# CHART A -- APPLICANT CHARACTERISTICS RATING FACTORS 1, 2, 3 AND 5

	Rating Factor 1												Rating	Factor	2	Rat	ting Fac	ctor 3		Ratir	ng Facto	r 5	
				RF 1 (1	)						RF 1	(3)	F	RF 2 (1a)		RF 2 (1b)	RF 3	(2a)	RF 3 (3a)			RF 5	
	Name of Applicant, Sub- grantees and/or Branches Applicant proposes to Fund With this NOFA	Location City/State	Branch	Sub-grantee	Sub-grantee that is HUD-approved LHCA	Testing/Certification Requirement for Counselors?	Provide phone or internet counseling services?	Adopted National Industry Standards?	Counseling Services available in Multiple Languages?	Number of HUD HECM Network Roster Counselors	Utilized Customer Satisfaction Survey?	Measured Long term counseling outcomes?	Serves Rural Community?	Estimated % of Rural Clients (Rural/Total for Entire Applicant)	No Internet Access?	Geographically Isolated Agency?	Service Area (National, State, Regional, Local)	% of Award Applicant Intends to Sub-allocate	Participate in Housing Counseling Related Network?	Board Review	Publicize Performance Data	Pull Updated Client Credit Reports Over Time?	Name of CMS Utilized
Applicant	EXAMPLE: ABC Intermediary	Alexandria, VA				X											Natl	10			x		
(e)	Housing Affiliate	Erie, PA		Х			х	х	х	5		Х	1	10	Х		Reg	45	х	х			НСО
(if applicable)	Housing Resources	Siever, CO		х	х	х			х	2	х	х				х	Local	45	х		Х	х	СМАХ
if app																							
or Branches																							
or Br																							
S																							
Sub-grantee																							
g-qn																							
S																							

**NOTE:** Entering an "x" indicates a "Yes" response.

# CHART A -- APPLICANT CHARACTERISTICS RATING FACTORS 1, 2, 3 AND 5

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TOTAL	0	2	1	2	1	1	2	7	1	2	1	1	1	100	2	1	2	1	2

**NOTE:** Entering an "x" indicates a "Yes" response.

## CHART B -- SERVICES AND MODES RATING FACTOR 3 (2A)

Housing Counseling Service	Indicate if Counseling Provided by Applicant	# of Subgrantees and/or Branches	Indicate if <i>Education</i> Provided by Applicant	# of Subgrantees and/or Branches	Available In-person?	# of Subgrantees and/or Branches	Available Telephonically?	# of Subgrantees and/or Branches	Available via internet?	# of Subgrantees and/or Branches	Available in Multiple Languages?	# of Subgrantees and/or Branches
Pre-purchase/Homebuying	х	5	х	4	х	5						
Resolving/Preventing Mortgage Delinquency or Default	х	5			х	5	х	5			х	2
Non-Delinquency Post-Purchase												
Rental												
Shelter/Services for the Homeless												
Reverse Mortgage												
Other (specify)												
TOTAL	2	10	1	4	2	10	1	5	0	0	1	2

**NOTE:** Applicants proposing to fund subgrantees and/or branches must indicate the number of proposed sub-grantees and branches which will provide the proposed servcies.

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

HUD Program	Administering Office	Applicant Provides Housing Counseling Services in Conjunction with?	# of S/B
Second Mortgage Assistance for First-Time Homebuyers	CPD		
Rural Housing Stability Grant Program	CPD		
Public Housing Operating Fund	PIH		
Section 8 Tenant-Based Rental Assistance Homeownership Option	PIH	Х	5
Demolition and Disposition of Public Housing	PIH		
Family Self-Sufficiency	PIH		
Public Housing Resident Homeownership Programs	PIH		
Conversion of Distressed Public Housing to Tenant-Based Assistance	PIH		
LIHPRHA Prepayment Options	PIH		
NAHASDA Housing Block Grants	PIH		
Native Hawaiian Housing Block Grants	PIH		
Section 8 Rental Assistance	PIH	Х	1
TOTAL		2	6

**NOTE**: Applicants proposing to fund subgrantees and/or branches must indicate the number of proposed sub-grantees and branches which will provide the proposed services.

### CHART D -- LEVERAGING RATING FACTOR 4

	Names of Applicant, Sub-grantees/Branch Offices Proposed to be Funded	Organization Providing Leveraged Funds/In-kind Contributions (include fees/program income) and Point of Contact	Type of Contribution (Cash, In-kind, fees)	Time Period Funds are Available	Commitment Letter in Hand (Not Pending)	Use of Funds	nount of Funds
Applicant	ABC Intermediary	ABC Intermediary	Fees	10/1/12 - 9/30/13		Homebuyer Education & Pre- purchase & Counseling	\$ 50,000
		Jane Dough Foundation/ John Dough (719) 222-3232	Cash	1/1/13 - 1/1/14	х	Default Counseling	\$ 10,000
		Chase Bank Foundation/ Sally Clams (719) 224-7676	Cash	10/1/12 - 9/30/12	х	Hsg Counseling Education Program	\$ 7,500
		City of Siever/ Pat Culver (719) 236-4565	In-Kind	1/1/13 - 8/31/13		Reverse Mortgage Counseling	\$ 12,000
Sub-grantees or Branches (if	Housing Resources	Housing Resources	Fees	10/1/12 - 9/30/13		Hsg Counseling Prgm Support Expenses	\$ 5,000
applicable)							
TOTAL					2		\$ 84,500

# CHART E -- BUDGET RATING FACTOR 3(1B) APPLICANT HOUSING COUNSELING BUDGET FOR PERIOD 10/1/11 -- 9/30/12

Funding	\$
Total Budget, All Sources of Funding	\$10,020,000
HUD Housing Counseling Grant Funding	\$2,000,000
% HUD grant passed through to sub-grantees/funded branches	85%

% HUD grant passed through to sub-grantees/funded bra	85%				
Expenses		Network nagement Costs LHCAs do not complete)	S	HCAs/ ub-grantees/ ranches Costs	Total Budget
Salaries	\$	179,000	\$	6,741,950	\$ 6,920,950
Fringe Benefits	\$	21,000	\$	613,000	\$ 634,000
Supplies	\$	9,000	\$	200,000	\$ 209,000
Telephone/Internet	\$	8,000	\$	249,150	\$ 257,150
Postage	\$	2,000	\$	48,000	\$ 50,000
Office Space	\$	100,000	\$	496,000	\$ 596,000
Equipment Rental / Maintenance	\$	10,200	\$	49,800	\$ 60,000
Printing and Copying	\$	65,000	\$	150,000	\$ 215,000
Marketing and Outreach	\$	200,000	\$	300,000	\$ 500,000
Training Costs - (Supplies, Room, Tuition, Testing, etc.)	\$	10,000	\$	20,000	\$ 30,000
Travel	\$	20,000	\$	30,000	\$ 50,000
Other	\$	-	\$	_	\$ -
Suballocations to Sub-grantees/Funded Branches	\$	9,195,900			
Total Direct Costs	\$	9,820,100	\$	8,897,900	\$ 9,522,100
Indirect Allocation	\$	199,900	\$	298,000	\$ 497,900
Total Costs	\$	10,020,000	\$	9,195,900	\$ 10,020,000
Number of Housing Counselors Funded?					75
Average Hourly Rate of Counselors (including benefits)?					\$ 50.11
Number of Support Staff Funded?					20
Average Hourly Rate of Support Staff (including benefits)		\$ 15.55			
Number of Program Managers Funded?		15			
Average Hourly Rate of Program Managers (including be	nefit	s)?			\$ 60.11
Number of Network Management Personnel Funded (LF	ICAs	do not complete)	?		2

# CHART E -- BUDGET RATING FACTOR 3(1B) APPLICANT HOUSING COUNSELING BUDGET FOR PERIOD 10/1/11 -- 9/30/12

Average Hourly Rate of Intermediary Personnel (including benefits)?	\$	60.11
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#### THRESHOLD AND APPLICATION CHECKLIST

	SECTION III. ELIGIBILITY INFORMATION. B.2.THRESHOLDS REQUIREMENTS	YES	NO
a.	<b>FY2013 General Section Thresholds</b> . Applicants and/or sub-grantees meet(s) the Threshold requirements in Section III.C.2 of the FY2013 <i>General Section</i> .		
b.	Applicant Eligiblity. Applicant meets the eligiblity requirements in Section III.A.		
c.	<b>Housing Counseling.</b> Applicant proposes a work plan that includes the provision of housing counseling.		
d.	<b>External Audits and Investigations.</b> Applicant is in compliance with OMB A-133 or independent audit filing requirements (if applicable) and have addressed significant audit findings (if applicable).		

	SECTION IV. B.2. APPLICATION CHECKLIST	YES	NO
a.	<b>SF424, Applicantion for Federal Assistance.</b> NOTE: Applicant's 9 digit zip code (zip plus 4) is required.		
	Applicant's DUNS number is listed on SAM with an active registration and the person submitting the application has an ID and password and has been authorized to submit the application on behalf of the applicant organization named in box 8a. Of the SF424.		
b.	Budget		
c.	SFLLL, Disclosure of Lobbying Activities (if applicable)		
d.	HUD2995, Certification of Consistency with Sustainable Communities Planning and Implementation signed by the Designated Point of Contact for designated Preferred Sustainability Status Community or the HUD Regional Administrator		
e.	HUD9902, Husing Counseling Agency Fiscal Year Activity Report, for the Period October 1, 2011 through September 30, 2012 (if not electronically submitted to HUD for example, applicants that received approval after September 30, 2012)		
f.	SHFA Statutory Authority (if applying as a SHFA)		
g.	Organization Description		
h.	External Audits and Investigations		
i.	Narrative Statements as required in this NOFA		