OMB Approval No. 2577-0229
Expiration Date 6/30/2018

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

ROSS SERVICE COORDINATORS – NEEDS and SERVICE PARTNERS

Public reporting burden for the collection of information is estimated to average 4 hours per response. This includes the time for collecting, reviewing, and reporting the data. 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. This information will allow HUD to determine eligibility for the ROSS SC Program. This information does not lend itself to confidentiality.

PLEASE READ NOFA CAREFULLY FOR DIRECTIONS AND MINIMUM REQUIREMENTS.

1. Name of Applicant: _____

2. PHA/Tribe/TDHE(s) to be Served: _____

NEEDS	**NEED? (check all that apply – see NOFA for requirements)**	**SERVICE PROVIDER/PARTNER(s) (list all)**	**Value of Match***
Life Skills Training			
Financial Literacy/Credit Counseling/Credit Repair			
Literacy Training			
ESL			
GED/High School Equiv.			
Mentoring			
Job Soft Skills Training			
Job Hard Skills Training/Certification			
Job Search and Placement			
Job Retention/Promotion			
ISAs/IDAs			
Homeownership Counseling			
Computer Classes			
Drug/Alcohol Treatment			
Mental Health Treatment			
Health/Dental Care			
Home Maintenance classes			
Parenting classes			

Nutrition classes			
Youth Programming – tutoring/mentoring/after school/summer			
Child Care			
Transportation			
Tax Preparation Assistance			
Community Safety			
Resident Empowerment/Capacity Building			
Resident Business Development			
Assistance with Activities of Daily Living			
Meals to meet nutritional need for Elderly			
Disability Services Counseling			
Personal Emergency Response Resources			
Wellness Programs			
Other (please describe)			
Other			
Other			
Other			
Other			
		TOTAL	**$**

3. Total Grant Requested $_____

4. Total Match Documented $_____

5. Match is _____ % of Grant Requested (must be at least 25% to qualify)

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

_____

Signature of Authorized Representative

_____

Title