

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

Special Attention of:

Secretary's Representatives,  
State/Area Coordinators,  
Directors, Office of Public Housing  
Directors, Office of Assisted Housing

Notice PIH 98-42 (HUD)  
Issued: 7/31/98  
Expires: 7/31/99

PROCESSING OF GRANT APPLICATIONS FOR FISCAL YEAR (FY) 1998  
SUPERNOFA - Public Housing Tenant Opportunities Program  
(TOP)

1. PURPOSE

This Notice provides instructions for processing Tenant Opportunities Program (TOP) grant applications submitted for funding under the Fiscal Year (FY) 1998 SuperNOFA for Economic Development and Empowerment Programs.

2. APPLICABILITY

- A. Eligible applicant's in TOP-funded activities are residents of conventional public housing developments. Public housing Site-Based Resident Councils and Resident Management Corporations and Intermediary Resident Organizations (IROs) which include National Resident Organizations (NROs), Statewide Resident Organizations (SROs), Regional Resident Organizations (RROs), and Jurisdiction-Wide Resident Organizations (JROs) may apply for TOP Grants. Only IROs may apply for Mediation Grants. **Indian Housing Resident Organizations are now ineligible to apply for TOP funding.**
- B. For FY 1998, TOP funding is allocated to the following three grant categories:
- (1) Economic Self-Sufficiency Grants (ESSGs) provide technical assistance and training to Site-Based Resident Associations (RAs) and IROs, to move welfare dependent families to work. The overall goal of the TOP is to focus resources on welfare to work for non-elderly family households and on independent living for households with elderly or disabled persons.
  - (2) Organizational Development Grants (ODGs) are available to Site-Based RAs and IROs. The grant's purpose is to help build the capacity of Site-Based

RAs to conduct welfare-to-work activities.

- (3) Mediation Grants (MGs) are available to qualified IROs to partner with mediation organizations who

provide training to the IRO and residents on mediation techniques and to provide mediation services.

### **3. BACKGROUND**

The TOP is authorized under Section 122 of the Housing and Community Development Act of 1987 (P.L. 100-242, approved February 5, 1988. The United States Housing Act of 1937 was amended by adding a new Section 20 (42 U.S.C. 1437r). A Super Notice of Funding Availability (SuperNOFA) for FY 1998 announcing approximately \$64.1 million in grant funds was published in the Federal Register on April 30, 1998 (63 FR 23907) under the Consolidated Economic Development and Supportive Services Program (EDSS) and TOP. The EDSS was funded at \$47.2 million and the TOP funded at \$16,884,530 this amount includes (\$5 million in FY 98 appropriations and \$11,884,530 in carry over funds). The TOP funding will be distributed to three grant categories as follows: Economic Self-Sufficiency Grants - \$10.9 million, Organizational Development, Grants - \$3 million, and Mediation Grants - \$3 million. If all funds are not awarded in one category, funds are transferable to the other grant categories for use by qualified applicants.

### **4. FUND ASSIGNMENT PLAN**

The fund assignment plan for distributing grant funds to be awarded as announced for the TOP under the FY 1998 SuperNOFA will be implemented in accordance with Handbook 1830.4, REV-2, dated July 31, 1986.

### **5. DEFINITIONS**

The common definitions for the consolidated TOP/EDSS Programs are contained in Appendix A of the TOP/EDSS SuperNOFA.

### **6. ELIGIBLE AND INELIGIBLE ACTIVITIES**

All eligible and ineligible activities for the TOP are described in Section (H), beginning in 63 Federal Register 23910 of the SuperNOFA.

### **7. APPLICATION REQUIREMENTS**

To receive funding consideration, RAs must submit completed

applications (one original and two copies) to the local HUBS and Program Centers with delegated public housing responsibilities attention: Director, Office of Public Housing or Program Center Coordinator. The application kit includes information on all tabs and certifications required under the SuperNOFA. Applications are due 6:00 p.m. (local time), Friday, July 31, 1998.

## **8. SELECTIVE RATING CRITERIA**

- A. TOP application selection factors are listed beginning in 63 Federal Register 23912 of the SuperNOFA. A TOP application must receive a total of 65 points out of 100 in order to be eligible for funding. There are separate selective rating factors for both the ESSG and MG categories. There are no rating factors for the ODGs. ODG recipients will be selected by lottery conducted by the GMC.
- B. **Bonus Points.** Applicants may receive an award of up to two bonus points for eligible activities/projects that are proposed to be located in federally designated Empowerment Zones, Enterprise Communities, or Urban Enhanced Enterprise Communities and serve the EZ/EC residents, and are certified to be consistent with the strategic plan of the EZs and ECs. The application kit contains a certification which must be completed for the applicant to be considered for EZ/EC bonus points.

## **9. APPLICATION DISTRIBUTION FOR FY 1998**

HUD Headquarters printed and distributed the application kits to local HUBS and Program Centers with delegated public housing responsibilities. The application kit is also available on the Internet through the HUD web site at <http://www.hud.gov>, the PIH Information Resource Center, and the SuperNOFA Information Center.

## **10. HUD REFORM ACT PROVISIONS**

- A. The HUD Reform Act of 1988 prohibits any applicant from gaining an advantage in the competition as a result of receiving confidential information. The final rule, (24 CFR Part 4) "Prohibition of Advance Disclosure of Funding Decisions," which implements section 103 of the Reform Act, specifically prohibits advance disclosure of the following:
- (1) information regarding an applicant's relative standing;
  - (2) amount of assistance requested by any other

applicant;

- (3) identity of any other applicant;
- (4) number of applications; and
- (5) any other information contained in another application.

B. HUD employees who have specific program questions, such as whether a particular subject matter can be discussed with persons outside the Department, should contact the cognizant HUB or Program Center counsel. HQs counsel for the program to which the question pertains may be contacted on (202) 708-3815.

#### **11. GRANTS MANAGEMENT CENTER**

Headquarters PIH Grants Management Center (GMC) will be responsible for managing and coordinating the FY 1998 TOP competition. The GMC will convene a panel and coordinate the review and scoring of Factors 1 through 4 for all TOP grant applications. The application processing will be located at the Grants Management Center (GMC) at 501 School Street, S. W, Suite 800, Washington, D.C. 20024. All cognizant HUBs and Program Centers must forward completed applications, checklists, worksheets and score sheets to the address above. The TOP Grant Administrator for the GMC is Odessa W. Burroughs, (202) 358-0221 ext. 130. The Office's TDD/TYY number or that of the Federal Information Relay Service is 1-800-877-8339.

#### **12. APPLICATION DUE DATES AND SUBMISSION**

- A. The application due date for all TOP applications is **July 31, 1998**. Acceptance of applications as timely depending on method of delivery is described below:
- B. Hand carried applications submitted to HUD cognizant HUBs or Program Centers (an original and two identical copies of the original application) will be accepted during normal business hours before the application due date. On the application due date applications will be accepted in the South Lobby of the HUD Headquarters Building, business hours will be extended to 12:00 midnight, Eastern time. (Appendix A to SuperNOFA lists hours of operation for Cognizant HUB or Program Centers).
- C. Mailed applications, if postmarked on or before 12:00 midnight July 31, 1998, will be considered as timely if received by **August 10, 1998**.

- D. Applications sent by overnight/express mail delivery must be received no later than July 31, 1998, or upon submission of documentary evidence they were placed in transit with the overnight delivery service by no later than July 31, 1998. Appendix "A" of the SuperNOFA lists the hours of operation for Cognizant HUB or Program Centers, which will be extended to 6:00 p.m. on the application due date.

### 13. APPLICATION PROCESSING

- A. The HUBs and Program Centers, and the GMC will ensure that the TOP grant process is conducted in accordance with the procedures set forth in this processing notice, the Grants Management Handbook (where applicable), and related HUD regulations (24 CFR Part 964), the SuperNOFA, notices, and any additional guidance provided by Headquarters.
- B. Applications will be submitted by the applicant to each designated HUB/Program Center in accordance with the FY 1998 SuperNOFA. Refer to paragraph 26 beginning on page 16 of this Notice.
- C. Following the receipt of all grant applications and upon completion of the master logs, the local HUBs and Program Centers are requested to take the following action:
- (1) **Fax the master log (A)** which includes Public Housing RCs/RMCs applicants and **master log (B)** which includes NROs/RRROs/SROs/JROs applicants and copy of the applicant fact sheet to the **Grants Management Center, 501 School Street, 8<sup>th</sup> Floor, Room 831, Washington, DC 20024, Fax numbers (202) 358-0258 or (202) 358-0246. NOTE: The master logs (A and B) must include date and time of receipt, type of grant and amount requested. Please fax all master logs to Vivian Williams, Director, Categorical Grants Division on the date listed in the TOP grant processing schedule in Section 26 of this Notice. FAX final updated master logs and a copy of the applicant fact sheet to the GMC for those applications postmarked on July 31, 1998, but received by August 9, 1998.**
  - (2) If a HUB or Program Center receives an application **not** in its jurisdiction by the application deadline date, the HUB or Program Center shall ensure the following actions take place:

- a. Log the date and time of receipt, type of grant and amount requested in the master log;
  - b. Notify the local HUB or Program Center by telephone that the application is being forwarded.
  - c. The application is to be forwarded via **overnight mail (Federal Express) with a transmittal memo** to the Office of Public Housing (OPH).
  - d. The local HUB or Program Center receiving the application shall log in the application according to the prior cognizant HUB's or Program Center's receipt date and time.
- D. The HUB or Program Center acknowledges receipt of all applications received by July 31, 1998, via an acknowledgment letter to the applicant. A curable deficiencies letter will be sent separately.
- E. Three types of reviews will be conducted: the Local HUB or Program Center will screen applications for technical deficiencies, that is to determine if the application submission is complete and on time; review thresholds to determine applicant eligibility; and the GMC in Headquarters will conduct a technical review to rate applications based on the program's selective rating factors published in the SuperNOFA.
- F. Applications shall be screened for eligibility, curable/incurable deficiencies (refer to page 20 where the term "curable deficiencies" is defined), duplication of funding in accordance with the Application Screening Instructions listed in Attachments 1-7 of this Notice.

The HUBS/Program Centers will review and score Selection Factor 5 (1-3), Comprehensiveness and Coordination for the ESSG and MG Categories in consultation with the Secretary's Representative/Senior Community Builder for the local jurisdiction covered by the activities in the application for assistance. The Program Offices are responsible for rating Factor 5 (1-3) and forwarding copies of the application and Rating Factor 5 score sheets to the Secretary's Representative/Senior Community Builder, who has the option to provide comments for Factor 5 (1-3). If this option taken, the Secretary's Representative/Senior Community Builder will provide these comments to the

Program Office **within seven (7) days** of receipt. The HUBS/Program Centers must communicate with the Secretary's Representative/Senior Community Builders, as needed, to seek clarification of their comments. Otherwise the Secretary's Representative/Senior Community Builder must indicate on the application that they do not have comments and return the application to the appropriate program office **within seven (7) days** of receipt.

Comments made by the Secretary's Representative/Senior Community Builder's will then be taken into consideration by the panel of reviewers.

In addition, the cognizant HUB's or Program Center's input regarding the **Selection Factor, Applicant/Administrator Track Record, is very important**. Please complete **Attachment 6** to assist the Grants Management Team in assessing and scoring this factor. The scoring process for Selection Factors 1 through 4 will be completed by the TOP Grants Management Review Team at the GMC. The cognizant HUB or Program Center screens each application based on the instructions provided by the GMC in Attachment 1 of this Notice. This screening is supervised and validated by the Field Office Grant Administrator (FOGA). The FOGA should not be the same person who screens an application.

- G. Data entry for all TOP applications will be performed at the GMC. The cognizant HUBs or Program Centers are not required to perform data entry of the applications.

**H. TRANSFER OF APPLICATIONS TO THE GMC**

When the cognizant HUBs or Program Centers have completed scoring Factor 5 (1-3), and the Secretary's Representatives/Senior Community Builder's have returned the copy of the application submission with their comments (if applicable), HUBs or Program Centers will retain one copy of each TOP application and send **the original and one copy of ALL APPLICATIONS** to the GMC by **Federal Express** which will guarantee arrival by **Friday, August 14, 1998 by 6:00 p.m.** If the Secretary's Representatives/Senior Community Builder's comments have not been received by this date, the application will still be forwarded to the GMC, and the comments will be faxed upon receipt by the HUBs/Program Centers.

The HUBs/Program Centers will include the following items when shipping the applications to the GMC:

**TRANSMITTAL LETTER.** The enclosed transmittal letter must identify the number of boxes by grant category type (TOP), total number of applications shipped, and a listing of all ineligible applications with the reason for rejection; the following additional items should also be enclosed:

- Application Master Logs
- Threshold Screening/Certification and Assurances Checklist
- Cross Check Worksheet Duplication of Funding
- Field Office Input Regarding Applicant/Administrator Track Record (Selection Factors 3 EDSSG and 2(c) MG
- Curable/Incurable Deficiencies Screening Checklist
- Curable Deficiency Log
  
- Curable deficiency letter and corrected deficiency attached to each application. **If the corrected deficiency is not received by the this date, the application will still be forwarded to the GMC, and the correction will be faxed upon receipt by the Program Office.**

For GMC management purposes, number and label boxes by TOP Grant categories (ESSG, ODG and MG) and include all of the above requested documents. **Within each box, those applications pending deficiency corrections and Secretary's Representatives comments, should be kept separate and clearly identified.**

All boxes must be mailed via **Federal Express** to guarantee overnight **delivery by August 14, 1998**, to the following address:

Grants Management Center  
501 School Street, SW  
Suite 800  
Washington, D.C. 20024  
ATTN: **Vivian Williams**  
Phone: **(202) 358-0221 ext. 127**

- H. All tasks must be executed in accordance with the schedule listed in Section 26 of this Notice.

#### **14. DISTRIBUTION OF FUNDS**

All applications will be reviewed, and scored by the Grants Management Center with the assistance of Field Office staff.

Upon completion of the review, all applications will then be placed in an overall nationwide ranking order and funded until all funds are exhausted. If all funds are not awarded in one category, funds are transferable to the other grant categories for use by qualified applicants.

**15. MAXIMUM GRANT AMOUNTS**

A. General Rule for Site-Based RAs: No Site-Based RA may receive grants in excess of \$100,000-including funds received by the public housing development under Resident Management (RM) or TOP in FY 1988-1998, and the prorated portion of funds received by IROs and on behalf of the Site-Based RA. The \$100,000 cumulative maximum applies to RM/TOP funds received for a specific public housing development.

- (1) Any eligible NRO, RRO, or SRO may apply for a single ESS, ODG or MG for up to \$250,000. These organizations may also apply for one grant each in two or more of the grant categories provided that the combined amount requested by the IRO this year does not exceed \$350,000.
- (2) A JRO may apply for ESSG, ODG, or the MG funds at a maximum \$100,000, and is limited to an application in only one grant category.
- (3) IROs may not propose to assist Site-Based RAs if the FY 1998 funding request causes a Site-Based RA to exceed its 1988-1998 RM/TOP cumulative maximum of \$100,000.

B. Jurisdiction Maximum: Applicants are subject to limits on the amount of RM/TOP funding made available to non-IRO applicants as follows:

- (1) Housing authorities with 1-780 units: Maximum of \$700,000
- (2) Housing authorities with 781-7,300 units: Maximum of \$1.4 million
- (3) Housing authorities with 7,301 or more units: Maximum of \$2.1 million

C. Other Limits:

- (1) Basic Grants. Site-Based RAs that have never received an RM or TOP grant may receive up to \$100,000 less value of TOP assistance received by the development from an IRO.

- (a) Economic Self-Sufficiency Grant-  
Site-Based RAs may receive up to \$100,000 less the value of any TOP assistance previously received by the development from an IRO.
  - (b) Organizational Development Grant - Site Based RA may receive up to \$40,000.
- (2) Additional Grants (ESS Grants Only). Any Site-Based RA selected for a RM or TOP grant in FYs 1988-1997 (including mini grant for start-up activities) that received less than a total of \$100,000 may apply for an Additional Grant for economic self sufficiency, provided that the total cumulative RM/TOP funding for a project site, including Citywide or Intermediary Grant funds benefiting the project does not exceed (including previous grants) the total statutory maximum of \$100,000. Additional Grant applicants may not apply for an ODG.

#### **16. HEADQUARTERS TOP RESPONSIBILITIES**

- A. Headquarters, Office of Public and Indian Housing, GMC is responsible for providing TOP application screening instructions to the local HUD Offices. This notice incorporates those instructions. The GMC will be responsible for managing and coordinating the FY 1998 TOP national competition.
- B. All reviewers will be trained at by Headquarters staff.

#### **17. REVIEW AND SCORE APPLICATIONS**

The GMC Staff will convene technical evaluation panels and coordinate the review and scoring of Factors 1 through 4.

Upon completion of the application review process, the GMC will ship (receipt requested) all copies of each application, all score sheets, and any other applicable documentation relating to the applications to the appropriate cognizant HUB or Program Center. The GMC will retain a copy of the TOP score sheet for program information.

#### **18. RANKING OF APPLICATIONS**

- A. The GMC will perform the National Ranking of all applications. Applications will be placed in rank order. All IROs' applications will be listed and ranked in a separate database. The final ranking will be submitted by the GMC for approval by the Assistant

Secretary and funded until all funds are exhausted.

- B. In cases of applications with tie scores, where selection is affected, the application with the most points for Factor 3, Soundness of Approach shall be selected. If there is still a tie, the application with the most points for Factor 4, leveraging Resources shall be selected.

#### 19. CONGRESSIONAL NOTIFICATIONS

- A. Congressional notifications will be prepared by the GMC based on the information in the Grants Management Module. The GMC will prepare packages for approval by the Assistant Secretary for Public and Indian Housing, for signature of the Assistant Secretary for Congressional and Intergovernmental Relations (CIR). The package will contain a transmittal memorandum, Congressional Notification letters for each award, and a list of awards by location. CIR officially notifies Congress of the selected awards.
- B. After Congress has been notified, the GMC will notify cognizant HUBs or Program Centers of the Congressional notification release date, authorizing release of notification of selection and non-selection letters.

#### 20. NOTIFICATIONS TO SELECTEES AND NON-SELECTEES

- A. The GMC staff will prepare and forward, via cc:mail, a list of award recipients and sample award letters to cognizant HUBs and Program Centers.
  - 1) The award letters will not be sent until:
    - PIH'S Office of Management and Planning prepares the Form HUD-185 (Fund Assignment) for the grantees selected. Upon validation of funding availability, by the Office of the Chief Financial Officer (CFO), the Assistant Secretary for PIH will sign the Form HUD-185 and send to the appropriate HUB or Program Center via pouch mail.
    - 2) CIR has completed the notification of Congress.
- B. The cognizant HUB or Program Center will provide written notification to all applicants whether or not they have been selected. Notification (strengths and weaknesses) and other relevant information. GMC will provide sample notification letters.

- C. The cognizant HUB or Program Center will provide an original signature copy of each award letter to the Field Accounting Director (FAD) to reserve and obligate grant funds.
- D. The cognizant HUB or Program Center will provide the executed grant agreements to the local FAD to establish disbursement authority in the payment system.

Further instructions will be issued in regard to B,C and D above if procedures have changed under the Department's 2020 reorganization.

## **21. GRANT AGREEMENT PREPARATION AND PROCESS**

- A. **Grant Documentation Preparation.** Simultaneous with the issuance of award letters, cognizant HUB or Program Center Coordinators/Grant Officers will prepare for bilateral signature and dispatch to awardees the grant award document, Form-1044; with related grant agreement documents. Grant agreements and related forms will be prepared in accordance with Chapter 4 of the Grants Management Handbook 7490.01, and other instructions or standardized grant agreement formats as may be issued by the GMC to assist in this process.
  - B. The local HUD Office must verify award amount(s) and may place any special conditions, such as LOCCS edit, reductions in funding, or programmatic restrictions necessary for compliance or performance of the approved award. Grantees and subgrantees are required to implement, administer and monitor programs so as to minimize the risk of fraud, waste, abuse, and liability for losses from adversarial legal action. LOCCS is designed to treat all projects in a program the same, with minimal variations.
  - C. The OPH must transmit the grant agreement package to the grantee with a cover letter. The grantee must complete blocks 10 and 19 of Form HUD-1044. In addition, the grantee must sign all three copies of Form HUD-1044 and forward them to the OPH within two weeks of the date of the HUD transmittal letter along with the following forms and documentation:
    - (1) A Direct Deposit Sign-Up Form SF-1199A and cancelled check. Note that the LOCCS program area code name for the Tenant Opportunities Program is RM/TOP and must be typed into Section 1. Block F of the form. This form is required for all grantees that are not currently receiving grant funds through the LOCCS/VRS. Grantees who currently have access to LOCCS will also need to

complete a form and request that RM/TOP be added to their access.

- (2) A revised program plan or other materials required by any special conditions of the grant award;
  - (3) A signed original of the LOCCS Voice Response Access Authorization Form HUD-27054 and one signed/notarized copy. Note that the LOCCS program code name for Tenant Opportunities Program - RM/TOP - must be typed into Block 5a. of the form; and
  - (4) A copy of the Internal Revenue Service (IRS) source document establishing the grantee's Taxpayer Identification Number (TIN) (only for grantees who are not currently LOCCS users).
- D. The OPH shall maintain a supply of the forms/documents to be distributed as a part of the grant agreement package to each grantee, as needed. The Field Administrative Officer aware of this requirement. (The Field Administrative Officer must also maintain a supply of Form HUD-27054-A (which is used by HUD personnel only) is available on the LAN HUD Forms.

The grant agreement package includes the program grant agreement and the following forms:

- (1) Form HUD-1044, Assistance Award/Amendment;
- (2) LOCCS Voice Response System (VRS) Access Authorization - Form HUD-27054 and instructions (for use by grantees);
- (3) Payment Voucher -- Form HUD 50080-RM/TOP 073;
- (4) Financial Status Report -- Form SF-269A and instructions;
- (5) LOCCS-VRS Change of Address Request -- Form HUD 27056 and instructions; and
- (6) LOCCS User Guide: Part I dated June 1995.

NOTE: The OPH must provide a copy of Part I of the LOCCS User Guide dated June 1995 to grantees. The Field Office must advise grantees that a LOCCS-VRS videotape, which explains the system and the initialization procedures, is available from the Field Office for temporary loan.

## **22. GRANT AGREEMENT EXECUTION**

---

TOP Processing Notice

- A. The OPH must send a copy of the approved budget with the grant agreement. The OPH must identify all changes to the grant application as condition(s) of approval and must provide these changes with the grant agreement. Prior to the initial draw down, the grantee shall have secured online access to the internet as a means to communicate with HUD on grant matters. All correspondence concerning the grant award must include the project number shown on the approval letter.
- B. The OPH must review, upon receipt from the grantee, the signed grant agreement copies and forms and check for the following:
- (1) Ensure the tax identification number (TIN) on the Form HUD-1044 matches the TIN on Form HUD-27054. Any discrepancy must be resolved. The TIN should also be included on the SF-1199A.
  - (2) Check that authorized user and the approving official on the LOCCS-VRS Access Authorization Form HUD-27054 are different, and that the form is complete and notarized;
  - (3) Check that any other forms are properly completed as part of the Grant Agreement; and
  - (4) Check that the Form SF-1199A was completed (if required) and that the grantee information is in accordance with the LOCCS User Guide instructions, (not the instructions on the reverse of the printed Form SF-1199A), that a canceled check was provided, and that the TIN agrees with the TIN on Form HUD-1044. The grantee must have one bank depository account for all HUD PIH funds.
  - (5) The OPH retains a copy of the completed Form HUD-27054 and sends the original along with a transmittal (indicating the form has been reviewed for accuracy and content) to:

Dept. of Housing and Urban Development  
Office of the Chief Financial Officer  
Attention: LOCCS Security Team  
P.O. Box 23774  
Washington, DC 20026-3774  
or  
Room 3143  
451 Seventh Street, S.W.  
Washington, D.C. 20410-3600

Note: If prompt and reliable delivery is desired,

---

TOP Processing Notice

use overnight mail or return receipt requested.

- (6) The Program Office forwards a transmittal letter enclosing Form SF-1199A, noting on the face of the envelope, "SF-1199A", to the following address:

Dept. of Housing and Urban Development  
Office of the Chief Financial Officer  
Office of Information Policies and Systems;  
ATTN: ACH Team  
P. O. Box 44816  
Washington, D.C. 20026-4816

- (7) The Director, OPH signs the HUD-1044 in Block 20 and enters the date in Block 5, and on Page 15 of the grant agreement. After execution of the grant agreement, the OPH must:

- a. Transmit one signed copy of the grant agreement and a copy of the IRS document to the FAD (with the TIN for new grantees) and retain one copy on the grant file. The OPH must complete these actions promptly upon receipt of acceptable materials from the grantee.
- b. Send one copy of the grant agreement to the grantee when the grant payment system is operational. The grant system is operational when the following are completed:
  - (i) Recording of the grant agreement (disbursement authority by CFO/FAD;
  - (ii) Entering 1199 data into LOCCS;
  - (iii) Entering the grant budget line item entries into LOCCS and confirming that the Grantee has received its VRS number.
  - (iv) Verifying the correct banking information has been entered into LOCCS using query screen Q05 and that the TIN agrees with the grant agreement Form HUD-1044; and
  - (v) Assuring that the grantee has LOCCS-VRS access by query of LOCCS, confirming the grantee has been provided a LOCCS-VRS user identification number. (This capability is now available and it is shown on screen Q60.)

Include copies of Form HUD-50080-RM/TOP

---

TOP Processing Notice

Payment Voucher with this transmittal.

**23. BUDGET LINE ITEMS ARE AS FOLLOWS:**

9810 Employment Readiness Training Contracts  
9820 Business/Job Training Contracts  
9830 Job Placement/Retention Contracts  
9840 Mediation Activities  
9850 Resident Organization Development Contracts  
9860 Travel Costs  
9870 Other Resident Costs  
(Stipends/Reimbursements)  
9880 Administrative and Other Costs

**26. TOP PROCESSING SCHEDULE**

The PIH GMC, shall execute this process in accordance with the below timetable, and any other instructions issued by the Department

<u>STEPS</u>	<u>DEADLINE DATE</u>
1. Designate FOGA & SecRep (Please notify Headquarters of the selection by cc:mail to Odessa Burroughs).	June 30 , 1998
2. TOP Processing Notice provided to cognizant HUBs or Program Centers by Headquarters	July 23, 1998
3. Conduct Conference call with cognizant HUB or Program Center Staff	July 28, 1998
4. Application deadline	July 31, 1998
5. Fax master log (A) and (B) and TOP fact sheets to GMC ATTN: Odessa Burroughs	August 3, 1998
6. Acknowledgment letters sent to applicants	August 6, 1998
7. Screening for technical deficiencies completed, acknowledgment letters and curable deficiencies letters sent by fax to RAs and IROs	August 10, 1998
8. Program Office sends SecRep/Senior Community Builder application and Factor 5 score sheet for comment	August 10, 1998
9. FAX updated master logs and fact sheets to GMC for those applications postmarked	

---

TOP Processing Notice

- July 31, 1998, but received between August 3 through 9 August 10, 1998
10. **FOGA ships ALL APPLICATIONS overnight with all required documents to the GMC** August 13, 1998
  11. All Applications received at GMC August 14, 1998
  12. GMC organizes applications for review process August 15, 1998
  13. Reviewers are trained by HQs staff on site at GMC August 17, 1998
  14. TOP Grants review begins August 17, 1998
  15. All deficiency corrections/Secretary's Representatives comments due to the cognizant HUBs or Program Centers August 17, 1998
  16. HUBs and Programs Centers FAX all deficiency corrections/Secretary's Representatives comments to GMC August 17, 1998
  17. GMC completes review of all eligible applications August 28, 1998
  18. Data entry validated by data entry person and validated by the Grant Administrator August 28, 1998
  19. GMC ranks all applications September 2, 1998
  20. Organizational Development Grant Lottery September 2, 1998
  21. Recommendations with Congressional Notification to PIH A/S September 3, 1998
  22. Assistant Secretary approves grant selections September 9, 1998
  23. GMC forwards by cc:mail templates of grant approval and disapprovals to cognizant HUBs or Program Centers September 10, 1998

- |     |  |                    |
|-----|--|--------------------|
| 24. | GMC sends lists of grant awards with HUD-185s to budget office   | September 11, 1998 |
| 25. | Cognizant HUBs or Program Centers send the original approval letters and grant agreement to FAD to reserve funds | September 17, 1998 |
| 26. | FAD completes reservation of TOP grant funds   | September 25, 1998 |
| 27. | Cognizant HUBs or Program Centers send the approval letters to RAs and IROs                                      | September 28, 1998 |
| 28. | Cognizant HUBs or Program Centers completes Grant Agreements and send to grantees                                | October 1, 1998    |
| 29. | Grant Agreements signed by RAs and IROs and returned to cognizant HUBs or Program Centers                        | October 10, 1998   |
| 30. | Grant Agreements signed by OPH   | October 14, 1998   |
| 31. | Budget Line Items entered into LOCCS   | October 26, 1998   |
| 32. | Funds available for grantee to drawdown  | October 30, 1998   |

**27. REPORTS**

- A. As in past years, to ensure that the program schedules are adhered to and that applicants are not adversely affected, the below listed monitoring/tracking report is required. HUB's and Program Center's reports shall be, but not limited to, confirmation of the following:
1. executed approval/disapproval letters to applicants;
  2. executed grant agreements (Form-HUD 1044);
  3. transmitted award letter and grant agreements (Form HUD-1044 to FAD); and
  4. input budget line items (BLIs) into LOCCS
- B. FO shall submit completion of the above status, via cc:mail, no later than October 31, to the GMC, Attention: Michael E. Diggs (cc:mail address for Michael E. Diggs is PIHPOST4).

**28. CONTACTS**

LOCCS - The Headquarters point of contact for OPH staff with

questions concerning the TOP program is Public and Indian Housing, Information Services Division at (202) 708-0614, extension 4147.

Program Office Contact - For information, contact Odessa Burroughs, GMC, (202) 358-0221 extension 130. The Office's TDD/TYY number or that of the Federal Information Relay Service is 1-800-877-8339.

Grantee Point of Contact - The primary point of contact for grantees is the local Cognizant HUB or Program Center, Attention: Director, Office of Public Housing or Program Center Coordinator as appropriate.

## **29. APPLICATION DEBRIEFINGS**

A. GMC will provide HUBs and Program Centers copies of score sheets and related documents to issue with notification letters. The HUBs or Program Centers will be required to provide feedback, if requested, to those RAs and IROs whose TOP applications were not approved for funding. The HUBs or Programs will have on file a copy of all applications and the reviewer's comments.

/s/

\_\_\_\_\_  
General Deputy Assistant Secretary  
for Public and Indian Housing

Attachments

## ATTACHMENT 1

### 1998 TENANT OPPORTUNITIES PROGRAM GRANT SCREENING INSTRUCTIONS

#### OVERVIEW

The screening process begins with a review of each application in its entirety by the local cognizant HUB or Program Center for deficiencies with respect to completeness, internal consistency or correct computations. Reviewers are to use the attached Screening Checklist in conjunction with these instructions to screen each application.

1. If an application is determined to contain no deficiencies (either curable or incurable), the application will be submitted to the GMC for rating in accordance with the processing notice.

2. If a deficiency is found that is not curable, the cognizant HUB or Program Center will hold the application pending completion of the entire rating and ranking process. The TOP Master Logs submitted to the GMC should also list the names of applications found to have non-curable deficiencies. **These applications should be clearly identified as such.**

3. If a curable deficiency is identified, the cognizant HUB or Program Center must send the applicant a deficiency letter in accordance with the date listed in the processing notice. Applicants will have 14 calendar days to respond to deficiencies. If corrections are received by the local HUD Office after the 14-day period, the application will not be considered for funding. **Applicants should note, however, that HUD may not seek clarification of items or responses that improve the substantive quality of the applicant's response to any eligibility or selection criterion.**

4. Each successful applicant will have a duty to affirmatively further fair housing. Applicants should include in their work plans the specific steps that they will take to (1) address the elimination of impediments to fair housing that were identified in the jurisdiction's Analysis of Impediments (AI) to Fair Housing Choice; (2) remedy discrimination in housing; or (3) promote fair housing choice. Further, applicants have a duty to carry out the specific activities cited in their responses to the rating factors that address affirmatively furthering fair housing.

#### SCREENING

Screening should be performed by a single reviewer as assigned by the cognizant HUB or Program Center. If more than one reviewer is involved, each reviewer should place their signature on the signature line indicating their review. In such a case, the reviewers should initial the items on the checklist they reviewed.

## **CURABLE/INCURABLE DEFICIENCIES**

Curable technical deficiencies relate to items that are not necessary for HUD's review under selection factors and would not improve the quality of the applicant's program proposal. Some examples of a curable deficiency would be the failure of an applicant to submit a required assurance, budget narrative, certification, computational errors, applicant data form, incomplete forms such as the SF-424 or lack of required signatures. Some examples of a non-curable deficiency is re-submitting data to address the Threshold and Selection Factors.

If there are any questions regarding whether certain information is curable or incurable, please contact the GMC.

## **DEFICIENCY LETTER**

If the deficiency is curable, the cognizant HUB or Program Center will send a deficiency letter to the applicant. The letter must contain the following elements:

- specifically list and explain the nature of each deficiency
- explain what has to be provided to cure the deficiency
- state the deadline date (the 14th calendar day after the date of the letter) and time for responding to the deficiency and that the response must be received at the cognizant HUB or Program Center by that date specified in the processing schedule of this notice
- state that an applicant's failure to adequately respond to the deficiency letter will result in its application not being considered for funding
- in addition, the letter will state that in responding to the deficiency, the applicant may only change the item(s) noted as deficiencies by the local cognizant HUB or Program Center.

The cognizant HUB or Program Center must also call the applicant and alert it to the fact that it will be receiving a deficiency letter. If an applicant failed to respond to a deficiency letter within the deadline set, the application will not be considered for funding.

## **RESCREENING**

Once an applicant responds to the deficiency letter, the responses must be rescreened to ensure that the revised application is complete, consistent, and contains correct computations. If a deficiency is not adequately cured, the application will not be considered for funding. A reviewer must ensure that the corrections submitted do not substantially revise the application or change fundamental features of the program. Examples of such changes would be:

- changing the applicant's name;
-

- changing responses other than to cure incorrect budget amounts or revisions required to correct inconsistencies with other criteria.

Reviewers who determine that an applicant has substantially revised their application, or changed a fundamental feature of the program not listed in the previous examples, may consult with the GMC in determining if the corrections are acceptable.

#### **COMMENTS**

In addition to screening for technical deficiencies, cognizant HUBs or Program Centers are encouraged to provide comments, if any, regarding the application. The comments will be used as background material for reviewers scoring the applications. Comments should be recorded on the Comment Form attached. If comments are provided, please attach a copy of the comment sheet to the applications being mailed to the GMC.

#### **FURTHER PROCESSING**

After the screening process is completed and the curable deficiencies corrections are included in all applications, the cognizant HUBs or Program Centers shall attach deficiency letter(s) (if any) and a copy of the Comment Form to the applications being forwarded to the GMC for scoring. The screening checklist should be attached to the receiving office's copy of the application with copies of deficiency letter(s) (if any), and the original Comment Form to be retained for record keeping purposes.

ATTACHMENT 2

APPLICATION SCREENING PROCESS/CHECKLIST

**ELIGIBILITY:**

All applicants must meet the definition of a RA or IRO outlined in Section E of the SuperNOFA, and must address all Threshold Factors and application submission requirements to be eligible for funding.

Applications submitted by a PHA or other private organizations are **not** acceptable and will be deemed ineligible.

Make a complete cross-check of all applications against current grantees in the cognizant HUB or Program Center's jurisdiction to avoid funding duplication and verify the information with respective PHA, if appropriate.

All applicants must comply with all Fair Housing and civil rights laws, statutes, regulations and executive orders as enumerated in 24 CFR 5.105(a). If an applicant (1) has been charged with a violation of the Fair Housing Act by the Secretary; (2) is the defendant in a Fair Housing Act lawsuit filed by the Department of Justice; or (3) has received a letter of noncompliance findings under Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, or Section 109 of the Housing and Community Development Act, the applicant is not eligible to apply for funding under this SuperNOFA until the applicant resolves such charge, lawsuit, or letter of findings to the satisfaction of the Department.

**NOTE:** Under no circumstances should a Reviewer change any information in an application to make an applicant eligible for funding.

HUD Headquarters encourages each reviewer to provide comments regarding any inaccurate information included in the application. The cognizant HUB or Program Center may also determine if the applicant meets eligibility requirements based on the inaccurate information.

**THRESHOLD CRITERIA DESCRIPTION**

Each TOP category has separate threshold requirements. All applicants must address each threshold criteria requirement in a category in order to be considered for rating and ranking. If the applicant fails to address **any threshold requirement**, the application is automatically rejected by the reviewer. Once a reviewer has checked to verify that all threshold requirements have been addressed, the reviewer must further check for curable items within the information submitted. **If signatures are missing on documentation submitted in the application, it is a curable deficiency.**

ATTACHMENT 2

FIELD OFFICE APPLICATION SCREENING CHECKLIST

APPLICANT NAME: \_\_\_\_\_

HA CODE: \_\_\_\_\_

HUB/PROGRAM CENTER: \_\_\_\_\_

REVIEWER(S): \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

Please make the appropriate selection below for each Threshold Factor. If an applicant failed to address a Threshold Factor that is considered a non-curable deficiency, the application will not be considered for further processing. Please note the Threshold Factors that have **asterisks**, each reviewer must certify that the information provided for these factors are accurate.

SUPERNOFA ECONOMIC SELF-SUFFICIENCY GRANTS THRESHOLD CRITERIA

COMPLETED  
YES NO

THRESHOLD FACTORS

- |     |     |  |
|-----|-----|--|
| ___ | ___ | 1. An original and two copies of a complete application must be postmarked July 31, 1998, and submitted to the appropriate HUB or Program Center as prescribed by the SuperNOFA.   |
| ___ | ___ | 2. <b>Focus on Residents Affected by Welfare Reform.</b><br>Applicant must state that:   |
| ___ | ___ | a) at least 51% or more of the public housing residents to be included in the proposed program are affected by the welfare reform legislation. These may include TANF recipients and also may include legal immigrants, and disabled SSI recipients to the extent that their benefits are clearly affected by welfare reform. In addition, elderly or persons with disabilities who are scheduled, under the work plan, to provide services to families affected by TANF may also be included in the 51%. <b>(TAB 3, Section I narrative, also refer to TAB 2, Needs Assessment to determine whether there are</b> |

sufficient numbers of TANF or other affected residents to implement a successful TOP program under which 51% of those served would be affected by welfare reform). Also, to the extent that elderly or persons with disabilities who are not directly affected by welfare reform are included in the 51%, review the work plan to determine that they will provide services to public housing residents affected by welfare reform.

- — b) For elderly projects applicants, the cognizant HUB or Program Center must determine that the information provided is accurate and justifies the statement above.

— — 3. **Partnership between the Resident Association (RA) and the Housing Authority (HA).**

- — a) Signed MOU between the RA and the HA. It must be finalized, dated and signed by duly authorized officials of both the RA and HA. (TAB 6 MOU with HA).

4\*. **Accessible Community Facility.**  
(TAB 3, Sec. VII narrative, TAB 6 MOU with HA, if applicable, or Use Agreement) (non-curable)

Applicant must include:

- — a) an executed use agreement with the HA or Use Agreement with proper authority (owner or operator of the site) for use of the facility, and, **(curable)**
- — b) facility must be accessible to persons with disabilities **(non-curable)**
- — c) a description of the community facility which indicates that majority of the activities will be administered at a community facility in or within easy accessibility of the property; **(TAB 3, Section VII narrative) (non-curable)**
- — d) in the case of applications for programs to be implemented for the primary benefit of residents in housing that is dispersed in a rural setting, the applicant must

provide evidence that participants will have access to transportation to the community facility that is convenient (non-curable)

5. **Contract Administrator (CA).**  
(TAB 3, Sec. IV narrative, TAB 6 Partnership Agreement or MOU) (non-curable)

Applicant must include:

- a) a narrative in TAB 3, Section IV which indicates that the applicant has entered into an agreement with a capable entity who is a Contract Administrator, and
- b) complete TAB 6, Partnership agreement or a MOU that is signed and dated.

A Contract Administrator is not required if the applicant has provided the following evidence:

- a) a certification and/or letter from HUD or an IPA stating that the financial management system is established, determined satisfactory, in compliance with the requirement of 24 CFR Part 84, and that adequate procurement procedures are established.

6\*. **Applicant Non-Profit Status and Certification of Elections TAB 5, Certification of Resident Council Board Election) (curable)**

Applicant must include:

- a) for IRO's, evidence that the applicant is registered as a nonprofit corporation with 501(c) status or have applied for such status (copy of certification from State that the applicant is registered as a corporation and documentation which show that applicant has filed with Internal Revenue Service (IRS) and process is completed or an acknowledgment letter from IRS that applicant's paperwork is in process), or for site-based RAs evidence that the applicant is registered as a nonprofit (copy of State certification that

**applicant is registered as a corporation) and must have applied for 501c status with the IRS.**

- \_\_\_\_\_      \_\_\_\_\_
- b) For site-based RAs only  
Certification of the RA board election, signed by the HA and/or an independent third-party monitor and notarized.

**7\*. Compliance with Current Programs  
(TAB 4, Applicant/Administrator Track Record, Certification) (curable)**

Applicant must include:

- \_\_\_\_\_      \_\_\_\_\_
- a) a certification which show that the applicant and contract administrator, if applicable, is not in default with respect to any previous HUD funded grant programs the applicant has received.

\_\_\_\_\_      \_\_\_\_\_

**(cognizant HUB or Program Center must ensure that the above certification does not contradict with any current information in which the reviewing office may have on the applicant and the applicant has not been declared in default by the local field office.)**

**8. Intermediary Resident Organizations**

- \_\_\_\_\_      \_\_\_\_\_
- a) Provided name of the RAs that will receive training, technical assistance and/or coordinated supporti ve services with letter of support from each entity identified.

**9.\* AUDIT FINDINGS AND EQUAL OPPORTUNITY REQUIREMENTS  
(TAB 4, Applicant/Administrator Track Record, Certification) (curable)**

Applicant must certify that with respect to applicant and, if applicable, contract administrator:

- |     |     |  |  |
|-----|-----|--|--|
| ___ | ___ |  | a) that there are no unresolved, outstanding Inspector General audit findings,   |
| ___ | ___ |  | b) <b>there are no findings of outstanding civil rights violations in accordance with the requirements of Section II B of the General Section of the NOFA. (Check the applicant against the list provided by FHEO of potential applicants who do not meet the civil rights threshold).</b> |
| ___ | ___ |  | c) that there are no Field Office management review findings relating to discriminatory housing practices and must be in compliance with civil rights laws and equal opportunity requirements.   |
| ___ | ___ |  | <b>(cognizant HUB or Program Center must ensure that the above certification does not contradict with any current information in which the reviewing office may have on the applicant.)</b>  |

**ORGANIZATIONAL DEVELOPMENT GRANTS THRESHOLD CRITERIA**

**COMPLETED**  
**YES NO**

**THRESHOLD FACTORS**

**1.\* Certification of Elections (Curable)**

Applicant must include:

- |     |     |  |   |
|-----|-----|--|---|
| ___ | ___ |  | a) certification of the RA's board elections as required by HUD, notarized by the local HA and/or an independent third-party monitor<br><b>Board Election Does not apply to IRO applicants. (Tab 5)</b> |
|-----|-----|--|---|

**2.\*Contract Administrator (CA)**

**TAB 3, Sec. IV narrative, TAB 6 Partnership Agreement or MOU (non-curable) Does not apply to IROs.**

Applicant must include:

- |     |     |  |   |
|-----|-----|--|---|
| ___ | ___ |  | a) a narrative in TAB 3, Section IV which indicates that the applicant has entered into an agreement with a capable entity who is a Contract Administrator, and |
| ___ | ___ |  | b) complete TAB 6, Partnership agreement or   |

a MOU

A Contract Administrator is not required if the applicant has provided the following evidence:

- \_\_\_\_
- \_\_\_\_
- a) a certification and/or letter from HUD or an IPA stating that the financial management system is established, determined satisfactory, in compliance with the requirement of 24 CFR Part 84, and that adequate procurement procedures are established.

**3.\* Compliance with Current Programs  
(TAB 4, Applicant/Administrator Track Record, Certification) (curable)**

Applicant must include:

- \_\_\_\_
- \_\_\_\_
- a) a certification which show that the applicant and, if applicable, contract administrator, is not in default with respect to any previous HUD funded grant programs the applicant has received.

\_\_\_\_

\_\_\_\_

(cognizant HUB or Program Center must ensure that the above certification does not contradict with any current information in which the reviewing office may have on the applicant and the applicant has not been declared in default by the local field office.)

**4.\* COMPLIANCE WITH CURRENT PROGRAMS  
(TAB 4, Applicant/Administrator Track Record, Certification) (curable)**

Applicant must certify that with respect to applicant and, if applicable, contract administrator:

- \_\_\_\_
- \_\_\_\_
- a) there are no unresolved, outstanding Inspector General audit findings,
  - b) there are no findings of outstanding civil rights violations in accordance with the requirements of Section II B of the General Section of the NOFA. (Check the applicant against the list provided by FHEO of potential applicants who do not meet the civil rights threshold).

- |     |     |   |
|-----|-----|---|
| ___ | ___ | c) there are no Field Office management review findings relating to discriminatory housing practices and must be in compliance with civil rights laws and equal opportunity requirements.   |
| ___ | ___ | <b>(cognizant HUB or Program Center must ensure that the above certification does not contradict with any current information in which the reviewing office may have on the applicant.)</b> |

**MEDIATION GRANT THRESHOLD CRITERIA**

**COMPLETED**  
YES NO

**THRESHOLD FACTORS**

**1. Written Agreement with Mediator (Tab 6)  
(non-curable)**

Applicant must include:

- |     |     |  |
|-----|-----|--|
| ___ | ___ | a) Written agreement with professional mediator or mediation organization with roles and responsibilities of each party. |
| ___ | ___ | b) Agreement must specify, consistent with the work plan, mediator/partner will train IRO staff and/or volunteers.       |

**2. Mediation Experience/Referral Agreement  
(non-curable)**

Applicant must include:

- |     |     |   |
|-----|-----|---|
| ___ | ___ | a) Evidence that mediator/partner have at least three years of experience in providing mediation services and at least 2 years experience in mediation training; <b>(Tab 4)</b> |
| ___ | ___ | b) Includes referral agreement with a judicial, law enforcement or social service agency for mediation referral. <b>(Tab 6)</b>   |

**3.\* Applicant Non-Profit Status  
(curable)**

Applicant must include:

- |     |     |  |
|-----|-----|--|
| ___ | ___ | a) evidence that the applicant is registered |
|-----|-----|--|

as a nonprofit corporation with 501(c) status or have applied for such status (copy of certification from State that the applicant is registered as a corporation and documentation which show that applicant has filed with Internal Revenue Service (IRS) and process is completed or an acknowledgment letter from IRS that applicant's paperwork is in process). (Tab 6)

4.\* AUDIT FINDINGS AND EQUAL OPPORTUNITY REQUIREMENTS  
(TAB 4, Applicant/Administrator Track Record, Certification)(curable)

Applicant must certify that for applicant and mediation partner:

- \_\_\_ \_\_\_ a) that there are no unresolved, outstanding Inspector General audit findings,
- \_\_\_ \_\_\_ b) **No finding of outstanding civil rights violations in accordance with the requirements of Section II B of the General Section of the NOFA. (Check the applicant against the list provided by FHEO of potential applicants who do not meet the civil rights threshold).**
- \_\_\_ \_\_\_ c) that there are no Field Office management review findings relating to discriminatory housing practices and must be in compliance with civil rights laws and equal opportunity requirements.
- \_\_\_ \_\_\_ **(cognizant HUB or Program Center must ensure that the above certification does not contradict with any current information in which the reviewing office may have on the applicant.)**

ATTACHMENT 3

APPLICATION SCREENING CHECKLIST (Cont'd)

<u>TAB</u>	<u>COMPLETED</u>		<u>CERTIFICATIONS AND ASSURANCES</u>
	<u>YES</u>	<u>NO</u>	
1	___	___	APPLICANT TRANSMITTAL LETTER
1	___	___	FACT SHEET
1	___	___	STANDARD FORM 424
2	___	___	NEEDS ASSESSMENT REPORT
3	___	___	TWO YEAR WORK PLAN WHICH INCLUDES GOALS, BUDGET, TIMETABLE AND STRATEGIES.
4	___	___	APPLICANT/ADMINISTRATOR TRACK RECORD
5	___	___	CERTIFICATION AND ASSURANCES
5	___	___	RESOLUTION OF AGREEMENT TO COMPLY WITH HUD TERMS
5	___	___	OTHER FUNDING SOURCES
5	___	___	ASSURANCE FOR NON-CONSTRUCTION
5	___	___	DRUG-FREE WORKPLACE
5	___	___	DISCLOSURE OF LOBBYING ACTIVITIES

NOTE: All applicants must address the selection factors in TOP Super NOFA, page 99-109. The scoring instructions will be used to review and score each factor for all applications at the GMC in Washington, D.C.

CROSS CHECK WORKSHEET FOR DUPLICATION OF FUNDING

This worksheet is to be used for each Tenant Opportunities Program application being reviewed in the FY 1998 funding round. The cross check must be performed by cognizant HUB or Program Center staff on all applicants.

1. What is the Applicant's name? \_\_\_\_\_

2. Has a TOP grant been awarded to this applicant in prior years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does the amount requested exceed the \$100,000 statutory limit? Yes \_\_\_\_\_ No \_\_\_\_\_

3. If applicant is applying for an additional grant, does the amount requested exceed the \$100,000 statutory limit? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Has the applicant received a TOP grant under a different name in prior years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the organization name used and amount received?

Organization Name \_\_\_\_\_ Amount Received \_\_\_\_\_

5. Has the applicant received training from an Intermediary Organization, jurisdiction-wide or city-wide TOP grant?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the Intermediary Organization, jurisdiction-wide or city-wide name and grant amount allocated to applicant site.

Organization Name \_\_\_\_\_ Amount Received \_\_\_\_\_

**Field Office Input Related to Selection Factor:  
Applicant/Administrator Track Record/Capability**

**ESSG (FACTOR 3) \_\_\_\_\_ (6 POINTS)    MG (FACTOR 2C ) \_\_\_\_\_ (6 POINTS)**

1. Review Chart A in Tab 4 of the application. Do any of the grants mentioned fall in the public housing domain?

Yes /      /    No /      /

2. If so, check the status of the grant(s) in LOCCS and any information on the grant in the project file. Comment on the extent to which the information in LOCCS and/or the project file(s): 1) confirms the information provided on the applicant or contract administrator; 2) contradicts the information provided on the applicant or contract administrator; 3) does not include relevant information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If the contract administrator is a housing authority, provide the latest PHMAP scores of the housing authority in the following areas:

a) Financial management/cash reserves OR operating reserves; and

Score \_\_\_\_\_

b) Resident services and community building OR Resident initiatives

Score \_\_\_\_\_

4. If the contract administrator and/or financial manager is NOT a Housing Authority, review the letter provided on the Contract Administrator's behalf by a previous client or the IPA audit. Comment on what the letter does or does not reveal about the contract administrator's capacity and predisposition towards satisfactory fulfillment of the contract administrator's responsibilities in the Partnership Agreement (see Tab 6).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. State explicitly whether or not the applicant has the necessary administrative capacity, from your experience with the applicant, the designated contract administrator and/or the designated financial manager, to perform its responsibilities under the MOU or Partnership Agreement.

---

---

---

---

---

---

---

---

---

---

**FY 1998 TENANT OPPORTUNITIES PROGRAM GRANT  
REVIEW PROCESS CHECKLIST**

This checklist will assist the GMC as they manage the review of the Tenant Opportunities Program Grant TOP applications. It is recommended that the checklist items be initialed and dated as each step is completed in this review process. It is important that each application be accounted for at all times. Use this checklist in conjunction with the Resident Initiatives Handbook (7490.01) and this Notice. If there are any questions, please contact the GMC at (202) 358-0221 for clarification.

- \_\_\_\_\_ 1. Applications submitted to the cognizant HUB or Program Center or Area Office.
- \_\_\_\_\_ 2. The OPH logs and applications received on or before the deadline date.
- \_\_\_\_\_ 3. The OPH faxes, logs, and applicant fact sheet to Odessa Burroughs at (202) 358-0246.
- \_\_\_\_\_ 4. Cognizant HUB or Program Center sends a letter to each applicant acknowledging receipt of the application.
- \_\_\_\_\_ 5. Cognizant HUB or Program Center screens applications for curable deficiencies and informs applicants of corrections needed.
- \_\_\_\_\_ 6. The screening and rescreening of all applications are completed. All curable deficiencies have been corrected.
- \_\_\_\_\_ 7. Cognizant HUB or Program Center sends TOP applications to the GMC in Washington, D.C.
- \_\_\_\_\_ 8. The HUB or Program Center sends a memo to the Secretary's Representative with the following attachments:
  - One (1) copy of each application
  - Log Sheet to verify receipt of applications
  - Rating Factor 5 Score Sheet for comment
  - The Secretary's Representative/Senior Community Builder returns the applications, a copy of the log sheet, score sheets and comment forms to the cognizant HUB/Program Center.

- 
9. The HUBs/Program Centers sends the original and one (1) copy of each application and other required documents to the GMC by the date outlined in the Processing Schedule to the following address:

Grants Management Center  
501 School Street S. W.  
Suite 800  
Washington, D. C. 20024

TOP APPLICATION MASTER LOG (A)

	HA CODE	APPLICANT NAME	DATE RECEIVED	TIME RECEIVED	LOGGED IN BY:NAME/HUB OR PROGRAM CENTER	TYPE OF GRANT/AMOUNT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

ATTACHMENT 8

TOP APPLICATION MASTER LOG (B) (IROs)

	HA CODE	APPLICANT NAME	DATE RECEIVED	TIME RECEIVED	LOGGED IN BY:NAME/HUB OR PROGRAM CENTER	TYPE OF GRANT/AMOUNT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

TOP Processing Notice

ATTACHMENT 9

TOP CORRECTED DEFICIENCY LOG (C)

	HUB or Program Center LTR DATE	APPLICANT NAME	DATE RECEIVED	TIME RECEIVED	LOGGED IN BY: NAME/HUB OR PROGRAM CENTER	COMMENTS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

COGNIZANT HUB OR PROGRAM CENTER \_\_\_\_\_

TOP Processing Notice

FY 1998 TENANT OPPORTUNITIES PROGRAM  
 RESCREENING CHECKLIST

Directions: Use this checklist in conjunction with the screening instructions to screen responses to curable deficiencies to determine if the tabs listed below are cured and completed.

APPLICANT NAME \_\_\_\_\_  
 HA CODE NUMBER \_\_\_\_\_  
 GRANT CATEGORY \_\_\_\_\_

=====

<u>ITEM RESCREENED</u>	<u>IS IT CURED?</u>
------------------------	---------------------

The following documents:

<input type="checkbox"/>	TAB 1	TRANSMITTAL LETTER	Y	N
<input type="checkbox"/>	TAB 1	FACT SHEET	Y	N
<input type="checkbox"/>	TAB 1	STANDARD FORM 424	Y	N
<input type="checkbox"/>	TAB 4	COMPLIANCE CERTIFICATION ( <b>unsigned</b> )	Y	N
<input type="checkbox"/>		USE AGREEMENT ( <b>unsigned</b> )	Y	N
<input type="checkbox"/>	TAB 5	CERTIFICATION OF ELECTION	Y	N
<input type="checkbox"/>	TAB 5	CERTIFICATION OF AUTOMATED		
		CAPABILITY ( <b>unsigned</b> )	Y	N
<input type="checkbox"/>	TAB 5	CERTIFICATION OF BOARD ELECTION	Y	N
<input type="checkbox"/>	TAB 5	BOARD RESOLUTION	Y	N
<input type="checkbox"/>	TAB 5	OTHER FUNDING SOURCES	Y	N
<input type="checkbox"/>	TAB 5	ASSURANCE FOR NON-CONSTRUCTION	Y	N
<input type="checkbox"/>	TAB 5	DRUG-FREE WORKPLACE	Y	N
<input type="checkbox"/>	TAB 5	STANDARD FORM 2880	Y	N
<input type="checkbox"/>	TAB 5	DISCLOSURE OF LOBBYING	Y	N

SUMMARY: Please check mark on applicable line

After rescreening the application has no deficiencies - all deficiencies are cured -- **forward for rating.**

After rescreening the application continues to have deficiencies -- not all deficiencies cured -- **application will not be considered for TOP funding.**

=====

REVIEWERS (S) _____	DATE _____
_____	DATE _____

**ATTACHMENT 11**

SAMPLE DEFICIENCY LETTER

Applicant  
Address

Dear Applicant:

Thank you for your recent application submission for the FY 1998 Tenant Opportunities Program (TOP). The (**name of local field office**) has conducted the initial screening of your application. Your application was found technically deficient in the following areas:

- 1.
- 2.
- 3.

Please provide the additional information identified as curable deficiencies within **14 days** from the date of this letter. Please submit your corrections to:

Name of Contact person  
Local Field Office  
Address

The Field Office will review the response(s) submitted by your RC/RMC to ensure that your response(s) corrects the deficiency(s) previously identified. If your response(s) do not address the deficiencies identified above, your application will not be considered for funding. You will be notified in writing that your application is ineligible.

If you have any questions, please contact (insert name and telephone number). The Office's TDD/TYY number or that of the Federal Information Relay Service is 1-800-877-8339.

Thank you for your interest in the Department's programs.

Sincerely,

Signature Name and Title

ATTACHMENT 12

FY 1998 TENANT OPPORTUNITIES PROGRAM GRANT  
COMMENT FORM

APPLICANT NAME: \_\_\_\_\_

HA CODE: \_\_\_\_\_

GRANT CATEGORY: \_\_\_\_\_

REGARDING TAB (S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Commenter

\_\_\_\_\_  
Signature of Commenter

\_\_\_\_\_  
Date

ATTACHMENT 13

FY 1998 TENANT OPPORTUNITIES PROGRAM  
SCORING INSTRUCTIONS  
SELECTION FACTOR #5  
ECONOMIC SELF-SUFFICIENCY GRANT

APPLICANT NAME: \_\_\_\_\_  
IDENTIFIER (HA CODE OR PROJECT #) \_\_\_\_\_  
REVIEWER: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_

COMPREHENSIVENESS AND COORDINATION  
MAXIMUM POINTS: 10

This factor addresses the extent to which the applicant's program reflects a coordinated, community based process of identifying needs and building a system to address the needs by using available HUD funding resources and other resources available to the community.

1. COORDINATION WITH THE CONSOLIDATED PLAN (2 Points).

Reviewers shall consider the extent to which the application demonstrates that the applicant has reviewed the community's Consolidated Plan and/or Analysis of Impediments to Fair Housing Choice, and has proposed activities that address the priorities, needs, goals or objectives in those documents; or substantially further fair housing choice in the community based on race, color, national origin, religion, sex, familial status, and disability.

HIGH - 2. A high score is received where the application successfully demonstrated that the applicant has reviewed the community's Consolidated Plan and/or Analysis of Impediments to Fair Housing Choice, and has proposed activities that clearly address the priorities, needs, goals or objectives in those documents; or substantially further fair housing choice in the community; and has helped the community to update the AI to incorporate these activities.

LOW - 0. A low score is received where the application has not demonstrated or provided evidence that the applicant has reviewed the community's Consolidated Plan and/or Analysis of impediments to Fair Housing Choice, and not proposed activities that address the priorities, needs, goals or objectives in those documents; or substantially further fair housing choice in the community.

















**FY 1998 SCORING FACTORS  
EZ/EC**

APPLICANT NAME: \_\_\_\_\_  
REVIEWERS NAME: \_\_\_\_\_  
DATE OF REVIEW: \_\_\_\_\_  
GRANT CATEGORY: \_\_\_\_\_  
HA CODE: \_\_\_\_\_

The applicant certified that its activities/projects (must be eligible) are in a Federally designated EZ/EC and that it serves the EZ/EC residents and that its activities/projects are consistent with the EZ/EC strategic plan.

\_\_\_\_\_ 2 points if yes

\_\_\_\_\_ 0 points if no

FOGA Signature \_\_\_\_\_ Date \_\_\_\_\_

PART 1 GENERAL APPLICANT INFORMATION

Applicant Name \_\_\_\_\_

HA Code \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Grant Type (Please check one):

( ) Economic Self-Sufficiency Grant  
Basic Grants  
Additional Grant (ESS Grant Only)

( ) Organizational Development Grant  
( ) Mediation Grant

PART 2 FACTOR 5 SCORING INFORMATION

Economic Self-Sufficiency Grants  
FACTOR 5 Maximum Points: 10  
Final Score \_\_\_\_\_

PART 3 FACTOR 5 SCORING INFORMATION

Mediation Grants  
FACTOR 5 Maximum Points 10  
Final Score \_\_\_\_\_

Reviewer/Scorer Name: \_\_\_\_\_  
\_\_\_\_\_ (Please type or print)

I certify that the review and screening process of this application is complete and contains appropriate comments for supporting the score.

I did not provide technical assistance to this applicant, or discuss the application with anyone who did. I do not have a relationship to the applicant that would present a conflict of interest.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

