

FY2019 PROPOSED REVISIONS 3-12-2019
Intermediary, State Housing Finance Agency,
and Multi-State Organization
Application

Burden Statement:

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 A2 -- INTERMEDIARY, SHFA, OR MSO CHARACTERISTICS

A) Name of Applicant

B) Location City State

C) Agency's HUD Housing Counseling (HCS) Number

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. All Intermediary, SHFA, and MSO applicants must fill out and submit the Chart A2 attachment with the branch and/or subgrantee information. **Enter the totals from that chart here.**

*** Chart A2 Attachment**

D	Sub-grantee/Branch of an Intermediary, MSO, or SHFA	
E	Number of Sub-grantee's Branches	
F	Number of Housing Counselor Full-Time Equivalents (FTE)	
G	Number of HUD HECM Roster Reverse Mortgage Counselors (if applicable)	
H	Number of Default Counselors to Provide Reverse Mortgage/HECM Default Counseling During Grant Period	
I	Formal Housing Counseling Training	
J	HUD-certified Housing Counselors On Staff	
K	Adopted National Industry Standards	
L	Issued Client Exit Surveys	
M	Follow-up Client Surveys	
N	Pulled Credit Reports 6 or More Months after Counseling was Completed	
O	Opportunity Zones	
P1	% of Award Applicant Intends to Allocate to Itself	
P2	% of Award Applicant intends to Allocate to Each Branch or Sub-Grantee	

Q) Maximum Grant Request

R) Total FY 2018 Salaries and Fringe for Staff Providing Housing Counseling/ Group Education ..

S) Total FY 2018 Housing Counseling Expenses (including direct and indirect costs)

Instructions: Enter the total number of sub-grantees and/or branches that will provide housing counseling services in the modes below during the grant period.

T) Counseling/Group Education to be Provided In Person.

U) Counseling/Group Education to be Provided Via Telephone or Video (interactive).

V) Counseling/Group Education to be Provided Over the Internet (asynchronous, self-guided courses)

W) Counseling/Group Education to be Available in Multiple Languages.

CHART B2 -- LEVERAGING

All applicants must fill out and submit the Chart B2 attachment. Enter the total amount of leveraged funds available during the grant period here.

The total must match the total in the Chart B2 attachment. Variance in the total amounts may affect the applicant's score.

Chart B2 attachment:

manifest.txt

Add Attachment

Delete Attachment

View Attachment

Total of Leveraged Funds Available During the Grant Period

\$

CHART C1 – VULNERABLE POPULATIONS

Applicant Name

Instructions: All Applicants must complete Fields A through G of the chart below to demonstrate how the Applicant will fulfill its obligation to affirmatively further fair housing, **provide access to clients with disabilities and/or limited English proficiency, and inform clients of lead-based paint hazards in the use of Housing Counseling grant funds.**

If Applicant is a national intermediary, choose three jurisdictions/service areas and respond to questions A – D based on chosen jurisdictions/service areas.

(A) Jurisdiction/Service Area and latest state or local consolidated plan, analysis of impediments, or assessment of fair housing.

(B) Indicate any fair housing issues and contributing factors from the jurisdiction/service area identified in Field A with the options below.

1) Discrimination against families with children

2) Discrimination against persons with disabilities

3) Insufficient multilingual marketing efforts to those with limited English proficiency.

4) Geographic concentration of racial and ethnic areas of poverty

6) Zoning/land use policies that permit only middle income to high income housing development

7) Other.

(C) Provide a brief description of an activity that addresses one of the proposed goals in the reviewed state or local analysis of impediments or assessment of fair housing identified in field A, and how applicant will measure outcomes related to the activity (limit 2,000 characters).

(D) Provide a brief description of staff training that addresses a fair housing issue or contributing factor identified in Field B (limit 2,000 characters).

(E) Describe how access to programs and activities will be readily accessible and useable to persons with disabilities. Please also describe what appropriate steps will be taken to ensure effective communication with persons with disabilities (limit 2,000 characters).

(F) Describe what reasonable steps will be taken to ensure persons with limited English proficiency (LEP) will have meaningful access to the program and activities. (limit 2,000 characters).

(G) Describe how counselors will inform clients of hazards of lead-based paint (limit 1,000 characters).

Instructions: Fields H and I are preference points; Applicants are not required to complete this section.

(H) PREFERENCE POINT- Indicate any emergency preparedness and/or disaster recovery activities in which your agency participates with the options below.

1) Agency provides emergency preparedness workshops

2) Agency provides disaster recovery workshops.

- 3) Counselor discusses emergency recovery topics and resources during one-on-one counseling.
- 4) Counselor discusses disaster recovery topics and resources during one-on-one counseling.
- 6) Counselors participate in emergency preparedness and/or disaster recovery trainings.
- 7) Agency entered into an agreement outlining mutual emergency and services with community partner. .
- 8) Other.

(I) PREFERENCE POINT- Briefly describe how your agency implements the emergency preparedness and/or disaster recovery activities as indicated in Field H (limit 1,000 characters).

CHART D2 -- OVERSIGHT ACTIVITIES

Applicant Name:		
Intermediaries, MSOs and SHFAs must completed this chart by entering the number of affiliates/sub-grantees/ branches for which oversight and quality control activities will be performed as part of proposed FY 2019 work plan in Column B .		
1. Enter total number of affiliates/sub-grantees/branches in the Applicant's FY 2018 network as of 10/1/2017.		<input style="width: 80px; height: 20px;" type="text"/>
2. Enter the number of performance reviews conducted in FY 2018.		<input style="width: 80px; height: 20px;" type="text"/>
3. Enter the number of affiliates/sub-grantees/branches (from 0 to a maximum of 5) for which the Applicant will conduct a performance review in FY 2019 using the HUD-9910 form. Applicants must share the results of these reviews with HUD.		<input style="width: 80px; height: 20px;" type="text"/>
A		B
Oversight Activity		Proposed # of Affiliates/Sub-grantees/Branches for which Activity will be Performed in FY 2019
i.	Train and provide technical assistance to affiliates/sub-grantees/branches	<input style="width: 80px; height: 20px;" type="text"/>
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.	<input style="width: 80px; height: 20px;" type="text"/>
	Verify affiliates/sub-grantees that are not directly approved by HUD meet HUD's approval standards.	<input style="width: 80px; height: 20px;" type="text"/>
	Monitor the grant funded work of sub-grantees/ branches to verify compliance with HUD grant agreement requirements and progress in meeting projections.	<input style="width: 80px; height: 20px;" type="text"/>
	Identify and rectify service delivery deficiencies and non-compliance issues.	<input style="width: 80px; height: 20px;" type="text"/>
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.	<input style="width: 80px; height: 20px;" type="text"/>
	Conduct and document quality control of disbursement process consistent with OMB and HUD grant requirements.	<input style="width: 80px; height: 20px;" type="text"/>

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, or submitting a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I agree.