



## FY 2018 Comprehensive Housing Counseling Grant Application Training

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July 17, 2018

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9	Questions
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## Welcome Sarah Gerecke Deputy Assistant Secretary

Office of Housing Counseling

# **FY 2018 NOFA**



- Funding of up to \$47 million available through this NOFA
- Application Due Date: August 7, 2018
- One-year NOFA
  - To align with new administration priorities
- Period of Performance: 10/1/2017 9/30/2019
  - Two years to utilize grant funding

## FY 2018 Accomplishments (through 6/30/18)

- FQ
- 602,000+ counseling and education clients served
- Continued decline in delinquency and foreclosure prevention counseling
  - 17% of all services in Q2—down from 24% in FY17-Q2
- Upward trend in pre-purchase counseling
  - 30% of all services in Q2—up from 26% in FY17-Q2
- 8,500 households received homeless assistance counseling

## FY 2018 Accomplishments (through 6/30/18)



#### (Continued)

- 6,000 homeless or potentially homeless obtained temporary or permanent housing
- 83,000 households improved financial capacity
- 147,760 households developed sustainable budgets
- 82,000 households gained access to resources
  - Down payment
  - Rental assistance
  - Utility assistance



#### **Connie Barton** Office of Policy and Grant Administration

## Office of Housing Counseling



**Connie Barton Tracy Badua** Melissa Noe Shae Williams Joel Schumacher **David Valdez** Shawn Rich





- Eligibility, Requirements, and Funding Methodology
- Finding and Submitting the Grant Application
- Completing the Grant Application
- The Rating Factors

## **Eligibility, Requirements, and Funding Methodology**

## **Connie Barton**

Office of Policy and Grant Administration Office of Housing Counseling

## **FY 2018 NOFA**

- **1**00
- One-year NOFA
- Application Due Date: August 7, 2018
- Period of Performance: 10/1/2017 9/30/2019
- To align with new administration priorities

## **NOFA Format**



#### Simplified Process

- Reduced time to prepare applications
- Clear language
- Applicants DO NOT request a specific award amount
- Applicants will complete appropriate 9906 charts based on agency type
  - 9906-L: LHCAs
  - 9906-P: Parent agencies (Intermediaries, SHFAs, and MSOs)

# **Eligibility & Threshold Requirements**



- Eligibility Requirements are outlined in Section III A. of the NOFA
- Threshold requirements are in Section III.C of the NOFA
- Statutory & Regulatory requirements in Section III.D

# **FY 2018 NOFA Eligibility**



**Eligible Applicants:** All housing counseling agencies (including LHCAs, Intermediaries, and MSOs) that were 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 CFR 214.103 are encouraged to affiliate with a HUD-approved Intermediary or SHFA.

# **Funding Methodology**



- Successful applicants awarded a base grant amount determined by size of counseling network
- It continues to factor in counselor 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
- Incentive to provide HECM default counseling

## **Base Awards**



- Successful applicants are awarded a base award, but can increase their award by satisfying additional funding criteria.
- Note: Successful LHCAs applying independently may sub-allocate HUD grant funds to eligible branch offices, but this NOFA will not provide a base award for such branch offices.

## **Base Awards, Continued**



- Intermediaries, State Housing Finance Agencies, and Multi-State Organizations
  - Grantees will determine the actual funding amounts to be distributed to sub-grantee or branches
  - For each sub-grantee or branch (Branch office must provide housing counseling services to a minimum of 30 clients per year)

# "Double Dipping"



- Applicants are prohibited from accessing grant funds from multiple sources
  - Cannot be a direct grantee and sub-grantee
- **Exception:** Grantee or sub-grantee has one or more HECM counselors and are awarded HUD grant funds, directly or as a sub-grant, then grantee or sub-grantee can receive a *single additional sub-grant for reverse mortgage counseling activities from an Intermediary that provides reverse mortgage counseling exclusively.*

## **Eligible Activities**



# Agencies will only be reimbursed for the following activities described in the NOFA:

- Individual housing counseling
- Group education / classes
- Oversight, quality control, compliance
- Supervision of counseling staff and counselor training
- Marketing and outreach
- Counselor certification training, testing + certification expenses

#### 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)(b) of the NOFA for all required forms, certifications and assurances:

- HUD 9906 Charts
- SF-424 Application for Federal Assistance
- HUD 2880 Applicant/Recipient Disclosure/Update Report (insert \$1.00 in "HUD assistance requested" line)
- Organization Description
- Narrative Statement
- External Audits & Investigations (no earlier than FY15)
- HUD 9902-FY17 (if you were approved after Sep. 30, 2017)
- SHFA Statutory Authority (if applicable)
- SF-LLL Disclosure of Lobbying Activity (if applicable)
- HUD-50153 Promise Zone (if applicable)

# Finding and Submitting the Grant Application

## **Tracy Badua**

Office of Policy and Grant Administration Office of Housing Counseling

# **Application Overview**

- 1. Obtain a DUNS Number
  - 2. Register/review your System for Award Management (SAM) registration
  - 3. Register for Grants.gov
  - 4. Find grant opportunity on <u>www.grants.gov</u>
  - 5. Download and review instructions and package
  - 6. Complete and submit application

## **Obtain a DUNS Number**



- A DUNS number is a unique nine-character number used to identify your organization.
- To register or search for your DUNS number, call 1-866-705-5711 or access the Dun & Bradstreet website <u>http://fedgov.dnb.com/webform</u>



## **Register with SAM**

- SAM registration is required to use grants.gov
- Login using Login.gov user account information (effective June 29, 2018)
- Verify that you have access to your record and that the registration will not expire before the application deadline

## www.sam.gov

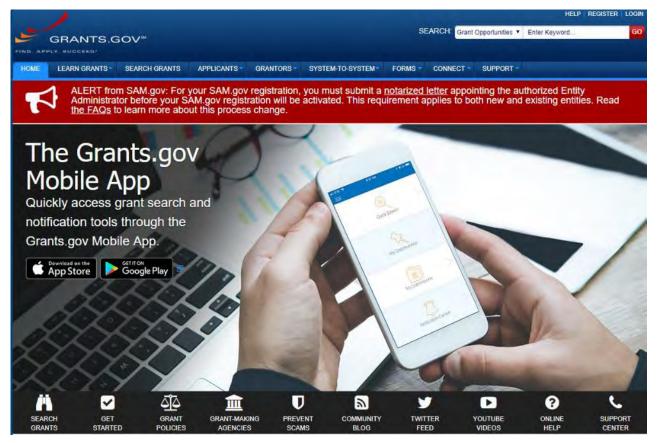
	View assistance for SAM.gov						
SYSTEM FOR AWARD MANAGEMENT	Username Forgot Username?	Password Log In Forgot Password? Create an Account					
HOME SEARCH RECORDS DATA A ALERT: You must submit a <u>notarized letter</u> appoint	ting the authorized Entity Administrator before your registration v	will be activated. This requirement now applies to both new					
The System for Award Management (Sa this site for FREE to: • Register to do business with the • Update or renew your entity reg • Check status of an entity registration and	istration ation	There is no cost to use SAM. You can use					
	<b>Getting Started</b>						
Create A User Account	Register Entity	Search Records					
Å	+						
Start by creating a SAM user account.	After creating your SAM user account, log in to register to do business with the U.S. government.	Do a public search for existing entity registration records or exclusion records.					
		Federal users can log in to see additional information.					

## **Register for Grants.gov**



#### Registration checklist/information

http://www.grants.gov/web/grants/applicants/organization-registration.html



## **Register in Grants.gov**

- Understand the different roles
  - Your agency can have multiple staff members work on the application, but only an AOR can submit it



## **Find the NOFA**

Search <u>www.grants.gov</u> for funding opportunity number
 FR-6200-N-33 Notice of Funding Availability (NOFA) for the Fiscal Year
 2018 Comprehensive Housing Counseling Grant Program

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HOME LEARN GRANTS SEARCH G	GRANTS APPLICANTS GRANTORS	S SYSTEM-TO-SYSTEM FORMS CONNECT	SUPPO	RT -		
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SEARCH GRANTS BACIC SEARCH CRITERIA: Keyword(s): Opportunity Number:	SORT BY: Posted Date (Descend	ting) • Update Sort DATE RANGE:	All Available	Se	earch Tips   Export	t Detailed Data Date Range
SEDA:	0 1 - 25 OF 2653 MATCHING RES	SULTS:		« Previous	123456.	. 107 Next
SEARC	Opportunity Number	Opportunity Title	Agency	Opportunity Status	Posted Date 1	Close Date
PPORTUNITY STATUS: Forecasted (126) Posted (2,527)	FA9550-18-S-0003	Research Interests of the Air Force Office of Scientific Research	DOD- AFOSR	Posted	06/04/2018	06/30/2019
Closed (2,471)	DHS-18-USFA-043-00-01	Fiscal Year (FY) 2018 State Fire Training (SFT) Systems Grant Program	DHS-DHS	Posted	06/04/2018	07/05/2018
Archived (44,007)	BJA-2018-13636	BJA FY 18 Second Chance Act Statewide Adult Recidivism Reduction Strategic Plan Implementation Program	USDOJ- OJP-BJA	Posted	06/04/2018	07/05/2018
2 AVE - 0 - 1 - 1 - 1	20180926-FT	Summer Stipends	NEH	Posted	06/04/2018	09/26/2018
All Funding Instruments						
<ul> <li>All Funding Instruments</li> <li>Cooperative Agreement (890)</li> </ul>	CRI-2018	Coral Reef and Natural Resources Program 2018	DOI	Posted	06/04/2018	07/06/2018

## Find the NOFA, continued

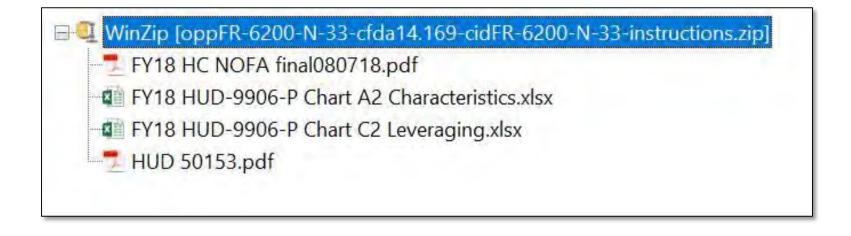
- In the "Package" tab, click "Apply"
  - Then click on the "Create Workspace" button

Apply Now Using Workspace

 In your Workspace, in the "Forms" tab, click the "Download Instructions >>" button to download the compressed files of the NOFA, instructions, and attachments

**Create Workspace** »

## Find the NOFA, continued



## **Complete The Application**



## **Webforms and PDFs**



- Some forms can be filled out as webforms OR as PDFs – you only need to fill out one version
- To fill out a form
  - Click "Download" (for PDF) or "Webform" (for webform, if available)
  - Agree to "Lock" this form so that no other users can fill it out while you're working on it
- When you have completed a form, click "Upload" for PDFs or "Save" for webforms

## **Mandatory and Optional Forms**

- Forms are listed as "Mandatory" or "Optional"
- Applicants must click on one of the following to be included in their application:
  - Intermediary, State Housing Finance Agency, or Multi-State Application
  - Local Housing Counseling Agency (LHCA) Application

# **Fillable Forms**

- Fields for standardized answers and attachments
- Grants.gov will not let you submit an application unless you have added one of these forms.

CHART A2 INTERMEDIARY, SHFA, OR MSO CHARACTERISTICS RATING FACTORS 1, 2, 3, AND 5	CHART A1 LHCA CHARACTERISTICS RATING FACTORS 1, 2, 3, AND 5			
INSTRUCTIONS: 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 in the Chart A2 Attachment.	NOTE: Entering an "x" indicates a "Yes" response.       Rating Factor 1       A) Name of Applicant       B) Location City			
Applicant				
NOTE: Entering an "x" indicates a "Yes" response. Rating Factor 1	C) Agency's HUD Housing Counseling System (HCS) Number			
A) Name of Applicant B) Location City State	J) Number of HUD HECM ROSTER reverse mortgage counselors (if applicable)  K) Average Counseling Hours per FY 2017 HECM Client (if applicable)			
C) Agency's HUD Housing Counseling System (HCS) Number	L) Formal Housing Counseling Training			
D) Promise Zones / Housing Counselors Received Emergency Preparedness or Disaster Recovery	M) HUD-certified Housing Counselors On Staff			
Rating Factor 3	O) Alternate Formats Accessible to Persons with Disabilities			
V) % of Award Applicant Intends to Allocate to Itself W) Name(s) of Housing Counseling Related Partnerships/Collaboratives, if Applicable	P) Issued Client Exit Surveys Q) Follow-up Client Surveys R) Number of Default Counselors Providing Reverse Mortgage/HECM Default Counseling 10/1/2018-930/2019 Rating Factor 2 S) Serves Rural Community			

# **Forms in Grants.gov**

Form	Format
Application for Federal Assistance (SF-424)	PDF OR Webform
HUD Applicant Recipient Disclosure Report	PDF or Webform
Intermediary, State Housing Finance Agency, or Multi- State Application	PDF
<ul> <li>Chart A2 (in Intermediary, State Housing Finance Agency, or Multi-State Application only)</li> </ul>	Excel workbook
<ul> <li>Chart C2 (in Intermediary, State Housing Finance Agency, or Multi-State Application only)</li> </ul>	Excel workbook
Local Housing Counseling Agency (LHCA) Application	PDF
Disclosure of Lobbying Activities (SF-LLL)	PDF or Webform

See Application Checklist at NOFA Section IV(B)(2)(b) for a list of required content

# **Submitting Your Application**



- Click the "Check Application" button to find any errors that may impact submission.
  - Click "Sign and Submit" only AORs can submit the application on behalf of the organization.
    - The application must be received by Grants.gov by 11:59:59 pm Eastern Standard Time on the due date
    - Tip: Submit the application 2-3 days in advance of deadline to ensure that Grants.gov has accepted it
      - Watch email often to make sure application was validated or rejected (and save those emails!)
      - Make sure that Grants.gov has a valid email for you

# Submitting Your Application, continued

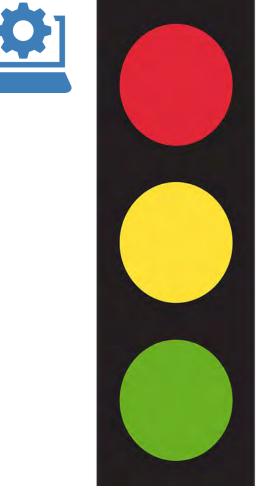


Grants.gov will produce a Confirmation PDF. Please download this for your records. This PDF will also contain application tracking information and a "Track My Application" Link.

After the AOR submits the application, the organization will receive two emails:

- 1) Grants.gov Submission Receipt "Your application has been received by Grants.gov and is currently being validated"
- 2) Grants.gov Submission Validation Receipt for Application -"Your application has been received and validated by Grants.gov and is being prepared for Grantor agency retrieval"

# **Application Status**



- If your application was "rejected with errors" and you do not correct these errors before the grace period ends, HUD will not review your application
- If your application status is "rejected with errors," you may correct the errors and resubmit your application before the 24hour grace period ends
- If your status is "validated," your application will be forwarded to HUD for review

# **Preference Points and Rating Factor 1**

Melissa Noe Office of Policy and Grant Administration Office of Housing Counseling

# **Preference Points**



#### Maximum 2 points

Chart A1 or A2-Field D

- No grant narrative required; agency must have described these activities in work plan on file with HUD
- Promise Zones:
  - Obtain certification from authorized official for designated Promise Zone, using form HUD 50153 (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 field D in chart A2.
- Housing Counselors Received Emergency Preparedness or Disaster Recovery Training

# **Preference Points Chart A**



#### An "X" in field D means "Yes"

NOTE: Entering an "x" indicates a "Yes" response. Rating Factor 1

A)	Name of Applicant		
B)	Location City	State	
C)	Agency's HUD Housin	ng Counseling (HCS) Number	
D)	Promise Zones / Hous Recovery Training	sing Counselors Received Emergency Preparedness or Disaster	

#### OFFICE OF HOUSING COUNSELING

# **Rating Factor 1: Capacity of Applicant**



#### 27 points

What is HUD evaluating?

- 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, Subfactor 2.
- How adjustments to the work plan were managed.

# Rating Factor 1 Sub-factor 1: Capacity



#### 14 points

Capacity to implement proposed activities in a timely and effective manner

- Higher score to applicants with greater capacity
- Complete Chart A1 or A2, Fields I through R
- Applicants with sub-grantees must complete each entry for each sub-grantee (separate excel spreadsheet submitted with chart A2).

### Chart A – Applicant Characteristics Rating Factor 1-1 Capacity



I)	Number of Housing Counselor Full-Time Equivalents (FTE)	
J)	Number of HUD HECM ROSTER reverse mortgage counselors (if applicable)	
K)	Average Counseling Hours per FY 2017 HECM Client (if applicable)	
L)	Formal Housing Counseling Training	
M)	HUD-certified Housing Counselors On Staff	
N)	Adopted National Industry Standards	
O)	Alternate Formats Accessible to Persons with Disabilities	
P)	Issued Client Exit Surveys	
Q)	Follow-up Client Surveys	
R)	Number of Default Counselors Providing Reverse Mortgage/HECM Default Counseling 10/1/2018 - 9/30/2019	

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



#### **Complete the fields:**

- **Field I:** Number of Housing Counselors Full-time equivalents
- Field J: Number of HUD HECM roster counselors
- **Field K:** Average Counseling Hours Per FY 2017 HECM Client (if applicable).
- Field R: Proposed number of default counselors providing HECM default counseling between 10/1/2018 and 9/30/2019

# Rating Factor 1 Sub-factor 1: Capacity (continued 2)



### **Complete the fields:**

Field L: Formal Housing Counseling Training

Field M: HUD-Certified housing counselors on staff

Field N: Adopted National Industry Standards

#### Field O: Alternate Formats Accessible to PWD

### Rating Factor 1: Sub-factor 2 Performance Reviews/Compliance



#### 7 points

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, P & Q



#### 6 points

Applicants that measure customer satisfaction will be awarded a higher score

P)	Issued Client Exit Surveys	

Q) Follow-up Client Surveys .....

**Field P:** Issued client exit surveys at the end of the counseling or education sessions

**Field Q:** Issued follow-up client surveys after the counseling was completed



#### **Shae Williams**

Office of Policy and Grant Administration Office of Housing Counseling

# Rating Factor 2: <u>Needs/NOFA Priorities</u>



#### **12 points total**

Factor 2 addresses the extent to which there is a **need for funding** the proposed activities described in the Applicant's work plan and the degree to which the Applicant's work plan substantively addresses certain **NOFA priorities**.

- Addresses the specific needs identified in this Rating Factor.
- Addresses the **specific NOFA priorities** as listed in RF2 in order to earn points.
- Applicants who fail to adequately address specific needs, provide source citations, examples and/or descriptions will not receive full points for this rating factor.

### Rating Factor 2 Sub-factor 1: Needs

#### **10 points**



Sub-factor 1 (a) Rural Communities & (b) Sole Agencies Providing Housing Counseling Services in Target Area Complete Chart A1 or Chart A2 (Fields S, T, and U)

- Field S: Serves Rural Communities
- Field T: Serving Area with No Internet Access
- **Field U:** Sole Agency Providing Housing Counseling Services in Target Area

Rating Factor 2
8) Serves Rural Community
T) Serving Area with No Internet Access
U) Sole Agency Providing Housing Counseling Services in Target Area

### Rating Factor 2 Sub-factor 1: Needs, continued



**Sub-factor 1 (c) Identifying Impediments to Fair Housing** Complete Chart E, Fields A, B, and C

Field A: Identify the Jurisdiction or Service Area

- **Field B:** Brief descriptions of the impediments for each jurisdiction or service area (limit 2,000 characters)
- **Field C:** Identify the applicable state or local Consolidated Plan and Analysis of Impediments to Fair Housing Choice or other information sources on impediments.

Rating Factor 2, Sub-Factor 1(c)

(A) Jurisdiction/Service Area

(B) Brief description of impediments to fair housing choice in the jurisdiction/service area identified in Field A (limit 2,000 characters)

(C) Information Source for Impediments identified in Field B (e.g. applicable state or local Consolidated Plan, Analysis of Impediments, or Assessment of Fair Housing) (limit 2,000 characters)

# Rating Factor 2 Sub-factor 1: Needs, continued 2



#### Sub-factor 1 (d) Persons with Disabilities and Limited English Proficiency.

- No Chart Required
- In a brief narrative, Applicants must describe 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



#### 2 Points

- For this program section they are:
  - Affirmatively Furthering Fair Housing (AFFH)
  - Healthy Homes: Lead-based paint
- Limit responses to 500 words per NOFA Priority
  - Describe how the agency's housing counseling work plan substantively addresses a NOFA priority.
- SHFAs or MSOs must state that one-third or more of their Sub-grantees and/or Branches meet the relevant criteria, and provide at least 3 specific examples.

# Rating Factor 2 Sub-factor 2: NOFA Priorities, Continued



(a) Affirmatively Furthering Fair Housing (1 pt)

i. Staff Training

OR

ii. Mobility Counseling

(b) Lead-Based Paint: (1 pt)

Applicants may receive this point by describing how they inform clients about lead-based paint.

# **Rating Factor 3**

#### **Joel Schumacher**

Office of Policy and Grant Administration Office of Housing Counseling

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



#### **47 points total**

- The quality and effectiveness of Applicant's past and projected housing counseling activities:
  - impact of services
  - expenses
  - oversight
  - complexity of projected work plan
  - coordination with other organizations

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



#### 26 points

- Impact: total clients served
- Expenses: HUD may evaluate expenses for direct counseling service provision, the ratio of HUD grant funds to total expenses, and the cost per client.
- Oversight: activities conducted during previous fiscal year

# Sub-factor 1(a) Impact



#### 1(a) Impact: total clients served

- OHC will use agencies' 9902 reports
- Newly-approved applicants who were not required to submit a HUD-9902 during this period must prepare and submit a HUD-9902 as part of the application.

### Sub-factor 1(b) Actual Expenses: Oct 1, 2016 through Sep 30, 2017

#### CHART D1 -- ACTUAL EXPENSES RATING FACTOR 3

1	Applicant Name:		
2	methodology as a cap successful Applicants t	<b>iest (Optional):</b> This amount, if provided, will be considered in the funding in establishing the maximum grant amount for the Applicant. In other words, hat specify a maximum grant request will receive a grant that is no higher unt. If you do not want to specify a maximum grant request, leave this box	\$
3		(A)	(B)
4		Expenses	Applicant's Total FY 2017 Expenses, All Sources
5	Salaries		
6	Housing Counselor	3	
7	Housing Counseling	) Program Managers	
8	All Other Housing C	counseling Program Staff	
9	Fringe Benefits		
10	Housing Counselors	6	
11	Housing Counseling	g Program Managers	
12	All Other Housing C	counseling Program Staff	
13	Total Other Direct Cos	s (Must Provide Explanation of Other Expenses in Narrative)	
14		Total Direct Costs	\$
15	Indirect Cost Allocation	Amount (if applicable)	
16		TOTAL EXPENSES	\$



# **Chart D**



- Option to request maximum grant amount. HUD will cap amount of award to this amount
- "Other" must be explained in narrative

# Sub-factor 1(c) Past Oversight Activities



- Complete Chart F1 for LHCAs
- Complete Chart F2 for Intermediaries, SHFAs or MSOs
- No Narrative

# **Chart F1: LHCA**



#### CHART F1 -- OVERSIGHT ACTIVITIES RATING FACTOR 3

olicant Name:						
For Rating Factor 3, Sub-factor 1(c), LHCAs must complete Chart F1, by checking a box in Column B for the actual oversight activities conducted during FY 2017. Items selected in this chart may be verified by HUD staff during a performance review.						
For Rating Factor 3, Sub-factor 2(b), LHCAs must complete Chart F1, by checking a box in Column C for oversight and quality control activities that will be performed as part of the proposed FY 2018 work plan. Items selected in this chart may be verified by HUD staff during a performance review						
Α	tating Factor 3, Sub-factor 1 (c)	Rating Factor 3, Sub-factor 2 (b) C				
Oversight Activity	Actual Activities Performed in FY 2017	Proposed Activities to be Performed in FY 2018				
Maintain disbursement supporting documentation, including personnel activity reports [or other personnel expense documentation that satisfies 2 CFR 200.430(i) requirements], invoices, client fi lists, or similar forms of documentation.	e					
Conduct and document quality control of disbursement process consistent with OMB and HUD grant requirements.						
Conduct supervisory monitoring by reviewing client and education files for compliance with HUD recordkeeping requirements.						
Conduct supervisory monitoring of counseling service activities to ensure Delivery of Services requirements outlined in HUD Handbook 7610.1, Paragraph 3-5 are met.						
Conduct random supervisory monitoring of an interactive counseling session.						
1	Rating Factor 3, Sub-factor 1(c), LHCAs must complete Chart F1, by checking a box in Column B         t may be verified by HUD staff during a performance review.         Rating Factor 3, Sub-factor 2(b), LHCAs must complete Chart F1, by checking a box in Column C         posed FY 2018 work plan. Items selected in this chart may be verified by HUD staff during a performan         A         Oversight Activity         Maintain disbursement supporting documentation, including personnel activity reports [or other personnel expense documentation.         Conduct and document quality control of disbursement process consistent with OMB and HUD grant requirements.         Conduct supervisory monitoring by reviewing client and education files for compliance with HUD recordkeeping requirements.         Conduct supervisory monitoring of counseling service activities to ensure Delivery of Services requirements outlined in HUD Handbook 7610.1, Paragraph 3-5 are met.	Rating Factor 3, Sub-factor 1(c), LHCAs must complete Chart F1, by checking a box in Column B for the actual oversich rudivities conducted t may be verified by HUD staff during a performance review.         Rating Factor 3, Sub-factor 2(b), LHCAs must complete Chart F1, by checking a box in Column C for oversight and quality control activities that be verified by HUD staff during a performance review.         Rating Factor 3, Sub-factor 2(b), LHCAs must complete Chart F1, by checking a box in Column C for oversight and quality control activities that be verified by HUD staff during a performance review.         A				

# **Chart F2: Intermediary, SHFA, MSO**



- Indicate total number of affiliates, subgrantees, and/or branches in network in FY17.
- Indicate number of performance reviews completed during FY17.
- Columns B and C

### Chart F2

#### CHART F2 -- OVERSIGHT ACTIVITIES **RATING FACTOR 3**



#### Applicant Name:

For Rating Factor 3, Sub-factor 1(c), Intermediaries, MSOs and SHFAs must complete Chart F2, by checking a box in Column B and entering the number of affiliates/sub-grantees/ branches for which oversight and guality control activities were performed as part of the actual FY 2017 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 SHFAs must complete Chart F2, by checking a box in Column D and entering the number of affiliates/sub-grantees/ branches for which oversight and quality control activities that will be performed as part of the proposed FY 2018 work plan in Column E. Items selected in this chart may be verified by HUD staff during a performance review.

1. Enter total number of affiliat Reconstraincnes in the Applicant's FY 2017 network as of 10/1/2016.

Enter the number of performance reviews conducted in FY 2017.

er of affiliates/sub-grantees/branches (from 0 to a maximum of 5) for which the Applicant will conduct a

3. Enter the hundher of athliates/sub-grantees/branches (from 0 to a maximum of 5) for which the Applicant will conduct a						
pe	rformance review in FY 2018 using the HUD-9910 form. Applicants must share the results of the					
		Rating Factor 3, Sub-factor 2 (b)				
	Α		В	с	D	E
	Oversight Activity	/	Actual Activities Performed in FY 2017	# of Affiliates/Sub- grantees/Branches for which Activity was Performed in FY 2017	Proposed Activities to be Purformed in FY 2018	Proposed # of Affiliates/Sub- grantees/Branches for which Activity will be Performed in FY 2018
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 housi counseling staff.	g				
	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 gran 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 othe personnel expense documentation that satisfies 2 CFR 200.430(i) requirements], invoices, c file lists, or similar forms of documentation.					
	Conduct and document quality control of disbursement process consistent with OMB and HL grant requirements.	JD				

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



#### 20 points

- Housing counseling services and other activities that will be performed from October 1, 2017
- Higher scores for
  - Variety of services and delivery modes
  - Plan for oversight activities
  - Affirmatively furthering fair housing

# Sub-factor 2(a) <u>Projected Services and Modes</u>



# 2(a): Counseling and Education Services – the reach and complexity of proposed services

- Chart A2, Field V: Percent of award to be sub-allocated
  - Not applicable for LHCAs (thus, not on Chart A1)
- Chart B: Services and Modes
  - All applicants
  - Complete for each service listed

### **Chart B**



#### Applicant Name:

#### CHART B1 -- SERVICES AND MODES RATING FACTOR 3

		Housing Counseling Service to be Provided 10/1/2017 - 9/30/2019						
A		Pre-purchase/ Home buying	Resolving/Preventing Mortgage Delinquency or Default	Home Maintenance and Financial Management for Homeowners (Non- Delinquency Post-Purchase)	Rental Topics	Homeless Assistance	Reverse Mortgage	TOTAL
в	Indicate if One-on-One Counseling Provided by Applicant							0
D	Indicate if Group Education Provided by Applicant							0
F	Service Will be Provided In Person							0
н	Service Will be Provided Via Telephone							0
J	Service will be provided Over the Internet							0
L	Service Will Be Available in Multiple Languages							0

# Sub-factor 2(b) Projected Oversight Activities



#### Intermediary/SHFA/MSO complete Chart F2

- Indicate number of performance reviews to be conducted
  - HUD wants oversight agencies to review members of their network using HUD-9910 and share results
  - Maximum of 5 performance reviews may be entered
- Columns D and E

#### LHCA complete Chart F1

• Column C

## **Chart F1**



#### CHART F1 -- OVERSIGHT ACTIVITIES RATING FACTOR 3

Appli	icant Name:				
1	Rating Factor 3, Sub-factor 1(c), LHCAs must complete Chart may be verified by HUD staff during a performance review.	F1, by checking a box in Column B for	the actual oversight activities conduct	ted d	luring FY 2017. Items selected in this
	Rating Factor 3, Sub-factor 2(b), LHCAs must complete Chart osed FY 2018 work plan. Items selected in this chart may be ve			s tha	t will be performed as part of the
	Α		Rating Factor 3, Sub-factor 1 (c B		Rating Factor 3, Sub-factor 2 (b)
	Oversight Activity		Actual Activities Performed in FY 2017	1	Proposed Activities to be Performed in FY 2018
i.	Maintain disbursement supporting documentation, including personnel expense documentation that satisfies 2 CFR 200.4 lists, or similar forms of documentation.				
ii.	Conduct and document quality control of disbursement proce grant requirements.	ss consistent with OMB and HUD			
iii.	Conduct supervisory monitoring by reviewing client and educ recordkeeping requirements.	ation files for compliance with HUD			
iv.	Conduct supervisory monitoring of counseling service activitie requirements outlined in HUD Handbook 7610.1, Paragraph	2			
۷.	Conduct random supervisory monitoring of an interactive cou	nseling session.			

## Chart F 2



#### Applicant Name:

For Rating Factor 3, Sub-factor 1(c), Intermediaries, MSOs and SHFAs must complete Chart F2, by checking a box in Column B and entering the number of affiliates/sub-grantees/ branches for which oversight and quality control activities were performed as part of the actual FY 2017 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 SHFAs must complete Chart F2, by checking a box in Column D and entering the number of affiliates/sub-grantees/ branches for which oversight and quality control activities that will be performed as part of the proposed FY 2018 work plan in Column E. Items selected in this chart may be verified by HUD staff during a performance review.

1. Enter total number of affiliates/sub-grantees/branches in the Applicant's FY 2017 network as of 10/1/2016.

2. Enter the number of performance reviews conducted in EY 2017

2 Enterme number of affiliates/sub-grantees/branches (from 0 to a maximum of 5) for which the Applicant will conduct a performance review in FY 2018 using the HUD-9910 form. Applicants must share the results of these reviews with HUD.

De	rformance review in FY 2018 using the HUD-9910 form. Applicants must share the results of these revie	ws with HUD.			
		Rating Eactor 2	Sub factor 1 (c)	Raung Factor 3	, Sub-factor 2 (b)
	А	В	с	P	E
	Oversight Activity	Actual Activities Performed in FY 2017	# of Affiliates/Sub- grantees/Branches for which Activity was Performed in FY 2017	Proposed Activities to be Performed in FY 2018	Propused # of Affiliates/Sub- grantees/Lranches for which Activity will be Performed in FY 2018
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.				

## Sub-factor 2(c) Projected AFFH Activities



### 2(c): Affirmatively Furthering Fair Housing

- Chart E: Fields D and E
- At least one activity that addresses an impediment to fair housing choice in an applicant's service area
- In at least three of its sub-grantees' distinct service areas (if applicable)
- How outcomes will be measured





#### CHART E1 -- AFFIRMATIVELY FURTHERING FAIR HOUSING RATING FACTORS 2 AND 3

#### Applicant Name

**Instructions:** All Applicants must complete Fields 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)

(A) Jurisdiction/Service Area

(B) Brief description of impediments to fair housing choice in the jurisdiction/service area identified in Field A (limit 2,000 characters)

(C) Information Source for Impediments identified in Field B (e.g. applicable state or local Consolidated Plan, Analysis of Impediments, or Assessment of Fair Housing) (limit 2,000 characters)

#### Rating Factor 3, Sub-Factor 2(c)

(D) Brief description of an activity that addresses an impediment to fair housing choice identified in Field B (limit 2,000 characters)

(E) Brief description of how Applicant will measure outcomes related to the activity proposed in Field D (limit 2,000 characters)

## Rating Factor 3: Sub-Factor 3 Coordination



#### 1 point maximum

- Housing counseling-related partnerships / collaboration
  - Chart A, Field W: name of partnership

# **Rating Factor 4**

### **David Valdez**

Office of Policy and Grant Administration Office of Housing Counseling

## Rating Factor 4 Leveraging Resources



#### **6 Points Total**

- Points will be awarded based on amount of leveraged funds
- HUD Funds are not intended to be the sole source of funds
- Evaluated based on ability to demonstrate additional non-federal resources
- Applicants who have no other resources available will receive no points for this factor
- Grantees will be required to maintain evidence that leveraged funds were actually provided to the agency

### **Rating Factor 4** Leveraging Resources: Acceptable Sources



Must be Non-Federal Resources:

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

### **Rating Factor 4** Leveraging Resources: Unacceptable Sources



Leveraging resources **cannot** be **federal funds**, which are directly or indirectly passed through local governments **such as**, **but not limited to**:

- 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 Form HUD 9906-L: Chart C1

#### CHART C1 -- LEVERAGING RATING FACTOR 4

82

Leveraged Resource 1 of 1		Delete
A. Applicant/Sub-grantee/Branch		
B. Name of Applicant, Sub-grantee/Branch Office Proposed to be Funded		
C. Organization Providing Leveraged Funds/In-kind Contributions		
Point of Contact at Organization Prefi	ix First Name	Middle Name
Providing Leveraged Funds/In-kind Contributions		
Last	Name	Suffix
		<b>•</b>
D. Type of Contribution (Cash, Fees, In-kind, Progra Income)	am 🔽	
E. Funds Must be Available During the Grant Period	d 10/01/2017 - 9/30/2019	
F. Use of Funds Only Include Funds that are Exc Allocated for Housing Counseling Program	lusively	
G. Only Include the Amount of Funds that are Availa from October 1, 2017 to September 30, 2019	able \$	
тот	TAL \$	
	Add Another Leveraged Resource	

## Rating Factor 4 Form HUD 9906-L: Chart C1, continued



#### Information to be entered includes:

- A. Applicant/Sub-grantee/Branch
- B. Name of Applicant, Sub-grantee/ Branch Office Proposed to be Funded
- C. Organization Providing Leveraged Funds/In-kind Contributions

   (Include Point of Contact at Organization Providing Leveraged Funds/In-kind Contributions)
- D. Type of Contribution (Cash, Fees, In-kind, Program Income)

## Rating Factor 4 Form HUD 9906-L: Chart C1, continued 2



#### **Information to be entered into Chart C includes:**

- E. Funds Must be Available During the Grant Period 10/01/17 9/30/2019 (un-editable field)
- F. Use of Funds Only Include Funds that are Exclusively Allocated for Housing Counseling Program
- G. Only Include the Amount of Funds that are Available from Oct 1, 2017 to Sep 30, 2019

## Rating Factor 4 Leveraging Resources

- All fields must be completed
- Use the Add Another Leveraged Resource button to add each unique source of funding.
  - Do not combine funding from sources into one entry

## Rating Factor 4 Form HUD 9906-P: Chart C2

#### CHART C2 -- LEVERAGING RATING FACTOR 4

All applicants must fill out and submit the Chart C2 attachment. Enter the total amount of leveraged funds available from 10/1/2017 - 9/30/2019 here.

The total must match the total in the Chart C2 attachment. Variance in the total amounts may affect the applicant's score.

Chart C2 attachment:

	Add Attach	nment	Delete Attachmen	it	View Attachment
Total of Leveraged Funds Available 10/1/2017 - 9/30/2019	\$				

## Rating Factor 4 Form HUD 9906-P: Chart C2, continued

_	A	В	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 Mu During th			Use of Funds Only Include Funds that are Exclusively Allocated for Housing Counseling Program	Only Include the Amount of Funds that are Available from October 1, 2017 to September 30, 2019
1	Applicant	Example: ABC Intermediary	ABC Intermediary	Program Income	10/1/17	-	9/30/19	Foreclosure Prevention Counseling	\$100,000.00
2	Sub-grantee	Housing Affiliate	Jane Dough Foundation/ John Dough	Cash	10/1/17	-	9/30/19	Foreclosure Prevention Counseling	\$10,000.00
3	Sub-grantee	Housing Affiliate	Chase Bank Foundation/ Sally Clams	Cash	10/1/17	4	9/30/19	Pre-purchase Counseling	\$7,500.00
4	Sub-grantee	Housing Resources	City of Siever/ Pat Culver	Cash	10/1/17	-	9/30/19	Pre-purchase Counseling	\$12,000.00
5	Sub-grantee	Housing Resources	ABC Legal Services/Suzy Council	In-kind	10/1/17	1	9/30/19	Pre-purchase Counseling	\$5,000.00
6			ADIE		10/1/17	1	9/30/19		
7		ENAL	MIPLE		10/1/17	1	9/30/19		
8		EMO			10/1/17	1	9/30/19		
9					10/1/17	-	9/30/19		
10					10/1/17	-	9/30/19		
11					10/1/17	1	9/30/19		
			TOT	AL					\$134,500.00

## Rating Factor 4 Leveraging Resources, continued



If funding is available outside of the grant period of performance, funds must be pro-rated.

#### **Example:**

If funds are available from January 2017 through December 2017, include only 3 months (October 1 through December 31, 2017) of funding (e.g. only \$25,000 of \$100,000 grant should be entered on Chart D)

# **Rating Factor 5**

### **Shawn Rich**

Office of Policy and Grant Administration Office of Housing Counseling

# **Rating Factor 5**

#### **Achieving Results and Program Evaluation**



#### 8 points total

To ensure that Applicants meet the commitments made in the application

- Applicants must indicate how they evaluate program success.
- Applicants who use a variety of methods to evaluate performance will get higher points

## Rating Factor 5: Sub-factor 1 Components of Evaluation

#### 4 points

• Complete Chart A1/A2, Fields X through AE

Rating Factor 5			
X)	Uses Reviews by Senior Management Staff with Results Reported to Organization's Board		
Y)	Publishes Performance Data		
Z)	Link to Published Performance Data, if Available Online		
AA)	Name of CMS		
AB)	Uses CMS to Generate Reports		
AC)	Uses CMS to Track Grants		
AD)	Performs Quality Control Review of CMS Data		
AE)	Pulled Credit Reports 6 or More Months after Counseling was Completed		

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

### 4 points

- HUD will evaluate Applicant compliance with programmatic requirements and expenditure results, based on the applicant's expenditure of FY 2015 funds.
- Applicants will not provide a response to this sub-factor.



#### **Connie Barton**

Office of Policy and Grant Administration Office of Housing Counseling

## **For Assistance**



- Direct your questions to <u>housing.counseling@hud.gov</u> or your agency's POC. They can answer general questions about the NOFA, but not specific questions that may or may not create a competitive advantage.
- Contact <u>www.grants.gov</u> regarding issues with technology

# **For Help**



- Technical Assistance/Customer Services for <u>grants.gov</u>
  - 1-800-518-4726
  - TTY 1-800-877-8339
  - <u>support@grants.gov</u>
  - Available 24/7
- Be sure to keep copies of any emails that you send to grants.gov regarding submission problems.
  - If you need to appeal a late submission, those communications are critical to support your appeal

# **Tips for Success**



- Read the NOFA. Follow the instructions.
- Use the correct software and file names
- Understand the charts, how to fill them out, and how to submit them
- Answer all of the questions. **DO NOT** provide information that was not requested
- **SUBMIT EARLY** and watch for emails accepting or rejecting your application

## **Office of Housing Counseling**



## Find us at:

www.hudexchange.info/counseling

### **HUD Housing Counseling FAQs:**

www.hudexchange.info/housing-counseling/faqs/

Email us at:

Housing.counseling@hud.gov