a. Past Performance – Capacity of the Applicant and Relevant Organizational Staff

(1) Past Performance of Applicant/Contract Administrator and proposed staff

The Public Housing Authority of Butte's Resident Council (PHAB's RC) is applying for the Resident Opportunity and Self-Sufficiency (ROSS) Service Coordinators Program, with the Public Housing Authority of Butte acting as contract administrator. The Resident Council has been incorporated with the state of Montana in good standing since May 2, 2005. Its last annual report was filed on January 18, 2008.

The Resident Council has written and managed the Senior Activities Grant for the past eight years and it is funded by the United Way of Butte and Anaconda. The grant is worth between $500 and $1000 per year depending on the funding the United Way has available. This year the grant is worth $1000. The Senior Activities Grant provides funding for recreational activities that will enhance the social opportunities for the seniors living in public housing. Activities provided by this grant include: biweekly Coffee and Donut day; trips to local theater productions; bus trips around Butte to view Christmas decorations; pool tournaments; and game nights. The Resident Council organizes all of the activities, does the advertisement for the activities, coordinates with local resources for the activities and monitors the budget as activities occur

Since the Resident Council has never applied for or managed a ROSS Grant, it has asked the Public Housing Authority of Butte (PHAB) to be its contract administrator.

The Resident Council and the Public Housing Authority of Butte know that there is a strong need for the ROSS Grant. The PHAB manages 355 units. The PHAB has determined that 147, or 41%, of these units have heads of household that are not elderly or disabled. Of these, 51, or 35%, of the heads of household are zero-income tenants. Having the ROSS Grant

will assist and encourage these residents to become economically self-sufficient. Many residents have found themselves in a situation that is very difficult to rise above. Butte's economy is driven by service industry jobs, which provide low pay and few opportunities for full-time employment. The ROSS Grant will help residents overcome personal obstacles and ready them for work. Having a full-time person on-site to motivate residents is the key to their success.

The Resident Council and PHAB are proposing to hire one full-time Service Coordinator for the ROSS Grant. The Service Coordinator will have eight specific duties. These duties are:

(1) Assess all eligible single and adult families who live in public housing one time per year or at move-in to see if they need services that they are not currently receiving.

(2) Work with committed grant partners and securing new partners that will deliver services to eligible residents.

(3) Refer eligible residents to local service agencies so tenants can become economically self-sufficient.

(4) Follow-up with participants on a scheduled basis to make sure they are following through with ROSS program and service agency recommendations.

(5) Develop forms and monitor the required paperwork.

(6) Look for alternative funding sources such as fund-raisers, grants and donations.

(7) Evaluate the overall success of the program.

(8) Perform other duties as assigned and work to organize and refine the position as needed.

A survey of public housing residents was performed in July 2008 to help the Resident Council and PHAB determine which areas should be addressed in the ROSS grant. Residents indicated numerous areas in which they wanted assistance. The top five areas were: (1) more computer skills; (2) child care so parents can job search and work; (3) health/dental information

and/or referrals; (4) money management classes and credit counseling/repair; and (5) information on welfare assistance programs. As such, partnerships have been established with the local agencies that can meet these needs. Other partnerships will be established with other agencies that the residents indicate a need for as the grant progresses.

Partnerships that have been established for the ROSS Grant are:

(1) Montana Tech of the University of Montana – they will provide a student each semester who will help maintain the housing authority's four computer labs and teach basic computer classes;

(2) Butte 4 C's – child care slots and parenting classes so parents are able to job search, work and deal with the stresses that come with juggling children and work;

(3) Community Health Center – staff people once per quarter to meet with residents to let them know all of the health and dental related programs that are available to low income people in the Butte area;

(4) Consumer Credit Counseling Services of Montana – they will hold two slots in their monthly Dollars and Sense Financial Literacy Class for public housing residents so they can attend at no cost;

(5) Career Futures – they will provide employment and training services on-site to eligible residents and they will provide a staff person to come to the housing authority's sites to visit with tenants about all of the services available to them. These services include receiving food stamps, job readiness training, TANF assistance, soft-skills training, GED Preparation, and job retention skills.

(6) Human Resource Council District XII/Silver Bow Assistance Program – they will assist residents who cannot afford medications and necessary medical care, either on a one time or

monthly basis. They also will provide assistance with paying rent for residents who have no income.

(7) Headwaters RC&D Area, Inc. – they are offering their support for the grant. They are in a transitional period and were unable to promise services at this time, but depending on funding, they offer homeownership and home maintenance classes in the area and will have slots available for public housing residents if it is possible.

(a,b,c) Recent, Relevant, and Successful Experience of the Contract Administrator

The Public Housing Authority of Butte has run the Neighborhood Networks Grant since May 2005. The grant has allowed the PHAB to expand from two on-site computer labs to four labs, so all complexes now have an on-site computer lab. The grant allowed for more computers and software to be purchased for the labs and the grant also provides staffing for the labs through the Program Coordinator and the Computer Lab Assistant. Currently, computer labs are open to residents a total of 61 hours per week, with a total of 140 residents using the labs during the last semi-annual reporting period, which ended June 30, 2008. The short term goal of the grant was that 15 residents would use the computer labs each month, so the housing authority has far exceeded that requirement. The intermediate term goal was that 15 residents would engage in job searches by the end of the first year. According to data collected at the labs, a total of 181 residents have performed job searches since tracking began in May 2005. The long term goal of the grant was that 15 residents will be employed at 60% of the area median income level and through statistics kept by center employees, 16 residents have met the criteria at this time.

The first ROSS RSDM grant was received in January 2003 and expired in May 2006. The ROSS grant was used to help elderly and disabled residents remain self-sufficient for as long as possible. This was done by using homemakers to help residents with housekeeping, laundry

and errand running services. Additionally, the Program Coordinator assisted residents to access other supportive services such as the Food Bank and Meals on Wheels, and assisted with medical claims and referral assistance. The goals stated in the grant were that 100% of all eligible residents were to be assessed one time per year to make sure they were receiving all services they needed. One hundred percent of all tenants were assessed in 2003, 2004 and 2005. The other goal was that at least 60, or 35% of all eligible residents would receive services either from the homemakers or the program coordinator. Actually, 85 residents or, 60%, had received services as of the grant close-out, so the goal was exceeded by 25%.

The new ROSS RSDM grant (2007-2009) is being used to help elderly and disabled residents remain self-sufficient for as long as possible. This is done by having a Wellness Coordinator on-site who arranges for free passes for the local YMCA, free monthly city bus passes to get to wellness activities, and classes such as nutrition education and health clinics provided by the local colleges' nursing program. Additionally, the Program Coordinator helps residents access other supportive services such as the Food Bank and Meals on Wheels, and assists with medical claims and referral assistance. The goals stated in the grant are that 100% of all eligible residents will be assessed one time per year to make sure they are receiving all services they need. Assessments for 2007-2008 were completed at the end of May 2008, with 100% of eligible residents assessed. Also, the Wellness Program Manager must refer residents to wellness programs and to provide transportations services. As of June 30, 2008, 213 YMCA passes had been distributed and 136 city bus passes had been used. On-site Nursing Clinics were held 17 times and an average of 15 residents attended the clinics. The Food Stamp Nutrition Program held a total of five nutrition education sets with an average of 11 residents attending.

The Public Housing Authority of Butte has had the S+C Grant for seven years. The S+C grant has three goals, Residential Stability, Increased Skills or Income, and Greater Self-determination. As of the last annual report the progress of goals are as follows: (1) Residential Stability – the goal was to have 60% of participants remaining in permanent housing for at least six months. 80% of participants have remained in permanent housing for six months. (2) Increased Skills or Income – 10% of participants will increase their income within one year by obtaining employment. 20% of S+C clients were employed. (3) Greater Self-determination – 30% of S+C clients will not need crisis services. 20% of the participants in the program utilized crisis services during the last year. However, no participants left the program to go to institutions.

(2) Program Administration and Fiscal Management

(a.) List of Self-Sufficiency Grants

During the past 5 years, the Public Housing Authority of Butte has managed the following Federal grants: (1) Public Housing Neighborhood Networks Grant (3 years); (2) ROSS Resident Services Delivery Model Grant (4 ½ years); and (4) the Shelter Plus Care Grant (7 years).

(b.) List of timely expenditures

The PHAB has administered the Public Housing Neighborhood Networks (NN) Grant since May 2005, with it set to end May 2008, but extended to October 2008 so all funds can be expended. The grant is worth $150,000 over the three year period of the grant. All semi-annual reports have been submitted on time as required and draw downs of funds are performed at the beginning of each month to ensure timely expenditure.

The first ROSS RSDM grant was in effect from January 2003 through May 2006. It was worth $100,000 to be used over three years. At the time of the final semi-annual report in June 2006, $100,000 had been spent, or 100% of the total grant amount. All required semi-annual reports were submitted on time. All draw downs were performed at the beginning of each month to make sure the money was spent in a timely manner.

The second ROSS RSDM grant has been in effect since May 2007. It is worth $100,000 to be used over three years. Three semi-annual reports have been submitted, and as of the last report dated June 30, 2008, $27,151.73, or 27% of the grant amount has been drawn down from eLOCCS.

The Shelter Plus Care (S+C) grant has been in effect since February 2001. It was worth $249,840 to be spent over 5 years, expiring in 2006. It was renewed in 2006, 2007 and 2008. As of the last annual report the grant was worth $81,108. Currently, all annual reports have been submitted to HUD on time. Draw downs for the grant are done one time per month, at the beginning of each month. Funds are expended in a timely manner as required by HUD. The grant is funded to help 12 individuals or families to receive housing and mental health care, but as of the last annual report, 15 individuals and 3 families were being served by the grant, for a total of 18 slots filled.

(c.) Leveraging Resources for Past Projects

The Resident Council is asking for $126,090 for the ROSS SC grant. This means a match amount of at least [redacted] needs to be secured. The RC has partnered with six local agencies to provide match services to the grant. The match that has been secured for the ROSS Service Coordinator grant amounts to [redacted] or a match of 183%.

The PHAB partnered with five local agencies for the Neighborhood Networks grant. The match amount required for the Neighborhood Networks Grant was 25% of $150,000 and the PHAB secured a match amount of [redacted] This is a match of [redacted]

The housing authority partnered with five local agencies for the first RSDM Grant. Match for the first ROSS RSDM grant (2003-2006) was set at 25% of the total grant amount, or $25,000. The housing authority actually secured a 98% match for this grant and it was attained as specified in each of the partner's match letters. The Public Housing Authority of Butte has ten local partners for its current RSDM grant. Between the housing authority and its ten partners, a total of [redacted] was firmly committed to the second ROSS RSDM Grant. This amounts to a [redacted] match.

A match of 100% was required for the Shelter Plus Care grant. This match was secured by the supportive services that are provided by Western Montana Mental Health to the clients in the program and the match amount was [redacted] or a [redacted] match.

(d.) Project Management Structure and Program Accountability

Staffing Structure

The Public Housing Authority of Butte's Resident Council, along with PHAB staff, will hire one full-time Service Coordinator for the ROSS Grant. This person will oversee the day-to-day operations of the grant. The Service Coordinator will keep weekly records of grant activities and will report directly to Clarisa Hogart, PHAB Property Manager and Project Director for the ROSS Grant, who supervises grant funded positions. The Project Director is also the Resident Council Liaison between the PHAB and RC, so it will be easy for her to work together with the Resident Council to make sure the grant is being properly run. The Project Director will report directly to the Executive Director, [redacted] who has eighteen years of housing and

grant experience. The Executive Director will have monthly meetings with the Project Director and grant staff to discuss the grant budgets and any problems encountered while running the grants. All partner agencies will submit reports to the Service Coordinator, who will in turn submit them to the Project Director. If any major problems are encountered by the partners, they will contact the Project Director to get them resolved.

Fiscal Management

The Resident Council will have the Public Housing Authority of Butte's Financial Manager monitor the budget and pay out expenses for the grant. The Financial Manager is [redacted] who is responsible for all accounting functions within the housing authority. She has been employed by the Public Housing Authority of Butte for four years and prior to that she was employed by another housing authority in Montana for over ten years as the Administrative Officer. While at the previous housing authority she was responsible for all areas of the fiscal management system.

The Public Housing Authority of Butte uses the accrual method of accounting. All expenditures, including grant expenditures, are approved first by the Executive Director. Then all expenditures are reviewed by the Financial Manager and all invoices are paid. Grant expenditures are monitored on a monthly basis and draw downs from the grant funds are done monthly based on the previous month's actual expenditures. The Financial Manager prepares the drawdown request. The Modernization Coordinator completes the drawdown of grant funds in eLOCCS. The Financial Manager reconciles the funds drawn down monthly.

Monthly, the Financial Manager will prepare a financial report that includes a report of all grant expenditures for the Resident Council, Executive Director and the Board of

Commissioners for the housing authority. The ROSS grant will be included in the yearly fiscal audit for the housing authority.

The goal will be to spend one-third of the ROSS grant funds each year over the three-year time period for the grant. The ROSS Program Coordinator, the housing authority's Project Director, the Executive Director, and the Financial Manager will meet at monthly to review grant expenditures and the progress of grant goals.

(e.) Audit Findings

The Public Housing Authority of Butte has not had any findings in its yearly fiscal audits over the past five years. The housing authority has not had a management review, Inspector General audit, or HUD audit within the last five years.

eLogic Model™

Applicant Name: PHAB Resident Council
Project Name: ROSS SC
Project Type: 0
Construction Type: 0

HUD Program: ROSS-SC
Period:
Start Date:
End Date:

US Department of Housing and Urban Development
OMB Approval 2535-0114 exp. 2008 Pending

Component Name: 0

HUD Goals	Policy Priority	Problem, Need, Situation	Services or Activities/Outputs	Measure			Outcome	Measure			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
A.1	A	Residents lack skills and training in employability, access to the Internet and computer technology, educational programs, as well as supportive services and programs designed to promote economic self sufficiency.	Housing units identified for purchase by ROSS residents	Homes			Policy Priority – Homes purchased by ROSS residents	Households			
B.4	B.7			6				3			**A. Tools for Measurement**
C.3				#N/A				#N/A			Program specific form(s)
											Questionnaire
				#N/A				#N/A			
				#N/A				#N/A			
											B. Where Data Maintained
				#N/A				#N/A			Individual case records
											Specialized database
				#N/A				#N/A			
		There is a need for families residing in Public and Indian housing to receive training in financial management and life skills training.		#N/A				#N/A			
											C. Source of Data
				#N/A				#N/A			Progress reports
											Sale documents
				#N/A				#N/A			
				#N/A				#N/A			
											D. Frequency of Collection
				#N/A				#N/A			Annually
				#N/A				#N/A			
				#N/A				#N/A			
											E. Processing of Data
				#N/A				#N/A			Statistical database
				#N/A				#N/A			
				#N/A				#N/A			
				#N/A				#N/A			
				#N/A				#N/A			

eLogic Model™

Applicant Name: PHAB Resident Council
Project Name: ROSS SC
Project Type: 0
Construction Type: 0

HUD Program: ROSS-SC
Period:
Start Date:
End Date:

US Department of Housing and Urban Development
OMB Approval 2535-0114 exp. 2008 Pending

Component Name: 0

HUD Goals	Policy Priority	Problem, Need, Situation	Services or Activities/Outputs	Measure			Outcome	Total Measure			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
				#N/A				#N/A			
				#N/A				#N/A			
				#N/A				#N/A		

eLogic Model™

Applicant Name: PHAB Resident Council
Project Name: ROSS SC
Project Type: 0
Construction Type: 0

HUD Program: ROSS-SC
Period:
Start Date:
End Date:

US Department of Housing and Urban Development
OMB Approval 2535-0114 exp. 2008 Pending

Component Name: 0

HUD Goals	Policy Priority	Problem, Need, Situation	Services or Activities/Outputs	Measure			Outcome	Total Measure			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
				#N/A				#N/A			
				#N/A				#N/A			
				#N/A				#N/A		

eLogic Model™

Applicant Name:	PHAB Resident Council
Project Name:	ROSS SC
Project Type:	0
Construction Type:	0

HUD Program:	ROSS-SC
Period:	
Start Date:	
End Date:	

US Department of Housing and Urban Development
OMB Approval 2535-0114 exp. 2008 Pending

Component Name: 0

HUD Goals	Policy Priority	Problem, Need, Situation	Services or Activities/Outputs	Measure			Outcome	Total Measure			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
					#N/A				#N/A		
					#N/A				#N/A		
					#N/A				#N/A	

eLogic Model™

Applicant Name: PHAB Resident Council
Project Name: ROSS SC
Project Type: 0
Construction Type: 0

HUD Program: ROSS-SC
Period:
Start Date:
End Date:

US Department of Housing and Urban Development
OMB Approval 2535-0114 exp. 2008 Pending

Component Name: 0

HUD Goals	Policy Priority	Problem, Need, Situation	Services or Activities/Outputs	Measure			Outcome	Total Measure			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
				#N/A				#N/A			
				#N/A				#N/A			
				#N/A				#N/A		

eLogic Model™

CAMP

Applicant Name:	PHAB Resident Council
Project Name:	ROSS SC
Project Type:	0
Construction Type:	0

HUD Program:	ROSS-SC
Period:	
Start Date:	
End Date:	

US Department of Housing and Urban Development
OMB Approval 2535-0114 exp. 2008 Pending

Component Name: 0

HUD Goals	Policy Priority	Problem, Need, Situation	Services or Activities/Outputs	Measure			Outcome	Total Measure			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
				#N/A				#N/A			
				#N/A				#N/A			
				#N/A				#N/A		

OMB Approval No. 2577-0229
Expiration Date 3/31/11

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

ROSS SERVICE COORDINATORS – FUNDING REQUEST

Public reporting burden for the collection of information is estimated to average 1 hour 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. This information will allow HUD to determine eligibility for the ROSS SC Program. This information does not lend itself to confidentiality.

*****PLEASE READ NOFA CAREFULLY FOR DIRECTIONS AND MINIMUM REQUIREMENTS.*****

Name of Applicant Public Housing Authority of Butte's Resident Council

Formatted: Font: Bold

Joint Applicant (if applicable) _____

PHA/Tribe/TDHE(s) to be Served (Name and PHA/IHA/TDHE or Tribal Locality Code) Public Housing Authority of Butte (MT003)

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Total Number of ACC Units/Formula Currently Assisted Stock in PHA/Tribe 355

EDSC
PHA applicants: Are you currently eligible to receive funding for one or more Elderly/Disabled Service Coordinators (EDSC) through the Operating Subsidy? (NOT ROSS-Elderly/Persons with Disabilities) **YES** ___ **NO** X
If YES and you request and are granted an *SC to serve Elderly Residents* through this NOFA, you will forgo any future EDSC Renewal funding.

RA Applicant? YES X **NO** ___ (State and National Resident Associations applying as non-profits should check YES)

Service Coordinators (SCs) Requested

SC Position Requested	Development(s)/ AMP(S) to be served (list name and/or number as applicable) (if different PHAs, list PHA as well)	Number of Units to be Served by this SC (See NOFA for minimum)	SC will serve Family, Elderly or Both?	Year	Salary/Fringe (See NOFA for limits)	Admin (See NOFA for limits)	Training (See NOFA for limits)
1	Silver Bow Homes (MI003000001) Rosalie Manor Leggat (MI003000002) Elm Street (MI003000003) Scattered Sites (MI003000004)	147	Family	1	$28,829	$10,000	$2,000
				2	$30,030	$10,000	$2,000
				3	$31,231	$10,000	$2,000
2				1	$	$	$
				2	$	$	$
				3	$	$	$
3				1	$	$	$
				2	$	$	$
				3	$	$	$
				TOTAL	$90,090	$30,000	$6,000

TOTAL GRANT REQUESTED $ 126,090

For each SC position requested, fill in one large row.

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)):	Grade: O-None	
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):	Date(s):	Grade: O-None
4. Did you receive information from the Agency Call Center? ☐ Yes ☒ 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? ? ☐ Yes ☒ No If yes, please provide the date(s) and rate the quality of assistance received.	Date(s):	Grade: O-None

6. How could we improve our communications to you and others like you (please explain)?

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: 14.870
1. Did you find the Submission Checklist helpful?	☒ Yes ☐ No
2. Were the Funding Opportunity instructions clearer and easier to follow than last year?	☒ Yes ☐ No
3. Were the Program specific funding opportunity instructions clearer and easier to follow than last year?	☒ Yes ☐ No
4. Did you find sections of the funding opportunity duplicative?	☐ Yes ☒ No

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

Section 4 – Finding Grant Opportunities

1. Was it easier to find the Finding Opportunities on-line through Grants.gov than previous methods?	☒ Yes ☐ No
2. Based on previous years, how easy was it to find grants in the	Choose from dropdown
a. Federal Register	A little easier
b. Trade journals	A little easier
c. Agency websites	About the same
3. How could finding grant opportunities be improved (please explain)?	

Section 5 – Applying for Grant Opportunities

1. How many people were involved in completing the application submission?	Number: 2
2. Did you find the electronic application useful for dissemination purposes?	☐ Yes ☒ No
3. Did the same individual who downloaded the grant application submit the application?	☒ Yes ☐ No
4. Did you know where to look for instructions for completing and submitting the application?	☒ Yes ☐ 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 B-Somewhat helpful
9. Did you find the NOFA Application Submission Checklist helpful?	Grade B-Somewhat helpful
10. Did you know how to use the attachment form in the application package?	☒ Yes ☐ No ☐ Do not know
11. Did you have a problem saving your application?	☐ Yes ☒ No ☐ Do not know

Section 6 – Applicant Information

Organization Legal Name Public Housing Authority of Butte

Address 220 Curtis Street CityButte State MT

Zip Code59701 Telephone Number: (including area code) 406-782-6461

Contact Name: Revonda Stordahl Email Address rstordahl@buttehousing.org

Section 7 – Suggestions

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

Close Form

Print Page

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	ROSS Narrative.doc	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	HUD-96010 ROSS-SC V8 3 04260	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	HUD-52768.doc	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	HUD-2994-A Your Are Our Clie	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

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Survey on Ensuring Equal Opportunity For Applicants

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

Purpose:

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

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

Instructions for Submitting the Survey

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

Applicant's (Organization) Name: Public Housing Authority of Butte's Resident Council

Applicant's DUNS Name: [redacted]

Federal Program: Resident Opportunity and Self-Sufficiency Service Coordinators Program

CFDA Number: 14.870

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

   ☐ Yes ☒ No

2. Is the applicant a faith-based organization?

   ☐ Yes ☒ No

3. Is the applicant a secular organization?

   ☐ Yes ☒ No

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

   ☒ Yes ☐ No

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

   ☐ Yes ☒ No

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

   ☒ 3 or Fewer ☐ 15-50
   ☐ 4-5 ☐ 51-100
   ☐ 6-14 ☐ over 100

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

   ☒ Less Than $150,000
   ☐ $150,000 - $299,999
   ☐ $300,000 - $499,999
   ☐ $500,000 - $999,999
   ☐ $1,000,000 - $4,999,999
   ☐ $5,000,000 or more

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Survey Instructions on Ensuring Equal Opportunity for Applicants

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

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

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

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1890-0014.** The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

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

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:
Public Housing Authority of Butte's Resident Council

* Street1: 220 Curtis Street
Street2:
* City: Butte
County:
* State: MT: Montana
* Zip Code: 59701
* Country: USA: UNITED STATES
* Phone: 406-782-6461

2. Social Security Number or Employer ID Number: [redacted]

* 3. HUD Program Name:
Resident Opportunity and Supportive Services - Homeownership and Family

* 4. Amount of HUD Assistance Requested/Received: $ 126,090.00

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

* Project Name: PHAB's Resident Council Service Coordinator Program
* Street1: 220 Curtis Street
Street2:
* City: Butte
County:
* State: MT: Montana
* Zip Code: 59701
* 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 %)
			$ %
			$ %
			$ %
			$ %
			$ %

(**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: Clarisa Hogart

* Date: (mm/dd/yyyy) 08/07/2008

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Save Form to Print

Facsimile Transmittal

1218038859-1038

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)

*** Name of Document Transmitting:** Contract Administrator Staff Resumes

1. Applicant Information:

* Legal Name: Public Housing Authority of Butte's Resident Council

* Address:

* Street1: 220 Curtis Street

Street2:

* City: Butte

County:

* State: MT: Montana

* Zip Code: 59701 * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: [redacted] CFDA No.: 14.870

Title: Resident Opportunity and Supportive Services - Homeownership and Family

Program Component:

3. Facsimile Contact Information:

Department:

Division:

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

Prefix: * First Name: Clarisa

Middle Name:

* Last Name: Hogart

Suffix:

* Phone Number: 406-782-6461

Fax Number: 406-782-6473

*** 5. Email:** chogart@buttehousing.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?** 8

Form **HUD-96011** (10/12/2004)

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OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 08/07/2008

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Public Housing Authority of Butte's Resident Council

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

* c. Organizational DUNS: [redacted]

d. Address:

* Street1: 220 Curtis Street
Street2:
* City: Butte
County:
* State: MT: Montana
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 59701

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Clarisa

Middle Name:

* Last Name: Hogart

Suffix:

Title: Property Manager

Organizational Affiliation:

* Telephone Number: 406-782-6461

Fax Number: 406-782-6473

* Email: chogart@buttehousing.org

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OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

resident council

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.870

CFDA Title:

Resident Opportunity and Supportive Services - Homeownership and Family

*** 12. Funding Opportunity Number:**

FR-5200-N-14

* Title:

Resident Opportunity and Self-Sufficiency Service Coordinators Program

13. Competition Identification Number:

SC-14

Title:

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

City of Butte, County of Silver Bow, Montana

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

ROSS Service Coordinator Program for Families.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 1
* b. Program/Project: 1

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2009
* b. End Date: 12/31/2011

18. Estimated Funding ($):

* a. Federal	126,090.00
* b. Applicant	[redacted]
* c. State	0.00
* d. Local	0.00
* e. Other	[redacted]
* f. Program Income	0.00
* g. TOTAL	[redacted]

*** 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: | * First Name: Clarisa

Middle Name:

* Last Name: Hogart

Suffix:

* Title: Property Manager

* Telephone Number: 406-782-6461 | Fax Number: 406-782-6473

* Email: chogart@buttehousing.org

* Signature of Authorized Representative: Clarisa Hogart | * Date Signed: 08/07/2008

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

OMB Number: 4040-0004
Expiration Date: 01/31/2009

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:
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

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

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

4. Name and Address of Reporting Entity:

[x] Prime [ ] SubAwardee

** Name* Public Housing Authority of Butte's Resident Council

** Street 1* 250 Curtis Street *Street 2*

** City* Butte *State* MT: Montana *Zip* 59701

Congressional District, if known: 1

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

6. * Federal Department/Agency:

U. S. Department of HUD

7. * Federal Program Name/Description:

Resident Opportunity and Supportive Services - Homeownership and Family

CFDA Number, *if applicable:* 14.870

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*

$

10. a. Name and Address of Lobbying Registrant:

Prefix ** First Name* n/a *Middle Name*

** Last Name* n/a *Suffix*

** Street 1* *Street 2*

** City* *State* *Zip*

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

Prefix ** First Name* n/a *Middle Name*

** Last Name* n/a *Suffix*

** Street 1* *Street 2*

** City* *State* *Zip*

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

*** Signature:** Clarissa Hart

***Name:** *Prefix* ** First Name* Clarissa *Middle Name*

** Last Name* Hart *Suffix*

Title: Property Manager **Telephone No.:** [illegible] **Date:** [illegible]

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