**HUD Form # 9906-P, Intermediary, State Housing Finance Agency and Multi-State Organization Application**

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| **LOCATION** | **CURRENT TEXT** | **REVISED****TEXT** |
| Footer on each page, Form Version Date | (05/2020) | (08/2021) |
| p.1, Header | Expiration Date: 07/31/2020 | Expiration Date: 02/28/2022 |
| p.1, Title Section, 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-P 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, Field D | Branch of an Intermediary, MSO or SHFA | # of Branches of an Intermediary, MSO, or SHFA |
| p.2, Field E | Subgrantee of an Intermediary, MSO, or SHFA | # of Subgrantees of an Intermediary, MSO, or SHFA |
| 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 Terminationof Counseling |
| p.2, Field O1 | Opportunity Zones | Opportunity Zones (preference points) |
| p.2, Field O2  | Promise Zones | Promise Zones (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 directcosts, 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-guidedcourses) |
| p.2, Field V | Counseling/Group Education to be Provided over the Internet (asynchronous, self-guidedcourses) | 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 reordered Fields.  |
| p.3, Instructions Chart B2 | Applicants with leveraged funds must fill out and submit the Chart B Supplement (Excel). Enter the total amount ofleveraged 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 Supplement (Excel) to their grants.gov application.Failure to complete and submit this form may result in loss of points. |
| p.3, Total Funds Available Field | Total of Leveraged Funds Available During the Grant Period | Deleted |
| p.4, Instruction Chart C2 | 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 of the chart 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. The Applicant should cite no more than three jurisdictions served by their network. | Provide a brief description of any meaningful action the Applicant will take that is consistent with the obligation to AffirmativelyFurther Fair Housing (limit 1,000 characters). |
| p.4, Field B | (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 disabilities3) Insufficient multilingual marketing efforts to those with limited English proficiency.4) Geographic concentration of racial and ethnic areas of poverty5) Zoning/land use policies that permit only middle income to high income housing development 6) Other – Provide a brief description below | Provide a brief description of staff training related to the fair housing actions described in Field A (limit 1,000 characters). |
| p.4, Field C | Provide a brief description of an activity that addresses one of the proposed goals in the 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 (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). |
| 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). | (G) Indicate any emergency preparedness and/or disaster recovery activities in which the Applicant participates with the options below.1) Applicant provides emergency preparedness workshops2) Applicant provides disaster recovery workshops3) Counselor discusses emergency recovery topics and resources during one-on-one counseling4) Counselor discusses disaster recovery topics and resources during one-on-one counseling5) Counselors participate in emergency preparedness and/or disaster recovery trainings6) Applicant entered into an agreement outlining mutual emergency and services with community partner7) 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 workshops2) Agency provides disaster recovery workshops3) Counselor discusses emergency recovery topics and resources during one-on-one counseling4) Counselor discusses disaster recovery topics and resources during one-on-one counseling5) Counselors participate in emergency preparedness and/or disaster recovery trainings6) Agency entered into an agreement outlining mutual emergency and services with community partner7) Other – Provide a brief description below(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). | Deleted. |
| p.7 (old form), p.6 (new form), Section 2 Instructions | Complete (a) – (c) by entering the number of subgrantees/branches for which oversight and quality control activities will beperformed during the grant performance period as part of the proposed work plan. The Applicant can enter a total up to thetotal subgrantees/branches included in the application. | Enter the number of subgrantees/branches for which oversight and quality control activities will be performed during thegrant performance period as part of the proposed work plan. |
| p.7 (old form), p.6 (new form), Section 2b | Monitor, evaluate, and verify quality of services provided by subgrantees/branches | Monitor, evaluate and verify quality of services provided by subgrantees/branches(Removed comma after “evaluate”) |
| p.7 (old form), p.6 (new form), Section 2c, replaced brackets with parens. | Process subgrantees’ 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. | Process subgrantees’ 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. |
| p.7 (old form), p.6 (new form). Old form ends on  | I certify that the information provided on all charts of Form HUD-9906-P and in any accompanying documentationis true and accurate. I acknowledge that making, presenting, or submitting a false, fictitious, or fraudulentstatement, representation, or certification may result in criminal, civil, and/or administrative sanctions, includingfines, penalties, and imprisonment.I agree to the above certification statement. | Deleted and relocated to p.1. |
| p.7 (new form) | N/A | CHART E2 – USE OF FUNDSThe Applicant must fill out and attach Chart E (Excel) to their grants.gov application. Failure to complete and submit thisform may result in loss of points. |
| p.8 (new form) | N/A | CHART F2 – HISTORICALLY BLACK COLLEGES AND UNIVERSITIES, TRIBAL COLLEGES AND UNIVERSITIES, AND OTHER MINORITY SERVING INSTITUTIONS (MSI)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 the partnership between the housing counseling agency and the HBCU or other MSI (see NOFO Section V(B)(4) for more details).A1) Applicant is an HBCU or other MSI A2) Applicant is partnering with an HBCU or other MSIB) How many housing counseling clients does the Applicant and/or its network plan to serve with this funding during the period of performance?C1) Indicate the total award amount requested to provide services for this purposeC2) Complete the table below as appropriate for the Applicant and/or the Applicant’s network. The Applicant may provide a separate attachment if more space is needed.Column 1: Name of the Housing Counseling Agency and HCS IDColumn 2: Name of Partner HBCU or other MSI; City, State; Contact Name, Email Address (state “N/A” if subgrantee or branch is an HBCU or other MSI)Column 3: Allocation Amount ($) |
| p.9 (new form) | N/A | D) To support the grant amount being requested, describe the following in Fields 1 through 7. If Applicant or its network is partnering with multiple HBCUs or other MSIs, the Applicant should provide information for no more than three partnerships (limit 2,000 characters for each question).1. A description of the proposed eligible activities and major tasks required to successfully implement the proposed initiative.2. Describe the extent to which there is a need to fund the proposed initiative and the importance of meeting the need(s). |
| p.10 (new form) | N/A | 3. Relevant experience and capacity of the Applicant, its staff, and HBCU or other MSI partners.4. How the Applicant will measure outcomes on its target population. |
| p.11 (new form) | N/A | 5. How the Applicant proposes to integrate the institution’s students and faculty into proposed activities.6. How the applicant will involve the community in the implementation of the program and how the institution will expand its role in target community. |
| p.12 (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. |