

OMB Approval #: 2502-0567

Exp Date: 11/30/2023

I certify under penalty of perjury that the information provided is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

The Public Reporting Burden for this collection of information is estimated to average 102 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2502-0306. Do not send this completed form to either of the above addresses.

HUD's Office of Housing Counseling will use the information collected to evaluate and rank applications. The housing counseling training grant program provides training for housing counselors on a nation-wide basis. This information is required to be eligible for the grant award as authorized by Section 106 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701x) and Section 4 of the Department of Housing and Urban Development Act (42 U.S.C. 3533) as amended by Subtitle D - Office of Housing Counseling of Dodd-Frank Wall Street Reform and Consumer Protection Act. There are no assurances of confidentiality. HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Responses to the collection of information are voluntary, required to obtain or retain a benefit as required under 5 CFR 1320.8(b)(3).

HUD-92910 All prior versions of this form are obsolete

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 (Example: 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 | Estimated 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 |
|--|--|--|--|--|--|---|--|---|---|---|---|
|--|--|--|--|--|--|---|--|---|---|---|---|

Chart B - Proposed Performance

Applicant Name:

Instructions:

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

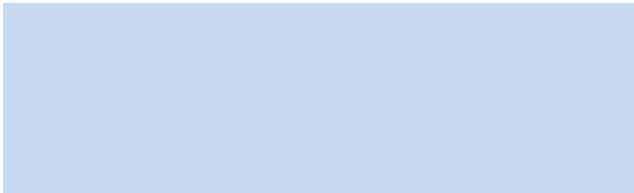
1. In-Person: The course is provided to counselors in a face-to-face classroom setting. This includes training.
2. Web-based: Online Non-Interactive: The course is provided to counselors electronically and does not allow for interaction.
3. Web-based: Online / Interactive: The course is provided to counselors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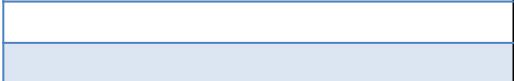
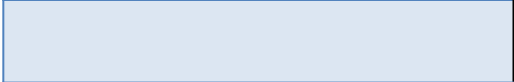
Chart C - Budget

Applicant Name:

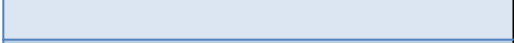
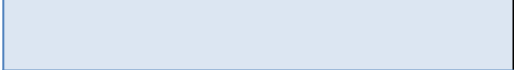
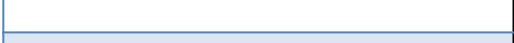
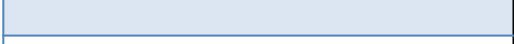
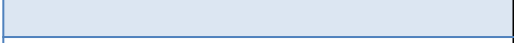
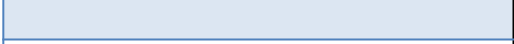
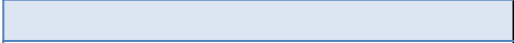
Instructions: Complete all applicable sections below with your actual expenditures

| 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. | |

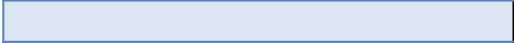
**** Add budget items not listed in the "Other Expenses" line and describe in detail in the comments box.**

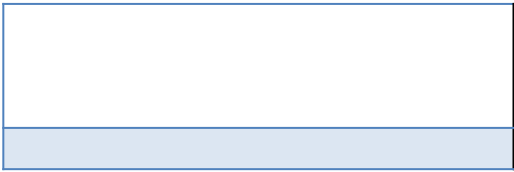


Actual Expenditures - all sources



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obsolete

Chart D - Leveraging

Applicant Name:

Instructions: Identify all non-federal leveraged resources available during the period of performance 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 |
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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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All prior versions of
this form are
obsolete



In this
 e past period of performance and will work with
 er 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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