

____(c) Evidence demonstrating salary comparability to similar position in the local jurisdiction is on file in the PHA office.

4. Statement regarding Colonias Preference: The applicant PHA operates in a Southwest Border region area that contains one or more Colonias community: Yes____ No _____. (If yes, a PHA applying for the Colonias preference must also complete 4(a) below.)

(a) The PHA operates programs that include outreach to members of the Colonias communities. Yes ____ No ____

(b) Request that GMC confirm eligibility for Colonias preference. (Must be included only by PHAs not listed in Attachment C of the FY 2003 FSS NOFA.)

If there are any questions, please contact _____ at _____.

Sincerely,

Executive Director