

HUD Form #9906-L, Local Housing Counseling Agency (LHCA) Application

| LOCATION | CURRENT TEXT | REVISED TEXT |
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| Footer on each page | (05/2020) | (08/2021) |
| p.1, Header | Expiration Date: 07/31/2020 | Expiration Date: 02/28/2022 |
| p.1, Form Version Date | (05/2020) | (08/2021) |
| p.1, Certification Check Box | N/A | I certify that the information provided on all charts of Form HUD-9906-L 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 to the above certification statement. |
| p.2, Instruction | Note: Entering an “x” indicates a “Yes” response | Enter an “x” to indicate a “Yes” response |
| p.2, Field M | Follow-Up Client Surveys | Issued Follow-Up Client Surveys |
| p.2, Field N | Pulled Credit Reports 6 or More Months after Counseling was Completed | Pulled Credit Reports as Part of Housing Counseling Follow-Up Prior to the Termination of Counseling |
| p.2, Field O1 | Opportunity Zones – 11-Digit Census Tract Number | Opportunity Zone 11-Digit Census Tract Number (Preference Points) |
| p.2, Field O2 | Promise Zone | Promise Zone (Preference Points) |
| p.2, Field O3 | N/A | Historically Black Colleges and Universities (Preference Points) |
| p.2, Field R | Total FY 2019 Housing Counseling Program Expenses (including salaries, fringe, other direct costs, and indirect costs) | Seeking Reimbursement for Program Costs Incurred Prior to the Period of Performance |
| p.2, Field S | Total FY 2019 Salaries and Fringe for Staff Providing Housing Counseling /Group Education (Field S will be a subset of Field R) | Counseling/Group Education to be Provided in Person |
| p.2, Field T | Counseling/Group Education to be Provided in Person | Counseling/Group Education to be Provided via Telephone or Video (Interactive) |
| p.2, Field U | Counseling/Group Education to be Provided via Telephone or Video (Interactive) | Counseling/Group Education to be Provided over the Internet (asynchronous, self-guided courses) |
| p.2, Field V | Counseling/Group Education to be Provided over the Internet (asynchronous, self-guided courses) | Counseling/Group Education to be Available in Multiple Languages |
| p.2, Field W | Counseling/Group Education to be Available in Multiple Languages | N/A due to re-ordered Fields |

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| p.2, Instructions for four modes of counseling | Enter an “x” in the boxes below for modes of housing counseling to be provided during the grant period. An “x” indicates a “Yes” response | Enter an “x” in the boxes below for modes of housing counseling you will provide during the grant period. |
| p.3, Instructions | Applicants with leveraged funds must fill out and submit the Chart B Supplement (Excel). Enter the total amount of leveraged funds available during the grant period below. The total must match the total in the Chart B Supplement (Excel). | Applicants with leveraged funds must fill out and attach their Chart B (Excel) to their grants.gov application. Failure to complete and submit this form may result in loss of points. |
| p.3, Total Funds Field | Total of Leveraged Funds Available During the Grant Period | Deleted |
| p.4, Instructions | The Applicant must complete Fields A through H of the chart below to demonstrate how the Applicant will affirmatively further fair housing, provide access to clients with disabilities, limited English proficiency, housing choice, and inform clients of lead-based paint hazards. Fields I and J are optional preference points. | The Applicant must complete Fields A through H below to demonstrate how the Applicant will further fair housing, provide access to clients with disabilities and limited English proficiency, promote housing choice, inform clients of lead-based paint hazards, and provide emergency preparedness and/or disaster recovery activities. |
| p.4, Field A | Jurisdiction/Service Area and latest state or local consolidated plan, analysis of impediments, or assessment of fair housing. | (A) Provide a brief description of any meaningful action the Applicant will take that is consistent with the obligation to Affirmatively Further Fair Housing (limit 1,000 characters). |
| p.4, Field B | Indicate any fair housing issues and contributing factors from the jurisdiction/service area identified in Field A with the options below. | (B) Provide a brief description of staff training related to the actions described in Field A (limit 1,000 characters). |
| p.4, Fields B(1)-(6) | 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 5) Zoning/land use policies that permit only middle income to high income housing development 6) Other – Provide a brief description below | Deleted |
| p.4, Field C | Provide a brief description of an activity that addresses one of the proposed goals in analysis of impediments or assessment of fair housing listed in Field A, and how the Applicant will measure outcomes related to the activity (limit 2,000 characters). | Describe how programs and activities will be accessible to persons with disabilities and identify policies and procedures for providing reasonable accommodations (limit 1,000 characters). |
| p.4, Field 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). | Describe what steps will be taken to ensure people with limited English proficiency (LEP) will have meaningful access to programs and activities (limit 1,000 characters). |

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| p.5, Field E | Describe how access to programs and activities will be readily accessible and usable to persons with disabilities. Also describe what appropriate steps will be taken to ensure effective communication with persons with disabilities (limit 2,000 characters). | Describe how counselors will provide clients with mobility counseling and what information they will provide to clients that will enhance their housing choice regardless of race, color, and national origin (limit 1,000 characters). |
| p.5, Field F | Describe what reasonable steps will be taken to ensure persons with limited English proficiency (LEP) will have meaningful access to programs and activities (limit 2,000 characters). | Describe how counselors will inform clients of hazards of lead-based paint in homes (limit 1,000 characters). |
| p.5, Field G | Describe how counselors will provide clients with mobility counseling and what information they will provide to clients that will enhance their housing choice outside of areas of minority and poverty concentration (limit 2,000 characters). | Indicate any emergency preparedness and/or disaster recovery activities in which the Applicant participates with the options below. 1) Applicant provides emergency preparedness workshops 2) Applicant 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. 5) Counselors participate in emergency preparedness and/or disaster recovery trainings 6) Applicant entered into an agreement outlining mutual emergency and services with community partner 7) Other – Provide a brief description below |
| p.5, Field H | Describe how counselors will inform clients of hazards of lead-based paint in homes (limit 1,000 characters). | Describe how the Applicant implements the emergency preparedness and/or disaster recovery activities as indicated in Field G (limit 1,000 characters). |
| p.6 on old form, deleted on new form, Preference Points | Fields I and J are Preference Points; the Applicant is not required to complete this section. (I) PREFERENCE POINTS - 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 5) Counselors participate in emergency preparedness and/or disaster recovery trainings 6) Agency entered into an agreement outlining mutual | Deleted. |

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| | <p>emergency and services with community partner. . 7) Other – Provide a brief description below.</p> <p>(J) PREFERENCE POINTS - Briefly describe how your agency implements the emergency preparedness and/or disaster recovery activities as indicated in Field I (limit 1,000 characters).</p> | |
| p.7 on old form and p.6 on new form, Instructions | The Applicant must complete this chart by checking a box in Column B for oversight and quality control activities that will be performed in the grant performance period as part of the work plan. | The Applicant must check the boxes in Column B for the oversight and quality control activities that will be performed during the grant period. |
| p.7 on old form and p.6 on new form, Field ii, Replaced brackets with parens | Maintain 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. | Maintain 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. |
| p.7 on old form and p.6 on new form, Certification Check Box. Old form ends on p.7. | I certify that the information provided on all charts of Form HUD-9906-L 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 to the above certification statement. | Deleted from this page and relocated to p.1. |
| p.7 (new form) | N/A | <p>CHART E1 – USE OF FUNDS The Applicant must fill out and attach Chart E (Excel) to their grants.gov application. Failure to complete and submit this form may result in loss of points.</p> |
| p.8 (new form) | N/A | <p>CHART F1 – HISTORICALLY BLACK COLLEGES AND UNIVERSITIES, TRIBAL COLLEGES AND UNIVERSITIES, AND OTHER MINORITY SERVING INSTITUTIONS (MSI)</p> <p>Applicants applying for this funding initiative must complete the following questions. Applicants must also submit proof of status as an HBCU or other MSI, and/or if applicable, a letter certifying partnership between the housing counseling agency and the HBCU or other MSI (see NOFO Section V(B)(4) for more details).</p> <p>A1) Applicant is an HBCU or</p> |

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| | | <p>other MSI</p> <p>A2) Applicant is partnering with an HBCU or other MSI.</p> <p>B) How many housing counseling clients does the Applicant and/or its partner plan to serve with this funding during the period of performance?</p> <p>C1) Indicate the total award amount requested to provide services for this purpose.</p> <p>C2) Complete the table below as appropriate for the Applicant and/or the Applicant's partnering HBCUs or other MSIs. The Applicant may provide a separate attachment if more space is needed.</p> <p>Column 1: Name of the Housing Counseling Agency and HCS ID</p> <p>Column 2: Name of Partner HBCU or other MSI; City, State; Contact Name, Email Address</p> <p>Column 3: Allocation Amount (\$)</p> |
| p.9 (new form) | N/A | <p>D) To support the grant amount being requested, describe the following in Fields 1 through 7. If Applicant is partnering with multiple HBCUs or other MSIs, the Applicant should provide information for no more than three partnerships (limit 1,000 characters for each question).</p> <p>1. A description of the proposed eligible activities and major tasks required to successfully implement the proposed initiative.</p> <p>2. Describe the extent to which there is a need to fund the proposed initiative and the importance of meeting the need(s).</p> <p>3. Relevant experience and capacity of the Applicant, its staff, and HBCU or other MSI partners.</p> |
| p.10 (new form) | N/A | <p>4. How the Applicant will measure outcomes on its target population.</p> <p>5. How the Applicant proposes to integrate the institution's students and faculty into proposed activities.</p> <p>6. How the applicant will involve the community in the</p> |

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| | | implementation of the program and how the institution will expand its role in target community. |
| p.11 (new form) | N/A | 7. The other resources that support or fund Applicant's existing housing counseling related partnerships with HBCUs or other MSIs. Include the dollar amounts of support provided in the description of the resources, if applicable. |