

**Family Self-Sufficiency (FSS)  
Program Coordinator  
Funding**

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

OMB Approval No. 2577-0178  
Exp. XX/XX/XX

Public reporting burden for this collection of information is estimated to average 1 hour. This includes the time for collecting, reviewing, and reporting the data. Information provided is to determine the eligibility of the applicant for funding for the salary of a program coordinator. HUD uses the information to determine eligibility of the applicant to receive funding. Information is required to obtain benefit under 24 CFR 984.302. The information is subject to the confidentiality requirements of the HUD Reform Legislation. 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.

**PART I: General Information. (To be completed by all applicants.)**

A. State or Regional PHA?

Yes  No

B. PHA Legal Name (For joint applicants, lead PHA name):

Address:

City:

County:

State:

Zip Code:

PHA Number of Applicant:

C. Legal Name of Joint Applicant PHA. (If applicable.)

PHA Number of Applicant:

Legal Name of Joint Applicant PHA. (If applicable.)

PHA Number of Applicant:

Legal Name of Joint Applicant PHA. (If applicable.)

PHA Number of Applicant:

**Note: Please use the table on page 9, Appendix A below to list any additional co-applicants.**

**PART II: Funding/Positions Requested by PHAs that are Currently Administering FSS Programs**

**A. Previously Funded Positions**

Position Number	Salary Requested Per Position under this NOFA (Including Fringe Benefits)	Indicate whether Full-Time or Part-Time	# of hours worked (weekly)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>Total Salary Requested:</b>			

**B. New Positions – Positions not funded previously under a NOFA.**

Position Number	Salary Requested Per Position under this NOFA (Including Fringe Benefits)	Indicate whether Full-Time or Part-Time	# of hours worked (weekly)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
<b>Total Salary Requested:</b>			

**Note: Please use the tables on page 10, Appendix A below if you need additional space for previously funded and/or new positions.**

**C. Total Requested**

1.		<b>Total number of positions requested in Part II (enter 0.5 for part-time positions)</b>
2.		<b>Total salary requested in Part II (add totals from Part II.A and Part II.B)</b>

**D. Total number of families under FSS contract during the NOFA target period.**

**PART III: Requests for PHAs that are NOT currently administering FSS Programs**

**A. FSS Action Plan Information:**

	The number of FSS program slots in the HUD-approved Action Plan. (For Joint applications, provide total approved slots for all joint applicant PHAs.)
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**B. Position/Salary Requested:**

Position Number:	Salary Requested under this NOFA (Including Fringe Benefits) **	Indicate whether Full-Time or Part-Time	# of hours worked (weekly)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>Total Salary Requested:</b>			

**C. Total Requested.**

1.		<b>Total number of positions requested in Part III (enter 0.5 for part-time positions)</b>
2.		<b>Total salary requested in Part III</b>

**PART IV. Salary Comparability**

Applicants' salary requests are subject to salary comparability requirements as prescribed in the most recent FSS NOFA. Salary requests must be based on local comparables, and demonstrate comparability of the requested salary to similar positions in the local jurisdiction. Salary comparables must be kept on file in the offices of the PHA or tribe/TDHE. **Please review the most recent FSS NOFA carefully for further instructions on completing the information below.**

**A. Salary Comparability (Non-Supervisory Position)**

	Occupation Title	Annual Salary	Fringe Benefits	Total Amount (Annual +Fringe Benefits)	Source	Name of Agency Point of Contact (POC)	POC Email Address	POC Telephone Number
1.								
2.								
3.								

**B. Salary Comparability (Supervisory Position, *if applicable*)**

	Occupation Title	Annual Salary	Fringe Benefits	Total Amount (Annual +Fringe Benefits)	Source	Name of Agency POC	POC Email Address	POC Telephone Number
1.								
2.								
3.								

**INSTRUCTIONS:**

**A.** The FSS NOFA supplements this set of instructions. Please read the NOFA carefully to ensure that you are following all instructions in completing this form.

**B. Previously Funded Positions (Part II.A.):** The examples below help illustrate how to enter the information on this table.

*Example 1:* PHA is requesting 2 full-time renewal positions at \$55,000 each.

Position Number	Salary Requested Per Position under this NOFA (Including Fringe Benefits)**	Indicate whether Full-Time or Part-Time	# of hours worked (weekly)
1.	\$55,000	Full-time	40
2.	\$55,000	Full-time	40
3.			
<b>Total Salary Requested</b>	<b>\$110,000</b>		

*Example 2:* PHA is requesting 1 full-time renewal position at \$45,000 and 1 full-time renewal position at \$50,000.

Position Number	Salary Requested Per Position under this NOFA (Including Fringe Benefits)**	Indicate whether Full-Time or Part-Time	# of hours worked (weekly)
1.	\$45,000	Full-time	40
2.	\$50,000	Full-time	40
3.			
<b>Total Salary Requested:</b>	<b>\$95,000</b>		

*Example 3:* PHA is requesting 1 part-time renewal position at \$30,000.

Position Number	Salary Requested Per Position under this NOFA (Including Fringe Benefits)**	Indicate whether Full-Time or Part-Time	# of hours worked (weekly)
1.	\$30,000	Part-time	25
2.			
3.			
<b>Total Salary Requested:</b>	<b>\$30,000</b>		

**C. New Positions (Part II.B.):** Positions not funded previously under a NOFA.

- See the NOFA for more information on whether new positions (positions not funded previously under a NOFA) are allowed and whether applicants may qualify for part-time positions beyond the initial position (for example, whether an applicant can qualify for 1.5 positions).
- The examples below help illustrate how to enter the information on this table.

*Example 1:* PHA is requesting 2 new full-time positions at \$55,000 each:

Position Number	Salary Requested Per Position under this NOFA (Including Fringe Benefits)**	Indicate whether Full-Time or Part-Time	# of hours worked (weekly)
1.	\$55,000	Full-time	40
2.	\$55,000	Full-time	40
3.			
<b>Total Salary Requested</b>	<b>\$110,000</b>		

*Example 2:* PHA is requesting 1 new full-time position at \$45,000 and 1 new full-time position at \$50,000:

Position Number	Salary Requested Per Position under this NOFA (Including Fringe Benefits)**	Indicate whether Full-Time or Part-Time	# of hours worked (weekly)
1.	\$45,000	Full-time	40
2.	\$50,000	Full-time	40
3.			
<b>Total Salary Requested</b>	<b>\$95,000</b>		

**D. Requests for PHAs that are NOT currently administering FSS Programs (Part III.):**

- See the NOFA for more information on whether Part III is applicable (i.e. whether PHAs not currently administering an FSS program are eligible to apply).
- **Position/Salary Requested (Part III.B.):** The examples below help illustrate how to enter the information on this table.

*Example 1:* PHA is requesting 1 new full-time position at \$55,000:

Position Number:	Salary Requested under this NOFA (Including Fringe Benefits) **	Indicate whether Full-Time or Part-Time	# of hours worked (weekly)
1.	\$55,000	Full-time	40
2.			
3.			
<b>Total Salary Requested:</b>	<b>\$55,000</b>		

*Example 2:* PHA is requesting 1 new part-time position at \$30,000:

Position Number:	Salary Requested under this NOFA (Including Fringe Benefits) **	Indicate whether Full-Time or Part-Time	# of hours worked (weekly)
1.	\$30,000	Part-time	25
2.			
3.			
<b>Total Salary Requested:</b>	<b>\$30,000</b>		

## PART IV. Salary Comparability

The information in the examples below is NOT real and is only used to show how to fill the information in the salary comparability tables under Part IV of this form.

### A. Salary Comparability (Non-Supervisory Position)

	Occupation Title	Annual Salary	Fringe Benefits	Total Amount (Annual +Fringe Benefits)	Source	Name of Agency Point of Contact (POC)	POC Email Address	POC Telephone Number
1.	Case Worker	\$40,990	\$15,500	\$56,490	Agency 1	James Smith	<a href="mailto:jsmith@agency1.org">jsmith@agency1.org</a>	(978) 450-1212 ext 125
2.	Community and Social Service Specialist	\$45,200	\$16,275	\$ 61,475	Agency 2	Joe Smith	Joe.smith@agency2.org	(978) 555-5555
3.	Community Outreach Specialist	\$ 42,500	\$16,500	\$ 59,000	Agency 3	Jane Jones	jjones@agency2.org	(978) 434-6667

### B. Salary Comparability (Supervisory Position, if applicable)

	Occupation Title	Annual Salary	Fringe Benefits	Total Amount (Annual +Fringe Benefits)	Source	Name of Agency POC	POC Email Address	POC Telephone Number
1.	Residents Services Director	\$53,500	\$18,180	\$ 71,680	Agency 1	James Smith	<a href="mailto:jsmith@agency1.org">jsmith@agency1.org</a>	(978) 450-1212 ext 125
2.	Community and Social Service Manager	\$50,200	\$20,000	\$70,200	Agency 2	Joe Smith	Joe.smith@agency2.org	(978) 555-5555
3.	Community Outreach Manager	\$54,230	\$16,500	\$70,730	Agency 3	Catherine Jones	c.jones@agency3.org	(970) 444-3244



**APPENDIX A: USE ONLY IF ADDITIONAL SPACE IS NEEDED**

**Part I.B. Legal Name of Joint Applicant PHAs.**

Legal Name of Joint Applicant PHA. (If applicable.)	
Address:	
City:	County:
State:	Zip Code:
PHA Number of Applicant:	
Legal Name of Joint Applicant PHA. (If applicable.)	
Address:	
City:	County:
State:	Zip Code:
PHA Number of Applicant:	
Legal Name of Joint Applicant PHA. (If applicable.)	
Address:	
City:	County:
State:	Zip Code:
PHA Number of Applicant:	
Legal Name of Joint Applicant PHA. (If applicable.)	
Address:	
City:	County:
State:	Zip Code:
PHA Number of Applicant:	
Legal Name of Joint Applicant PHA. (If applicable.)	
Address:	
City:	County:
State:	Zip Code:
PHA Number of Applicant:	

**APPENDIX A (continued)**

**Part II.A. Previously Funded Positions.**

Position Number	Salary Requested Per Position under this NOFA (Including Fringe Benefits)**	Indicate whether Full-Time or Part-Time	# of hours worked (weekly)
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
<b>Total Salary Requested:</b>			

**Part II.B. Additional Positions.**

Position Number	Salary Requested Per Position under this NOFA (Including Fringe Benefits)**	Indicate whether Full-Time or Part-Time	# of hours worked (weekly)
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
<b>Total Salary Requested:</b>			

