CHART A2 -- 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.**

Tracy Badua: Boxes in red have revised language

EXAMPLE

				Rating Factor 1																	Rating Factor 2			Rating Factor 3		Rating Factor 5									
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	
	Name of Applicant, Branches and Sub-grantees Applicant proposes to Fund With this NOFA	Location City/State	Agency's HUD Housing Counseling System (HCS) Number	Promise Zones / Housing Counselors Received Emergency Preparedness or Disaster Recovery Training	Branch of an Intermediary, MSO or SHFA	Sub-grantee that is NOT HUD-Approved LHCA	Sub-grantee that is HUD-approved LHCA	Number of Sub-grantee's Branches.	Number of Housing Counselor Full-Time Equivalents	Number of HUD HECM Roster Reverse Mortgage Counselors (if applicable)	Average Counseling Hours per FY 2016 HECM Client (if applicable)	Formal Housing Counseling Training	HUD-certified Housing Counselors On Staff	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	Sole Agency Providing Housing Counseling Services in Target Area	% of Award Applicant Intends to Allocate to Itself or Each Branch or Subgrantee	Name(s) of Housing Counseling Related Partnerships/Collaboratives, if Applicable	Uses Reviews by Senior Management Staff with Results Reported to Organization's Board	Publishes Performance Data	Link to Published Performance Data, if Available Online	Name of CMS	Uses CMS to Generate Reports	Use CMS to Record Notes, Action Plan, Financial Analysis and Follow-up	Uses CMS to Track Grants	Performs Quality Control Review of CMS Data Pulled Credit Reports 6 or More Months after Counseling was Completed	Uses Other Methods of Evaluating Program Services	If A1 marked, describe methods:
Applicant	**ABC Intermediary** *NOTE: If Applicant is providing counseling directly, enter information below with the appropriate boxes marked.*	**Alexandria, VA**	**12345**	**x**																			**10**			**x**	www	**HCO**	**x**						
Branches and/or Sub-grantees	ABC Intermediary	Alexandria, VA	12346	x	x				2			x		x	x	x	x	x					30		x			HCO	x		x		x		
	Housing Resources	Alamosa, CO	56789				x		3	1	1.5	x	x			x	x	x	x	x	x		30			x	www	CMAX	x	x	x	x		x	crib e
	Housing Affiliate	Erie, PA	98765	x		x		2	8			x		x	x	x	x	x					30	Erie Hou	x			HCO	x		x		x		
	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	

CHART A2 -- 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.**

Tracy Badua:
Boxes in red have revised language

				Rating Factor 1																Rating Factor 2			Rating Factor 3		Rating Factor 5									
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI
	Name of Applicant, Branches and Sub-grantees Applicant proposes to Fund With this NOFA	Location City/State	Agency's HUD Housing Counseling System (HCS) Number	Promise Zones / Housing Counselors Received Emergency Preparedness or Disaster Recovery Training	Branch of an Intermediary, MSO or SHFA	Sub-grantee that is NOT HUD-Appro	Sub-grantee that is HUD-approved L	Number of Sub-grantee's Branches.	Number of Housing Counselor Full-T (FTE)	Number of HUD HECM Roster Revers Counselors (if applicable)	Average Counseling Hours per FY 2016 HECM Client (if applicable)	Formal Housing Counseling Training	HUD-certified Housing Counselors On Staff	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	Sole Agency Providing Housing Counseling Services in Target Area	% of Award Applicant Intends to Allocate to Itself or Each Branch or Subgrantee	Name(s) of Housing Counseling Related Partnerships/Collaboratives, if Applicable	Uses Reviews by Senior Management Staff with Results Reported to Organization's Board	Publishes Performance Data	Link to Published Performance Data, if Available Online	Name of CMS	Uses CMS to Generate Reports	Use CMS to Record Notes, Action Plan, Financial Analysis and Follow-up	Uses CMS to Track Grants	Performs Quality Control Review of CMS Data Pulled Credit Reports 6 or More Months after Counseling was Completed	Uses Other Methods ofEvaluating Program Services	If A1 marked, describe methods:
Applicant																																		
	NOTE: If Applicant is providing counseling directly, enter information below with the approxpriate boxes marked.																																	
Branches and/or Sub-grantees																																		

CHART A2 -- INTERMEDIARY, SHFA, OR MSO CHARACTERISTICS
RATING FACTORS 1, 2, 3 AND 5

			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	
Branches and/or Sub-grantees																																			
			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	
Branches and/or Sub-grantees																																			
			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	
Branches and/or Sub-grantees																																			

CHART A2 -- INTERMEDIARY, SHFA, OR MSO CHARACTERISTICS
RATING FACTORS 1, 2, 3 AND 5

Branc Sub																																		
			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	
Branches and/or Sub-grantees																																		
			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	
Branches and/or Sub-grantees																																		
			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	

CHART A2 -- INTERMEDIARY, SHFA, OR MSO CHARACTERISTICS
RATING FACTORS 1, 2, 3 AND 5

Branches and/or Sub-grantees																																			
			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	
Branches and/or Sub-grantees																																			
			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	
Branches and/or Sub-grantees																																			

CHART A2 -- INTERMEDIARY, SHFA, OR MSO CHARACTERISTICS
RATING FACTORS 1, 2, 3 AND 5

			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	
Branches and/or Sub-grantees																																		
			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	
Branches and/or Sub-grantees																																		
			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	
d/or ees																																		

CHART A2 -- INTERMEDIARY, SHFA, OR MSO CHARACTERISTICS
RATING FACTORS 1, 2, 3 AND 5

Branches an Sub-grant																																	
			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
Branches and/or Sub-grantees																																	
			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
Branches and/or Sub-grantees																																	
			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

CHART A2 -- INTERMEDIARY, SHFA, OR MSO CHARACTERISTICS
RATING FACTORS 1, 2, 3 AND 5

Branches and/or Sub-grantees																																			
			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	
Branches and/or Sub-grantees																																			
			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	
ranches and/or Sub-grantees																																			

CHART A2 -- INTERMEDIARY, SHFA, OR MSO CHARACTERISTICS
RATING FACTORS 1, 2, 3 AND 5

Br																																		
			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	
Branches and/or Sub-grantees																																		
			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	
Branches and/or Sub-grantees																																		
			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	

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Branches and/or Sub-grantees																																		
			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	
Branches and/or Sub-grantees																																		
			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	
Branches and/or Sub-grantees																																		

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			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	
Branches and/or Sub-grantees																																		
			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	

OMB Approval #2502-0261
Exp Date 07/31/2019

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.