

RD AN No. 4827 (1944-I)  
March 29, 2017

TO: All State Directors  
Rural Development

ATTENTION: Single Family Housing Program Directors  
Self Help Coordinators

FROM: Richard A. Davis /s/ *Joyce Allen* for  
Acting Administrator  
Rural Housing Service

SUBJECT: Self-Help Technical Assistance Grant Extensions and Final  
Evaluation

**PURPOSE/INTENDED OUTCOME:**

This Administrative Notice (AN) is issued to provide guidance for Section 523 Mutual Self-Help Grant extensions and final evaluations in accordance with Rural Development (RD) Instruction 1944-I.

**COMPARISON WITH PREVIOUS AN:**

This AN replaces RD AN No. 4797 dated December 30, 2015 which has expired.

**BACKGROUND:**

In accordance with RD Instruction 1944-I, §1944.410, the agency is responsible for evaluating grant performance which includes the need for extensions to the grant and other revisions to the Grant Agreement. While 1944-I, §1944.420 allows for extensions or modifications to the Grant Agreement the need for such must be well documented and justified. This policy provides further guidance on these topics to establish nationwide standards and consistency.

EXPIRATION DATE:

FILING INSTRUCTIONS:  
Preceding RD Instruction 1944-I

**IMPLEMENTATION RESPONSIBILITIES:****Grant Extensions**

Detailed planning is imperative to a successful grant cycle. Although there are often compelling reasons beyond the grantee's control that create a need for a grant extension, such as weather delays or loss of key personnel, they can all be reasons for concern, as they can be indicative of poor planning and/or poor budgeting during the grant application phase or overall poor management of the grant.

RD Instruction 1944-I, §1944.420, provides authorization for extensions or revisions to the grant agreement. State Directors are authorized to approve extensions as long as the extension period is for no more than one year and the need is justified. If additional funds are needed a revised budget must be submitted with final technical assistance cost within the guidelines of 1944-I, §1944.407. All requests for additional grant funds must be submitted to Headquarters for obligation.

Requests for extensions or revisions should be made by the grantee in writing along with any pertinent documents such as a revised budget, implementation schedule and current status report utilizing RD Instruction 1944-I, Exhibit B and/or Self-Help Automated Reporting and Evaluation System (SHARES) report. The regional Technical and Managerial Assistance (T&MA) provider should also review the request and provide a recommendation to RD. The RD oversight official will review the request and if approved issue 1944-I Exhibit C, 'Amended to Self-Help Technical Assistance Grant Agreement' along with an amended letter of conditions, as needed. Grantees must be monitored closely after an extension or other modification to ensure compliance and to prevent further delays.

**Final Grantee Evaluation**

Near the end of the grant period RD must evaluate the grantee's overall performance. In accordance with 1944-I, §1944.419, "The evaluation is to determine how successful the grantee was in meeting goals and objectives as defined in the agreement, application, this regulation and any amendments." In order to quantify this analysis, 1944-I §1944.419 (a), outlines five evaluation criteria of which the grantee must meet all goals to receive an outstanding rating and three goals to receive an acceptable rating. Failing to meet at least three goals will result in an unacceptable rating and future grant funding may be in jeopardy.

State offices should issue a final evaluation letter to the grantee with a copy to the T&MA provider and headquarters. A sample final evaluation letter can be found in Attachment 1. Grantees and States alike are reminded that RD Instruction 2033-A provides guidance for maintaining official records and documentation. In addition, RD Instruction 1944- I,

Exhibit A (r) of the “Self Help Technical Assistance Grant Agreement” states: “Grantee will retain all financial records, supporting documents, statistical records, and other records pertinent to this agreement for three years, and affirms that it is fully aware of the provisions of the Administrative Remedies for False Claims and Statements Act, 31 USC 3801, et. seq.”

This AN should be used as a guide for Section 523 Grant administration and oversight. State Offices needing further guidance on this AN should contact Andria Hively, Finance & Loan Analyst for the Single Family Housing Direct Loan Division, at 360-753-7724.

Attachment

{DATE}

{GRANTEE NAME AND ADDRESS}

Dear {NAME}:

This letter is to acknowledge {GRANTEE NAME} completion of 523 Technical Assistance (TA) Grant requirements in accordance with Rural Development Instruction 1944-I and 523 TA Agreement (letter of conditions) for the period of { GRANT START DATE} through { GRANT COMPLETION DATE}.

Performance under this grant agreement is evaluated as follows:

1. {GRANTEE NAME} {DID OR DID NOT} assist the projected number of families in obtaining adequate housing. There were {#} homes projected, and {GRANTEE NAME} completed {#} homes during this grant period.
2. {GRANTEE NAME} {DID OR DID NOT} meet the goal of assisting at least 40% very low income families. At the end of the grant period, they served {%} very low income families.
3. {GRANTEE NAME} {DID OR DID NOT} meet the family labor requirement of at least 65%.
4. {GRANTEE NAME} {DID OR DID NOT} meet the projected TA cost per EU of {\$. Actual TA cost per EU at grant close out was only slightly over at {\$.
5. {GRANTEE NAME} {DID OR DID NOT} meet all other objectives under the grant agreement.

{GRANTEE NAME} receives a rating of “{OUTSTANDING/ACCEPTABLE/NOT ACCEPTABLE}” since they met {#GOALS MEET} of the above listed goals.

We look forward to working with you on your new 523 grant award and thank you for your dedication to the self-help program. Please feel free to contact {OFFICE CONTACT NAME} at {#}, should you have any questions.

Sincerely,

{INSERT STATE DIRECTORS NAME}  
State Director

Cc: {NATIONAL OFFICE SPECIAL PROGRAM DIVISION}  
{T&MA CONTRACTOR}  
{ANY OTHER RD OR OFFICE AS APPROPRIATE}