

HOPWA Application
Part D -Forms

Appendix D

OMB Approval No. 2506-0133
Expiration Date 11/30/2003

F. Additional Information

The Department of Housing and Urban Development needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)

- ☐ Severely Mentally Ill
- ☐ Chronic Substance Abuse
- ☐ Multiply-Diagnosed
- ☐ Victims of Domestic Violence
- ☐ Veterans

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project either (1) is in an area outside of Metropolitan Areas, or (2) is outside of the urbanized areas within a Metropolitan Area.)

- ☐ Yes
- ☐ No

Public reporting burden for the collection of information is estimated to average two (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.

Please include this page in your application. Page

Form HUD-40110-B (3/03)