|  |
| --- |
| **Factor I – Capacity of the Applicant and Relevant Organizational Experience**1. Key Personnel
2. Partners
 |
| 1. **Key Personnel**
 |
| Name and Position Title (please include the organization position titles in addition to those shown) | Percent of Time Proposed for this Grant | Percent of Time to be spent on other HUD grants | Percent of time to be spent on other activities |
| 1.1 Overall Project Director |
| Name:       |       |       |       |
| Organization Position Title:       |
| Address:       |
| City:       |
| State:       |
| Zip Code:       |
| Phone Number:       |
| Fax Number:       |
| Email:       |
| 1.2 Day-to-Day Program Manager |
| Name:       |       |        |       |
| Organization Position Title:       |
| Address:       |
| City:       |
| State:       |
| Zip Code:       |
| Phone Number:       |
| Fax Number:       |
| Email:       |
| 1.3 Other |
| Name:       |       |       |       |
| Organization Position Title:       |
| Address:       |
| City:       |
| State:       |
| Zip Code:       |
| Phone Number:       |
| Fax Number:       |
| Email:       |
| 1. **Partners**
 |
| Name and contact information  | Description of Commitment | Proposed Activities to be Conducted by Partner | Resource and leveraged resource commitment ($ value for services) |
| Name:       |       |       |       |
| Organization Position Title:       |
| Sub-recipient: [ ]  Yes [ ]  No |
| Address:       |
| Phone Number:       |
| Email:       |
| Name:       |       |        |       |
| Organization Position Title:       |
| Sub-recipient: [ ]  Yes [ ]  No |
| Address:       |
| Phone Number:       |
| Email:       |
| Name:       |       |        |       |
| Organization Position Title:       |
| Sub-recipient: [ ]  Yes [ ]  No |
| Address:       |
| Phone Number:       |
| Email:       |
| Name:       |       |       |       |
| Organization Position Title:       |
| Sub-recipient: [ ]  Yes [ ]  No |
| Address:       |
| Phone Number:       |
| Email:       |
|  |
| **Factor 2 – Need and Extent of the Problem**

|  |  |
| --- | --- |
| 1. Housing Costs
 | 1. Economic Opportunity
 |
| 1. Environmental Quality
 | 1. Fresh Food Access
 |
| 1. Transportation Access
 | 1. Healthy Communities
 |
| 1. Socioeconomic Inequity
 |  |

 |
| 1. **Housing Costs**
 |  |
| * 1. Median Regional Housing Costs Relative to Household Income
 | 1.2 Proportion of Regional Population Paying More than 45 percent of Income to Combined Housing and Transportation Costs |
| YEAR | median monthly regionalrental prices | Median monthly regional household income | ratio: median monthly housing cost/income | Location | regional housing and transportation cost | regional income level | households spending more than 45% of Income |
| 1990  |       |       |       | Region-wide |       |       |       |
| 2000 |       |       |       | Community 1 |       |       |       |
| 2008  |       |       |       | Community 2 |       |       |       |
|  |       |       |       | Community 3 |       |       |       |
| Source:  | [http://www.hud.gov/sustainability](http://www.huduser.org/xsocds/NOFA/nofa_home.html) | Source: | <http://htaindex.cnt.org/>  |
| Date Documented:       | Date Documented:       |
| 1. **Environmental Quality**
 |  |
| **2.1 Urbanized Land per Capita** | **2.2 Total Miles of Distribution of Water Infrastructure per Population Served** |
| YEAR | urbanized land (acres) | population of region | urbanized land per capita | year | miles of distribution of water infrastructure | population of region | water distribution service population | miles of water distribution infrastructure per 1000 |
| 1990 |       |       |  | 1990 |       |       |  |       |
| 2000 |       |       |  | 2000 |       |       |  |       |
|  |       |       |  | 2008 |       |       |  |       |
| Source: |  [http://www.hud.gov/sustainability](http://www.huduser.org/xsocds/NOFA/nofa_home.html) | Source: | Public Utilities; [http://www.hud.gov/sustainability](http://www.huduser.org/xsocds/NOFA/nofa_home.html) |
| Date Documented:       | Date Documented:       |
| 1. **Transportation Access**
 |
| * 1. **Vehicle Miles Traveled per Capita**
 | * 1. **Portion of Regional Trips: Automobile, Transit, Walking, and Bicycling**
 |
| Year | total road mileage (all modes) | vehicle miles traveled | vehicle miles traveled per capita | Years | Automobile | Transit | Walking | Bicycling |
| trips | % of total | trips | % of total | trips | % of total | trips | % of total |
| 1990 |       |       |       |
| 2000 |       |       |       | 1990 |       |       |       |       |       |       |       |       |
| 2009 |       |       |       | 2000 |       |       |       |       |       |       |       |       |
|  |  |  |  | 2008 |       |       |       |       |       |       |       |       |
| Source:  | [http://www.hud.gov/sustainability](http://www.huduser.org/xsocds/NOFA/nofa_home.html) | Source:  | [http://www.hud.gov/sustainability](http://www.huduser.org/xsocds/NOFA/nofa_home.html) |
| Date Documented:       | Date Documented:       |
| 1. **Socioeconomic Inequity**
 |
| **4.1 Segregation by County** |
|  | County Name | 2009 Black/WhiteDissimilarity Index | 2009 Asian/WhiteDissimilarity Index | 2009 Hispanic/WhiteDissimilarity Index |
| 1 |       |       |       |       |
| 2 |       |       |       |       |
| 3 |       |       |       |       |
| 4 |       |       |       |       |
| 5 |       |       |       |       |
|  |
|  |
|  |
|  |
| **4.2 School Lunch Eligibility** |
|  | County Name | 2009 School Lunch Eligibility (pct.) |  |  |
| 1 |  |       |       |       |
| 2 |  |       |       |       |
| 3 |  |       |       |       |
| 4 |  |       |       |       |
| 5 |  |       |       |       |
| Source: <http://www.s4.brown.edu/cen2000/SchoolPop/SPDownload.html>; <http://www.nces.ed.gov/> ; instructions at <http://www.hud.gov/sustainability>Note: include a regional figure if the data is available. if raw numbers of eligible students are available by county, please include them as well. |
| Date Documented:       |

|  |
| --- |
| 1. **Economic Opportunity**
 |
| 5.1 Availability of Subsidized Affordable Housing near Employment Centers (Note: please list the five largest employers and the housing conditions related to it. List specific locations (e.g. company HQ) rather than a regionally dispersed employers (e.g. school district))  |
| employment center (name / SIC designation) | # of employees | number of housing units within 2 miles of the employment center | percentage of housing near employment center that is subsidized |
| 1 |       |       |       |       |
| 2 |       |       |       |       |
| 3 |       |       |       |       |
| 4 |       |       |       |       |
| 5 |       |       |       |       |
| Source: Local Economic Development Departments, Offices of Housing. |  |
| TOTAL REGIONAL WORKFORCE:      | Date Documented:      |

|  |
| --- |
| 1. **Fresh Food Access**
 |
|  | 6.1 Proximity of Full-Service Grocery Stores for Low-Income and Auto-Dependent Households |
|  | % households with no car and > 1 mile to grocery store  | % low-income people living > 1 mi to grocery store  |  |
| Regional Average |  |  |
| County 1 |  |  |
| County 2 |  |  |
| County 3 |  |  |
| County 4 |  |  |
| County 5 |  |  |
|  | Source : <http://www.ers.usda.gov/foodatlas/>  |
|  | Date Documented:       |

|  |  |  |
| --- | --- | --- |
| 1. **Healthy Communities**
 |  |  |
|  | 7.1 Prevalence of Preventable Disease  |
|  | County:       |
| **Race and Ethnicity** | **White** | **American Indian or Alaska Native** | **Black or African American** | **Hispanic or Latino** | **Native Hawaiian or****Other Pacific Islander** | **Asian**  | **Two or More Races** |
| **Indicator** | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 |
| Asthma hospitalization  |       |       |       |       |       |       |       |
| Childhood Obesity |       |       |       |       |       |       |       |
| Diabetes  |       |       |       |       |       |       |       |
| Heart Disease |       |       |       |       |       |       |       |
| Lead Poisoning |       |       |       |       |       |       |       |
| Low birth weight |       |       |       |       |       |       |       |
|  | Source : County and State Health Departments also <http://www.communityhealth.hhs.gov> |
|  | Date Documented:       |
|  |
| County:       |  |
| **Race and Ethnicity** | **White** | **American Indian or Alaska Native** | **Black or African American** | **Hispanic or Latino** | **Native Hawaiian or****Other Pacific Islander** | **Asian**  | **Two or More Races** |
| **Indicator** | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 |
| Asthma hospitalization  |       |       |       |       |       |       |       |
| Childhood Obesity |       |       |       |       |       |       |       |
| Diabetes  |       |       |       |       |       |       |       |
| Heart Disease |       |       |       |       |       |       |       |
| Lead Poisoning |       |       |       |       |       |       |       |
| Low birth weight |       |       |       |       |       |       |       |
| Source : County and State Health Departments |
| Date Documented:       |
|  |
| County:       |  |
| **Race and Ethnicity** | **White** | **American Indian or Alaska Native** | **Black or African American** | **Hispanic or Latino** | **Native Hawaiian or****Other Pacific Islander** | **Asian**  | **Two or More Races** |
| **Indicator** | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 |
| Asthma hospitalization  |       |       |       |       |       |       |       |
| Childhood Obesity |       |       |       |       |       |       |       |
| Diabetes  |       |       |       |       |       |       |       |
| Heart Disease |       |       |       |       |       |       |       |
| Lead Poisoning |       |       |       |       |       |       |       |
| Low birth weight |       |       |       |       |       |       |       |
| Source : County and State Health Departments |
| Date Documented:       |

|  |
| --- |
|  |
| County:       |  |
| **Race and Ethnicity** | **White** | **American Indian or Alaska Native** | **Black or African American** | **Hispanic or Latino** | **Native Hawaiian or****Other Pacific Islander** | **Asian**  | **Two or More Races** |
| **Indicator** | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 |
| Asthma hospitalization  |       |       |       |       |       |       |       |
| Childhood Obesity |       |       |       |       |       |       |       |
| Diabetes  |       |       |       |       |       |       |       |
| Heart Disease |       |       |       |       |       |       |       |
| Lead Poisoning |       |       |       |       |       |       |       |
| Low birth weight |       |       |       |       |       |       |       |
| Source : County and State Health Departments |
| Date Documented:       |
|  |
| County:       |  |
| **Race and Ethnicity** | **White** | **American Indian or Alaska Native** | **Black or African American** | **Hispanic or Latino** | **Native Hawaiian or****Other Pacific Islander** | **Asian**  | **Two or More Races** |
| **Indicator** | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 |
| Asthma hospitalization  |       |       |       |       |       |       |       |
| Childhood Obesity |       |       |       |       |       |       |       |
| Diabetes  |       |       |       |       |       |       |       |
| Heart Disease |       |       |       |       |       |       |       |
| Lead Poisoning |       |       |       |       |       |       |       |
| Low birth weight |       |       |       |       |       |       |       |
| Source : County and State Health Departments |
| Date Documented:       |
|  |
| County:       |  |
| **Race and Ethnicity** | **White** | **American Indian or Alaska Native** | **Black or African American** | **Hispanic or Latino** | **Native Hawaiian or****Other Pacific Islander** | **Asian**  | **Two or More Races** |
| **Indicator** | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 | IncidencePer 1000 |
| Asthma hospitalization  |       |       |       |       |       |       |       |
| Childhood Obesity |       |       |       |       |       |       |       |
| Diabetes  |       |       |       |       |       |       |       |
| Heart Disease |       |       |       |       |       |       |       |
| Lead Poisoning |       |       |       |       |       |       |       |
| Low birth weight |       |       |       |       |       |       |       |
| Source : County and State Health Departments |
| Date Documented:       |

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| --- |
| **Factor 4 – Leveraging Resources** |
| Name and contact information of the organization or entity that will partner with applicant | Work To Be Accomplished In Support of the Program | Value of In-Kind or Cash Match Contribution\* | Additional Leveraged Funds Contribution | Total of Match and Leveraged Contributions |
|  |  |
| Name:       |       |       |       |       |
| Type of Organization       |
| Partner Receiving Award Grant Funds:  | [ ]  Yes [ ]  No |
| Address:       |
| City:       |
| State:       |
| Zip Code:       |
| Phone Number:       |
| Fax Number:       |
| Email:       |
|  |  |
| Name:       |        |       |       |       |
| Type of Organization       |
| Partner Receiving Award Grant Funds:  | [ ]  Yes [ ]  No |
| Address:       |
| City:       |
| State:       |
| Zip Code:       |
| Phone Number:       |
| Fax Number:       |
| Email:       |
|  |  |
| Name:       |        |       |       |       |
| Type of Organization       |
| Partner Receiving Award Grant Funds:  | [ ]  Yes [ ]  No |
| Address:       |
| City:       |
| State:       |
| Zip Code:       |
| Phone Number:       |
| Fax Number:       |
| Email:       |
|  |  |
| Name:       |        |       |       |       |
| Type of Organization       |
| Partner Receiving Award Grant Funds:  | [ ]  Yes [ ]  No |
| Address:       |
| City:       |
| State:       |
| Zip Code:       |
| Phone Number:       |
| Fax Number:       |
| Email:       |
|  |  |
| Name:       |        |       |       |       |
| Type of Organization       |
| Partner Receiving Award Grant Funds:  | [ ]  Yes [ ]  No |
| Address:       |
| City:       |
| State:       |
| Zip Code:       |
| Phone Number:       |
| Fax Number:       |
| Email:       |
|  |  |
| Name:       |        |       |       |       |
| Type of Organization       |
| Partner Receiving Award Grant Funds:  | [ ]  Yes [ ]  No |
| Address:       |
| City:       |
| State:       |
| Zip Code:       |
| Phone Number:       |
| Fax Number:       |
| Email:       |
|  |  |
|  | **Total Amount** |       |       |       |

|  |
| --- |
| **Factor 5 – Achieving Results and Program Evaluation** |
| Regional planning issue to be addressed | Long-term outcome desired | Livability Principle(s) addressed | Applicable Activity in the Regional Plan for Sustainable Development | Anticipated Progress and Forms of Measurement |
|  |  |  |  | **6 months** | **12 months** | **24 months** | **36 months** |
| Disconnection between low- and moderate-income workforce to employment options **(NOTE: this is a sample – if this outcome is pertinent to your application, please include it below.)** | * + 1. Increased proportion of low- and very-low income households within to  transit commute of major employment centers (sample)
 | Providing More Transportation Choices; Increasing Economic Competitiveness | Workforce Transportation 2020 plan that cements agreements between major employers and regional transit agency (sample) | Identify potential long term employers willing to participate in program; secure participation of transit agency. **Measure:** letters of commitment from participating agencies (sample) | Working group convenes and completes 4-month charge to develop agreements to incorporate into the RPSD. **Measure:** meeting summaries; strategic plan outline, appropriate research (sample) | Draft plan submitted to leadership Team for review and incorporation into the RPSD; review process commenced. **Measure:** draft plan, summary of public plan reviews, analysis of comments (sample) | Draft transportation plan, ratified as component of RSPD. **Measure:** RPSD, coverage of plan adaption, survey of implementing agencies to ascertain their respective operating plans (sample) |
|  | * + 1. Increased proportion of low- and very-low income households within to  transit commute of major employment centers
 |  |  |  |  |  |  |
|       | * + 1. Creation of shared elements in regional transportation, housing, water, and air quality plans tied to local comprehensive land use.
 |       |       |       |       |       |       |
|       | * + 1. Reduced social land economic disparities for the low-income and communities of color within the target region.
 |       |       |       |       |       |       |
|       | * + 1. Decrease in per capita VMT and transportation-related emissions for the region.
 |       |       |       |       |       |       |
|       | * + 1. Decrease in combined housing and transportation costs per household.
 |       |       |       |       |       |       |
|       | * + 1. Increased participation and decision-making in developing and implementing a long range vision for the region by populations traditionally marginalized in public planning processes.
 |       |       |       |       |       |       |
|       | * + 1. Increased proportion of low-and very-low income households within to transit commute or major employment centers.
 |       |       |       |       |       |       |