ATTACHMENT COVER SHEET

Meeting Date: May 14, 2007

Item: Approve the submission of the Family Self Sufficiency (FSS) Program Coordinator Grant to the United States Department of Housing and Urban Development (HUD).

Attachments:		Pages
	1. FSS Grant	1-15

Housing Choice Voucher (HCV) Family Self-Sufficiency (FSS) Program Coordinator Funding

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

OMB Approval No. 2577-0178
Exp. (04/30/2007)

Public reporting burden for this collection of information is estimated to average 0.75 hours. This includes the time for collecting, reviewing, and reporting the data. Information provided is to determine the eligibility of the applicant for funding for the salary of a program coordinator. HUD uses the information to determine eligibility of the applicant to receive funding. Information is required to obtain benefit under 24 CFR 982.302(b). The information is subject to the confidentiality requirements of the HUD Reform Legislation. 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.

PART I: General Information. (To be completed by all applicants.)

Applicant Category:	Moving-to-Work PHA?	DUNS Number of Applicant:	Funding Request
☒ Renewal ☐ New	☐ Yes ☒ No	063833651	for Fiscal Year: 2007

A. PHA Legal Name (For joint applicants, lead PHA name): Culver City Housing Agency
Address: 9770 Culver Boulevard
City: Culver City County: Los Angeles
State: California Zip Code: 90232
PHA Number of Applicant: CA-110

B. PHA Legal Name for Each Joint Applicant (if Applicable). Note: Use Additional pages if necessary.:
Address:
City: County:
State: Zip Code:
PHA Number of Applicant:

C. Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each position requested is on file at the PHA. ☒ Yes ☐ No

D. The applicant requests consideration for the following preference categories under this NOFA:

Homeownership	Colonias:	Other - Specify Category (If applicable under this NOFA):
☐ Yes ☒ **No**	☐ Yes ☒ **No**	☐

E. Name and telephone number of person most familiar with application:
Name Mona Karroum Telephone Number 310-253-5795

PART II: Homeownership Information. (To be completed by all applicants.)

The PHA applicant currently administers or participants in a HCV Homeownership program or another homeownership program that serves HCV FSS families. ☐ Yes ☒ No

If yes, provide information requested in A – C below:

A. Name of qualifying homeownership program or programs:

B. The total number of HCV FSS families enrolled in homeownership preparation activities in the qualifying homeownership program/programs identified above as of the publication date of the current NOFA:

1.		HCV homeownership program
2.		Other qualifying homeownership programs

C. Number of HCV FSS program participants and graduates that purchased homes between October 1, 2000 and the publication date of the current NOFA:

1.		HCV homeownership program
2.		Other qualifying homeownership programs

PART III: PHA Applicant Program Status and Accomplishments. (Renewal PHAs Only)

A. Program Status:

1. The applicant qualifies as an eligible renewal PHA under the NOFA. ☒ Yes ☐ No
2. The PHA has filled each position for which it is seeking renewal funding. ☒ Yes ☐ No
3. The applicant has submitted reports on participating families to HUD via the form HUD-50058, Family Self-Sufficiency/Welfare-to-Work Voucher Addendum. ☒ Yes ☐ No

B. Program accomplishments as of the publication date of the current NOFA:

1.	2	Total HCV FSS families under FSS Contract.
2.	2	The number of HCV FSS program participants with an escrow account balance greater than zero.

C. Program accomplishments for the period from October 1, 2003 through the publication date of the current NOFA:

1.	6	The number of HCV families that successfully completed their FSS contracts.
2.	1	The number of those graduates that no longer needed rental subsidy.
3.	14,133	The average escrow account distribution paid to families.

PART IV: Funding/Positions Requested. (Renewal PHAs Applicants Only)

For both renewal of currently funded positions and requests for new positions, provide the Information below for each position requested. Use additional pages as needed.

A. **Renewal Positions** - Funding requested to continue currently funded positions: (List FSS homeownership coordinators and regular FSS coordinators separately.)

FY Last Funded	Salary Amount Last Funded	Position Type 'H' or 'R' *	Salary Requested Per Position **	Number of Positions	Requesting an increase above percent allowed in the NOFA? 'Y' or 'N' ***
2006	$63,630.00	R	$64,266.00	1	N

B. **New Positions** - Funding requested by coordinator type and salary level (If applicable. Refer to most recent FSS NOFA for maximum new positions that can be funded in the current year.) If more than one position, list each separately.

Position Type 'H' or 'R' *	Salary Requested, including Fringe Benefits**

C. **Total Requested**

1.	1	Total number of new and renewal positions requested in this application.
2.	$64,266.00	Total $ requested.

* Type: R= Regular, H=Homeownership

** Salary awards will not exceed the cap per position stated in the most recent NOFA.

*** For any renewal position, where the applicant is requesting a percentage increase above the amount provided for in the current NOFA, the applicant must comply with justification requirements in the current FSS NOFA.

PART V: Application Information. (New PHA Applicants Only.)

A. **FSS Action Plan Information:**

	HCV FSS program size in the HUD-approved Action Plan. (For Joint applications, provide total approved slots for all participating PHAs.)

B. **Position/Salary Requested:**

Number of Positions	Salary Requested, including Fringe Benefits**

C. **Total Requested.**

1.		Total number of positions requested.
2.		Total $ requested.

** Salary awards will not exceed the cap per position stated in the most recent NOFA.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☑ Application	☑ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
CA110	CA110FSF002

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Culver City Housing Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
956000701	063833651

d. Address:

* Street1:	9770 Culver Boulevard
Street2:	
* City:	Culver City
County:	Los Angeles
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	90232

e. Organizational Unit:

Department Name:	Division Name:
Community Development	Housing

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	Ms.	* First Name:	Mona
Middle Name:			
* Last Name:	Karroum		
Suffix:			

Title: Housing Specialist

Organizational Affiliation:

* Telephone Number:	310-253-5780	Fax Number:	310-253-5785

* Email: mona.karroum@culvercity.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.871

CFDA Title:

Section 8 Housing Choice Vouchers

*** 12. Funding Opportunity Number:**

FR-5100-N-15

* Title:

Housing Choice Voucher Family Self-Sufficiency

13. Competition Identification Number:

HCV-FSS-15

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Culver City

*** 15. Descriptive Title of Applicant's Project:**

Family Self-Sufficiency Coordinator

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 — Version 02

16. Congressional Districts Of:

* a. Applicant: 32nd
* b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2007
* b. End Date: 06/30/2008

18. Estimated Funding ($):

* a. Federal	64,266.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	64,266.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on .
- [x] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- [ ] Yes
- [x] No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

- [x] **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	Ms.
* First Name:	Tevis
Middle Name:	
* Last Name:	Barnes
Suffix:	
* Title:	Culver City Housing Administrator
* Telephone Number:	310-253-5780
Fax Number:	310-253-5785
* Email:	tevis.barnes@culvercity.org
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

CITY OF CULVER CITY

HOUSING PROGRAMS OFFICE

9770 CULVER BOULEVARD, CULVER CITY, CALIFORNIA 90232-0507

(310) 253-5780
INFO. LINE (310) 253-5781
FAX (310) 253-5785

TEVIS BARNES
Housing Programs Administrator

It is with great pleasure to submit our 2007 Family Self Sufficiency (FSS) Coordinator renewal application. Since 1999, the Culver City Housing Agency (CCHA) has been awarded funding for our FSS Coordinator which has afforded our agency the ability to assist our Section 8 participants achieve their goal of self sufficiency. Through the years, forty (40) households have participated in FSS . Of this number, twelve (12) have graduated by completing their Contract of Participation (COP) and thirty-four (34) have generated escrow accounts.

The CCHA was approved to enroll up to twenty-five (25) participants in our Family Self Sufficiency (FSS) Program. Currently, our enrollment is at two (2) and we greatly wish to increase enrollment to twenty-five (25). The FSS Coordinator has been actively trying to recruit participants onto the FSS Program to maintain that number.

The temporary reduction in our current program was due to the programs success of graduating persons from the program and the result of the Housing Authority of the City of Los Angeles (HACLA) absorbing these households into their program.

Currently, the CCHA has two (2) active FSS participants and all participants have an escrow account. In the last nine (9) months, CCHA has actively pulled over 1500 people from the Section 8 HCVP Waitlist. The FSS Coordinator has worked extensively with the Section 8 HCVP Waitlist Staff to make presentations about the FSS Program when a household is certified and briefed as they enter the Section 8 Program. This is done in an attempt to educate the applicants on the benefits of the program should they decide to enroll once leased up on the Section 8 HCVP. Also, the FSS Coordinator conducted telephone follow-ups to each household to inform them of the program.

In addition to making presentations during the briefings, a mass mailing regarding the FSS Program was transmitted to all current HCVP participants in order to educate and outreach to potential participants. Over two hundred (200) individuals were notified via mail about the benefits of the FSS program along with contact information on how to apply. Also, the FSS Coordinator conducted telephone follow-ups to each household. To increase our FSS enrollment, CCHA will continue the above efforts while also employing new methods to enhance enrollment. The role of the FSS Coordinator is essential to the effort.

Staff will continue to aggressively outreach to current HCVP participants in an attempt to recruit for the Family Self Sufficiency Program.

Sincerely,

Tevis Barnes
Housing Administrator

CITY OF CULVER CITY

HOUSING PROGRAMS OFFICE

9770 CULVER BOULEVARD, CULVER CITY, CALIFORNIA 90232-0507

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TEVIS BARNES
Housing Programs Administrator

Affirmatively Furthuring Fair Housing

The Culver City Housing Agency's mission is the same as that of the U. S. Department of Housing and Urban Development (HUD) as outlined in the Public Housing Agency Five Year Plan (2005-2009). "To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination." The following steps are taken to further fair housing throughout the City of Culver City:

1) **Overcome the effects of impediments to fair housing choice that were identified in the jurisdiction's Analysis of Impediments (A1) to Fair Housing Choice**- The Housing Agency will continue to work with state and local authorities to make regulatory changes that will encourage affordable housing developments throughout and will continue to remain consistent with the applicable jurisdiction's Consolidated Plan and Analysis of Impediment.

2) **Remedy discrimination in housing**- The Housing Agency continues to actively deconcentrate areas of poverty by outreaching to property owners throughout the City of Culver City. Rental listings are available for the voucher holders to review and include units in all areas of the City of Culver City. The City also offers a Neighborhood Preservation Program grant to all owners that qualify in exchange for the lease up of a Section 8 client. This encourages the availability of units throughout the City.

3) **Promote fair housing rights and fair housing choice**- The Culver City Housing Agency refers many Housing Rights questions to a non-profit organization partly funded by the City. The Housing Rights Center is available to answer all legal questions and/or concerns and complaints. The Housing Agency has a contract with the Housing Rights Center through Housing Set Aside Funds.

A document promoting fair housing rights and where to report violations is included in each briefing packet for all new Section 8 Housing Choice Voucher participants. A poster is also available for public viewing in the main lobby of the Housing Agency.

The Housing Agency also has purchased a language line service available for use when non English speaking individuals make inquiries about the programs offered or questions about their cases.

eLogic Model[1]

Applicant Name: Culver City Housing Agency
Project Name: Family Self Sufficiency Coordinator
TERM: Year 1
HUD Program HCVFSS

Period:
Start Date:
End Date:

US Department of Housing and Urban Development
OMB Approval 2535-0114 exp. 09/30/2007

Component Name:

HUD Goals	Policy Priority	Problem, Need, Situation	Service or Activities/Output	Pre	Post	Outcome	Pre	Post	Evaluation Tools
1		2	3	4		5	6		7
Policy		Planning	Programming	Measure		Impact	Measure		Accountability
B1		There is a need to link new FSS program participants to services and economic opportunities that will lead to employment and economic self-sufficiency.	Outreach to HCV families re: FSS program	Families		other	other		
B2				200			25		A. Tools for Measurement
B3			Credit repair counseling-Enrolled	Persons		Credit score improved	Persons		Intake log
B3				20			5		Survey
B4			Outreach to FSS families re: homeownership	Families		Purchased home	Families		Interviews
				20			1		
			Service providers contacted	Providers		Earned income increased-Families	Families		
				7			5		B. Where Data Maintained
			Employment counseling	Persons		Job placement	Persons		Individual case records
				20			5		
			Transportation services	Persons		Earned income increased-Families	Families		
				5			5		
				#N/A			#N/A		
									C. Source of Data
				#N/A			#N/A		Referrals
									Employment records
				#N/A			#N/A		Escrow accounts
									Work plan reports
				#N/A			#N/A		
									D. Frequency of Collection
				#N/A			#N/A		Upon incident
				#N/A			#N/A		
				#N/A			#N/A		
									E. Processing of Data
				#N/A			#N/A		Computer spreadsheets
									Manual tallies
				#N/A			#N/A		
				#N/A			#N/A		
				#N/A			#N/A		
				#N/A			#N/A		

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011
(exp. 12/31/2006)

Applicant/Recipient Information *** Duns Number:** 063833651 *** Report Type:** INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):

* Applicant Name:
Culver City Housing Agency

* Street1: 9770 Culver Boulevard
Street2:
* City: Culver City
County: Los Angeles
* State: CA: California
* Zip Code: 90232 * Country: USA: UNITED STATES
* Phone: 310-253-5780

2. Social Security Number or Employer ID Number: 956000701

* 3. HUD Program Name:
Section 8 Housing Choice Vouchers

* 4. Amount of HUD Assistance Requested/Received: $ 64,266.00

5. State the name and location (street address, City and State) of the project or activity:

* Project Name: Family Self Sufficiency Coordinator
* Street1: 9770 Culver Blvd.
Street2:
* City: Culver City
County: Los Angeles
* State: CA: California
* Zip Code: 90232 * Country: USA: UNITED STATES

Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

☐ Yes ☑ No

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9

☐ Yes ☑ No

If you answered " **No** " to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.

You are our Client!
Grant Applicant Survey

U.S. Department of Housing And Urban Development
Office of Departmental Grants Management and Oversight

OMB No. 2535-0116 (exp. 12/31/2008)

The information collection requirements contained in this document have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44U.S.C. 3501-3520). 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. Public reporting burden for this collection is estimated to average 30 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. All information collection contained in this Survey is optional.

The Department of Housing and Urban Development is trying to provide a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to the Notice of Funding Availability Application and forms and/or the Electronic Grant Application Outreach process. You can complete and submit this survey and attach it to your electronic application or you mail directly to: Department of Housing and Urban Development, 451 7th Street, SW – Room 3156, Washington, DC 20410.

Instructions. Listed below are several questions regarding outreach conducted by the Federal Government to prepare organizations for the Grants.gov registration process, the retrieval of funding opportunities, and submission of electronic applications. The grading scale below provides options from extremely helpful to not applicable. In the box provided, grade the government on its outreach efforts from O-None thru G-Not applicable to my needs. Section seven provides space for you to make SUGGESTIONS FOR IMPROVEMENT, please identify the section you are commenting on. Field level help is available by click on the **F1** key.

O= None **A** = Extremely helpful **B** = Somewhat helpful **C** = Helpful **D** = Not very helpful
F = Not helpful **G** = Not applicable to my needs

Section 1 – Electronic Grant Application Outreach
Provide details about the type of information you received from HUD about Grants.gov as indicated below.

1. The brochure(s)/guide(s) (insert title(s)):		Grade: O-None
2. Title of the workshop(s) /conference(s)/meeting(s)/training/forum(s)	Date attended:	Grade: O-None
3. Title(s) of satellite broadcast(s):	Date(s):	Grade: B-Somewhat helpful
4. Did you receive information from the Agency Call Center? ☐ Yes ☒ No If yes, please provide the date(s) and rate the quality of assistance received.	Date(s):	Grade: O-None
5. Did you receive information from the Grant.gov Contact Center? ? ☐ Yes ☒ No If yes, please provide the date(s) and rate the quality of assistance received.	Date(s):	Grade: O-None

6. How could we improve our communications to you and others like you (please explain)?

Section 2 – Electronic Grant Application Registration Process

1. Did you find the Grants.gov website information on registration clearer and easier to understand than last year? ☒ Yes ☐ No
2. Do you have access to IBM compatible software? ☒ Yes ☐ No
3. Do you have Internet access within your office or division? ☒ Yes ☐ No

If no, to question 3, please answer the following questions. Is the access within:

a. Within your organization? ☐ Yes ☐ No
b. Available in your building? ☐ Yes ☐ No

c. Available at home? ☐ Yes ☐ No
d. Available within 1 mile of where you work? ☐ Yes ☐ No
e. Available within 5 miles of where you work? ☐ Yes ☐ No
f. Available more than 5 miles of where you work? ☐ Yes ☐ No

4. Do you have problems with Internet access due to any of the following?
Cost? ☐ Yes ☒ No
Reliability? ☐ Yes ☒ No
Office access rights? ☐ Yes ☒ No
Poor quality reception? ☐ Yes ☒ No

Section 3 – Funding Opportunities

Please provide CFDA Number for funding opportunity are you commenting on.	Insert CFDA numeral: 14.871
1. Did you find the Submission Checklist helpful?	☒ Yes ☐ No
2. Were the Funding Opportunity instructions clearer and easier to follow than last year?	☒ Yes ☐ No
3. Were the Program specific funding opportunity instructions clearer and easier to follow than last year?	☒ Yes ☐ No
4. Did you find sections of the funding opportunity duplicative?	☐ Yes ☒ No

5. **If yes**, to any of the questions above, identify the section(s) and areas for streamlining the redundant information.

Section 4 – Finding Grant Opportunities

1. Was it easier to find the Finding Opportunities on-line through Grants.gov than previous methods?	☒ Yes ☐ No
2. Based on previous years, how easy was it to find grants in the	Choose from dropdown
a. Federal Register	A little easier
b. Trade journals	None
c. Agency websites	None
3. How could finding grant opportunities be improved (please explain)?	

Section 5 – Applying for Grant Opportunities

1. How many people were involved in completing the application submission?	Number: 10
2. Did you find the electronic application useful for dissemination purposes?	☒ Yes ☐ No
3. Did the same individual who downloaded the grant application submit the application?	☒ Yes ☐ No
4. Did you know where to look for instructions for completing and submitting the application?	☒ Yes ☐ No
5. At what point in the process did you download and read the Application Instructions?	A-Before looking at the application
6. What Section of the Electronic Application Desktop Guide were most useful?	
7. How could the Electronic Application Desktop Guide be improved (please explain)?	

8. Did you find the Submission Tips helpful?	Grade C-Helpful
9. Did you find the NOFA Application Submission Checklist helpful?	Grade C-Helpful
10. Did you know how to use the attachment form in the application package?	☒ Yes ☐ No ☐ Do not know
11. Did you have a problem saving your application?	☐ Yes ☒ No ☐ Do not know

Section 6 – Applicant Information

Organization Legal Name Culver City Housing Agency

Address 9770 Culver Blvd. City Culver City State CA

Zip Code 90232 Telephone Number: (including area code) 310-253-5780

Contact Name: Mona Karroum Email Address mona.karroum@culvercity.org

Section 7 – Suggestions

For improving the Electronic Grant process, please specify below. Please identify the section you are commenting on.