**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 _____

Joint Applicant (if applicable) _____

Name of PHA/Tribe/TDHE(s) to be Served
_____

PHA Code(s) to be served (Not applicable to tribes/TDHEs)
_____

Total Number of ACC Units/Formula Currently Assisted Stock in PHA/Tribe
_____
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 ___**
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 ___ NO ___ (State and National Resident Associations applying as non-profits should check YES)

Non-Profit Applicant? YES ____ NO _____

       If Yes, check all that apply:
          Faith-based ____
          Community-based ____
          Other _____

Do you (the applicant) have a current ROSS-SC grant? YES ____ NO ____

Are you applying to serve ONLY projects that are NOT served by current ROSS-SC grant(s)?
YES ___ NO ___

Service Coordinators (SCs) Requested

SC Position Requested	Project(s) to be served (See NOFA for instructions) (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				**1**	$	$	$
				2	$	$	$
				3	$	$	$
2				**1**	$	$	$
				2	$	$	$
				3	$	$	$
3				**1**	$	$	$
				2	$	$	$
				3	$	$	$
				TOTAL	$	$	$
TOTAL GRANT REQUESTED $ _____							

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