



FY 2016-2017 Comprehensive Housing Counseling Grant Application Training

February 2016

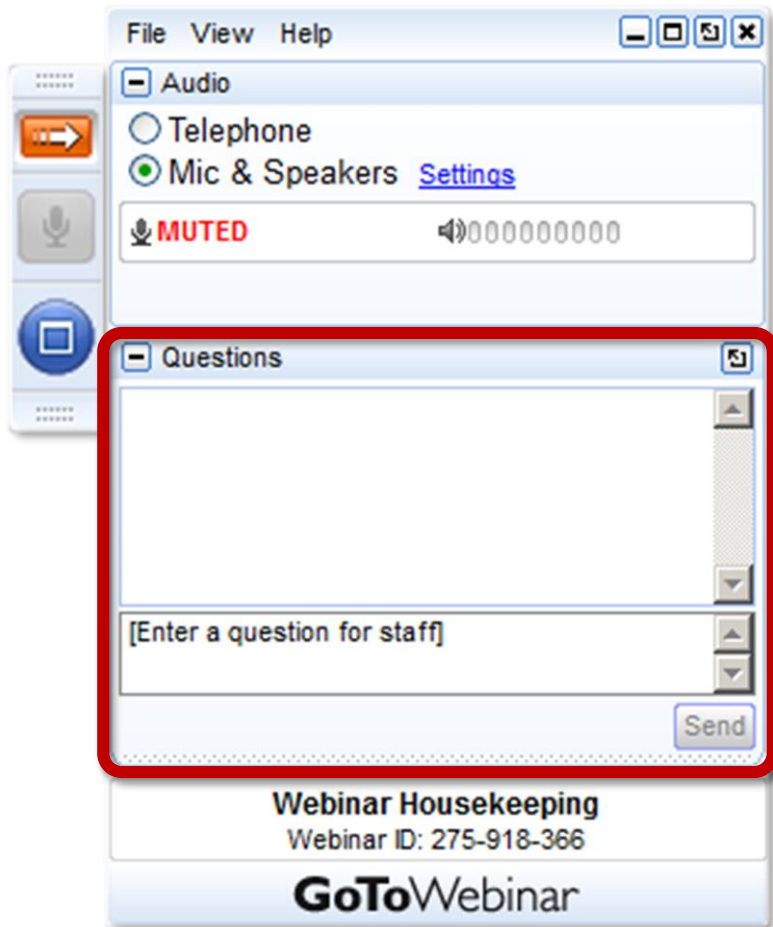


**FY 2016-2017 Comprehensive
Housing Counseling
Grant Application Training
Conference call portion of the webinar :
800-260-0718
Participant Access Code: 357635**

Webinar Logistics:

- Audio is being recorded. The playback number will be available along with the PowerPoint and a transcript on the HUD Exchange at <https://www.hudexchange.info/programs/housing-counseling/webinars/>
- An OHC LISTSERV will be sent out when the Archives are posted.
- Attendee lines will muted during presentation.
- We may have polling questions.
- There may be Q&As. If so, The operator will give you instructions on how to make your comments.

Other Ways to Ask Questions



Your Participation

Please submit your text questions and comments using the Questions Panel. We will answer some of them during the webinar.

You can also send questions and comments to housing.counseling@hud.gov with **webinar topic is subject line.**

Please Mute Your Phones During Discussions

- During the discussions, all the phones may be unmuted by the operator.
- It is critical that you mute your phone during these discussions.
 - Most phones have a Mute function so use it.
 - *6 will also mute and unmute your phone.
- Unmuted phones are a distraction to the discussion.
- Please be courteous.

Certificate of Training

- If you logged into the webinar, you will receive a “thank you for attending” email from GoToWebinar within 48 hours.
- The email will say that it is your CERTIFICATE OF TRAINING. There is no attachment
- Print out and save that email for your records.

Thank you for attending our XX hour Webinar on XX. We hope you enjoyed our event. This is your CERTIFICATE OF TRAINING. Please print out and save this email for your records. Please send your questions, comments and feedback to: housing.counseling@hud.gov.

Brief Survey

- Please complete the brief survey at the end of this session.
- Your responses will help OHC better plan and present our webinars.

Welcome

Office of Housing Counseling



Agenda

- Completing the application process
- Funding methodologies
- The Rating Factors
- Submission requirements and other technical issues
- Questions regarding specific program requirements go to:

housing.counseling@hud.gov

Presenters

David Gallian

David Valdez

John Olmstead

Lorraine Griscavage-Frisbee

Virginia Holman

Office of Housing Counseling

David Gallian

Presenter

Preparing to Submit Application

- Properly registered through www.grants.gov
 - ✓ Registration checklist at <http://www.grants.gov/web/grants/applicants/organization-registration.html> provides helpful instructions
- System for Award Management (SAM)
 - ✓ Ensure registration has not expired
 - ✓ New agencies must register
 - ✓ Go to: www.sam.gov for more information

FY 2016 NOFA Eligibility

- ✓ **Eligible Applicants:** All housing counseling agencies (including LHCAs, Intermediaries and MSOs) that were directly approved by HUD to participate in the HUD Housing Counseling Program prior to the NOFA issue date and SHFAs are eligible for this NOFA.
- ✓ Housing Counseling agencies that have not received HUD approval but meet the Housing Counseling Program approval criteria at 24 C.F.R. § 214.103 are encouraged to affiliate with a HUD-approved Intermediary or SHFA.

FY 2016 NOFA Eligibility

Continued

Please Note:

Individuals, foreign entities, and sole proprietorship organizations **are not eligible** to compete for, or receive, awards made under this announcement.

FY 2016 Significant Changes

- ✓ **One Competition** Distributes Subsequent Year Funding if Available.
- ✓ **Offsetting Expected Counselor Certification Costs.**
Applicants should be aware that expected training, testing and certification expenses are eligible expenses under this NOFA
- ✓ **Recognition of Quality of Housing Counseling Services.**
- ✓ **Encouraging Counseling Networks.**

FY 2016 Changes

✓ Procedural Changes

- **Risk.** under HUD's Housing Counseling Program is further related to past performance and scored under this NOFA through three factors which is outlined in the NOFA Section V.
- **Cost Limitations.**

✓ Recognition of Quality of Housing Counseling Services

✓ Encouraging Counseling Networks.

Encouraging Networks of Counseling Agencies

- Increased support to State Housing Finance Agencies and Intermediaries which manage sub-grantees and branches
- Encourage Local Housing Counseling Agencies to form partnerships with parent agencies
- Encourage State Housing Finance Agencies and Intermediaries to review members of their networks utilizing the HUD-9910 form and share review results and follow-up actions with HUD

NOFA Format

- Simplified Responses
 - ✓ Reduced time to prepare and score applications
 - ✓ Reduced emphasis on narrative responses
 - ✓ Increased emphasis on quantitative responses
- Series of charts in EXCEL for several NOFA rating factors
- Applicants DO NOT request a specific award amount

SF424

Place \$1.00 in 18. Estimated Funding, A. Federal

| Application for Federal Assistance SF-424 | |
|---|---|
| 16. Congressional Districts Of: | |
| * a. Applicant <input type="text"/> | * b. Program/Project <input type="text"/> |
| Attach an additional list of Program/Project Congressional Districts if needed. | |
| <input type="text"/> | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 17. Proposed Project: | |
| * a. Start Date: <input type="text"/> | * b. End Date: <input type="text"/> |
| 18. Estimated Funding (\$): | |
| * a. Federal | <input type="text" value="1.00"/> |
| * b. Applicant | <input type="text"/> |
| * c. State | <input type="text"/> |
| * d. Local | <input type="text"/> |
| * e. Other | <input type="text"/> |
| * f. Program Income | <input type="text"/> |
| * g. TOTAL | <input type="text" value="1.00"/> |

Award Information

- Housing Counseling Program funding has been provided by Congress in the amount of \$40,000,000
 - ✓ \$40 M for Comprehensive Housing Counseling Grants, including those funded under this NOFA
- HUD reserves the right to establish maximum grant amounts awarded to any individual agency
- Initial period of performance is up to eighteen months assumed to be October 1, 2015 to March 31, 2017

Offsetting Expected Counseling Certification Costs

- Dodd-Frank Act requires HUD to test and certify housing counselors
- Final rule and its implementation date pending
- Should timing overlap with availability of funds under FY 2016 NOFA, training, testing and certification expenses are eligible expenses

Funding Methodology

- Successful applicants awarded a base grant amount determined by size and nature of counseling network
- Slight decrease in weighting of network size
- It continues to factor in FTEs and network management activities with other relevant criteria
- HUD may base a portion of the award on an applicant's intent to review members of its network utilizing the HUD-9910 form and share the review results and follow-up actions with HUD

Base Awards

- Base award for each Local Housing Counseling Agency that applies directly
- Award for LCHAs applying independently will not be calculated using the number of LHCA's branches

Base Awards Continued

- Total Base Award for Intermediaries, State Housing Finance Agencies and Multi State Organizations
 - ✓ For each sub-grantee or branch
 - ✓ Grantees will determine the actual funding amounts to be distributed to sub-grantee or branches

Additional Funding

- **Competitive Funding Amount**
 - ✓ Percentage of highest scorers may receive incentive funding
- **Number of counselors FTEs**
 - ✓ Based on FTEs that provide direct housing counseling services as of September 30, 2015
- **Funding to provide support to a network**
 - ✓ For Intermediaries, State Housing Finance Agencies or Multi State Organizations
- **Funding for reverse mortgage counseling**
 - ✓ Based on number of HUD HECM Roster Counselors to be funded

Review and Selection Process

Threshold & Eligibility Requirements

- Threshold requirements are outlined in the FY 2016 General Section
- Eligibility Requirements
 - ✓ All housing counseling agencies (including LHCAs, Intermediaries and MSOs) that are directly approved by HUD to participate in the HUD Housing Counseling Program prior to the NOFA issue date
 - ✓ SHFAs are eligible for this NOFA
 - ✓ Housing Counseling agencies that have not received HUD approval but meet the Housing Counseling Program approval criteria at 24 C.F.R. § 214.103 are encouraged to affiliate with a HUD-approved Intermediary or SHFA.

Eligible Activities

- Agencies will only be reimbursed for the following activities described in the NOFA:
 - ✓ Individual Housing Counseling
 - ✓ Group Education/classes
 - ✓ Fair Housing education or counseling
 - ✓ Lead-Based Paint education or counseling
 - ✓ Marketing and Outreach Initiatives

More Eligible Activities

- ✓ Training
- ✓ Quality assurance
- ✓ Computer equipment and computer systems
- ✓ Administrative costs
- ✓ Capacity building
- ✓ Scam awareness, identification and reporting
- ✓ Indirect Costs, if applicable

Activities eligible for reimbursement must also be consistent with agency's Housing Counseling Work Plan

Other Program/Grant Agreement Requirements

- ✓ See the “Application Checklist” in Section IV.B(2) of the NOFA for required forms, certifications and assurances:
- ✓ External Audits and Investigations: No earlier than fiscal year 2014; compliant with OMB Omni-Circular requirements
(2 CFR Part 200.501)
- ✓ Client Management System: Must utilize client management system acceptable to HUD and interfaces with HUD housing counseling system
- ✓ Documentation of Expenses: Grantees and sub-grantees must maintain source documentation of costs
- ✓ Limited English Proficiency: Agencies shall take reasonable steps to ensure meaningful access to their services for individuals with LEP.

Other Program/Grant

Agreement Requirements (continued)

- ✓ Succession Plans: Grantees will have to execute a succession plan to ensure continuity of operations
- ✓ Documentation of Personnel Expenses: Distribution of wages and salaries must be supported by records that reasonably reflect the total activity compensated
- ✓ Home Inspections Materials: Grantees must provide home inspection materials to pre-purchase/homebuyer education clients
- ✓ Affirmatively Further Fair Housing: HUD has a statutory duty to affirmatively further fair housing – HUD requires the same of its funding recipients
 - ✓ AFFH Tool: <http://egis.hud.gov/affht>
- ✓ Subcontracting: Grantees and sub-grantees *must deliver all* the housing counseling set forth in the work plan. Not permissible to contract out housing counseling services except as specified in 24 CFR.103(j)

Application Process

DO NOT PDF CHARTS!

Charts and Narratives

- NOFA uses charts in EXCEL to summarize
- Grant application download at www.grants.gov two folders:
 - ✓ Download Instructions
 - ✓ Download Package
- Charts are included in the zip folder labeled “Download Instructions” in an Excel document titled “HUD 9906 Charts FINAL.xlsx”
- DO NOT PDF Charts! Keep them in .xlsx format

Charts and Narratives Continued

- Summary Table on Pages 25- 26 in the NOFA:
 - ✓ Gives the points for each Rating Factor
 - ✓ Identifies charts and columns needing to be filled-out and when a narrative is required.
- DO NOT send Charts as a PDF!

THIS IS AN IMPORTANT TOOL!

Charts and Narratives Continued

Look for the entire
Summary Table
on Pages 25 - 26

| BONUS POINTS | | POINTS | CHART | SEPARATE NARRATIVE |
|---|--------------------------------|--------|--|--|
| Preferred Sustainable Communities Status | | 2 | Chart A1 or A2 and, if applicable Chart A2a, Columns B-E | N/A |
| RATING FACTOR | | POINTS | CHART | SEPARATE NARRATIVE |
| Rating Factor 1. Capacity of the Applicant | | 33 | | |
| Sub-factor 1 | Capacity | 20 | Chart A1 or A2 and, if applicable Chart A2a, Columns B-D, F-Q | N/A |
| Sub-factor 2 | Performance Reviews/Compliance | 7 | N/A | N/A |
| Sub-factor 3 | Measuring Client Satisfaction | 6 | Chart A1 or A2 and, if applicable Chart A2a, Columns B-D, F-I, R-S | N/A |
| Rating Factor 2. Need/ Departmental Policy Priorities | | 14 | | |
| Sub-factor 1 | Needs | 10 | Chart A1 or A2 and, if applicable Chart A2a, Columns B-D, F-I, T-V Chart F, Columns A-C | Sub-factor 1d (See page 21 of NOFA) |

List of Charts

(Chart will be reviewed with each Rating Factor)

- **Chart A1/A2:** Characteristics
 - Factors: 1, 2, 3, and 5
- **Chart A.2a:** Intermediary, SHFA, or MSO Characteristics
 - Factors 1, 2, 3, and 5
- **Chart B:** Services and Modules
 - Factor 3, Sub-factor 2(A)
- **Chart C:** Other HUD Programs
 - Factor 3, Sub-factor 3(B)
- **Chart D:** Leveraging
 - Factor 4
- **Chart E1/E2:** Budget
 - Factor 3, Sub-factor 1(B)
- **Chart F:** Affirmatively Furthering Fair Housing
 - Factor 3
- **Chart G1/G2:** Oversight activities
 - Factor 3, Sub-factors 1(c) and 2(b)

General Instructions for Charts

- Ensure Applicant's Name is on each Chart, either in the columns or as a header as required
- Put an "X" for YES in the correct column
- Some columns will ask for a brief narrative to be added to a specific column

Rating Factor 1

Capacity of the Applicant

David Valdez
Presenter

Chart A – Rating Factors 1, 2, 3 and 5

CHART A1 -- LHCA CHARACTERISTICS
RATING FACTORS 1, 2, 3 AND 5

| Rating Factor 1 | | | | | | | | | | | | | | | | | | | | Rating Factor 2 | | | Rating Factor 3 | | Rating Factor 5 | | | | | | | | | |
|-------------------|---------------------|---|---|---|---|---|---|---|---|--|--|------------------------------------|--|----------------------------------|-------------------------------------|---|---|---------------------|--------------------------|--------------------------------------|--|--|---|---|---|---|------------------------------|--|--|---|---|---|---|----|
| B | C | | | | | | | | | | | | | | | | | | | U | V | W | X | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH | AI |
| Name of Applicant | Location City/State | Agency's HUD Housing Counseling System (HCS) Number | Preferred Sustainable Communities / Promise Zones | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | Serves Rural Community | Serving Area with No Internet Access | Physically Located in Geographically Isolated Agency | Name(s) of Housing Counseling Related Partnerships/Collaboratives, if Applicable | Uses Reviews by Senior Management Staff with Results Reported to Organization's Board | Publishes Performance Data | Link to Published Performance Data, if Available Online | Name of CMS | Uses CMS to Generate Reports | Use CMS to Record Notes, Action Plan, Financial Analysis and Follow-up | Uses CMS to Track Grants | Performs Quality Control Review of CMS Data | Pulled Credit Reports 6 or More Months after Counseling was Completed | Uses Other Methods of Evaluating Program Services | | |
| | | | | | | | | | Number of Housing Counselor Full-Time Equivalents (FTE) | Number of HUD HECM Roster Counselors (if applicable) | Average Counseling Hours per FY 2015 HECM Client (if applicable) | Formal Housing Counseling Training | Require Testing/Certification for Counselors | Alternate Model(s) of Counseling | Adopted National Industry Standards | Counseling Services available in Multiple Languages | Alternate Formats Accessible to Persons with Disabilities | Client Exit Surveys | Follow-up Client Surveys | Serves Rural Community | Serving Area with No Internet Access | Physically Located in Geographically Isolated Agency | Name(s) of Housing Counseling Related Partnerships/Collaboratives, if Applicable | Uses Reviews by Senior Management Staff with Results Reported to Organization's Board | Publishes Performance Data | Link to Published Performance Data, if Available Online | Name of CMS | Uses CMS to Generate Reports | Use CMS to Record Notes, Action Plan, Financial Analysis and Follow-up | Uses CMS to Track Grants | Performs Quality Control Review of CMS Data | Pulled Credit Reports 6 or More Months after Counseling was Completed | Uses Other Methods of Evaluating Program Services | |



Bonus Points: Preferred Sustainable Communities/Promise Zones

An "X"
means
"Yes"

| Rating Factor 1 | | | |
|-------------------|---------------------|---|---|
| B | C | D | E |
| Name of Applicant | Location City/State | Agency's HUD Housing Counseling System (HCS) Number | Preferred Sustainable Communities / Promise Zones |
| | | | |

Bonus Points

Preferred Sustainable Communities/Promise Zones

- 2 points maximum
- See Section V of General Section
- Chart A1 or A2-Column E
- No narrative
- Promise Zones:
 - Obtain certification from authorized official for designated Promise Zone, using form HUD 50153 (in “download instructions” zip file)
- Preferred Sustainable Status Communities:
 - Obtain certification from POC for designated community or HUD Regional Administrator using form HUD 2995 (in “download instructions” zip file)
- Intermediaries, SHFA’s and MSO’s must obtain copies of certification for all sub grantees or branches for which they checked column E in chart A2.

Rating Factor 1: Capacity of Applicant

- 31 points maximum
- To evaluate the readiness and ability of the Applicant and sub-grantees to immediately begin and to successfully implement the proposed work plan described in Rating Factor 3
- To evaluate how adjustments to the work plan were managed

Chart A – Applicant Characteristics

Rating Factor 1-1 Capacity

| J | K | L | M | N | O | P | Q |
|---|--|--|------------------------------------|--|----------------------------------|-------------------------------------|---|
| Number of Housing Counselor Full-Time Equivalents (FTE) | Number of HUD HECM Roster Counselors (if applicable) | Average Counseling Hours per FY 2015 HECM Client (if applicable) | Formal Housing Counseling Training | Require Testing/Certification for Counselors | Alternate Model(s) of Counseling | Adopted National Industry Standards | Counseling Services available in Multiple Languages |
| | | | | | | | |

Rating Factor 1: Sub-factor 1: Capacity

- 18 points maximum
- Capacity to implement proposed activities in a timely and effective manner
- Higher score to applicants with greater capacity
- Complete Chart A1 or A2 - Column J through R
- Applicants with sub-grantees must complete each column for each sub-grantee

Rating Factor 1: Sub-factor 1: Capacity (continued)

Place an “X” in the column if the applicant, sub-grantees or branches has a requirement for:

- **Column J:** Number of Housing Counselors Full-time equivalents
- **Column K:** Number of HUD HECM roster counselors
- **Column L:** Average counseling hours per FY15 HECM client. Limited to actual time spent in counseling session. Does not include intake, prep, post-counseling follow-up.
- **Column M:** Formal Housing Counseling Training (50% or more of counselors received housing counseling related training) within the past 2 years (not counting on-the-job training)

Rating Factor 1: Sub-factor 1: Capacity (continued)

- **Column N:** Require testing/Certification of Counselors
- **Column O:** Offer alternate modes of counseling
- **Column P:** Adopted national industry standards prior to NOFA publication date
- **Column Q:** Service are available in multiple languages
- **Column R:** Alternate formats accessible to persons with disabilities

Rating Factor 1: Sub-factor 2

Performance Reviews/Compliance

- 7 points maximum
- HUD will use its own records to score this factor
- There is **no chart** to complete
- No narrative required

Rating Factor 1: Sub-factor 3

Measuring Client Satisfaction Chart A1/A2, S & T

NOTE: If the Applicant's main office provides direct housing counseling activities, the main office must be included in the list of sub-grantees on the blank Chart on Page 2. **NOTE:** Entering an "x" indicates a "Yes" response.

| Rating Factor 1 | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|---------------------|---|---|--|---|---------------------------------------|-----------------------------------|---|--------------------------------------|--|------------------------------------|--|---------------------------------|-------------------------------------|---|---|---------------------|--------------------------|
| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T |
| | Name of Applicant, Branches and Sub-grantees Applicant proposes to Fund With this NOFA | Location City/State | Agency's HUD Housing Counseling System (HCS) Number | Preferred Sustainable Communities / Promise Zones | Branch of an Intermediary, MSO or SHFA | Sub-grantee that is NOT HUD-Approved LHCA | Sub-grantee that is HUD-approved LHCA | Number of Sub-grantee's Branches. | Number of Housing Counselor Full-Time Equivalents (FTE) | Number of HUD HECM Roster Counselors | Average Counseling Hours per FY 2015 HECM Client (if applicable) | Formal Housing Counseling Training | Require Testing/Certification for Counselors | Alternate Mode(s) of Counseling | Adopted National Industry Standards | Counseling Services available in Multiple Languages | Alternate Formats Accessible to Persons with Disabilities | Client Exit Surveys | Follow-up Client Surveys |
| Applicant | ABC Intermediary <i>NOTE: If Applicant is providing counseling directly, enter information below with the appropriate boxes marked.</i> | Alexandria, VA | 12345 | x | | | | | | | | | | | | | | | |
| Branches and/or Sub-grantees | ABC Intermediary | Alexandria, VA | 12346 | x | x | | | | 2 | | | x | | x | x | x | x | x | |
| | Housing Resources | Alamosa, CO | 56789 | | | | x | | 3 | 1 | 1.5 | x | x | | | x | x | x | x |
| | Housing Affiliate | Erie, PA | 98765 | x | | x | | 2 | 8 | | | x | | x | x | x | x | x | |
| | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | 3 | 1 | 1 | 1 | 2 | 13 | 1 | | 3 | 1 | 2 | 2 | 3 | 3 | 3 | 1 |



Rating Factor 1: Sub-factor 3

Measuring Client Satisfaction

- 6 points maximum
- Applicants that measure customer satisfaction will be awarded a higher score
- For the period of October 1, 2014 through September 30, 2015 (FY 2015)
- Complete Chart A1 or A2: Columns S and T

Rating Factor 1: Sub-factor 3

Measuring Client Satisfaction (Continued)

Indicate the Yes answers with an “X” in the appropriate row/column.

- **Column S:** Issued client exit surveys at the end of the counseling or education sessions
- **Column T:** Issued follow-up client surveys after the counseling was completed

Rating Factor 2

David Valdez

Presenter

Rating Factor 2: Needs/NOFA Priorities

This factor addresses the extent to which there is a *need for funding* and the *degree to which the Applicant's work plan substantively addresses NOFA priorities*.

- RF2 = Up to a maximum of **14 points** may be awarded.
 - ✓ RF 2, Sub-section 1 "NEEDS" = 10 points
 - ✓ RF 2, Sub-section 2 "NOFA PRIORITIES" = 4 points
- Narratives must address specific NOFA priorities as listed in RF2 in order to earn points.
- A narrative describing the *general need for housing counseling services* is not required nor will be awarded points.

Rating Factor 2: Sub-factor 1: Needs

- 10 points maximum
- **Chart A1 or Chart A2:** Indicate the following about the area(s) to be served by putting an “X” for Yes
 - ✓ **Column U:** Serves Rural Communities
 - ✓ **Column V:** Serves area with no internet access
 - ✓ **Column W:** Geographically isolated housing counseling agency

Rating Factor 2: Needs/NOFA Priorities

- Rural Communities (Columns U, V)
 - Does your agency serve a rural community as defined by USDA regs? (7 CFR 3550.10)
 - Also identify if agency serves a rural area that lacks Internet access at time of submission
- Geographically Isolated Counseling Agencies (Column W):
 - Agency is or will be only HUD participating HC program that is physically located in the service area of applicant.

Identifying Impediments to Fair Housing

Chart
A

| | Rating Factor 2 | | |
|--|-----------------|---|---|
| | U | V | W |
| Serves Rural Community | | | |
| Serving Area with No Internet Access | | | |
| Physically Located in Geographically Isolated Agency | | | |

| | | |
|--|---|--------------------|
| Serves Rural Community | U | Rating Factor 2 |
| Serving Area with No Internet Access | V | |
| Physically Located in Geographically Isolated Agency | W | |

Chart F

| Rating Factor 2, Sub-Factor 1(c) | | |
|----------------------------------|---|---|
| (A) | (B) | (C) |
| Jurisdiction/ Service Area | Brief description of impediments to fair housing choice in the jurisdiction/service area identified in Column A | Information Source for Impediments identified in Column B (e.g. applicable state or local Consolidated Plan and Analysis of Impediments to Fair Housing Choice) |
| | | |

Rating Factor 2: Sub-factor 1: Needs

(Continued)

- **Chart F: *Impediments to Fair Housing Choice (RF2, 1 (c))***
 - ✓ Column A: Jurisdiction/Service Area
 - ✓ Complete Column B: Brief descriptions of the impediments for each jurisdiction or service area
 - ✓ Complete Column C: Identify the applicable state or local Consolidated Plan and Analysis of Impediments to Fair Housing Choice or other information sources on impediments
 - ✓ Complete Column D: Brief description of an activity that *addresses an impediment* to fair housing
 - ✓ Complete Column E: Brief description of how applicant will *measure outcomes* related to activity proposed above.

Rating Factor 2: Sub-factor 1: Needs

- **Persons with Disabilities and Limited English Proficiency**
 - ✓ Provide a brief narrative describing how meaningful program access will be provided to persons with disabilities and persons with limited English proficiency (LEP).

Rating Factor 2: Sub-factor 2: NOFA Priorities (Gen. Section VII)

- **NOFA Priorities (4 pts):**
 - Affirmatively Furthering Fair Housing (2 pts)
 - Increase Energy Efficiency and Health & Safety of Homes (2pts)
- Narrative (limited to 500 words per NOFA Priority)
 - ✓ Describe how the agency's housing counseling work plan substantively addresses a NOFA priority.
 - ✓ Applicants that are Intermediaries, SHFAs, or MSOs that manage a network of sub-grantees or branches must specifically state:
 - ✓ 1/3 or more of their affiliates, sub-grantees, and/or branches meet the relevant criteria, and must provide at least 3 specific examples.

Rating Factor 2: Sub-factor 2: NOFA Priorities

- (a) Affirmatively Furthering Fair Housing (2 pts)
 - Staff Training: (1 pt)
 - Describe how you will train staff on fair housing and civil rights law, your method of providing clients with fair housing info, and your procedure for referring potential fair housing violations to HUD, state or local agencies, or local fair housing groups
 - Mobility Counseling: (1 pt)
 - How will you help clients enhance their housing choices outside areas of minority or poverty concentration?

Rating Factor 2: Sub-factor 2:

NOFA Priorities (General Section VII)

- (b) Increase Energy Efficiency and the Health & Safety of Homes (2 pts)
 - Improve residents' home health and safety (1 pt)
 - Demonstrate high degree of technical expertise in improving residents' health and safety by promoting green and healthy design, construction, rehab, and maintenance of housing and communities
 - Green building or renewable energy (1 pt)
 - Describe how your curriculum and work plan inform clients about industry-recognized green building standards and certifications, including promoting energy efficient, green, and healthy housing by retrofitting existing housing or promoting financial products that reduce the carbon footprint of non-HUD supported residential housing

Rating Factor 3

Lorraine Griscavage-Frisbee

Presenter

Rating Factor 3: Soundness of Approach/ Scope of Housing Counseling Services

- 41 points maximum
- The quality and effectiveness of Applicant's past and proposed housing counseling activities
- 3 subfactors
 - Past performance
 - Projected performance
 - Projected performance/Work plan Coordination
- Narrative and Charts A, B, C, E, F, and G

Rating Factor 3 Major Change

Oversight Activities – Subfactors 1(c) and 2(b)

- Narrative portion has been eliminated
- Chart items revised

Chart E – Maximum Grant Request – optional

Rating Factor 3: Sub-factor 1: Past Performance-Impact

- 24 points maximum
- For the period October 1, 2014 through September 30, 2015
- 1(a) Impact: FY 2015 HUD 9902 data
 - HUD will use FY2015 9902 reported to HUD agency; newly approved applicants *only* will submit 9902 with NOFA application
- 1(b) Budget: housing counseling program budget that corresponds to the HUD 9902 for FY15 – Narrative and Chart E

Chart E-Budget Rating Factor 3 (1B)

Housing Counseling Budget 10/1/14-9/30/15

- Chart E1 – Intermediary, SHFA, MSO
- Chart E2 – LHCA
- New box – optional grant request amount for FY2016 grant – will cap amount of award to this amount
- Use **Total Budget, All sources of funding** for chart
- “Other” must be explained in narrative

Chart E1- Intermediary, SHFA, MSO

| | | | | |
|----|---|---|---|--|
| 2 | Maximum Grant Request (Optional): This amount, if provided, will be considered in the funding methodology as a cap in establishing the maximum grant amount for the Applicant. In other words, successful Applicants that specify a maximum grant request will receive a grant that is no higher than the specified amount. If you do not want to specify a maximum grant request, leave this box blank. | | | |
| 3 | FY 2015 Grant Period Applicant's Total Budget, All Sources of Funding | | | |
| 4 | FY 2015 Grant Period HUD Housing Counseling Grant Fund Amount | | | |
| 5 | FY 2015 Grant Period Percentage of HUD Funds Sub-allocated to Sub-grantees and Branches | | | |
| 6 | (A) | (B) | (C) | (D) |
| 7 | Expenses | Applicant's Total Administrative Budget, All Sources (Do Not Include Funds Sub-allocated to Sub-grantees/ Branches) | Total Budget of all Sub-Grantees/ Branches, All Sources (Include Main Office that Provides Direct Counseling) | (B + C) Network-wide Total Budget, All Sources |
| 8 | Salaries | | | |
| 9 | Housing Counselors | | | \$ - |
| 10 | Housing Counseling Program Managers | | | \$ - |
| 11 | All Other Housing Counseling Program Staff | | | \$ - |
| 12 | Fringe Benefits | | | |
| 13 | Housing Counselors | | | \$ - |
| 14 | Housing Counseling Program Managers | | | \$ - |
| 15 | All Other Housing Counseling Program Staff | | | \$ - |
| 16 | Total Other Direct Costs | | | \$ - |
| 17 | Other (Must Provide Explanation of Other Expenses in Narrative) | | | \$ - |
| 18 | Total Direct Costs | \$ - | \$ - | \$ - |
| 19 | Indirect Cost Allocation Amount (if applicable) | | | \$ - |
| 20 | TOTAL BUDGET | \$ - | \$ - | \$ - |



Chart E1-LHCA Only

| | | |
|----|--|--|
| 24 | Applicant Name: | |
| 2 | <p>Maximum Grant Request (Optional): This amount, if provided, will be considered in the funding methodology as a cap in establishing the maximum grant amount for the Applicant. In other words, successful Applicants that specify a maximum grant request will receive a grant that is no higher than the specified amount. If you do not want to specify a maximum grant request, leave this box blank.</p> | |
| 3 | (A) | (B) |
| 4 | Expenses | Applicant's Total Budget, All Sources |
| 5 | Salaries | |
| 6 | Housing Counselors | |
| 7 | Housing Counseling Program Managers | |
| 8 | All Other Housing Counseling Program Staff | |
| 9 | Fringe Benefits | |
| 10 | Housing Counselors | |
| 11 | Housing Counseling Program Managers | |
| 12 | All Other Housing Counseling Program Staff | |
| 13 | Total Other Direct Costs | |
| 14 | Other (Must Provide Explanation of Other Expenses in Narrative) | |
| 15 | Total Direct Costs | \$ - |
| 16 | Indirect Cost Allocation Amount (if applicable) | |
| 17 | TOTAL BUDGET | \$ - |

Rating Factor 3: Sub-factor 1:

Past Performance (continued)

- Complete Chart G1 for Intermediaries, SHFAs or MSOs
- Complete G2 for LHCAs
- **No Narrative**

G1 – Oversight Intermediary, SHFA, MSO

- Indicate total number of affiliates, subgrantees, and or/branches in network in FY2015 and FY2016
- Indicate number of performance reviews completed during FY2015

CHART G.1: INTERMEDIARIES, MSOs AND SFHAs ONLY

For **Rating Factor 3, Sub-factor 1(c)**, Intermediaries, MSOs and SFHAs must complete Chart G.1, by placing an **X** in **Column B** and the **number** of affiliates/sub-grantees/branches for which oversight and quality control activities were performed as part of the actual FY 2015 work plan in **Column C**. Items selected in this chart may be verified by HUD staff during a performance review.

For **Rating Factor 3, Sub-factor 2(b)**, Intermediaries, MSOs and SFHAs must complete Chart G.1, by placing an **X** in **Column D** and the **number** of affiliates/sub-grantees/branches for which oversight and quality control activities that will be performed as part of the proposed FY 2016 work plan in **Column E**. Items selected in this chart may be verified by HUD staff during a performance review.

Enter total number of affiliates/sub-grantees/branches in the Applicant's FY 2015 network as of 10/1/2014

Enter the number of performance reviews conducted in FY 2015.

Enter total number of affiliates/sub-grantees/branches in the Applicant's FY 2016 network as of 10/1/2015

Enter the number of affiliates/sub-grantees/branches (from 0 to a maximum of 5) for which the Applicant will conduct a performance review in FY 2016 using the HUD-9910 form. Applicants must share the results of these reviews with HUD.

| A | | Rating Factor 3, Sub-factor 1 (c) | | Rating Factor 3, Sub-factor 2 (b) | |
|--------------------|---|--|--|--|---|
| | | B | C | D | E |
| Oversight Activity | | Actual Activities Performed in FY 2015 | # of Affiliates/Sub-grantees/ Branches for which Activity was Performed in FY 2015 | Proposed Activities to be Performed in FY 2016 | Proposed # of Affiliates/Sub-grantees/ Branches for which Activity will be Performed in FY 2016 |
| i. | Train and provide technical assistance to affiliates/sub-grantees/ branches. | | | | |
| ii. | Monitor, evaluate and verify quality of services provided by affiliates/sub-grantees/ branches: | | | | |
| | Verify affiliates/sub-grantees/branches are conducting supervisory monitoring work of housing counseling staff. | | | | |
| | Verify affiliates/sub-grantees that are not directly approved by HUD meet HUD's approval standards. | | | | |
| | Monitor the grant funded work of sub-grantees/ branches to verify compliance with HUD grant agreement requirements and progress in meeting projections. | | | | |
| | Identify and rectify service delivery deficiencies and non-compliance issues. | | | | |
| iii. | Process sub-grantees' and branches' disbursements under the grant: | | | | |
| | Review disbursement supporting documentation, including personnel activity reports [or other personnel expense documentation that satisfies 2 CFR 200.430(i) requirements], invoices, client file lists, or similar forms of documentation. | | | | |
| | Conduct and document quality control of disbursement process consistent with OMB and HUD grant requirements. | | | | |



CHART G.2: LHCA's ONLY

For **Rating Factor 3, Sub-factor 1(c)**, LHCA's must complete Chart G.2, by placing an **X** in **Column B** for the actual oversight activities conducted during FY 2015. Items selected in this chart may be verified by HUD staff during a performance review.

For **Rating Factor 3, Sub-factor 2(b)**, LHCA's must complete Chart G.2, by placing an **X** in **Column C** for oversight and quality control activities that will be performed as part of the proposed FY 2016 work plan. Items selected in this chart may be verified by HUD staff during a performance review.

| A | | Rating Factor 3, Sub-factor 1 (c) | Rating Factor 3, Sub-factor 2 (b) |
|--------------------|---|--|--|
| | | B | C |
| Oversight Activity | | Actual Activities Performed in FY 2015 | Proposed Activities to be Performed in FY 2016 |
| i. | Maintain disbursement supporting documentation, including personnel activity reports [or other personnel expense documentation that satisfies 2 CFR 200.430(i) requirements], invoices, client file lists, or similar forms of documentation. | | |
| ii. | Conduct and document quality control of disbursement process consistent with OMB and HUD grant requirements. | | |
| iii. | Conduct supervisory monitoring by reviewing client and education files for compliance with HUD recordkeeping requirements. | | |
| iv. | Conduct supervisory monitoring of counseling service activities to ensure Delivery of Services requirements outlined in HUD Handbook 7610.1, Paragraph 3-5 are met. | | |
| v. | Conduct random supervisory monitoring of an interactive counseling session. | | |



Rating Factor 3: Sub-factor 2: Projected Performance – Work Plan

- 12 points maximum
- Proposed housing counseling services and other activities that will be performed from October 1, 2015 through March 31, 2017
- Higher scores for
 - ✓ Greatest variety of services and delivery modes
 - ✓ Comprehensive plans for oversight activities
 - ✓ Affirmatively further fair housing
- Complete Charts A2 and Chart B

Rating Factor 3: Sub-factor 2: Projected Performance – Work Plan

(Continued)

- 2(a): Counseling and Education Services – the reach and complexity of proposed services
 - ✓ Intermediary, SHFA, and MSO Chart A2: Column X: % of award to be sub-allocated (N/A to LHCA's on Chart A1)
 - ✓ All applicants Chart B: Services and Modes
 - Complete for each service listed

Chart A2-Intermediary Characteristics

Column X

CHART A.2. -- INTERMEDIARY, SHFA, OR MSO CHARACTERISTICS
RATING FACTORS 1, 2, 3 AND 5

NOTE: If the Applicant's main office provides direct housing counseling activities, the main office must be included in the list of sub-grantees and branches. Below is a completed example of Chart A. Complete the blank Chart on Page 2. **NOTE: Entering an "x" indicates a "Yes" response.**

| Rating Factor 1 | | | | | | | | | | | | | | | | | | | | Rating Factor 2 | | | Rating Factor 3 | | Rating Factor 5 | | | | | | | | | | |
|--|--|---------------------|---|---|--|---|---------------------------------------|-----------------------------------|---|--------------------------------------|--|------------------------------------|--|---------------------------------|-------------------------------------|---|---|---------------------|--------------------------|------------------------|--------------------------------------|--|--|--|---|----------------------------|---|-------------|------------------------------|--|--------------------------|---|---|---|---|
| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH | AI | |
| Name of Applicant, Branches and Sub-grantees Applicant proposes to Fund With this NOFA | | Location City/State | Agency's HUD Housing Counseling System (HCS) Number | Preferred Sustainable Communities / Promise Zones | Branch of an Intermediary, MSO or SHFA | Sub-grantee that is NOT HUD-Approved LHCA | Sub-grantee that is HUD-approved LHCA | Number of Sub-grantee's Branches. | Number of Housing Counselor Full-Time Equivalents (FTE) | Number of HUD HECM Roster Counselors | Average Counseling Hours per FY 2015 HECM Client (if applicable) | Formal Housing Counseling Training | Require Testing/Certification for Counselors | Alternate Mode(s) of Counseling | Adopted National Industry Standards | Counseling Services available in Multiple Languages | Alternate Formats Accessible to Persons with Disabilities | Client Exit Surveys | Follow-up Client Surveys | Serves Rural Community | Serving Area with No Internet Access | Physically Located in Geographically Isolated Agency | % of Award Applicant Intends to Sub-allocate | Name(s) of Housing Counseling Related Partnerships/Collaborative if Applicable | Uses Reviews by Senior Management Staff with Results Reported to Organization's Board | Publishes Performance Data | Link to Published Performance Data, if Available Online | Name of CMS | Uses CMS to Generate Reports | Use CMS to Record Notes, Action Plan, Financial Analysis and Follow-up | Uses CMS to Track Grants | Performs Quality Control Review of CMS Data | Pulled Credit Reports 6 or More Months after Counseling was Completed | Uses Other Methods of Evaluating Program Services | |
| Applicant | ABC Intermediary <i>NOTE: If Applicant is providing counseling directly, enter information below with the appropriate boxes marked.</i> | Alexandria, VA | 12345 | x | | | | | | | | | | | | | | | | | | | 10 | | | x | www | HCO | x | | | | | | |
| and/or ees | ABC Intermediary | Alexandria, VA | 12346 | x | x | | | | 2 | | | x | | x | x | x | x | x | | | | | 30 | | x | | | HCO | x | | | x | | x | |
| | Housing Resources | Alamosa, CO | 56789 | | | | x | | 3 | 1 | 1.5 | x | x | | | x | x | x | x | x | x | | 30 | | | x | www | CMA | x | x | x | x | x | | x |



Chart B – Services and Modes

NOTE: Below is a completed example of Chart B. Complete the blank Chart on Page 2. Applicants proposing to fund sub-grantees and/or branches* must indicate the number of proposed sub-grantees and branches which will provide the proposed services. **Include branches of sub-grantees.*

| A | B | C | D | E | F | G | H | I | J | K | L | M |
|--|---|--|---|--|------------------------------------|--|--|--|---|--|--|--|
| EXAMPLE: Housing Counseling Service | Indicate if One-on-One Counseling Provided by Applicant | # of Sub-grantees and/or Branches* that Provided One-on-One Counseling | Indicate if Group Education Provided by Applicant | # of Sub-grantees and/or Branches* that Provided Group Education | Service Will be Provided In Person | # of Sub-grantees and/or Branches* that Will Provide Service In Person | Service Will be Provided Via Telephone | # of Sub-grantees and/or Branches* that Will Provide Service Via Telephone | Service will be provided Over the Internet? | # of Sub-grantees and/or Branches* that Will Provide Service Over the Internet | Service Will Be Available in Multiple Languages? | # of Sub-grantees and/or Branches* that Will Provide Service in Multiple Languages |
| Pre-purchase/Home buying | x | 5 | x | 4 | x | 5 | | | x | 2 | | |
| Resolving/Preventing Mortgage Delinquency or Default | x | 5 | | | x | 5 | x | 5 | | | x | 2 |
| Home Maintenance and Financial Management for Homeowners (Non-Delinquency Post-Purchase) | | | | | | | | | | | | |
| Rental Topics | | | | | | | | | | | | |
| Homeless Assistance | | | | | | | | | | | | |
| Reverse Mortgage | | | | | | | | | | | | |
| TOTAL | 2 | 10 | 1 | 4 | 2 | 10 | 1 | 5 | 1 | 2 | 1 | 2 |

EXAMPLE



Rating Factor 3: Sub-factor 2: Projected Performance – Oversight

- Intermediary/SHFA/MSO Complete Chart G1
- Indicate network size for 2016
- Indicate number of performance reviews to be conducted following form HUD 9910
 - ✓ HUD wants to incentivize oversight agencies to review members of their network using HUD-9910 and share results with HUD
 - ✓ Maximum of 5 performance reviews may be entered;
- LHCA complete Chart G2

CHART G.1: INTERMEDIARIES, MSOs AND SFHAs ONLY

For **Rating Factor 3, Sub-factor 1(c)**, Intermediaries, MSOs and SFHAs must complete Chart G.1, by placing an **X** in **Column B** and the **number** of affiliates/sub-grantees/branches for which oversight and quality control activities were performed as part of the actual FY 2015 work plan in **Column C**. Items selected in this chart may be verified by HUD staff during a performance review.

For **Rating Factor 3, Sub-factor 2(b)**, Intermediaries, MSOs and SFHAs must complete Chart G.1, by placing an **X** in **Column D** and the **number** of affiliates/sub-grantees/branches for which oversight and quality control activities that will be performed as part of the proposed FY 2016 work plan in **Column E**. Items selected in this chart may be verified by HUD staff during a performance review.

Enter total number of affiliates/sub-grantees/branches in the Applicant's FY 2015 network as of 10/1/2014

Enter the number of performance reviews conducted in FY 2015.

Enter total number of affiliates/sub-grantees/branches in the Applicant's FY 2016 network as of 10/1/2015

Enter the number of affiliates/sub-grantees/branches (from 0 to a maximum of 5) for which the Applicant will conduct a performance review in FY 2016 using the HUD-9910 form. Applicants must share the results of these reviews with HUD.

| A | | Rating Factor 3, Sub-factor 1 (c) | | Rating Factor 3, Sub-factor 2 (b) | |
|--------------------|---|--|--|--|---|
| | | B | C | D | E |
| Oversight Activity | | Actual Activities Performed in FY 2015 | # of Affiliates/Sub-grantees/ Branches for which Activity was Performed in FY 2015 | Proposed Activities to be Performed in FY 2016 | Proposed # of Affiliates/Sub-grantees/ Branches for which Activity will be Performed in FY 2016 |
| i. | Train and provide technical assistance to affiliates/sub-grantees/ branches. | | | | |
| ii. | Monitor, evaluate and verify quality of services provided by affiliates/sub-grantees/ branches: | | | | |
| | Verify affiliates/sub-grantees/branches are conducting supervisory monitoring work of housing counseling staff. | | | | |
| | Verify affiliates/sub-grantees that are not directly approved by HUD meet HUD's approval standards. | | | | |
| | Monitor the grant funded work of sub-grantees/ branches to verify compliance with HUD grant agreement requirements and progress in meeting projections. | | | | |
| | Identify and rectify service delivery deficiencies and non-compliance issues. | | | | |
| iii. | Process sub-grantees' and branches' disbursements under the grant: | | | | |
| | Review disbursement supporting documentation, including personnel activity reports [or other personnel expense documentation that satisfies 2 CFR 200.430(i) requirements], invoices, client file lists, or similar forms of documentation. | | | | |
| | Conduct and document quality control of disbursement process consistent with OMB and HUD grant requirements. | | | | |



CHART G.2: LHCA's ONLY

For **Rating Factor 3, Sub-factor 1(c)**, LHCA's must complete Chart G.2, by placing an **X** in **Column B** for the actual oversight activities conducted during FY 2015. Items selected in this chart may be verified by HUD staff during a performance review.

For **Rating Factor 3, Sub-factor 2(b)**, LHCA's must complete Chart G.2, by placing an **X** in **Column C** for oversight and quality control activities that will be performed as part of the proposed FY 2016 work plan. Items selected in this chart may be verified by HUD staff during a performance review.

| A | | Rating Factor 3, Sub-factor 1 (c) | Rating Factor 3, Sub-factor 2 (b) |
|--------------------|---|--|--|
| | | B | C |
| Oversight Activity | | Actual Activities Performed in FY 2015 | Proposed Activities to be Performed in FY 2016 |
| i. | Maintain disbursement supporting documentation, including personnel activity reports [or other personnel expense documentation that satisfies 2 CFR 200.430(i) requirements], invoices, client file lists, or similar forms of documentation. | | |
| ii. | Conduct and document quality control of disbursement process consistent with OMB and HUD grant requirements. | | |
| iii. | Conduct supervisory monitoring by reviewing client and education files for compliance with HUD recordkeeping requirements. | | |
| iv. | Conduct supervisory monitoring of counseling service activities to ensure Delivery of Services requirements outlined in HUD Handbook 7610.1, Paragraph 3-5 are met. | | |
| v. | Conduct random supervisory monitoring of an interactive counseling session. | | |



Rating Factor 3: Sub-factor 2: Projected Performance – Work Plan (Continued)

- 2(c): Affirmatively Furthering Fair Housing
Chart F: Columns D and E:
 - ✓ at least one activity that addresses an impediment to fair housing choice in Applicant's service area
 - ✓ in at least three of its sub-grantees' distinct service areas if applicable
 - ✓ how outcomes to the proposed activity/activities will be measured

Chart F – Affirmatively Furthering Fair Housing

| | | | | |
|--|--|--|--|--|
| Applicant Name: | | | | |
| Instructions: All Applicants must complete Columns A through E of the chart below to demonstrate how the Applicant will fulfill its obligation to affirmatively further fair housing in the use of Housing Counseling grant funds. | | | | |
| Rating Factor 2, Sub-Factor 1(c) | | | Rating Factor 3, Sub-Factor 2(c) | |
| (A) | (B) | (C) | (D) | (E) |
| Jurisdiction/ Service Area | Brief description of impediments to fair housing choice in the jurisdiction/service area identified in Column A | Information Source for Impediments identified in Column B (e.g. applicable state or local Consolidated Plan and Analysis of Impediments to Fair Housing Choice) | Brief description of an activity that addresses an impediment to fair housing choice identified in Column B | Brief description of how Applicant will measure outcomes related to the activity proposed in Column D |
| | | | | |



RF3: Sub-Factor 3 -Coordination

- 5 points maximum
- 3(a): Housing Counseling-related partnerships/ collaboratives: Chart A1/A2: Column Y: name of partnership/collaborative
- 3(b): Complementing Other HUD Programs
 - ✓ Chart C: Indicate the other HUD programs for which the Applicant or subgrantees/branches provide Housing Counseling services
 - ✓ Applicant must specify name of program under “Other”. **Do not add FHA or HECM/Reverse Mortgage here.**

**CHART C -- OTHER HUD PROGRAMS
RATING FACTOR 3 (3B)**

| Applicant Name: | | | |
|---|------------------------------------|--|---|
| NOTE: Applicants proposing to fund sub-grantees and/or branches must indicate the number of proposed sub-grantees and branches (Column D below) which will provide housing counseling services in conjunction with other HUD programs that are marked in Column C below. | | | |
| A | B | C | D |
| HUD Program | Administering Office | Enter an "X" if Applicant Provides Housing Counseling Services in Conjunction with HUD Programs | For Intermediaries, SHFAs and MSOs Number of Sub-grantees and/or Branches That Provide Service(s) in Conjunction with HUD Programs |
| Second Mortgage Assistance for First-Time Homebuyers | Community Planning and Development | | |
| Rural Housing Stability Grant Program | Community Planning and Development | | |
| Public Housing Operating Fund | Public and Indian Housing | | |
| Housing Choice Voucher (Section 8) Tenant-Based Rental Assistance Homeownership Option | Public and Indian Housing | | |
| Demolition and Disposition of Public Housing | Public and Indian Housing | | |
| Family Self-Sufficiency | Public and Indian Housing | | |
| Public Housing Resident Homeownership Programs | Public and Indian Housing | | |
| Conversion of Distressed Public Housing to Tenant-Based Assistance | Public and Indian Housing | | |
| Low Income Housing Preservation and Resident Homeownership Act Prepayment Options | Public and Indian Housing | | |
| Native American Housing Assistance Self Determination Act Housing Block Grants | Public and Indian Housing | | |
| Native Hawaiian Housing Block Grants | Public and Indian Housing | | |
| Housing Choice Voucher (Section 8) Rental Assistance | Public and Indian Housing | | |
| HUD-Sponsored Housing Counseling-Related Research or Pilot Program: Must specify | | | |
| Other: Must specify | | | |
| TOTAL | | 0 | 0 |



Rating Factor 4

John Olmstead

Presenter

Rating Factor 4: Chart D Leveraging

| | A | B | C | D | E | | F | G |
|--------------|--------------------------------------|--|--|---|--|--------------|--|---|
| | Applicant/ Sub-grantee/ Branch | Names of Applicant, Sub- grantees/Branch Offices Proposed to be Funded | Organization Providing Leveraged Funds/In-kind Contributions and Point of Contact | Type of Contribution (Cash, Fees, In-kind, Program Income) | Funds Must be Available During the Grant Period | | Use of Funds -- Only Include Funds that are Exclusively Allocated for Housing Counseling Program | Only Include the Amount Funds that are Available from October 1, 2014 to March 31, 2016 |
| 1 | Applicant | Example: ABC Intermediary | ABC Intermediary | Program Income | 10/01/14 | -- 3/31/2016 | Foreclosure Prevention Counseling | \$100,000.00 |
| 2 | Sub-grantee | Housing Affiliate | Jane Dough Foundation/ John Dough (719) 222-3232 | Cash | 10/01/14 | -- 3/31/2016 | Foreclosure Prevention Counseling | \$10,000.00 |
| 3 | Sub-grantee | Housing Affiliate | Chase Bank Foundation/ Sally Clams (719) 224-7676 | Cash | 10/01/14 | -- 3/31/2016 | Pre-purchase Counseling | \$7,500.00 |
| 4 | Sub-grantee | Housing Resources | City of Siever/ Pat Culver (719) 236-4565 | Cash | 10/01/14 | -- 3/31/2016 | Pre-purchase Counseling | \$12,000.00 |
| 5 | Sub-grantee | Housing Resources | ABC Legal Services/Suzy Council (719) 236-4444 | In-kind | 10/01/14 | -- 3/31/2016 | Foreclosure Prevention Counseling | \$5,000.00 |
| 6 | | | | | 10/01/14 | -- 3/31/2016 | | |
| 7 | | | | | 10/01/14 | -- 3/31/2016 | | |
| 8 | | | | | 10/01/14 | -- 3/31/2016 | | |
| 9 | | | | | 10/01/14 | -- 3/31/2016 | | |
| 10 | | | | | 10/01/14 | -- 3/31/2016 | | |
| 11 | | | | | 10/01/14 | -- 3/31/2016 | | |
| 12 | | | | | 10/01/14 | -- 3/31/2016 | | |
| TOTAL | | | | | | | | \$134,500.00 |

Rating Factor 4: Leveraging Resources

- 6 points
 - ✓ Points will be awarded based on amount of leveraged funds
- Additional non-Federal funds include grants, fees, in-kind contributions
 - ✓ Attorneys General Mortgage Settlement funds can be included
- Fee income can be included
- Do not include funds from federal sources
- Available from October 1, 2015 through March 31, 2017
- Evidence of the funds must be maintained

Acceptable Funding/Leveraged Resources (Non-Federal)

- Direct financial assistance (grants)
- Fees
- In-Kind contribution (services, equipment office space and labor support housing counseling activities)
- National Mortgage Settlement

Not Acceptable/Funding Leveraged Resources (Federal)

- Leveraging resources cannot be federal funds, which are directly or indirectly passed through local governments.

Examples:

- ✓ National Foreclosure Mitigation Counseling Program Funds (NFMC)
- ✓ Hardest Hit Funds (HHF)
- ✓ Community Development Block Grants (CDBG)
- ✓ Community Services Block Grants (CSBG)
- ✓ Emergency Homeowner Loan Program (EHLP)
- ✓ Fair Housing Initiatives Program (FHIP)
- ✓ Home Investment Partnerships program (HOME)

Rating Factor 4: Leveraging Resources

(Continued)

- Chart D: Leveraging - All columns must be completed
- Provide an itemized list of all leveraged funds for the applicant and proposed sub-grantees for FY 2016 grant period (October 1, 2015 through March 31, 2017)
 - ✓ **Column A:** Applicant/Sub-grantee/Branch
 - ✓ **Column B:** Applicant/Sub-Grantee/Branch
 - ✓ **Column C:** Organization providing funding

Rating Factor 4: Leveraging Resources

(Continued)

- ✓ **Column D:** Type of contribution
- ✓ **Column E:** Timeframe funds should be available
- ✓ **Column F:** Use of funds - only include funds used for housing counseling program
- ✓ **Column G:** Amount of funds

Rating Factor 4: Leveraging Resources

(Continued)

- Include only funds that will be available during the grant period October 1, 2015 through March 31, 2017
- If funding is available outside of the FY 2016 grant period, funds must be pro-rated
- **Example 1**: If funds are available from January 2015 through December 2015, include only 3 months (October 1 through December 31, 2015) of funding (e.g. only \$25,000 of \$100,000 grant should be entered on Chart D)

Rating Factor 4: Leveraging Resources

(Continued)

- **Example 2**: Funds are available for two years, the total amount of funds must be pro-rated (e.g., \$100,000 leverage available July 1, 2015 through June 30, 2016, only \$37,500 should be entered on Chart D for the months of October 1, 2015 through June 30, 2016)
- Program Income and/or fees must be entered on SF424

SF-424: Program Income

| Application for Federal Assistance SF-424 | |
|---|---|
| 16. Congressional Districts Of: | |
| * a. Applicant <input type="text"/> | * b. Program/Project <input type="text"/> |
| Attach an additional list of Program/Project Congressional Districts if needed. | |
| <input type="text"/> | <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| 17. Proposed Project: | |
| * a. Start Date: <input type="text"/> | * b. End Date: <input type="text"/> |
| 18. Estimated Funding (\$): | |
| * a. Federal | <input type="text" value="1.00"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| * e. Other | <input type="text"/> |
| * f. Program Income | <input type="text" value="50,000.00"/> |
| * g. TOTAL | <input type="text" value="50,001.00"/> |
| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? | |
| <input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> . | |
| <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. | |
| <input type="checkbox"/> c. Program is not covered by E.O. 12372. | |
| * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) | |

Enter total of Program Income and/or Fees that are listed on Chart D. Leveraging here (f. Program Income)



Rating Factor 5

Achieving Results & Program Evaluation

David Valdez
Presenter

Rating Factor 5: Achieving Results and Program Evaluation

- 10 points available for all of Factor 5
- To ensure that Applicants meet the commitments made in the application & grant agreement
- Applicants must indicate how they evaluate program success.
- Applicants who use a variety of methods to evaluate performance will get higher points

Chart A: Rating Factor 5: Sub-factor 1: Components of Evaluation (6 points)

Chart A1/A2

| Rating Factor 5 | | | | | | | | | |
|-----------------|----|----|----|----|----|----|----|----|----|
| Z | AA | AB | AC | AD | AE | AF | AG | AH | AI |
| | | | | | | | | | |
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Rating Factor 5: Sub-factor 1: Components of Evaluation

- 6 points maximum
- Complete Chart A1/A2: Columns Z through AI
 - Reviews and results reported to board
 - Publish performance data (annual reports, press release, trade publications, or web)
 - Use CMS to evaluate performance & measure goals
 - Pull credit reports as part of post counseling follow-up
- If the answer to AI: Other Methods of Evaluation is yes (x), the Applicant must list or briefly describe the other methods to be used
 - ✓ Intermediaries, SHFA's and MSO's must list at least 3 examples

Rating Factor 5: Sub-factor 2: Grant Expenditure History

- 2 points maximum
- Applicants will not provide a response to this sub-factor
- HUD will use its own records to score this area
- Significant delays in grant expenditure beyond the FY14 period of performance, including but not limited to the need for HUD to recapture funding, will be taken into consideration

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Ginger Holman

Housing Program Specialist



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- BROWSE ELIGIBILITIES

Office of Housing Counseling

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- The FY16-17 Housing Counseling Training NOFA can be found at www.grants.gov
- There are 2 important sections
 - The General Section has important information on the submission process and other details.
 - The Program Section gives specific information on the application.
- Be sure to read both documents

Register your Organization

- <http://www.grants.gov/web/grants/applicants/organization-registration.html>
- Register with SAM (System Award Management) at www.sam.gov
- Create a Grants.gov user name and password
- Ebiz POC Authorizes Grants.gov roles

If a funding opportunity is compatible, you may choose to create a workspace in order to collaborate and apply with colleagues [using Workspace](#).

FIND

Search Grants

APPLY

STEP 1:
Download
Application
Package

STEP 2:
Complete
Application
Package

STEP 3:
Submit
Application
Package

OR

STEP 1:
Create
Workspace
Package

STEP 2:
Complete
Workspace
Package

STEP 3:
Submit
Workspace
Package

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Grants.gov Online User Guide

Find registration, login, and application instructions for all users in the [Online User Guide](#).

For detailed applicant information, see the Applicants section of the [Online User Guide](#).

Reach Out and Get Support

Contact the Grants.gov Support Center to get help from a Contact Center Representative.

Email us at support@grants.gov or visit our [Support](#) page.

To Apply

- **Go to and download the application**
- <http://www.grants.gov/web/grants/applicants/apply-for-grants.html>
 - Funding Opportunity Number FR-6000-N-30
 - Catalog of Federal Domestic Assistance #: 14.316
- **Go to Grants.gov Online User Guide**

- You will submit the applications at www.grants.gov
- The application is due **April 4, 2016**
 - Must be received by Grants.gov by 11:59:59 pm Eastern Standard Time on **April 4, 2016**
 - Submit the application 2-3 days in advance of deadline to ensure that www.grants.gov has accepted it
 - Watch email often to make sure application was validated or rejected (AND save those emails!)
 - ✓ Make sure that www.grants.gov has a valid email for you



VIEW GRANT OPPORTUNITY



FR-6000-N-30

NOFA for HUD's FY16-17 Housing Counseling Training Grant Program
Department of Housing and Urban Development

SYNOPSIS

VERSION HISTORY

RELATED DOCUMENTS

PACKAGE

Select Grant Opportunity Package



READ BELOW BEFORE YOU APPLY FOR THIS GRANT!

Before you can view and complete an application package, you **MUST** have Adobe Reader installed. Packages are posted in incompatible versions of Adobe Reader. To prevent a validation error, it is now recommended you uninstall any earlier versions of Adobe Reader. If more than one person is working on the application package, **ALL** applicants must be using the same version of Adobe Reader. **Compatibility.**

Below is a list of the Opportunity Package(s) currently available for the Funding Opportunity.

Click the corresponding link to continue.

Office of Housing Counseling

| CFDA | Competition ID | Competition Title | Opportunity Package ID | Opening D |
|------|----------------|-------------------|------------------------|-----------|
|------|----------------|-------------------|------------------------|-----------|

Critical Submission Information

- The NOFA provides critical details on the format and submission process. Read section IV B: **CONTENT AND FORM OF APPLICATION SUBMISSION**
- Use Adobe Reader 11.0.10. Do NOT use Adobe Reader DC .
- Adobe Acrobat Standard/Professional version 9 through 11 may be used in place of Adobe Reader
- Do not convert charts to a PDF format. Leave them as EXCEL charts.
- Narrative portion is limited to a total of 50 double-spaced, 12-point font, single-sided pages. Course descriptions including summaries, learning objectives, learning measures/ test, questions, and handouts or other student aids are excluded from the page limitation.
- The pages must be numbered with a header on each page indicating the applicant name and Rating Factor (number and title).
- Valid file names may only include the following **UTF-8 characters**:
A-Z, a-z, 0-9, underscore, hyphen, space, period..

Track and check the status of your submitted applications

- The system will only return a status for VALID tracking numbers.
- Until the status is available for valid tracking numbers, the following message will be returned by the system: *Tracking number(s) entered currently being processed, please check back later.*

Track and check the status of your grant application submissions.

- For invalid tracking numbers entered, the system will return the following message: *The tracking number(s) entered are not valid. Please make sure you entered the correct tracking number(s).*

Track and check the status of your submitted applications

- www.grants.gov/web/grants/applicants/track-my-application.html
- The system will only return a status for valid tracking numbers.
- Until the status is available for valid tracking numbers, the following message will be returned by the system: *Tracking number(s) entered currently being processed, please check back later.*
- For invalid tracking numbers entered, the system will return the following message: *The tracking number(s) entered below are not valid. Please make sure you entered the correct tracking number(s).*

Tips for Success

- Read the General Section and the NOFA very carefully.
- Follow all of the instructions
 - Use the correct software and file names
- Understand the charts, how to fill them out and how to submit them. **DO NOT CONVERT CHARTS TO A PDF FORMAT**
- Answer all of the questions. DO NOT provide information that was not requested.
- Make sure that all the pages are numbered and named.
- Do not exceed the page limit. Extra pages will not be read.
- DO NOT ask for a specific grant amount or provide a budget for FY 2014.
- SF-424, line 18a - enter \$1 (not a 0).
- Make sure that more than one person knows the user name and password.