

OMB Approval #: 2502-0567

Exp Date: 05/31/2020

I certify that the information provided on this form and in any accompanying documents or fraudulent statement, representation, or certification may result in criminal, civil

“The Public Reporting Burden for this collection of information is estimated to average 15 minutes per response, including gathering and maintaining the data needed, and completing and reviewing this collection of information, including suggestions for reducing this burden, to the Department of Housing and Urban Development, Washington, DC 20410-3600 and to the Office of Management and Enterprise Services. Send all comments regarding this collection of information that you complete form to either of the above addresses.

“HUD’s Office of Housing Counseling will use the information collected to evaluate housing counselors on a nation-wide basis. This information is required to be eligible for the U.S.C. 1701x) and Section 4 of the Department of Housing and Urban Development Street Reform and Consumer Protection Act. There are no assurances of confidentiality of information unless it displays a currently valid OMB control number.”

mentation is true and accurate. I acknowledge that making, presenting, or submitting, and/or administrative sanctions, including fines, penalties, and imprisonment.

page 102 hours per response, including the time for reviewing instructions, searching the collection of information. Send comments regarding this burden estimate or a Reports Management Officer, Office of Information Policies and Systems, U.S. Department and Budget, Paperwork Reduction Project (2502-0567), Washington, DC 2050

and rank applications. The housing counseling training grant program provides training grant award as authorized by Section 106 of the Housing and Urban Development Act (42 U.S.C. 3533) as amended by Subtitle D - Office of Housing Counseling of Dc ality. HUD may not conduct or sponsor, and a person is not required to respond to,

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General Instructions for HUD-92910

Applicants must provide completed Housing Counseling Training Charts as a required part of their application submission. There are six charts in this spreadsheet that must be completed in their entirety by all applicants to receive full points. The completed charts and exhibits along with the narrative are the basis for evaluating the application.

Chart A - Past Performance

Applicant Name:

Instructions:

List the **number** of training courses by delivery method that you and your applicant partners intend to provide during the period of performance stated in this Training NOFA. Use the following definitions for the three delivery methods:

1. In-Person: The course is provided to counselors in a face-to-face classroom setting. This includes place based training and national institute training.
2. Web-based: Online Non-Interactive: The course is provided to counselors electronically and does NOT allow for realtime instructor-counselor interaction.
3. Web-based: Online / Interactive: The course is provided to counselors electronically and allows for realtime instructor-counselor interaction.

Column G - Performance Learning Checks

Including an Examination: Indicate the **number of courses** with learning checks and examinations that will be required to pass the course

NOTE: ALL DATA ENTERED BELOW IS NUMERIC. DO NOT ENTER X FOR ANY RESPONSE. Refer to NOFA for definition of Scholarships

Delivery Method: In-Person Web-Based - Online Non-Interactive Web-Based - Online / Interactive	Number of courses provided during the period of performance described in the TNOFA	Number of counselors trained during the period of performance described in the TNOFA	Number of courses that addressed Departmental Priorities (able: Disaster, HECM Default)	Number of courses in which student satisfaction was measured	Number of courses in which learning checks were included (examination)	Number of counselors by Delivery Method that include lower income, persons of disabilities and other underserved and underrepresented	Number of courses provided in multiple languages	Number of hours per Delivery Method	Number of scholarships provided to individuals with English proficiency, rural, lower income, persons with disabilities and other under-served and underrepresented	Number of scholarships (all types with all funding)	Estimated cost per student by Delivery Method
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Chart B - Proposed Performance

Applicant Name:

Instructions:

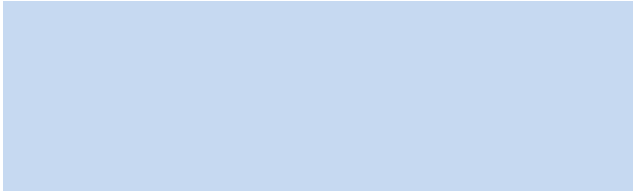
List the **number** of training courses by delivery method that you and your applicant partners intend to state in this Training NOFA. Use the following definitions for the three delivery methods:

1. In-Person: The course is provided to counselors in a face-to-face classroom setting. This includes training.
2. Web-based: Online Non-Interactive: The course is provided to counselors electronically and does not allow for interaction.
- Web-based: Online / Interactive: The course is provided to counselors electronically and allows for interaction.

Column G - Performance Learning Checks Including an Examination: In this column, list the learning checks and examinations that will be required to pass the course.

NOTE: ALL DATA ENTERED BELOW IS NUMERIC. DO NOT ENTER X FOR ANY RESPONSE. Refer to the NOFA for more information.

Delivery Method: In-Person Web-Based - ● Online Non-Interactive ● Online / Interactive	Number of courses proposed as described in the TNOFA	Number of counselors to be trained as described in the TNOFA	Number of courses that address Departmental Priorities (Example: Disaster, HECM Default)	Number of courses in which student satisfaction will be measured	Number of courses in which learning checks are included in examination	Number of counselors projected by Delivery Method that include rural, lower income, persons of disabilities and other under served and underrepresented
In-Person	5	125	15	5	4	25
Online / Interactive	3	60	5	3	3	15
Online Non-Interactive	7	240	4	7	7	10



to provide during the period of performance
 place based training and national institute
 s NOT allow for realtime instructor-counselor
 3.
 realtime instructor-counselor interaction.

indicate the **number of courses** with learning

to NOFA for definition of Scholarships

Number of courses provided in multiple languages	Average number of hours per Delivery Method	Number of scholarships provided to individuals with limited English proficiency, rural, lower income, persons with disabilities and other under served and underrepresented	Total # of scholarships (all types with all funding)	Average cost per student by Delivery Method
5	8	15	75	\$750
3	6	5	20	\$150
7	3	30	40	\$75

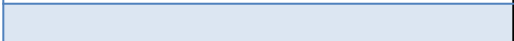
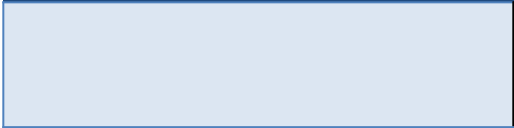
Chart C - Budget

Applicant Name:

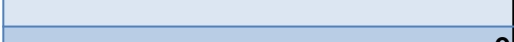
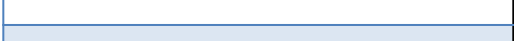
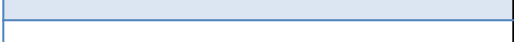
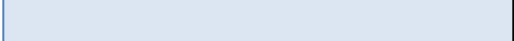
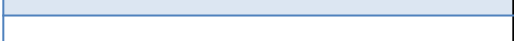
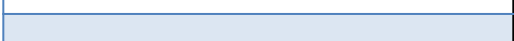
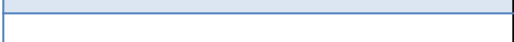
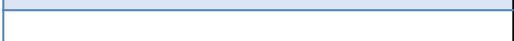
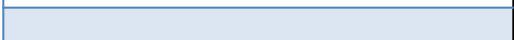
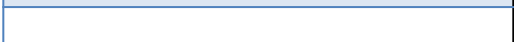
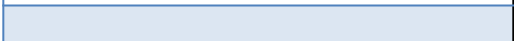
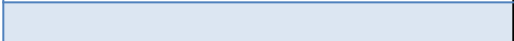
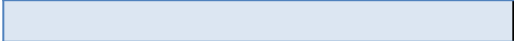
Instructions: Complete all applicable sections below with your actual expenditures

Actual Expenditures for the period of performance stated in this Training NOFA *	
Expense Items	Actual Expenditures - grant funds
Staff Salaries	
Staff Fringe Benefits	
Consultant/Trainer Fees	
Rent/Office	
Rent/Training Venues	
Travel/Consultant/Trainer	
Travel/Staff	
Total Amount of Scholarships	
Equipment	
Telephone/internet/Website	
Delivery Services	
Printing / Production of Class Materials	
Other Expenses (describe)** or add lines if needed	
Training Partners	
Sub-grantee disbursements	
Indirect Costs (indirect cost rate:)	
TOTAL EXPENDITURES	0
Percent of HUD Grant Spent on Scholarships:	#DIV/0!
Notes:	
* Applicants who did not receive a training grant should provide expenditures from all other sources.	

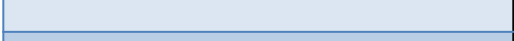
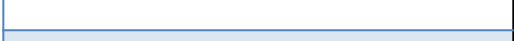
	** Add budget items not listed in the "Other Expenses" line and describe in detail in the comments box.	

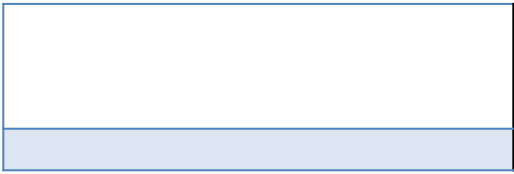


Actual Expenditures - all sources



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Chart D - Leveraging

Applicant Name:

Instructions: Identify all non-federal leveraged resources available during the period of proposed work plan including subgrantee resources, if applicable.

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)
EXAMPLES			
ABC Intermediary	Fees	10/1/XX - 9/30/XX	
Jane Dough Foundation/ John Dough (123) 456-7891	Cash	1/1/XX - 1/1/XX	
Chase Bank Foundation/ Penny Money (456) 789-1011	Cash	10/1/XX - 9/30/XX	x
City of Love/ Happy Giver (345) 678-9123	In-Kind	1/1/XX - 8/31/XX	x



Performance stated in the Training NOFA for the

Use of Funds	Amount of Funds
Pre-purchase education/certification class	\$ 50,000
on-line testing development	\$ 10,000
Hsg Counselor Education Program	\$ 7,500
Space for in-person classes	\$ 12,000

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obsolete



In this
the past period of performance and will work with
her contribution should be added to your agency

Number of Events	Proposed amount of Training Partner contribution for upcoming period of performance	Past amount of Training Partner contribution for past performance period
1	\$5,000.00	\$2,000.00
2	\$10,000.00	\$0.00

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