

Public reporting burden for this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information is being collected for a housing counseling agency to participate in HUD's Housing Counseling program. The information will be used by HUD to ensure that Counselors provide guidance and advice to help families and individuals improve their housing conditions and meet the responsibilities of tenancy and homeownership. Counselors also help borrowers avoid predatory lending practices, such as inflated appraisals, unreasonably high interest rates, unaffordable repayment terms, and other conditions that can result in a loss of equity, increased debt, default, and foreclosure. This agency may not collect this information, and you are not required to complete this form, unless it displays a valid OMB control number.

**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	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							
Name of Applicant	Location City/State	Agency's HUD Housing Counseling System (HCS) Number	Preferred Sustainable Communities - HUD 2995 Certified																																				
									Number of Housing Counselor Full-Time Equivalents (FTE)	Number of HUD HECM Roster Counselors (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 Networks/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						

**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
Name of Applicant, Funded 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 - HUD 2995 Certified	Funded Branch of an Intermediary	Sub-grantee that is NOT HUD-Approved LHCA	Sub-grantee that is HUD-approved LHCA	Number of Sub-grantee Branches. Provide Sub-grantee Branches on Chart A2a	Number of Housing Counselor Full-Time Equivalents (FTE)	Number of HUD HECM Roster Counselors	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 Networks/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	
			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				
Funded Branches and/or Sub-grantees	ABC Intermediary	Alexandria, VA	12346	x	x			2		x		x	x	x	x						30		x			HCO	x		x		x		
	Housing Resources	Alamosa, CO	56789				x	3	1	x	x			x	x	x	x	x	x		30		x	www	CMA	x	x	x	x				x
	Housing Affiliate	Erie, PA	98765	x		x		2	8		x		x	x	x	x					30	Erie H	x			HCO	x		x		x		

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

TOTAL	3	1	1	1	2	13	1	3	1	2	2	3	3	3	1	1	1	0	100	1	2	2			4	1	3	1	2	1
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**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. **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		
Name of Applicant, Funded 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 - HUD 2995 Certified	Funded Branch of an Intermediary	Sub-grantee that is NOT HUD-Approved LHCA	Sub-grantee that is HUD-approved LHCA	Number of Sub-grantee Branches. Provide Sub-grantee Branches on Chart A2a	Number of Housing Counselor Full-Time Equivalents (FTE)	Number of HUD HECM Roster Counselors	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 Networks/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			
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Funded Branches and/or Sub-grantees																																			

**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. **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			
	Name of Applicant, Funded 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 - HUD 2995 Certified	Funded Branch of an Intermediary	Sub-grantee that is NOT HUD-Approved LHCA	Sub-grantee that is HUD-approved LHCA	Number of Sub-grantee Branches. Provide Sub-grantee Branches on Chart A2a	Number of Housing Counselor Full-Time Equivalents (FTE)	Number of HUD HECM Roster Counselors	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 Networks/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			
			TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0			
Funded Branches and/or Sub-grantees																																				

**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. **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					
	Name of Applicant, Funded 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 - HUD 2995 Certified	Funded Branch of an Intermediary	Sub-grantee that is NOT HUD-Approved LHCA	Sub-grantee that is HUD-approved LHCA	Number of Sub-grantee Branches. Provide Sub-grantee Branches on Chart A2a	Number of Housing Counselor Full-Time Equivalents (FTE)	Number of HUD HECM Roster Counselors	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 Networks/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					
			TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0					
Funded Branches and/or Sub-grantees																																						

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

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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		
Name of Applicant, Funded 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 - HUD 2995 Certified	Funded Branch of an Intermediary	Sub-grantee that is NOT HUD-Approved LHCA	Sub-grantee that is HUD-approved LHCA	Number of Sub-grantee Branches. Provide Sub-grantee Branches on Chart A2a	Number of Housing Counselor Full-Time Equivalents (FTE)	Number of HUD HECM Roster Counselors	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 Networks/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			
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Funded Branches and/or Sub-grantees																																			

**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. **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
	Name of Applicant, Funded 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 - HUD 2995 Certified	Funded Branch of an Intermediary	Sub-grantee that is NOT HUD-Approved LHCA	Sub-grantee that is HUD-approved LHCA	Number of Sub-grantee Branches. Provide Sub-grantee Branches on Chart A2a	Number of Housing Counselor Full-Time Equivalents (FTE)	Number of HUD HECM Roster Counselors	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 Networks/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
			TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0

**CHART A.2.a
SUB-GRANTEES' BRANCHES**

Agency's HUD Housing Counseling System (HCS) Number (if assigned)	Name of Sub-Grantee	Name of Sub-Grantee's Funded Branch	Location City/State
1			
2			
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**CHART A.2.a
SUB-GRANTEES' BRANCHES**

Agency's HUD Housing Counseling System (HCS) Number (if assigned)	Name of Sub-Grantee	Name of Sub-Grantee's Funded Branch	Location City/State
42			
43			
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**CHART A.2.a
SUB-GRANTEES' BRANCHES**

Agency's HUD Housing Counseling System (HCS) Number (if assigned)	Name of Sub-Grantee	Name of Sub-Grantee's Funded Branch	Location City/State
83			
84			
85			
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122			
123			

**CHART A.2.a
SUB-GRANTEES' BRANCHES**

Agency's HUD Housing Counseling System (HCS) Number (if assigned)	Name of Sub-Grantee	Name of Sub-Grantee's Funded Branch	Location City/State
124			
125			
126			
127			
128			
129			
130			
131			
132			

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

Applicant Name:

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

A	B	C	D	E	F	G	H	I	J	K	L	M
<h1>EXAMPLE</h1> <p>EXAMPLE: Housing Counseling Service</p>	Indicate if One-on One Counseling Provided by Applicant	# of Sub-grantees and/or *Funded Branches that Provide One-on-One Counseling	Indicate if Group Education Provided by Applicant	# of Sub-grantees and/or *Funded Branches that Will Provide Group Education	Service Will be Provided In Person	# of Sub-grantees and/or *Funded Branches that Will Provide Service In Person	Service Will be Provided Via Telephone	# of Sub-grantees and/or *Funded Branches that Will Provide Service Over the Telephone	Service will be provided Over the Internet?	# of Sub-grantees and/or *Funded Branches that Will Provide Service Over the Internet	Service Will Be Available in Multiple Languages?	# of Sub-grantees and/or *Funded Branches that Will Have Services Available 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												
Shelter/Services for the Homeless Assistance												
Reverse Mortgage												
TOTAL	2	10	1	4	2	10	1	5	1	2	1	2

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

Applicant Name: _____

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

A	B	C	D	E	F	G	H	I	J	K	L	M
Housing Counseling Service	Indicate if One-on One Counseling Provided by Applicant	# of Sub-grantees and/or *Funded Branches that Provide One-on-One Counseling	Indicate if Group Education Provided by Applicant	# of Sub-grantees and/or *Funded Branches that Will Provide Group Education	Service Will be Provided In Person	# of Sub-grantees and/or *Funded Branches that Will Provide Service In Person	Service Will be Provided Via Telephone	# of Sub-grantees and/or *Funded Branches that Will Provide Service Over the Telephone	Service will be provided Over the Internet?	# of Sub-grantees and/or *Funded Branches that Will Provide Service Over the Internet	Service Will Be Available in Multiple Languages?	# of Sub-grantees and/or *Funded Branches that Will Have Services Available in Multiple Languages
Pre-purchase/Home buying												
Resolving/Preventing Mortgage Delinquency or Default												
Home Maintenance and Financial Management for Homeowners (Non-Delinquency Post-Purchase)												
Rental Topics												
Shelter/Services for the Homeless Assistance												
Reverse Mortgage												
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

**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		
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		
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

**CHART D -- LEVERAGING
RATING FACTOR 4**

	A	B	C	D	E		F	G
	Applicant/ Sub-grantee/ Funded 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, 2013 2014 to March 31, 2015 2016
1	Applicant	Example: ABC Intermediary	ABC Intermediary	Program Income	10/1/2013 10/1/2014	-- 3/31/2016	Foreclosure Prevention Counseling	\$100,000.00
2	Sub-grantee	Housing Affiliate	Jane Dough Foundation/ John Dough (719) 222-3232	Cash	10/1/2013 10/1/2014	-- 3/31/2016	Foreclosure Prevention Counseling	\$10,000.00
3	Sub-grantee	Housing Affiliate	Chase Bank Foundation/ Sally Clams (719) 224-7676	Cash	10/1/2013 10/1/2014	-- 3/31/2016	Pre-purchase Counseling	\$7,500.00
4	Sub-grantee	Housing Resources	City of Siever/ Pat Culver (719) 236-4565	Cash	10/1/2013 10/1/2014	-- 3/31/2016	Pre-purchase Counseling	\$12,000.00
5	Sub-grantee	Housing Resources	ABC Legal Services/Suzy Council (719) 236-4444	In-kind	10/1/2013 10/1/2014	-- 3/31/2016	Foreclosure Prevention Counseling	\$5,000.00
6		EXAMP LE			10/1/2013 10/1/2014	-- 3/31/2016		
7					10/1/2013 10/1/2014	-- 3/31/2016		
8					10/1/2013 10/1/2014	-- 3/31/2016		
9					10/1/2013 10/1/2014	-- 3/31/2016		
10					10/1/2013 10/1/2014	-- 3/31/2016		
11					10/1/2013 10/1/2014	-- 3/31/2016		
12					10/1/2013 10/1/2014	-- 3/31/2016		
SUBTOTAL/TOTAL								\$134,500.00

**CHART D -- LEVERAGING
RATING FACTOR 4**

	A	B	C	D	E		F	G
	Applicant/ Sub-grantee/ Funded 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, 2013 2014 to March 31, 2015 2016
1					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
2					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
3					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
4					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
5					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
6					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
7					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
8					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
9					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
10					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
11					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
12					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		

**CHART D -- LEVERAGING
RATING FACTOR 4**

	A	B	C	D	E		F	G
	Applicant/ Sub-grantee/ Funded 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, 2013 2014 to March 31, 2015 2016
13					10/1/2013 10/1/2014	-- 3/31/2016		
14					10/1/2013 10/1/2014	-- 3/31/2016		
15					10/1/2013 10/1/2014	-- 3/31/2016		
16					10/1/2013 10/1/2014	-- 3/31/2016		
17					10/1/2013 10/1/2014	-- 3/31/2016		
###					10/1/2013 10/1/2014	-- 3/31/2016		
18					10/1/2013 10/1/2014	-- 3/31/2016		
19					10/1/2013 10/1/2014	-- 3/31/2016		
20					10/1/2013 10/1/2014	-- 3/31/2016		
21					10/1/2013 10/1/2014	-- 3/31/2016		
22					10/1/2013 10/1/2014	-- 3/31/2016		
23					10/1/2013 10/1/2014	-- 3/31/2016		

**CHART D -- LEVERAGING
RATING FACTOR 4**

	A	B	C	D	E		F	G
	Applicant/ Sub-grantee/ Funded 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, 2013 2014 to March 31, 2015 2016
24					10/1/2013 10/1/2014	-- 3/31/2016		
SUBTOTAL/TOTAL								\$0.00
25					10/1/2013 10/1/2014	-- 3/31/2016		
26					10/1/2013 10/1/2014	-- 3/31/2016		
27					10/1/2013 10/1/2014	-- 3/31/2016		
28					10/1/2013 10/1/2014	-- 3/31/2016		
29					10/1/2013 10/1/2014	-- 3/31/2016		
30					10/1/2013 10/1/2014	-- 3/31/2016		
31					10/1/2013 10/1/2014	-- 3/31/2016		
32					10/1/2013 10/1/2014	-- 3/31/2016		
33					10/1/2013 10/1/2014	-- 3/31/2016		
34					10/1/2013 10/1/2014	-- 3/31/2016		
35					10/1/2013 10/1/2014	-- 3/31/2016		

**CHART D -- LEVERAGING
RATING FACTOR 4**

	A	B	C	D	E		F	G
	Applicant/ Sub-grantee/ Funded 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, 2013 2014 to March 31, 2015 2016
36					10/1/2013 10/1/2014	-- 3/31/2016		
37					10/1/2013 10/1/2014	-- 3/31/2016		
38					10/1/2013 10/1/2014	-- 3/31/2016		
39					10/1/2013 10/1/2014	-- 3/31/2016		
40					10/1/2013 10/1/2014	-- 3/31/2016		
41					10/1/2013 10/1/2014	-- 3/31/2016		
42					10/1/2013 10/1/2014	-- 3/31/2016		
43					10/1/2013 10/1/2014	-- 3/31/2016		
44					10/1/2013 10/1/2014	-- 3/31/2016		
45					10/1/2013 10/1/2014	-- 3/31/2016		
46					10/1/2013 10/1/2014	-- 3/31/2016		
47					10/1/2013 10/1/2014	-- 3/31/2016		

**CHART D -- LEVERAGING
RATING FACTOR 4**

	A	B	C	D	E		F	G
	Applicant/ Sub-grantee/ Funded 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, 2013 2014 to March 31, 2015 2016
48					10/1/2013 10/1/2014	-- 3/31/2016		
49					10/1/2013 10/1/2014	-- 3/31/2016		
SUBTOTAL/TOTAL								\$0.00
50					10/1/2013 10/1/2014	-- 3/31/2016		
51					10/1/2013 10/1/2014	-- 3/31/2016		
52					10/1/2013 10/1/2014	-- 3/31/2016		
53					10/1/2013 10/1/2014	-- 3/31/2016		
54					10/1/2013 10/1/2014	-- 3/31/2016		
55					10/1/2013 10/1/2014	-- 3/31/2016		
56					10/1/2013 10/1/2014	-- 3/31/2016		
57					10/1/2013 10/1/2014	-- 3/31/2016		
58					10/1/2013 10/1/2014	-- 3/31/2016		
59					10/1/2013 10/1/2014	-- 3/31/2016		

**CHART D -- LEVERAGING
RATING FACTOR 4**

	A	B	C	D	E		F	G
	Applicant/ Sub-grantee/ Funded 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, 2013 2014 to March 31, 2015 2016
60					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
61					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
62					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
63					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
64					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
65					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
66					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
67					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
68					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
69					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
70					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
71					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		

**CHART D -- LEVERAGING
RATING FACTOR 4**

	A	B	C	D	E		F	G
	Applicant/ Sub-grantee/ Funded 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, 2013 2014 to March 31, 2015 2016
72					10/1/2013 10/1/2014	-- 3/31/2016		
73					10/1/2013 10/1/2014	-- 3/31/2016		
74					10/1/2013 10/1/2014	-- 3/31/2016		
SUBTOTAL/TOTAL								\$0.00
75					10/1/2013 10/1/2014	-- 3/31/2016		
76					10/1/2013 10/1/2014	-- 3/31/2016		
77					10/1/2013 10/1/2014	-- 3/31/2016		
78					10/1/2013 10/1/2014	-- 3/31/2016		
79					10/1/2013 10/1/2014	-- 3/31/2016		
80					10/1/2013 10/1/2014	-- 3/31/2016		
81					10/1/2013 10/1/2014	-- 3/31/2016		
82					10/1/2013 10/1/2014	-- 3/31/2016		
83					10/1/2013 10/1/2014	-- 3/31/2016		

**CHART D -- LEVERAGING
RATING FACTOR 4**

	A	B	C	D	E		F	G
	Applicant/ Sub-grantee/ Funded 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, 2013 2014 to March 31, 2015 2016
84					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
85					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
86					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
87					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
88					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
89					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
90					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
91					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
92					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
93					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
94					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
95					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		

**CHART D -- LEVERAGING
RATING FACTOR 4**

	A	B	C	D	E		F	G
	Applicant/ Sub-grantee/ Funded 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, 2013 2014 to March 31, 2015 2016
96					10/1/2013 10/1/2014	-- 3/31/2016		
97					10/1/2013 10/1/2014	-- 3/31/2016		
98					10/1/2013 10/1/2014	-- 3/31/2016		
99					10/1/2013 10/1/2014	-- 3/31/2016		
SUBTOTAL/TOTAL								\$0.00
100					10/1/2013 10/1/2014	-- 3/31/2016		
101					10/1/2013 10/1/2014	-- 3/31/2016		
102					10/1/2013 10/1/2014	-- 3/31/2016		
103					10/1/2013 10/1/2014	-- 3/31/2016		
104					10/1/2013 10/1/2014	-- 3/31/2016		
105					10/1/2013 10/1/2014	-- 3/31/2016		
106					10/1/2013 10/1/2014	-- 3/31/2016		
107					10/1/2013 10/1/2014	-- 3/31/2016		

**CHART D -- LEVERAGING
RATING FACTOR 4**

	A	B	C	D	E		F	G
	Applicant/ Sub-grantee/ Funded 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, 2013 2014 to March 31, 2015 2016
108					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
109					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
110					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
111					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
112					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
113					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
114					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
115					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
116					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
117					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
118					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
119					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		

**CHART D -- LEVERAGING
RATING FACTOR 4**

	A	B	C	D	E		F	G
	Applicant/ Sub-grantee/ Funded 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, 2013 2014 to March 31, 2015 2016
120					10/1/2013 10/1/2014	-- 3/31/2016		
121					10/1/2013 10/1/2014	-- 3/31/2016		
122					10/1/2013 10/1/2014	-- 3/31/2016		
123					10/1/2013 10/1/2014	-- 3/31/2016		
124					10/1/2013 10/1/2014	-- 3/31/2016		
SUBTOTAL/TOTAL								\$0.00
125					10/1/2013 10/1/2014	-- 3/31/2016		
126					10/1/2013 10/1/2014	-- 3/31/2016		
127					10/1/2013 10/1/2014	-- 3/31/2016		
128					10/1/2013 10/1/2014	-- 3/31/2016		
129					10/1/2013 10/1/2014	-- 3/31/2016		
130					10/1/2013 10/1/2014	-- 3/31/2016		
131					10/1/2013 10/1/2014	-- 3/31/2016		

**CHART D -- LEVERAGING
RATING FACTOR 4**

	A	B	C	D	E		F	G
	Applicant/ Sub-grantee/ Funded 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, 2013 2014 to March 31, 2015 2016
132					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
133					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
134					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
135					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
136					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
137					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
138					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
139					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
140					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
141					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
142					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
143					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		

**CHART D -- LEVERAGING
RATING FACTOR 4**

	A	B	C	D	E		F	G
	Applicant/ Sub-grantee/ Funded 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, 2013 2014 to March 31, 2015 2016
144					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
145					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
146					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
147					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
148					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
149					10/1/2013 10/1/2014	-- 3/31/2015 3/31/2016		
SUBTOTAL/TOTAL								\$0.00

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

CHART E.1. Intermediaries, SHFAs and MSOs

1	Applicant Name:			
2	FY 2013 2014 Grant Period Applicant's Total Budget, All Sources of Funding			
3	FY 2013 2014 Grant Period HUD Housing Counseling Grant Fund Amount			
4	FY 2013 2014 Grant Period Percentage of HUD Funds Sub-allocated to Sub-grantees and Funded Branches			
5	(A)	(B)	(C)	(D)
6	Expenses	Applicant's Total Administrative Budget, All Sources (Do Not Include Funds Sub-allocated to Sub-grantees/ Funded Branches)	Total Budget of all Sub-Grantees/ Funded Branches, All Sources (Include Main Office that Provides Direct Counseling)	(B + C) Network-wide Total Budget, All Sources
7	Salaries			
8	Housing Counselors			
9	Housing Counseling Program Managers			
10	All Other Housing Counseling Program Staff			
11	Fringe Benefits			
12	Housing Counselors			
13	Housing Counseling Program Managers			
14	All Other Housing Counseling Program Staff			
15	Total Other Direct Costs			
16	Other (Must Provide Explanation of Other Expenses in Narrative)			
17	Total Direct Costs	\$ -	\$ -	\$ -
18	Indirect Cost Allocation Amount (if applicable)			
19	TOTAL BUDGET	\$ -	\$ -	\$ -

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

CHART E.2. LHCA's

1	Applicant Name:	
2	(A)	(B)
3	Expenses	Applicant's Total Budget, All Sources
4	Salaries	
5	Housing Counselors	
6	Housing Counseling Program Managers	
7	All Other Housing Counseling Program Staff	
8	Fringe Benefits	
9	Housing Counselors	
10	Housing Counseling Program Managers	
11	All Other Housing Counseling Program Staff	
12	Total Other Direct Costs	
13	Other (Must Provide Explanation of Other Expenses in Narrative)	
14	Total Direct Costs	\$ -
15	Indirect Cost Allocation Amount (if applicable)	
16	TOTAL BUDGET	\$ -

**CHART F -- AFFIRMATIVELY FURTHERING FAIR HOUSING
RATING FACTOR 3**

Applicant Name: _____

Instructions:
Columns A - E: 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

**CHART F -- AFFIRMATIVELY FURTHERING FAIR HOUSING
RATING FACTOR 3**

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**CHART G -- OVERSIGHT ACTIVITIES
RATING FACTOR 3 SUB-FACTORS 1 (c) and 2 (b)**

Applicant Name:

CHART G.1: INTERMEDIARIES, MSOs AND SFHAs ONLY

For **Rating Factor 3, Sub-factor 1(c)**, in addition to providing a narrative describing network management activities performed as part of the actual FY **2013 2014** work plan, Intermediaries, MSOs and SFHAs must complete Chart G.1, by placing an **X** in **Column B** and the **number** of sub-grantees/funded branches in which oversight and quality control activities were performed as part of the actual FY **2013 2014** work plan in **Column C**.

For **Rating Factor 3, Sub-factor 2(b)**, in addition to providing a narrative describing network management activities that will be performed as part of the actual FY **2013 2014** work plan, Intermediaries, MSOs and SFHAs must complete Chart G.1, by placing an **X** in **Column D** and the **number** of sub-grantees/funded branches in which oversight and quality control activities that will be performed as part of the proposed FY **2014 2015** work plan in **Column E**.

A		Rating Factor 3, Sub-factor 1 (c)		Rating Factor 3, Sub-factor 2 (b)	
		B	C	D	E
Type of Oversight		Actual FY 2013 2014 Work Plan Conducted Oversight Activities	Number of Sub-grantees/Funded Branches Oversight was Performed for FY 2013 2014	FY 2014 2015 Proposed Oversight Activities	Proposed Number of Sub-grantees/Funded Branches Oversight will be Performed for FY 2014 2015
i.	Train and provide technical assistance to sub-grantees/funded branches.				
ii.	Monitoring, evaluating and ensuring quality of services provided by sub-grantees/funded branches including:				
	Verifying sub-grantees that are not HUD-approved and funded branches meet or exceed HUD's approval standards.				
	Monitoring the grant funded work of sub-grantees/funded branches on an ongoing basis throughout the grant year.				
	Identifying and rectifying service delivery deficiencies and non-compliance issues in its network.				
iii.	Process sub-grantees and funded branches disbursements under the grant including:				
	Requiring and reviewing supporting documentation, including personnel activity reports.				
	Conducting quality control of disbursement process.				
	Recording how disbursement decisions are made.				
iv.	Other (Applicant must list other activities to receive credit)				

**CHART G -- OVERSIGHT ACTIVITIES
RATING FACTOR 3 SUB-FACTORS 1 (c) and 2 (b)**

Applicant Name:

CHART G.2: LHCA's ONLY

For **Rating Factor 3, Sub-factor 1(c)**, in addition to providing a narrative describing the process through which the applicant requested and justified disbursements under the grant, LHCA's must complete Chart G.2, by placing an **X** in **Column B** for the actual oversight activities conducted during FY ~~2013~~ **2014**.

For **Rating Factor 3, Sub-factor 2(b)**, in addition to providing a narrative describing the process through which the applicant will request and justify disbursements under the grant, 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 ~~2014~~ **2015**.

A		Rating Factor 3, Sub-factor 1 (c)	Rating Factor 3, Sub-factor 2 (b)
		B	C
Type of Oversight		Actual FY 2013 2014 Work Plan Conducted Oversight Activities	FY 2014 2015 Proposed Oversight Activities
i.	Maintaining disbursement supporting documentation, including personnel activity reports.		
ii.	Recording how disbursement decisions are made.		
iii.	Conducting Quality Control of disbursement process.		
iv.	Identifying and rectifying service delinquencies and noncompliance issues.		
v.	Other (Applicant must list other activities to receive credit)		

THRESHOLD AND APPLICATION CHECKLIST

SECTION III. ELIGIBILITY INFORMATION. C.2.THRESHOLDS REQUIREMENTS	YES	NO
a. FY 2014 General Section Thresholds. Applicants and/or sub-grantees meet(s) the Threshold Requirements in Section III.C.2 of the FY2014 <i>General Section</i> .		
b. Applicant Eligibility. Applicant meets the eligibility requirements in Section III.A.		
c. Housing Counseling. Applicant proposes a work plan that includes the provision of housing counseling.		

SECTION IV. B.2. APPLICATION CHECKLIST	YES	NO
a. SF424, Application for Federal Assistance. 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. SFLLL, Disclosure of Lobbying Activities (if applicable)		
c. 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		
d. HUD9902, Housing Counseling Agency Fiscal Year Activity Report, for the Period October 1, 2012 2013 through September 30, 2013 2014 (if not electronically submitted to HUD -- for example, applicants that received approval after September 30, 2013 2014)		
e. SHFA Statutory Authority (if applying as a SHFA)		
f. Organization Description		
g. External Audits and Investigations		
h. Narrative Statements as required in this NOFA		
i. HUD 9906 Housing Counseling Charts as required in this NOFA		