

Instructions for Completing Application Components

In Response to the Notice of Funding Availability (NOFA) for Rental Assistance for Non-Elderly Persons with Disabilities

A PHA may submit an application for funding under Category 1 and an application for funding under Category 2. For each Category, a complete application consisting of 9 forms must be completed. If a PHA submits applications for both Category 1 and Category 2 funding, it will need to complete 18 forms – 2 copies of each of the forms below. These forms can be found online as part of the Grants.gov application package.

1. Form SF-424, Application for Federal Assistance

Every application must contain a SF-424 as the cover page to the application.

When completing this form, the Federal Identifier requested in Section 5a is the PHA's five-digit number.

PHAs should estimate their proposed start date and end date in Section 17 of the form. HUD estimates that funding awards will be made in October, 2010.

In Section 18 (Estimated Funding), complete only 18a and 18g. The amount entered in both fields should be the total number of vouchers requested in Section B of HUD-52515, multiplied by the housing assistance payments per-unit cost for 2009 HCV renewal funding or 2010 HCV renewal funding, depending on the most recent available data.

2. Form HUD-52515, Funding Application, Section 8 Tenant-Based Assistance, Rental Certificate Program, Rental Voucher Program

A separate Form HUD-52515, must be submitted for Category 1 and Category 2 if the PHA wants to request HCVs under both categories.

When completing the form, only complete the box for total dwelling units under vouchers in Section B.

Do not complete Sections A or C.

In Section D, provide the following information:

- a. The Category of funding (Category 1 or 2);
- b. The number of authorized baseline HCV units;
- c. The number of HCVs requested (see chart below);

Number of Vouchers in PHA 's Current HCV Program	Maximum Number HCV Permitted under both Category 1 and/or 2 Applications
2000 or more	200
500 to 1,9999	100
Less than 500	50

- o **ALSO:** For Category 2 applications, the number of vouchers requested may not exceed the number of HCVs that the partnering resource agency is projecting will be needed to assist transitioning individuals over a 12-month period.
- d. The minimum number of vouchers the PHA is willing to accept under this category if selected
- e. To demonstrate PHA experience the PHA must confirm that:
 - o At least 20% of the PHA's HCVs are used by non-elderly disabled families as reflected in PIC for the 6-month period prior to the submission date; **OR**

- It operates a non-HCV program that serves non-elderly disabled families and fully describe that program; **OR**
 - It has previously been awarded one of the following special purpose voucher allocations:
 - *Rental Assistance for Non-Elderly Persons with Disabilities in Support of Designated Housing Plans*
 - *Rental Assistance for Non-Elderly Persons with Disabilities Related to Certain Types of Section-8 Project Based Developments*
 - *Mainstream Housing Opportunities for Persons with Disabilities*
 - *Project Access Pilot Program*
- f. To demonstrate that the applicant PHA for supportive services for non-elderly disabled families, the applicant PHA must describe those resources in full detail in this section.
- For Category 1 applications, PHAs are not expected to provide these services with their own resources but will want to look to community-based organizations with experience providing the relevant support services. Some PHAs already have relationships in place with service agencies and can draw or expand upon these relationships for this NOFA. Other PHAs will want to consider outreach to community agencies. Applicants explicitly identifying a partnering agency for a Category 1 application would provide evidence of the availability of supportive services and potentially assist the PHA in effectively implementing the program.
 - For Category 2 applications, support services must include care/case management, in addition to the needed health and social services. PHAs must identify the partnering resources agency and describe the provision of supportive services for a transitioned person (i.e., once the individual is in the community). In the case of the MFP states, this would be the MFP Program within the State Medicaid program. For PHAs in the non-MFP states that desire to apply for Category 2 vouchers, the partnering agency for the PHA must be the relevant state health and human service or Medicaid agency responsible for carrying out a state sponsored institutional transitional program comparable to MFP that includes dedicated supportive services funded through the State Medicaid program and/or state appropriations. A list of some of these agencies in each state is available on the HUD website at www.hud.gov/offices/pih/programs/hcv/pwd/ned.cfm.

3. Form HUD-2880, Applicant/Recipient Disclosure/Update Report

This form is required.

4. Form HUD-2993, Acknowledgment of Application Receipt

This form is only required if the PHA is submitting a paper application.

Applications under this NOFA must be received electronically through Grants.gov, unless a waiver of this requirement is granted in accordance with the instructions below. Waiver requests must be submitted no later than 15 days prior to the application deadline date. Waiver requests must be submitted in writing or by e-mail to:

Phyllis A. Smelkinson, Housing Program Specialist
 Housing Voucher Management, Office of Public and Indian Housing
 U.S. Department of Housing and Urban Development
 451 7th Street, SW.
 Washington, DC 20410
 Phyllis.A.Smelkinson@hud.gov

E-mail requests should include a subject line *'(insert applicant name) FY09 Rental Assistance for Non-Elderly Persons with Disabilities Waiver Request.'*

If an applicant is granted a waiver, then the approval will provide instructions for submitting paper copies to the appropriate HUD office. All paper applications must be received by the application deadline date to meet the requirements for timely receipt. Paper applications will not be accepted from applicants that have not been granted a waiver.

5. **Form HUD-2991, Certification of Consistency with the Consolidated Plan, or a copy of the signed PHA Certification of Compliance for its current Annual PHA Plan, if applicable.**

6. **SF-LLL, Disclosure of Lobbying Activities, if applicable**

7. **MTW Certification, if applicable**

If an MTW agency is not required to report under SEMAP, the PHA must submit a certification signed by the Chief Executive Officer of the PHA, certifying that they are not required to report under SEMAP and that they meet the 95 percent lease-up or budget authority utilization requirement.

8. **You Are Our Client Grant Application Survey HUD-2994-A**

This form is optional

9. **HUD Facsimile Transmittal (HUD-96011, Third Party Documentation Facsimile Transmittal)**

This form is required.

At the top of the form under *"Name of Document Transmitting"* insert *"No Documents Being Transmitted"*