

**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 01-31-2026

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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden the Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th Street SW, Room 8210, Washington, DC 20410-5000. When providing comments, please refer to OMB Control No. 2577-0229. The information will be used to determine eligibility for the Resident Opportunity and Self-Sufficiency (ROSS) Service Coordinator (SC) 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 does not lend itself to confidentiality.

**PART I: General Information.**

**\*\*\*Please read the ROSS NOFO carefully for instructions for the completion of this form and minimum requirements.\*\*\***

**A. Applicant Type (please check)**

- Public Housing Authority (PHA)
  - Region-Wide PHA
  - Statewide PHA
- Tribe/Tribally Designated Housing Entity (TDHE)
- Resident Association (RA)
  - Site Based RA
  - Non-Site Based RA
- Multifamily Owner
- 501(c)(3) Nonprofit applicant (Not a RA)

**B. Applicant Legal Name According to UEI (For joint applicants, lead Applicant name):**

Address:

City: County:

State: Zip Code:

UEI Number

PHA Code (s) affiliated with the applicant's project (s) to be served (not applicable to Tribes/ TDHEs and Multifamily Owners).

**C. Legal Name of Joint Applicant According to UEI (If applicable):**

PHA Code of Applicant (if applicable):

Legal Name of Joint Applicant (If applicable):

PHA Code of Applicant (If applicable):

**D. Name of PHA, Tribe/TDHE(s), Multifamily Owner, and/or RA affiliated with the applicant's project(s) to be served.**

**E. Are you (the applicant) a renewal applicant according to the terms of the NOFO to which you're applying?**

- Yes
- No

\*If you are a new applicant, and you are a nonprofit organization, you must attach documentation with this application form verifying your nonprofit status.\*

**F. For renewal applicants that are nonprofit organizations:**

I, \_\_\_\_\_, certify the nonprofit status for \_\_\_\_\_ is current and in good standing.

I/We, the undersigned, certify under penalty of perjury that the information provided above 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; 31 U.S.C. §3729, 3802).**

Signature of Authorized Representative

Title

Not Applicable

**PART II: Service Coordinator Information (Budget Form)**

**A. Part II: Information Submission for ROSS Service Coordinator Determination**

HUD will use the information provided in this section to determine the number of ROSS Service Coordinators. To ensure an accurate assessment, all submitted information must be complete and correct.

**Instructions:**

- **Project Number or Unique Project Identifier:** Enter the identifier using the required format—two letters followed by nine digits (e.g., SCXXXXXXXXX). Each project number or unique identifier must be fully written out and follow this format.
- **Number of Units Served:** Confirm that the number of units entered corresponds accurately to the project number or unique identifier.
- **RAD-PBRA and RAD-PBV Projects:** Enter the former project name(s) and number(s) for each project served.
- **Multifamily Owners:** Enter the Multifamily Contract Number (PBRA HAP Contract #). Verify that this information is accurate.

SC positions requested	Project number or unique project identifier to be served (2alpha and 9 digits entry. Example: SCXXXXXXXXX)	Number of units to be served (See NOFO for minimum number of units)	Type of unit to be served (See NOFO for type of unit definition.)	For RAD-PBRA and RAD-PBV, enter the former project name(s) and number(s) from PIC for each project served	For Multifamily Owners, enter the Multifamily Contract Number (PBRA HAP contract number)	Area(s) of Need for your ROSS Program	Year	Salary/Fringe Request (See NOFO for limits.)	Admin Request (See NOFO for limits.)	Training / Travel Request (See NOFO for limits.)
1			<input type="checkbox"/> Public Housing			<input type="checkbox"/> Digital Opportunity	1	\$	\$	\$
			<input type="checkbox"/> RAD-PBRA			<input type="checkbox"/> Education				
			<input type="checkbox"/> RAD-PBV			<input type="checkbox"/> Financial Literacy	2	\$	\$	\$
			<input type="checkbox"/> NAHASD A Rental Assistance			<input type="checkbox"/> Health & Wellness				
			<input type="checkbox"/> Other			<input type="checkbox"/> Employment	3	\$	\$	\$
						<input type="checkbox"/> Elderly/Disabled				
						<input type="checkbox"/> Reentry				
						<input type="checkbox"/> Substance Use				

2			<input type="checkbox"/> Public Housing			<input type="checkbox"/> Digital Opportunity	1	\$	\$	\$
			<input type="checkbox"/> RAD-PBRA			<input type="checkbox"/> Education				
			<input type="checkbox"/> RAD-PBV			<input type="checkbox"/> Financial Literacy				
			<input type="checkbox"/> NAHASD A Rental Assistance			<input type="checkbox"/> Health & Wellness	2	\$	\$	\$
			<input type="checkbox"/> Other			<input type="checkbox"/> Employment				
						<input type="checkbox"/> Elderly/Disabled				
						<input type="checkbox"/> Reentry	3	\$	\$	\$
						<input type="checkbox"/> Substance Use				
3			<input type="checkbox"/> Public Housing			<input type="checkbox"/> Digital Opportunity	1	\$	\$	\$
			<input type="checkbox"/> RAD-PBRA			<input type="checkbox"/> Education				
			<input type="checkbox"/> RAD-PBV			<input type="checkbox"/> Financial Literacy				
			<input type="checkbox"/> NAHASD A Rental Assistance			<input type="checkbox"/> Health & Wellness	2	\$	\$	\$
			<input type="checkbox"/> Other			<input type="checkbox"/> Employment				
						<input type="checkbox"/> Elderly/Disabled				
						<input type="checkbox"/> Reentry	3	\$	\$	\$
						<input type="checkbox"/> Substance Use				

### **PART III. Salary Comparability**

Applicants' salary requests are subject to salary comparability requirements as prescribed in the most recent ROSS NOFO. 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. **Please review the most recent ROSS NOFO carefully for further instructions on completing the information below.**

#### **Salary Comparability**

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

## PART IV: Match

Match for the ROSS program should represent the needs assessed. Provide the need that you are proposing to meet, the source and value of the match. All applicants are required to have in place a firmly committed match contribution equivalent to 25 percent of the total grant amount being requested in order to be considered for ROSS funding. Match is a NOFO threshold requirement.

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

Area of Need that Match Will Address	Service to Be Provided	Source of Match	Value of Match
			\$
			\$
			\$
			\$
			\$
<b>Total Match</b>			\$

A.

B. Match is \_\_\_\_\_ percent of grant requested (must be at least 25 percent to qualify)

C. I \_\_\_\_\_, certify that the match recorded here is supported by letters on file from community or other partners which certify to this amount of match funding (cash or in-kind) and that this represents the total match for the term of the grant.

I/We, the undersigned, certify under penalty of perjury that the information provided above 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 five years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

Signature of Authorized Representative

Title

### Please attach with this form:

**Renewal Applicants:**

Narrative Statement

**New Applicants:**

Narrative Statement     Nonprofit Status (if applicable)

**Nonprofit Organizations:**

Letter of Support from the PHA, tribe/TDHE, or RA

**Joint Applicant(s):**

Letter of Support from Joint Applicant(s)

**PHAS Troubled:**

Contract Administrator Partnership Agreement

**Resident Associations:**

Contract Administrator Partnership Agreement

**Multifamily Owners**

Housing Assistant Payment (HAP) Contract

**Tribes Designated High-Risk:**

Narrative Statement

**Applicants requesting an additional Service Coordinator (see NOFO for eligibility):**

Map

**\*\*\*Please see NOFO for all other forms your complete application must include.\*\*\***

I , certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, or submitting a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Signature of Authorized Representative

Title