

**ROSS FUNDING
FACT SHEET**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT
OFFICE OF PUBLIC AND INDIAN HOUSING**

OMB Approval No. 2577-0229
Expiration Date 02/28/2007

Public reporting burden for the collection of information is estimated to average 2 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Instructions for completing this form: All applicants must complete sections A, B, C, D, and E. Resident Associations (RAs) must also complete section F. This form must be signed by an authorized official of the applicant's organization.

A. Applicant Information

Applicant Name: _____

Applicant Type: _____

___ PHA PHA Code: _____

___ RA ___ NONPROFIT ___ TRIBE/TDHE

B. Assistance for which the applicant is applying:

- _____ Resident Service Delivery Models-Family
- _____ Resident Service Delivery Models-Elderly and Persons with Disabilities
- _____ Family Self-Sufficiency for Public Housing
- _____ Homeownership Supportive Services
- _____ Neighborhood Networks-new center
- _____ Neighborhood Networks-existing center

C. Unit Count

_____ Total number of conventional public housing units under management** (excluding any Section 8)

_____ Total number of family-occupied conventional public housing units.

_____ Total number of elderly/disabled-occupied conventional public housing units.

D. Please list any previous HUD grants, including ROSS grants you have received. Indicate grant name, (e.g. ROSS Homeownership), Year, and Award Amount.

ROSS FUNDING
FACT SHEET (continued)

RESIDENT ASSOCIATIONS MUST COMPLETE THE FOLLOWING SECTION:

F. RESIDENT ASSOCIATION BOARD INFORMATION (not applicable to FSS applicants)

Name of Board Member	Title	Appointment	Term Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of Last Board Election: _____

Does the organization have block captains? Yes ___ No ___

Does the organization have an operating committee? Yes ___ No ___

The above information is true and correct to the best of my knowledge.

Signed this _____ day of _____, ____.

By: _____
Applicant Executive Director or Other Authorized Representative

For: _____
Applicant Name