opportunities Commission PHA Number: MD004

Address: 10400 Detrick Avenue

Kensington, MD 20895

Joint Application: Yes No If yes, please provide name(s), PHA number(s), and address information of joint applicant(s) (If more than one joint applicant, please attach addition sheets as necessary):

Name: _____ PHA Number: _____

Address: _____

2. Contact Information for the Person Most Familiar with This Application:

Name: Nancy Scull Telephone: 240-773-9322

e-mail address: nancy.scull@hocmc.org

3. Application Type: New Renewal

4. All Applicants – Total Approved Slots: Please indicate the number of approved slots in your Public Housing FSS Action Plan. There is a 25-slot minimum in order to be eligible for this program. Joint applicants should indicate the combined total of FSS program slots in their HUD-approved Public Housing FSS Action Plans.

Total number of approved slots: 75

5. Most Recent PHAS Rating: High Performer
Standard Performer
Troubled

6. Funding Category for this Application: 1 2 3 4

RENEWAL APPLICANTS PLEASE ANSWER QUESTIONS 7 - 9

7. FSS Coordinator Information:

a) FY under which your FSS Coordinator position was last funded: 2007

b) Number of positions funded: 9

c) Number of positions requested under this NOFA: 9

d) Annual salary requested for each FSS Coordinator(s) (Please list all.): \$ 17,747;12,620;13,889;9,318;14,309;10,807;39,406;5,608;9,338
(Note: The salary requested should include fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap referred to in the NOFA.)

e) Total funding requested for program coordinator salary(ies): \$ 133,042

f) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the positions you are applying for is on file at the PHA: Yes No

8. Reporting to HUD

The PHA has submitted reports on participating families to HUD via the HUD 50058 Family Self-Sufficiency/Welfare-to-Work Voucher Addendum. Yes No

9. Program Accomplishments –

a. 15 Number of years your program has been in existence.

b. 142 The total number of PH FSS participants.

c. 117 The number of Public Housing FSS program participants with an FSS escrow account balance greater than zero.

d. 82% The percent of Public Housing FSS program participants with an FSS escrow account balance greater than zero.

e. \$8,792 The average escrow account distribution paid to Public Housing families that have graduated since October 1, 2000.

f. 80 The number of Public Housing FSS families that have successfully completed their FSS contracts since October 1, 2000.

g. 56% The percent of Public Housing FSS families that have successfully completed their FSS contracts.

h. 43 The number of Public Housing FSS graduates since October 1, 2000 that moved out of public housing.

i. None The number of Public Housing FSS graduates since October 1, 2000 who moved to homeownership through a ROSS-funded homeownership program.

j. 17 The number of Public Housing FSS graduates since October 1, 2000 who moved to homeownership through other homeownership programs.

NEW APPLICANTS PLEASE ANSWER QUESTION 10

10. FSS Coordinator Information:

a) Annual salary requested for the FSS Coordinator position: \$ _____
(Note: The salary requested should include fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap referred to in the NOFA.)

b) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the positions you are applying for is on file at the PHA: Yes No

You are our Client!
Grant Applicant Survey

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

OMB No. 2535-0116 (exp. 12/31/2008)

The information collection requirements contained in this document have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44U.S.C. 3501-3520). 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. Public reporting burden for this collection is estimated to average 30 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. All information collection contained in this Survey is optional.

The Department of Housing and Urban Development is trying to provide a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to the Notice of Funding Availability Application and forms and/or the Electronic Grant Application Outreach process. You can complete and submit this survey and attach it to your electronic application or you mail directly to: Department of Housing and Urban Development, 451 7th Street, SW – Room 3156, Washington, DC 20410.

Instructions. Listed below are several questions regarding outreach conducted by the Federal Government to prepare organizations for the Grants.gov registration process, the retrieval of funding opportunities, and submission of electronic applications. The grading scale below provides options from extremely helpful to not applicable. In the box provided, grade the government on its outreach efforts from O-None thru G-Not applicable to my needs. Section seven provides space for you to make SUGGESTIONS FOR IMPROVEMENT, please identify the section you are commenting on. Field level help is available by click on the FI key.

O= None A = Extremely helpful B = Somewhat helpful C = Helpful D = Not very helpful
 F = Not helpful G = Not applicable to my needs

Section 1 – Electronic Grant Application Outreach Provide details about the type of information you received from HUD about Grants.gov as indicated below.

1. The brochure(s)/guide(s) (insert title(s)): Federal Register	Grade: C-Helpful
2. Title of the workshop(s) /conference(s)/meeting(s)/training/forum(s)	Date attended: Grade: O-None
3. Title(s) of satellite broadcast(s): PH FSS NOFA Logic Model Training	Date(s): Grade: 5/13/2008 C-Helpful
4. Did you receive information from the Agency Call Center? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the date(s) and rate the quality of assistance received.	Date(s): Grade: O-None
5. Did you receive information from the Grant.gov Contact Center? ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the date(s) and rate the quality of assistance received.	Date(s): Grade: 6/12/2008 B-Somewhat helpful
6. How could we improve our communications to you and others like you (please explain)? The 6/12 email notification of a change did not make clear what the changes were. We thought that we had to re-download revised Instructions, but that was not the case.	

Section 2 – Electronic Grant Application Registration Process

1. Did you find the Grants.gov website information on registration clearer and easier to understand than last year? Yes No
2. Do you have access to IBM compatible software? Yes No
3. Do you have Internet access within your office or division? Yes No

If no, to question 3, please answer the following questions. Is the access within:

- a. Within your organization? Yes No
 - b. Available in your building? Yes No
 - c. Available at home? Yes No
 - d. Available within 1 mile of where you work? Yes No
 - e. Available within 5 miles of where you work? Yes No
 - f. Available more than 5 miles of where you work? Yes No
4. Do you have problems with Internet access due to any of the following?
- Cost? Yes No
 - Reliability? Yes No
 - Office access rights? Yes No
 - Poor quality reception? Yes No

Section 3 – Funding Opportunities

Please provide CFDA Number for funding opportunity are you commenting on.	Insert CFDA numeral: 14.877
1. Did you find the Submission Checklist helpful?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Were the Funding Opportunity instructions clearer and easier to follow than last year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Were the Program specific funding opportunity instructions clearer and easier to follow than last year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you find sections of the funding opportunity duplicative?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

5. If yes, to any of the questions above, identify the section(s) and areas for streamlining the redundant information.

HUD published the HCV FSS and PH ROSS FSS NOFA's before the Federal Register, so the format was different. It seemed shorter, and it more clearly described the application requirements.

Please provide a Submission Checklist of all required forms and documents in each specific NOFA.

Section 4 – Finding Grant Opportunities

1. Was it easier to find the Finding Opportunities on-line through Grants.gov than previous methods?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Based on previous years, how easy was it to find grants in the	Choose from dropdown
a. Federal Register	More Difficult
b. Trade journals	None
c. Agency websites	About the same
3. How could finding grant opportunities be improved (please explain)? It would be helpful to have an index of the pages in the SuperNOFA, which would make it easier to find each specific NOFA.	

Section 5 – Applying for Grant Opportunities

1. How many people were involved in completing the application submission?	Number: 13
2. Did you find the electronic application useful for dissemination purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Did the same individual who downloaded the grant application submit the application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you know where to look for instructions for completing and submitting the application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. At what point in the process did you download and read the Application Instructions?	A-Before looking at the application
6. What Section of the Electronic Application Desktop Guide were most useful?	

7. How could the Electronic Application Desktop Guide be improved (please explain)?	
8. Did you find the Submission Tips helpful?	Grade C-Helpful
9. Did you find the NOFA Application Submission Checklist helpful?	Grade C-Helpful
10. Did you know how to use the attachment form in the application package?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
11. Did you have a problem saving your application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not know

Section 6 – Applicant Information

Organization Legal Name Housing Opportunities Commission

Address 10400 Detrick Avenue City Kensington State MD

Zip Code 20895 Telephone Number: (including area code) 240-773-9322

Contact Name: Nancy Scull Email Address nancy.scull@hocmc.org

Section 7 – Suggestions

For improving the Electronic Grant process, please specify below. Please identify the section you are commenting on.

Electronic submission of NOFA's is easier, but it does not allow for explanation/clarification of responses. An Application Submission Checklist for each NOFA including all required forms would have been helpful. It also would have been helpful to have all required & optional forms together in each specific Application download.

On form HUD-52767, the wording of questions in 9 Program Accomplishments is unclear & confusing, & the definitions in the NOFA do not match the wording in the questions in 9. We would greatly appreciate clearer wording in the questions in 9 Program Accomplishments.

See Section 1 #6, Section 3 #5 and Section 4 #3 above.

Thank you.

**CERTIFICATION OF
CONSISTENCY WITH THE
INDIAN HOUSING PLAN**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT
OFFICE OF PUBLIC AND INDIAN HOUSING**

OMB Approval No. 2577-0229
Expiration Date: 3/31/2011

SAVE

Instructions for completing this form: All tribes/TDHEs must submit this form in conjunction with their ROSS application.

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Indian Housing Plan.

Applicant Name: Housing Opportunities Commission

Project Name: Public Housing Family Self-Sufficiency Program

Location of the Project: _____

Name of the Federal Program(s) to which the applicant is applying: This form is not applicable

Name of Certifying Jurisdiction: _____

Title: _____

Signature: _____

Date: _____

Public reporting burden for the collection of information is estimated to average fifteen minutes per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. 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.

**SAMPLE CONTRACT
ADMINISTRATIVE
PARTNERSHIP AGREEMENT**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**
OFFICE OF PUBLIC AND INDIAN HOUSING

OMB Approval No. 2577-0229
Expiration Date: 03/31/2011

Instructions for completing this form: This form is provided to applicants as a sample to use for formalizing agreements with the organization that will serve as the applicant's Contract Administrator. Nonprofits, troubled PHAs, and resident associations must submit a Contract Administrator Partnership agreement with their application and the agreement must be for the full term of the grant. Applicants may elect to use this form, a modification thereof, or their own form provided that the same information is contained therein.

Grant to which you are applying: This form is not applicable

I. General Terms

This partnership agreement is made and entered into by and between the **applicant, Housing Opportunities Commission** (name of applicant's organization) and _____ (name of Contract Administrator's organization) the **Contract Administrator (CA)**, (e.g., the local public housing authority (PHA) or other non-profit organization), hereinafter referred to as "CA".

WHEREAS, the applicant is submitting the proposal for a Resident Opportunity and Self-Sufficiency (ROSS) or Neighborhood Networks (NN).

WHEREAS, the applicant agrees to comply with all terms and conditions expressed in HUD's NOFA, applicable provisions of 24 CFR 964 or 24 CFR 984 (for FSS applicants), provisions of the grant agreement entered into with HUD, and provisions contained in this Partnership Agreement.

WHEREAS, the CA supports the applicant's ROSS/NN application and agrees to provide technical assistance to the applicant in accordance with HUD's NOFA, HUD regulations and provisions contained in this agreement.

WHEREAS, pursuant to the commitment made by the CA, this agreement is executed outlining the type, scope and extent of services that the CA will provide to the applicant if the grant is funded. If HUD does not fund the grant, this agreement shall be null and void.

II. Roles and Responsibilities

A. Grant Oversight

Under the direction of the applicant, the CA agrees to oversee the administration of the ROSS or NN grant. This includes financial management, procurement, completing the semi-annual reports, and ensuring that all grant activities are completed successfully within the grant period. In meeting these commitments, the CA agrees to abide by the provisions of 24 CFR Parts 964/984, 45, 84, and 85 and the following OMB Circulars as applicable:

- A-87 "Cost Principles for State, Local, and Indian Tribal Governments";
- A-122 "Cost Principles for Nonprofit Organizations";
- A-110 "Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals, and Other Nonprofit Organizations"; and
- A-133 "Audits of States, Local Governments, and Non-Profit Organizations".

B. Grant Coordination

The CA and the applicant will meet weekly to discuss progress, problems incurred, strategies to overcome them, specific areas of responsibility, future activities, and any other issues as necessary.

C. Financial Responsibility

The applicant retains ultimate responsibility for all grant activities, including drawing down funds from HUD, grant expenditures, and reporting to HUD.

D. Performance Measurement

The CA will work with the applicant to ensure that results agreed to by the applicant and HUD are achieved. All semi-annual financial and performance reports prepared by the CA must be reviewed and approved by the applicant prior to submission to HUD.

E. Coordinating and Building Partnerships

The CA agrees to coordinate the provision of assistance from grant partners. The CA also agrees to work with the applicant in pursuing additional partnerships/assistance from community organizations, government, and other organizations whose services would benefit residents and the overall grant program. Following are suggested resources:

- Area enrichment programs
- Local Banks
- Chamber of Commerce
- Community Development Agencies
- Private Industry Council
- Local/State Health & Human Services Agencies
- Local Higher Education and Continuing Education Facilities
- Local Independent School Districts
- Social Service Organizations

F. Program Assessment and Reporting

The CA agrees to conduct or otherwise assist the applicant in assessing grant activities based on 1) the performance measures in the applicant's grant proposal submitted to HUD and 2) any revisions to the assessment methodology made by the local HUD field office. For Public Housing FSS applicants, the CA will ensure that the PHA meets its PIC reporting requirements by reporting on the enrollment, progress, and exit of individual families using the HUD-50058 addendum. The CA will ensure that reports to HUD are made as required. All semi-annual financial and performance reports prepared by the CA must be reviewed and approved by the applicant prior to submission to HUD.

III. Contract Period

This contract is based on a period of time beginning _____ and ending _____.
(NOTE: CAs must be retained for the full term of the grant.)

IV. Termination

Each party may terminate this agreement provided 60 calendar days of written notice is given to the local HUD field office and the other party to this agreement. Applicants may terminate this agreement based on non-compliance or non-cooperation by the CA. Termination may only occur when all channels of resolution have been exhausted, including mediation between the two parties. If all avenues for resolution have been exhausted, termination by the applicant will require a two-thirds majority vote of the applicant's Board of Directors/Resident Council.

WITNESS OUR HANDS EFFECTIVE _____

Applicant Organization

Contract Administrator

Applicant Executive Director/
Other Authorized Representative

Executive Director

Date

Date

**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: Housing Opportunities Commission
Project Name: Public Housing ROSS Family Self-Sufficiency

Location of the Project: Countywide

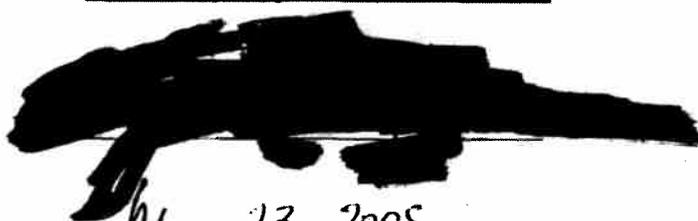
Name of the Federal
Program to which the
applicant is applying: PH Ross Family Self-Sufficiency

Name of
Certifying Jurisdiction: Montgomery County, Maryland

Certifying Official
of the Jurisdiction
Name: Luann W. Korona

Title: Chief, Community Development Division

Signature:



May 23, 2008

Date:

**Race and Ethnic Data
Reporting Form**

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

OMB Approval No. 2535-0113
(exp. 10/31/2009)

Program Title:
Public Housing Family Self-Sufficiency Program

Grantee/Recipient Name:
Housing Opportunities Commission

Grantee Reporting Organization:
Housing Opportunities Commission

Reporting Period From (mm/dd/yyyy): 05/01/2008 To (mm/dd/yyyy): 05/31/2008

Racial Categories	Total Number of Race Responses	Total Number of Hispanic or Latino Responses
American Indian or Alaska Native	2	
Asian	2	
Black or African American	55	
Native Hawaiian or Other Pacific Islander		
White	10	7
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White	1	
Black or African American <i>and</i> White		
American Indian or Alaska Native <i>and</i> 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:	70	7
* 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.

Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

Type or clearly print the Applicant's name and full address in the space below.

Housing Opportunities Commission
10400 Detrick Avenue
Kensington, MD 20895

(fold line)

Type or clearly print the following information:

Name of the Federal Program to which the applicant is applying:

Public Housing Family Self-Sufficiency

To Be Completed by HUD

- HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.
- HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:
- Enclosed
 - Being sent under separate cover

Processor's Name _____

Date of Receipt _____



10400 Detrick Avenue
Kensington, Maryland 20895-2484
(301) 929-6700

June 5, 2008

Mr. Lee Palman, Director
Office of Public Housing
Department of Housing & Urban Development
D.C. Field Office
820 First St., N.E., Suite 300
ATTENTION: Diane Duke
Washington, D.C. 20002-4205

Dear Mr. Palman,

As required under the 2008 NOFA for the Family Self-Sufficiency Program Coordinators' funding, the Housing Opportunities Commission (HOC) is submitting this letter to confirm the following:

- HOC's plan for Affirmatively Furthering Fair Housing (see enclosed)
- HOC's required Addendum to its Administrative Plan regarding Affirmatively Furthering Fair Housing (see enclosed), approved by the Commission on June 4, 2008
- HUD has on file HOC's Code of Conduct
- Salary comparables for the Coordinator positions (see enclosed)

We are currently preparing our submission for the 2008 NOFA's. Please call FSS Coordinator, [REDACTED] at [REDACTED] if further clarification is needed.

Thank you for your continued support for the Family Self-Sufficiency Program.

Sincerely,

[REDACTED]
D. Scott Minton
Executive Director

Enclosures





10400 Detrick Avenue
Kensington, Maryland 20895-2484
(301) 929-6700

June 6, 2008

Mr. Lee A. Palman, Director
Office of Public Housing
Department of Housing & Urban Development – District of Columbia office
820 First St., N.E.
Washington, D.C. 20002-4205

Ref: **2008 NOFA for Family Self-Sufficiency (FSS) Program Coordinators**
Affirmatively Furthering Fair Housing

Dear Mr. Palman,

We are submitting this letter in order to comply with the requirements of the 2008 NOFA for the Family Self-Sufficiency Program (FSS). Please be advised that the Housing Opportunities Commission (HOC) has promulgated policies and practices designed to comply with all applicable fair housing and civil rights requirements. HOC has not been the subject of or charged with any ongoing systemic violation of the Fair Housing Act and is not a defendant in a Fair Housing Act lawsuit filed by the Department of Justice. Additionally, HOC is not subject to any findings related to the Civil Rights Act of 1964, the Rehabilitation Act of 1973 or the Housing and Community Development Act of 1974.

Overcoming the effects of impediments to fair housing choice that were identified in the jurisdiction's Analysis of Impediments (AI) to Fair Housing Choice

In April 2007, Montgomery County released its most recent Analysis of Impediments to Fair Housing Choice. The Housing Opportunities Commission's Fair Housing and Equal Opportunities Officer participated in the review of the draft proposal. HOC supports the findings in the document. The impediments are listed below, with a description of HOC's ongoing efforts to address each of them.

I. Unfair Lending Practices

As a housing finance agency, HOC provides funding for loans for a number of its own homeownership programs. Local lenders qualify and service the mortgagees, which adhere to strict underwriting standards. HOC prohibits the types of loans that are commonly known today as "predatory." HOC also mandates and provides homeownership counseling for participants in these programs.



HOC's Fair Housing and Equal Opportunities Officer has also participated in community forums on fair housing and predatory lending.

HOC also serves as a source of volunteers to serve as "testers" that help monitor compliance with fair housing.

2. Lack of general awareness concerning fair housing issues among residents and professionals in Montgomery County

HOC's Fair Housing and Equal Opportunities Officer regularly participates in fair housing forums throughout the county. In recent years, he has spoken at forums and trainings for the general public, rental property owners and managers, maintenance staff, service providers, and county employees.

HOC's Fair Housing and Equal Opportunities Officer is also a member of the county's Interagency Fair Housing Group, which provides policy recommendations to the county government.

3. Lack of currently available affordable housing

HOC is the county's largest provider of affordable housing. HOC is currently expanding its portfolio of affordable housing. Current efforts include the purchase of a 175-unit senior Section 8 New Construction development as preservation of affordable housing, the new development of tax-credit properties, and the purchase of scattered-site units as new affordable housing.

4. Lack of available, especially affordable, housing for residents with a disability

As noted above, HOC is the county's largest affordable housing provider. Included in its portfolio are a significant number of units in a variety of federal, state, local and unregulated programs. HOC also administers subsidy programs for persons with mental health issues. Working with outside partners, HOC has also developed permanent and transitional housing for special needs populations. HOC is currently expanding its efforts in each of these areas.

5. Difficulty finding affordable housing, particularly special needs and group housing

Like other developers, HOC must address regulatory and community concerns as it develops housing in the county. HOC has strong working relationships with county planning and housing agencies, as well as community groups and political leaders. In recent years, HOC has successfully found units for special needs housing in a number of locations. HOC is currently working on new sites.

6. Shortage of comprehensive testing and study information on the fair housing environment in Montgomery County

HOC staff supports the county's testing efforts, as noted above. HOC also uses available demographic and similar data from many sources as it develops its policies and properties.

Remedy discrimination in housing

The Housing Opportunities Commission has promulgated policies and practices designed to comply with all applicable fair housing and civil rights requirements. HOC has not been the subject of or charged with any ongoing systemic violation of the Fair Housing Act and is not a defendant in a Fair Housing Act lawsuit filed by the Department of Justice. Additionally, HOC is not subject to any findings related to the Civil Rights Act of 1964, the Rehabilitation Act of 1973 or the Housing and Community Development Act of 1974.

HOC's published statement regarding Fair Housing and Civil Rights and the action that HOC takes to further Fair Housing is stated below:

It is the policy of the Housing Opportunities Commission to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; Section 504 of the Rehabilitation Act of 1973; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity.

No person shall, on the grounds of race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Housing Opportunities Commission's programs.

To further its commitment to full compliance with applicable Civil Rights laws, the Housing Opportunities Commission will provide Federal/State/local information to applicants, residents and other interested parties regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the Housing Opportunities Commission office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The Housing Opportunities Commission will assist any family that believes they have suffered illegal discrimination by providing copies of the appropriate housing discrimination forms. The Housing Opportunities Commission will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity and the Montgomery County Office of Human Rights.

In order to continue to promote fair housing and housing choice, the Housing Opportunities Commission, together with its employees and agents:

- 1. Will agree not to refuse or fail to show, rent or negotiate for the rental or sale of, or otherwise make unavailable a dwelling to any person because of the person's race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;*

2. *Will agree not to commit any act of discrimination against any person in items, conditions, or privileges in the sale or rental of a dwelling, or in the provision of services in connection therewith because of the person's race, color, sex, religion, national origin, familial status, sexual orientation, disability or source of income;*
3. *Will agree not to interfere with, intimidate, threaten, or coerce any person in the exercise or enjoyment of the right to purchase, sell, rent, or occupy a dwelling in any manner that might result in, or be interpreted as an act of discrimination on the basis of race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;*
4. *Will agree not to make, print, or publish, or cause to be made, printed or published, any notice, statement or advertisement, with respect to the rental or sale of a dwelling, that indicates, directly or indirectly any preference, limitation or discrimination based on race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income, or an intention to make any such preference, limitation or discrimination;*
5. *Will agree not to represent to any person because of race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income that any dwelling is not available for inspection, rental or sale, when such dwelling is in fact available;*
6. *Will agree not to steer, by use of words or actions, any person to or from the viewing or selection of any dwelling in any geographic area because of the person's race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income, or in any way influencing the residential choice of any person on account of the person's race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;*
7. *Will agree not to volunteer information or respond to questions from customers about the racial, ethnic, religious, familial status, sexual orientation, disability or source of income composition, of any apartment building, apartment complex or residential area;*
8. *Will agree not to induce or attempt to induce, either directly or indirectly, any person to rent, lease, sell, or purchase a dwelling by the use of representations directly or indirectly regarding the entry or prospective entry in a neighborhood of a person or persons of a particular race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;*
9. *Will agree not to utilize any documents, any words or codes designed to reflect the race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income of prospective or actual customer except as necessary to comply with reporting requirements.*

Promote fair housing rights and fair housing choice

HOC continuously reviews its programs and policies to ensure that the agency is in full compliance with the spirit and letter of fair housing and equal opportunity laws. HOC works with the Montgomery County government and other local resources to ensure equal opportunity to housing in the county.

HOC has an excellent working relationship with the Montgomery County Human Rights Commission, which provides oversight, testing and resolution of fair housing complaints. The Commission staff provides training to HOC staff on the importance, procedures and resolution of complaints generated from illegal discrimination. On an annual basis, both the Human Rights Commission and HOC meet jointly to discuss mutual issues related to fair housing and to maintain close working ties. When HOC receives complaints from applicants regarding housing discrimination, such complaints are forwarded to the Human Rights Commission for action. HOC follows up on the action taken. HOC actively serves as a source of volunteers to serve as testers, that help determine violators of Fair Housing laws.

Please be aware that HOC has a full-time Fair Housing Coordinator on staff that provides advice, consultation, and training in the important area of Fair Housing and Civil Rights.

Sincerely,



D. Scott Minton
Executive Director



HOUSING OPPORTUNITIES COMMISSION
OF MONTGOMERY COUNTY, MD

10400 Detrick Avenue
Kensington, Maryland 20895-2484
(240) 773-9000

TO: Nancy Scull, Program Coordinator

FROM: Patrick Mattingly, Director of Human Resources

DATE: June 4, 2008

RE: Family Self-Sufficiency Program

This information is being furnished in support of the Housing Opportunities Commission's request for funding for the above stated program. Provided is a compensation comparability study of HOC positions dedicated to the Family Self-Sufficiency Program as compared to like positions in other jurisdictions. The salary figures are representative of pay scales effective July 1, 2008.

FSS Case Managers:

Organization	Position Title	Salary Range	Benefits Cost
Housing Opportunities Commission	Resident Counselor III	\$43,394 - \$71,694	35%
Baltimore City	Counselor III	\$32,530 - \$45,965	36%
	Counsel IV	\$34,177 - \$48,292	36%
Montgomery County, Maryland (HHS)	Social Worker II	\$49,253 - \$81,513	35%
	Social Worker III	\$51,598 - \$85,463	35%
Prince Georges County	Community Developer II	\$42,793 - \$78,356	36%
	Community Developer III	\$49,538 - \$90,407	36%

The Housing Opportunities Commission has eight Resident Counselors working as Case Managers in the Family Self-Sufficiency Program, five full time and three part time. The average projected salary for HOC Resident Counselor III's working on the FSS program for the fiscal year beginning July 1, 2008, based on full time employment, will be \$53,594, and the average benefit cost is estimated at \$18,976.

FSS Program Coordinator:

Organization	Position Title	Salary Range	Benefits Cost
Housing Opportunities Commission	Program Coordinator	\$54,733 - \$90,797	45%
Baltimore City	Social Work Supervisor II	\$53,410 - \$85,218	36%
Montgomery County, Maryland (HHS)	Social Worker IV	\$56,631 - \$93,944	35%
Prince Georges County	Administrative Specialist	\$62,186 - \$120,989	36%

In addition, HOC's FSS Program Coordinator will have a projected salary of \$76,262 for the fiscal year beginning July 1, 2008, and the projected cost for benefits for the incumbent for the period of July 1, 2008, through June 30, 2009 is \$34,658.



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	NOFA 2008 PH HUD-2880.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	HUD-52767.pdf	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	HUD-2994-A Your Are Our Cliea	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	HUD-96010 PHFSS V8.3 042708	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	HUD-52752.pdf	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	HUD-52755.pdf	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	NOFA 2008 PH Consolidated Pl	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	NOFA 2008 PH HUD-27061.pdf	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	NOFA 2008 Section3 HUD-60002	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	NOFA 2008 PH HUD-2993.pdf	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	NOFA 2008 HUD Letter.pdf	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	NOFA 2008 Fair Housing Letter	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	NOFA 2008 Salary Comparables	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

**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

[REDACTED]

* Report Type:

INITIAL

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

* Applicant Name:

Housing Opportunities Commission

* Street1:

10400 Detrick Avenue

Street2:

* City:

Kensington

County:

Montgomery

* State:

MD: Maryland

* Zip Code:

20895

* Country:

USA: UNITED STATES

* Phone:

240-773-9322

2. Social Security Number or Employer ID Number:

52-0859090

* 3. HUD Program Name:

Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

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

133,042.00

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

* Project Name:

PH ROSS Family Self-Sufficiency

* Street1:

10400 Detrick Avenue

Street2:

* City:

Kensington

County:

Montgomery

* State:

MD: Maryland

* Zip Code:

20895

* 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 %)
<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)

Save Form to Print

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)

1213980040-8965

Name of Document Transmitting: NOFA 2008 PH Family Self-Sufficiency Program

1. Applicant Information:

Legal Name: Housing Opportunities Commission
Address:
Street1: 10400 Detrick Avenue
Street2:
City: Kensington
County: Montgomery
State: MD: Maryland
Zip Code: 20895 Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

Organizational DUNS: 13 CFDA No.: 14.877
Title: Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services
Program Component:

3. Facsimile Contact Information:

Department:
Division: Resident Services Division

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

Prefix: Mrs. First Name: Nancy
Middle Name:
Last Name: Scull
Suffix:
Phone Number: 240-773-9322
Fax Number: 301-949-1136

5. Email: nancy.scull@hocmc.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? 2

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):

[Empty field]

* Other (Specify)

[Empty field]

* 3. Date Received:

07/05/2008

4. Applicant Identifier:

MD004

5a. Federal Entity Identifier:

MD004FSF003

* 5b. Federal Award Identifier:

MD004RFS086A007

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

MD20070606-0552

8. APPLICANT INFORMATION:

* a. Legal Name:

Housing Opportunities Commission

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

52-0859090

* c. Organizational DUNS:

[Redacted]

d. Address:

* Street1:

10400 Detrick Avenue

Street2:

[Empty field]

* City:

Kensington

County:

Montgomery

* State:

MD: Maryland

Province:

[Empty field]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

20895

e. Organizational Unit:

Department Name:

[Empty field]

Division Name:

Resident Services Division

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

Prefix:

Mrs.

* First Name:

Nancy

Middle Name:

[Empty field]

* Last Name:

Scull

Suffix:

[Empty field]

Title:

Family Self-Sufficiency Program Coordinator

Organizational Affiliation:

[Empty field]

* Telephone Number:

240-773-9322

Fax Number:

301-949-1136

* Email:

nancy.scull@hocmc.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

L: Public/Indian Housing Authority

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:

14.877

CFDA Title:

Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

*** 12. Funding Opportunity Number:**

FR-5200-N-09

*** Title:**

Public Housing Family Self-Sufficiency

13. Competition Identification Number:

PHFSS-09

Title:

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

Montgomery County, Maryland

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

To provide funding to staff the HOC Family Self-Sufficiency Program to case manage and link Public Housing participants to available resources leading to economic independence/self-sufficiency.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

MD-08

* b. Program/Project

MD-08

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

07/01/2009

* b. End Date:

06/30/2010

18. Estimated Funding (\$):

* a. Federal	133,042.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	133,042.00

* 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.)

 Yes

 No

Explanation:

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:

Mrs.

* First Name:

Nancy

Middle Name:

* Last Name:

Scull

Suffix:

* Title:

Family Self-Sufficiency Program Coordinator

* Telephone Number:

240-773-9322

Fax Number:

301-949-1136

* Email:

nancy.scull@hocmc.org

* Signature of Authorized Representative:

Nancy Scull

* Date Signed:

07/05/2008

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]