

Resident Opportunity & Self-Sufficiency (ROSS) Service Coordinator Funding

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

OMB Approval No. 2577-0229
Expiration Date XX-XX-XX

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. This information will allow HUD to determine eligibility for the ROSS SC Program. This information does not lend itself to confidentiality.

PART I: General Information.

*****Please read the ROSS NOFA carefully for instructions and minimum requirements.*****

A. Applicant Type (please check)

Public Housing Authority (PHA)

Tribe/ Tribally Designated Housing Entity (TDHE)

Resident Association (RA)

501(c)(3) Nonprofit applicant (Not a RA)

- 501(c)(3) applicants must be supported by a PHA, Tribe/TDHE, or RA

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

Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

DUNS Number of Applicant: _____

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

Legal Name of Joint Applicant. (If applicable.)

D. Name of PHA, Tribe/TDHE(s), and/or RA to be served.

E. PHA Code (s) to be served (not applicable to Tribes/ TDHEs).

F. Number of ACC Units/ Formula Currently Assisted Stock in PHA/Tribe:

G. Do you (the applicant) have a current ROSS-SC grant (i.e., a grant that was awarded within two years from the date of this application)?

Yes

No

PART II: Resident Associations Only

A. Please Indicate your RA type by checking the corresponding box:

- Site Based RA
- Non- Site Based RA

B. All RAs must have either a locally incorporated nonprofit status or 501(c)(3) status designated by the IRS to be eligible. Please indicate your status:

- Locally incorporated nonprofit status
- 501 (c)(3) designated by the IRS

PART III: Service Coordinator Information (Budget Form)

SC positions requested	Project(s) to be served (See NOFA for limits. If different PHAs, list all.)	Number of units to be served (See NOFA for minimum number of units)	Clients to be served - families - elderly - both	Year	Salary/Fringe (See NOFA for limits.)	Admin (See NOFA for limits.)	Training (See NOFA for limits.)
1			<input type="checkbox"/> Family	1	\$	\$	\$
			<input type="checkbox"/> Elderly	2	\$	\$	\$
			<input type="checkbox"/> Both	3	\$	\$	\$
2			<input type="checkbox"/> Family	1	\$	\$	\$
			<input type="checkbox"/> Elderly	2	\$	\$	\$
			<input type="checkbox"/> Both	3	\$	\$	\$
3			<input type="checkbox"/> Family	1	\$	\$	\$
			<input type="checkbox"/> Elderly	2	\$	\$	\$
			<input type="checkbox"/> Both	3	\$	\$	\$
				Total	\$	\$	\$
Total Number of Units				Total Grant Requested		\$	

Note: If you are currently eligible to receive funding for one or more Elderly/Disabled Service Coordinators (EDSC) Grant and you request Elderly through this NOFA, you will forgo any future EDSC renewal funding.

PART IV. Salary Comparability

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

Salary Comparability

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

