

OMB Approval Number 2539-0015 (exp. MM/DD/2027)													
Grantee Organization:								Period of Performance: 36 months				Enter just proposed amts. in 100% column	
PERIOD	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
ACTIVITY													
Applicant Capacity (0-90 days)													
Staff Hired	→												
Approved Environmental Review and Release of Funds	→												
Written Policies and Procedures	→												
Number of Paint Inspections / Risk Assessments / Hazard Evaluations Proposed:	< Enter Number of Units to be Assessed.												
Paint Inspections / Risk Assessments / Hazard Evaluations:	→												
Minimum Performance Standard	0%	2%	5%	15%	25%	35%	50%	65%	80%	95%	98%	100%	
Proposed # Evaluated													
Number of Completed & Cleared Housing Units Proposed:	< Enter Number of Units to be Completed and Cleared.												
Units Completed and Cleared:	→												
Minimum Performance Standard	0%	1%	2%	5%	10%	25%	40%	55%	70%	85%	95%	99%	100%
Proposed # Completed													
LOCCS DRAWDOWNS Grant Award Amount =	< Enter Requested OHHLHC Dollar amount.												
LOCCS Drawdowns:	→												
Minimum Performance Standard	2.5%	5%	10%	15%	25%	35%	45%	55%	65%	80%	90%	99%	100%
Proposed Dollars Drawn													
Proposed Match Amount (\$)													
Proposed Leverage Amount (\$)													
Proposed Healthy Homes Initiative HUD Funding Amount (if applicable) Dollars Drawn													
Community Outreach / Education/ Training	→												
Community Outreach Milestone													
Education Milestone													
Skills Training Milestone													
Close-Out	→												

Note the tab with the Paperwork Reduction Act Statement and the Warning Statement and Certification.

Form HUD-96008 (05/2024)

OMB Approval Number 2539-0015 (exp. MM/DD/2027)																
Grantee Organization:										Period of Performance: 42 months				Enter just proposed amts. in 100% column		
PERIOD	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	
ACTIVITY																
Applicant Capacity (0-90 days)																
Staff Hired																
Approved Environmental Review and Release of Funds																
Written Policies and Procedures																
Number of Paint Inspections / Risk Assessments / Hazard Evaluations Proposed:	< Enter Number of Units to be Assessed															
Paint Inspections / Risk Assessments / Hazard Evaluations:																
Minimum Performance Standard	0%	2%	5%	20%	35%	45%	55%	65%	70%	80%	90%	95%	99%	100%		
Proposed # Assessed																
Number of Completed & Cleared Housing Units Proposed:	< Enter Number of Units to be Completed and Cleared.															
Units Completed and Cleared:																
Minimum Performance Standard	0%	1%	5%	20%	35%	45%	55%	65%	70%	80%	85%	90%	95%	99%	100%	
Proposed # Completed																
LOCCS DRAWDOWNS Grant Award Amount =	< Enter Requested OHHLHC Dollar amount.															
LOCCS Drawdowns:																
Minimum Performance Standard	2.5%	5%	10%	20%	30%	40%	50%	55%	60%	65%	75%	85%	90%	95%	100%	
Proposed Dollars Drawn																
Proposed Match Amount																
Proposed Leverage																
Proposed Healthy Homes Initiative HUD Funding Amount (if applicable) Dollars Drawn																
Community Outreach / Education/ Training																
Community Outreach Milestone																
Education Milestone																
Skills Training Milestone																
Close-Out																

OMB Approval Number 2539-0015 (exp. MM/DD/2027)																	
Grantee Organization:												Period of Performance: 48 months				Enter just proposed amts. in 100% column	
PERIOD	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17
ACTIVITY																	
Applicant Capacity (0-90 days)																	
Staff Hired																	
Approved Environmental Review and Release of Funds																	
Written Policies and Procedures																	
Number of Paint Inspections/ Risk Assessment Proposed:	< Enter Number of Units to be Assessed																
Number of Paint Inspections / Risk Assessments / Hazard Evaluations Proposed:																	
Paint Inspections / Risk Assessments / Hazard Evaluations:	1%	2%	5%	20%	35%	45%	55%	65%	70%	75%	80%	85%	90%	95%	99%	100%	
Proposed # Assessed																	
Number of Completed & Cleared Housing Units Proposed:	< Enter Number of Units to be Completed and Cleared.																
Units Completed and Cleared:																	
Minimum Performance Standard	1%	2%	5%	20%	35%	45%	50%	60%	65%	70%	75%	80%	85%	90%	95%	99%	100%
Proposed # Completed																	
LOCCS DRAWDOWNS Grant Award Amount =	< Enter Requested OHHLHC Dollar amount.																
LOCCS Drawdowns:																	
Minimum Performance Standard	2%	5%	10%	20%	30%	40%	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%	100%
Proposed Dollars Drawn																	
Proposed Match Amount																	
Proposed Leverage																	
Proposed Healthy Homes Initiative HUD Funding Amount (if applicable) Dollars Drawn																	
Community Outreach / Education/ Training																	
Community Outreach Milestone																	
Education Milestone																	
Skills Training Milestone																	
Close-Out																	

Note the tab with the Paperwork Reduction Act Statement and the Warning Statement and Certification.

Form HUD-96009-A (05/2024)

PAPERWORK REDUCTION ACT STATEMENT  
AND WARNING STATEMENT

OMB Approval Number 2539-0015 (exp. MM/DD/2027)

## **Paperwork Reduction Act Statement**

The public reporting burden for this collection of information is estimated to be 15 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. Send comments regarding the accuracy of this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Reports Management Officer, U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, REE, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send this completed form to this address. When providing comments, please refer to OMB Approval No. 2539-0015. The Department of Housing and Urban Development (HUD) may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. HUD is authorized to collect this information under the authority cited in the Notice of Funding Opportunity for this grant program. The information collected will provide proposed grant implementation data for multiple programs. HUD will use this information in the selection of applicants and monitoring of awarded grantees. This information is required to obtain the benefit sought in the grant program. Although an assurance of confidentiality for this collection is not provided, HUD generally only discloses the information collected here in response to a Freedom of Information Act (FOIA) request with potential withholdings to the information applied in accordance with FOIA exemptions (5 U.S.C. § 552(b)) as applicable.

## **Warning Statement and Certification**

The Authorized Representative who signed the Standard Form 424, Application for Federal Assistance, on behalf of the Applicant for the grant for which this form HUD-96008 is part of the application, certifies under penalty of perjury that the information provided in this form is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §§ 3729, 3802).