**HUD Form # 9906-P (Supplement to Chart B - Leveraging)**

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| **LOCATION** | **CURRENT TEXT** | **REVISED**  **TEXT** |
| Leveraging Tab | N/A | Chart B: Leveraged Resources |
| Leveraging Tab, Column A | Names of Applicant, Sub-grantees/Branch Offices Proposed to be Funded | New Names of Applicant, Sub-Grantees/Branch Offices Proposed to be Funded question wording. |
| Leveraging Tab, Column B | Organization Providing Leveraged Funds/In-kind Contributions and Point of Contact (with phone number and/or email) | Organization Providing Leveraged Funds/In-Kind Contributions and Point of Contact (with phone number and/or email) |
| Leveraging Tab, Column D | Use of Funds – Describe In-kind Contributions | Use of Funds – Describe In-Kind Contributions |
| Public Reporting Burden Tab | OMB Number: 2502-0261 | OMB Approval #2502-0621 |
| Public Reporting Burden Tab | Expiration Date: -7/31/2020 | Exp Date 02/28/2022 |
| Public Reporting Burden Tab, first line of Text | Burden Statement | Deleted |
| Public Reporting Burden Tab, paragraph text, beginning with text: | “program and is required to obtain or retain benefits. No confidentiality is assured.” | “program.” |