

**National Foreclosure Mitigation Counseling
for Intermediaries and State Housing Finance Agencies
FULL APPLICATION FOR NFMC Round 4**

Applicant Certifications

Each applicant must certify for itself, and for its sub-grantees, affiliates, or branches, that each of the following certifications is true. By checking off each required certification below applicant certifies that it and its sub-grantees, affiliates or branches:

- 1. Is in good standing under the laws of the state in which it operates. *
- 2. Is authorized to do business in the states where it proposes to provide counseling services. *
- 3. Meets or exceeds HUD's minimal standards for approval as a HUD housing counseling agency (<http://www.hud.gov/offices/hsg/sfh/hcc/hccprof13.cfm>). *
- 4. Has counseling offices and services that are accessible to people with disabilities. *
- 5. Has counselors fluent in the languages that customers speak or will use interpreter services to ensure non-English speaking customers can obtain foreclosure intervention counseling. *
- 6. Will not permit discrimination against customers on the basis of their gender, race, religion, color, familial status, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability. *
- 7. Will adhere to the National Industry Standards Code of Ethics and Conduct and offer (as appropriate) the Minimum Standard Activities for Foreclosure Intervention and Default Counseling.*
(<http://www.nw.org/network/nfmcp/documents/NationalIndustryForeclosureCounselingStandards-FINAL.pdf>).
- 8. Currently uses CounselorMax, Nstep, or Home Counselor Online *or* applicant uses alternative client management system that will supply, electronically, the necessary client-level and aggregate reporting. NeighborWorks will make available a template for data modification and submission. *
- 9. Certifies that all sub-grantees or branches have the capacity to track and report both client level and aggregate data. Reporting must be done via electronic data files. *
- 10. Has the capacity to furnish client level data and aggregate reports on NFMC program activity in electronic file format. *
- 11. Agrees to comply with quality control, compliance, and evaluation of the NFMC program through December 31, 2012. *
- 12. Certifies that the staff and volunteers who will provide foreclosure intervention counseling under NFMC have no conflict(s) of interest due to other relationships with servicers, real estate agencies, mortgage lenders and/or other entities that may stand to benefit from particular counseling outcomes. *
- 13. Has the capacity to pass through the NFMC funds received to their sub-grantees, branches, or affiliates and will pass through the majority of funds for each draw within 30 calendar days of receipt of NFMC funds.
- 14. Certifies that it has documented counseling capacity, outreach capacity, past successful performance and positive outcomes with documented counseling plans, including foreclosure mitigation counseling. *
- 15. Certifies that all NFMC clients will be owner-occupants of their homes at the time they receive counseling. *
- 16. Agrees to collect and maintain a file of Certification Agreements and multiple NFMC Affiliation Disclosures of all sub-grantees. *

Factor 1: NFMC Grant Performance

1. Was your organization awarded NFMC Round 2 funds? *

Yes No

2. Was your organization awarded NFMC Round 3 funds? *

Yes No

If yes, answer questions 3 - 6 below.
If no, proceed to question 7.

3. If you are currently using NFMC funds, by what date do you expect to fully expend all awarded funds (for Rounds 2 and 3)?

(Month/Day/Year) [Required if Answer to #2 is yes]

4. Provide a monthly projection of NFMC Round 2 counseling units to be delivered between December 1, 2009 and December 31, 2010 (or until you complete your Round 2 and 3 counseling units, whichever comes first). Remember, any Round 4 units of counseling you are awarded must be completed by December 31, 2010 and are over and above the Round 2 and 3 units of counseling your organization has yet to complete which are listed below.

[Required if Answer to #2 is yes]

Monthly Projections for NFMC Round 2 and Round 3 Counseling Units

Dec 2009	Jan 2010	Feb 2010	Mar 2010	April 2010	May 2010	June 2010	July 2010	Aug 2010	Sept 2010	Oct 2010	Nov 2010	Dec 2010
##,###	##,###	##,###	##,###	##,###	##,###	##,###	##,###	##,###	##,###	##,###	##,###	##,###

5. Explain local market conditions or other issues that are prompting you to request NFMC Round 4 funding in addition to your NFMC Round 2 and/or 3 award.

[Required if Answer to #2 is yes]

5000 characters

6. ***This question is required of applications that have received previous NFMC grant awards, Round 1, Round 2, and/or Round 3.***

Describe any challenges you have experienced in implementing your previous NFMC award(s). Discuss plans or procedures you have put in place to address these challenges.

5000 characters

Factor 2: Capacity of Applicant & Sub-grantees/Branches Page 1

APPLICANT ELIGIBILITY

1. Please check the type of entity that best describes the applicant organization. If B is selected attach appropriate documentation as required. *

A. Type of Applicant: HUD-Approved Housing Counseling Intermediary

- Applicant is a HUD-Approved Housing Counseling Intermediary and all proposed sub-grantees are HUD approved housing counseling agencies, or meet or exceed guidelines for HUD approval of housing counseling agencies (<http://www.hud.gov/offices/hsg/sfh/hcc/hccprof13.cfm>)

B. Type of Applicant: State Housing Finance Agency (HFA)

- Applicant is a State Housing Finance Agency and has provided evidence of statutory authority to operate as a State HFA, to apply for and use funds, and to serve the entire state. If you have received NFMC funds in the past, NFMC has this information, and uploading it again here is **not** required. If you are a new HFA applicant, upload file.

Browse Computer	Path to file to be uploaded
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2. **Audit.** Both State HFAs and Intermediaries, upload your most recent independent financial audit, including the most recent OMB A-133 audit, if applicable. If the audit disclosed findings, please also upload your organization’s Management Response Letter or Corrective Action Plan. If you have received an e-mail from NFMC stating that your most recent audit is already on file, upload a copy of that e-mail instead.

Upload Audit (If you have received an e-mail from NFMC stating that your most recent audit is already on file, upload a copy of that e-mail instead)

Browse Computer	Path to file to be uploaded *
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Upload Corrective Action Plan or Management Response, if applicable.

Browse Computer	Path to file to be uploaded
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3. Has your organization ever had HUD Housing Counseling funds recaptured or de-obligated? *
 Yes No

If yes, 3A – 3C are required:

3A. Date the recapture or de-obligation occurred (MM/DD/YYYY)

Date

3B. Explain why the HUD Housing Counseling funds were recaptured or de-obligated.

1000 Characters

3C. What steps did your organization take to correct the issues that led to the funds being recaptured or de-obligated?

3000 Characters

4. Does your organization or any of its sub-grantees have outstanding issues from compliance monitoring or other on-site reviews from HUD? *

Yes No

If yes, 4A – 4B are required:

4A. Date the monitoring or review occurred (MM/DD/YYYY)

Date

4B. Explain the issues identified and steps taken to resolve those issues.

3000 Characters

EXPERIENCE OPERATING A FORECLOSURE INTERVENTION COUNSELING PROGRAM

5. How long has your organization managed sub-grantees or branches that offered foreclosure intervention counseling programs? *

Drop-down options:

- 12 months or less
- 13- 36 months
- 37 – 60 months
- 61 months or longer

6. Describe your organization’s service delivery model. Refer to the Application Guide for specific items to include in this description.

Existing NFMC grantees must also discuss any enhancements made to your service delivery model in order to improve the efficiency and effectiveness of your foreclosure counseling program in Round 4.*

5,000 Characters

7. ***For Applicants that have never received NFMC funds only***, describe your organization’s track record of providing oversight to a network of foreclosure counseling sub-grantees or branches. Focus on areas such as experience in managing contracts; organizing or providing training and technical assistance; data collection; reporting; quality control oversight; and compliance monitoring. *

For current NFMC grantees only, describe the oversight you provide your sub-grantees or branches under that funding. Focus on areas such as experience in managing contracts; organizing or providing training and technical assistance; data collection; reporting; quality control oversight; and compliance monitoring.

6,000 Characters

Factor 2: Capacity of Applicant & Sub-grantees/Branches Page 2

SUB-GRANTEE OR BRANCH INFORMATION

8. Complete the table below regarding all your sub-grantees or branches. If you name a sub-grantee or branch, all columns are required. *

For each of your proposed sub-grantees or branches, please enter information for Columns A, B, C, D, E, F, G, H, I, J, K and L.

Click on **Save** to calculate the Total.

For Column E: Experience Level, please refer to the following definitions:

Experience Level A: Sub-grantee or branch has provided foreclosure intervention counseling services which include documented action plans to at least 50 people during the last year or 20 people during the most recent quarter; OR

Experience Level B: 75% or more of sub-grantee’s or branch’s service area is in a rural area (as defined in the Application Guide) AND the organization provided foreclosure intervention counseling services which include documented action plans to at least 25 people during the last year or 10 people during the most recent quarter; OR

Experience Level C: Sub-grantee or branch has provided foreclosure counseling services which include documented action plans to at least 12 people during the last year AND has at least one comprehensively trained and qualified foreclosure counselor.

Column A	Column B	Column C	Column D	Column E	Column F
Enter Name of the Sub-Grantee or Branch Office	Enter the Location of the Sub-Grantee or Branch Office (City, State)	Select if Sub-Grantee or Branch Office	How long, in months, has Sub-Grantee or Branch Office provided foreclosure intervention counseling	Experience Level: A, B or C (See Column E definition above)	Check “Yes” if Sub-Grantees are submitting an NFMC Round 4 application directly or with another Intermediary or HFA
[text 75 chars] *	[text 75 chars] *	<input type="checkbox"/> Sub-Grantee <input type="checkbox"/> Branch Office *	###*	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C *	<input type="checkbox"/> Yes
		<input type="checkbox"/> Sub-Grantee <input type="checkbox"/> Branch Office	###	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes
		<input type="checkbox"/> Sub-Grantee <input type="checkbox"/> Branch Office	###	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes
		Total # of Sub-Grantee/Branch Office:	Average months of Sub-Grantee/Branch Experience:	% at level A: % at level B: % at level C:	Total # of “Yes” :

Column G	Column H	Column I	Column J	Column K	Column L
Total Number of Foreclosure Intervention	Average months of <u>Foreclosure Intervention</u>	Number of Counselors who have received	Number of Counselors that have provided	Number of Counselors that have provided	Check “Yes” if Sub-grantee is a chartered NeighborWorks

Counselors (paid or volunteer) <u>currently available</u>	Counseling Experience of Counselors identified in Column G	Comprehensive Training or Certification	individual foreclosure counseling to more than 250 but less than 500 people in their career	individual foreclosure counseling to more than 500 people in their career.	Organization
### *	### *	### *	### *	### *	<input type="checkbox"/> Yes
Total # of Counselors:	Average months of Counselors Experience:	% of Counselors w/Training:	% of Counselors with this level of experience:	% of Counselors with this level of experience:	

9. If you plan to work with sub-grantees that are applying for NFMC Round 4 funds with more than one HFA/Intermediary, or sub-grantees that have applied for funds directly from NFMC, please upload a letter detailing the sub-grantees' foreclosure counseling goals under each contract. See Application Guide for an example.

Browse Computer	Path to file to be uploaded
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10. Describe any foreclosure-related training completed or certifications obtained in the last 24 months by the counselors listed in question 8, Column G. Include details about the name and source of the training or certification (note: this training does not need to be NeighborWorks' NFMC training). Provide specific detail with regard to training and certification completed by counselors hired or newly-assigned in the last 12 months.*

5000 characters

MEASURING RESULTS

11. What Client Management System (CMS) will your organization use to report NFMC program results? Check all that apply. *

- CounselorMax
- Home Counselor Online
- Nstep
- NFMC Microsoft Excel Template
- Other System, specify and describe _____ [250 chars]

12. If your organization has multiple sub-grantees or branches, and they do not all use the same CMS system (or you checked "Other System" above), please explain how you will ensure each sub-grantee or branch's foreclosure counseling data is collected, consolidated, and then consistently reported to NFMC.

If you are an existing grantee, please describe any improvements you've made to your approach or system since the NFMC program began.

3000 Characters

Factor 3: Proposed Counseling Services Page 1

In the tables below, fill out the estimated number of foreclosure intervention customers served by your organization, including your sub-grantees and branches. Please refer to each question within the table for further instructions.

1. Did your organization provide foreclosure counseling that was not funded by NFMC during the time period January 1, 2009 – December 31, 2009? *

Yes No

If no, skip to question # 3. We will use your NFMC-reported data as documentation of your full demonstrated experience.

If yes, continue with question #2

2. Demonstrated Experience

DEMONSTRATED EXPERIENCE Number of Customers Receiving Foreclosure Counseling – include both NFMC and non-NFMC funded clients Click on the Save button to see the totals and Demonstrated Experience										
	"Level One" Counseling					"Level Two" Counseling				
	1/1/09 3/31/09	4/1/09 6/30/09	7/1/09 9/30/09	10/1/09 12/31/09	Total	1/1/09 – 3/31/09	4/1/09 – 6/30/09	7/1/09 9/30/09	10/1/09 12/31/09	Total
2. Foreclosure counseling provided between 1-1-09 – 12-31-09 through all sources of funding. Columns are labeled by Federal Fiscal Year. Include in this question customers counseled using previous NFMC funds as well as funds from other sources. If you have provided Level 3 counseling in the past, for each Level 3 customer served, add 1 to the Level 1 column and 1 to the Level 2 column. Demonstrated Experience will display the larger of either the four quarters in sum OR	–	–	–	–				–	–	
	9	9	9	9				9	9	

DEMONSTRATED EXPERIENCE										
Number of Customers Receiving Foreclosure Counseling – include both NFMC and non-NFMC funded clients										
Click on the Save button to see the totals and Demonstrated Experience										
	“Level One” Counseling					“Level Two” Counseling				
the last quarter 2009 <i>annualized</i> for each counseling level.										
	Demonstrated Experience					Demonstrated Experience:				

3. Initial Counseling Goals *

In the chart below, enter your total goals for Level One and Level Two foreclosure counseling which you expect to complete between 12/1/2009 and 12/31/2009 without NFMC Round 4 funding. If NFMC will fund or contribute to funding 100% of your clients, enter zero in each column.

Counseling Level	Goal between 12/1/09 and 12/31/09
Level 1	
Level 2	
Total Initial Counseling Goals	

4. NFMC Round 4 Goals *

NFMC ROUND 4 GOALS										
Number of Customers Receiving Foreclosure Counseling with NFMC funds										
Click on the Save button to see the totals										
	“Level One” Counseling					“Level Two” Counseling				
	12/1/0	4/1/10	7/1/10	10/1/1	Total	12/1/0	4/1/10	7/1/10	10/1/1	Total
4. Round 4 Goal: Foreclosure counseling projected during the time period 12-1-09 to 12-31-10 <u>using NFMC Round 4 award only</u> . Do	9 –	–	–	0 –		9 –	–	–	0 –	
	3/31/1	6/30/1	9/30/1	12/31/		3/31/1	6/30/1	9/30/1	12/31/	
	0	0	0	10		0	0	0	10	

NFMC ROUND 4 GOALS									
Number of Customers Receiving Foreclosure Counseling with NFMC funds									
Click on the Save button to see the totals									
	“Level One” Counseling				“Level Two” Counseling				
not include clients included in Question 3 above. Columns are labeled by Federal Fiscal Year.*									
NOTE: Your total NFMC Round 4 Goal must equal your overall total of customers listed in Factor 4.									

TOTAL NFMC ROUND 4 GOAL : _____

1. Maximum Eligible Counseling Award

Maximum Eligible Counseling Award - Round 4			
Click on the Save button to see the calculated MAXIMUM ELIGIBLE COUNSELING AWARD (Round 4)			
	“Level One” Counseling	“Level Two” Counseling	
5. Calculated Maximum Eligible NFMC Round 4 funds to be awarded from the NFMC Round 4 Goal numbers in question 4 above.	Level One NFMC Round 4 Goal (from Question 4) X \$150	Level Two NFMC Round 4 Goal (from Question 4) X \$300	

Maximum Eligible Counseling Award - Round 4		
Click on the Save button to see the calculated MAXIMUM ELIGIBLE COUNSELING AWARD (Round 4)		
	“Level One” Counseling	“Level Two” Counseling
MAXIMUM ELIGIBLE COUNSELING AWARD PER LEVEL		
TOTAL MAXIMUM ELIGIBLE COUNSELING AWARD ROUND 4		<p>The maximum allowable grant request for this application is \$7.016 million and the minimum allowable grant request is \$39,370.</p> <p>If the amount listed here exceeds \$7.016 million, you must reduce your Round 4 Goal figures in Factor 3, Question 4.</p> <p>If the amount listed here is less than \$39,370, you must add to your Round 4 Goal figures in Factor 3, Question 4.</p>

Factor 3: Proposed Counseling Services Page 2

Number of Additional Foreclosure Intervention Counseling FTEs Needed to Reach NFMC Round 4 Counseling Goal					
Click on the Save button to see the totals.					
	Additional Counseling FTE's Needed				
	12/1/09 – 3/31/10	4/1/10 – 6/30/10	7/1/10 – 9/30/10	10/1/10 – 12/31/10	Total
6. Number of foreclosure intervention counseling FTEs you and your sub-grantees or branches will need to hire (new), reallocate and train (existing staff), or otherwise recruit (volunteers) to meet the Round 4 counseling goals in question 4. If you have no need for additional counselors for any quarter, enter "0". *	0		0	0	

7. Indicate whether your organization intends to offer Level 4 Counseling, see Application Guide for definition. *

Yes No

8. If you received NFMC Round 2 or Round 3 funds, do you expect to complete your total NFMC goals as listed in your Grant Agreement, before December 31, 2010?

Yes No

8A. If no, explain why additional NFMC Round 4 funds are necessary and how you will ensure all Round 4 funds are fully expended by December 31, 2010.

5,000 chars

9. Describe your staffing structure and strategy for recruiting, orienting, training and compensating any newly hired counselors/staff under this program, especially in light of the fact that the funds are time-limited. Also give consideration to caseload size and managerial oversight.

Applicants that received previous NFMC awards should also describe how those funds have been used to recruit, train, and compensate counselors hired since October 1, 2008. *

5000 Characters

10. Describe your sub-grantees' or branches' capacity to track which level of counseling has been provided. *

3000 Characters

11. If you or your sub-grantees or branches do not propose to offer both levels of counseling, please describe partnerships or other arrangements you have in place to ensure homeowners can receive the level of counseling you will not be offering.

3000 Characters

12. Describe any partnerships you have established, or foreclosure task forces in which you are involved, that are designed to help homeowners facing default and foreclosure resolve their mortgage delinquencies. Examples may include, without limitation, partnerships with financial institutions or servicers, or involvement in local or state government initiatives in your service area. Only describe partnerships or initiatives in your proposed service area that are active now or that will be in place before April 1, 2010. *

5000 Characters

13. Describe your strategy for identifying, marketing to, and attracting homeowners who are delinquent or in default on their mortgages, or at risk of becoming delinquent or in default on their mortgages. This should include any partnerships you have established with other organizations to help you identify and reach out to customers. *

5000 Characters

Factor 3: Proposed Counseling Services Page 3

PROGRAM-RELATED SUPPORT

14. Program-Related Support applicant is eligible for based on the Round 4 Counseling Goals; this is 20% of your Round 4 maximum eligible counseling award from Factor 3, Question 5. Click on **Save** button to see the amount.

\$

15. Describe how your organization will use the Program-Related support to achieve your projected NFMC Round 4 counseling goals in Factor 3, question 4 under NFMC Round 4. Include major budget line items, as described in the Application Guide *

3000 Characters

16. If you intend to retain any Program-Related Support funds:

16A. Enter the percentage of funds you will retain. Note: The retained amount cannot exceed 50% of the Program-Related Support amount listed in Question 14 above. If you do not intend to retain any of these funds, enter zero. *

%

16B. This is the total amount you intend to retain for the Program-Related Support funds. Click on **Save** button to see the amount.

\$

17. Do you plan to contract out some or all of your proposed activities under Program-Related Support?

Yes No

If yes, 17A – 17C are required:

17A. Describe which activities will be contracted out, and name the entity that will provide the services. Indicate whether any of these entities are related corporations or subsidiaries of the applicant organization.

3000 Characters

17B. Describe the recent and relevant experience and expertise of the subcontractor(s). Justify why they are well-suited to performing the tasks described above.

5000 Characters

17C. Describe how the contractor(s) will report to you and be held accountable for their performance under this grant.

3000 Characters

18. Operational Oversight applicant is eligible for based upon Round 4 Counseling Goal. This is 7% of your Round 4 maximum eligible counseling award from Factor 3, Question 5 for the first \$2.5 million and 5% thereafter. Click on **Save** button to see the amount.

\$

19. Describe how you will use Operational Oversight funds to administer NFMC Round 4 funding. If you received NFMC funding in previous rounds, please describe how what you have learned in implementing that funding will influence how you will use Operational Oversight funds differently in Round 4. *

3000 Characters

Factor 4: Proposed Service to MSAs of Greatest Need

Select the MSAs that are defined by NFMC as **areas of greatest need** that you propose to serve in NFMC Round 4. Check all that apply.

New counseling goals proposed under NFMC Round 4 should **not include** any counseling for which you were awarded funding under previous NFMC grant rounds. They should also not include proposed counseling funded by sources other than NFMC Round 4.

Estimate the total number of units of counseling you expect to deliver in each MSA that you check. Note that if a service area is checked, the system will require you to enter an estimate of units of counseling to be delivered in that area.

<u>Metropolitan Area</u>	<u>State Code</u>	Estimate the total # of units of counseling you expect to deliver in each MSA Number ###,###
<input type="checkbox"/> Anniston-Oxford	AL	
<input type="checkbox"/> Birmingham-Hoover	AL	
<input type="checkbox"/> Decatur	AL	
<input type="checkbox"/> Dothan	AL	
<input type="checkbox"/> Florence-Muscle Shoals	AL	
<input type="checkbox"/> Gadsden	AL	
<input type="checkbox"/> Mobile	AL	
<input type="checkbox"/> Montgomery	AL	
<input type="checkbox"/> Tuscaloosa	AL	
<input type="checkbox"/> Jonesboro	AR	
<input type="checkbox"/> Pine Bluff	AR	
<input type="checkbox"/> Texarkana	AR-TX	
<input type="checkbox"/> Fort Smith	AR-OK	
<input type="checkbox"/> Lake Havasu City-Kingman	AZ	
<input type="checkbox"/> Phoenix-Mesa-Scottsdale	AZ	
<input type="checkbox"/> Prescott	AZ	
<input type="checkbox"/> Tucson	AZ	
<input type="checkbox"/> Bakersfield	CA	
<input type="checkbox"/> El Centro	CA	
<input type="checkbox"/> Fresno	CA	
<input type="checkbox"/> Hanford-Corcoran	CA	
<input type="checkbox"/> Los Angeles-Long Beach-Santa Ana	CA	
<input type="checkbox"/> Madera	CA	
<input type="checkbox"/> Merced	CA	
<input type="checkbox"/> Modesto	CA	

<input type="checkbox"/>	Oxnard-Thousand Oaks-Ventura	CA
<input type="checkbox"/>	Riverside-San Bernardino-Ontario	CA
<input type="checkbox"/>	Sacramento--Arden-Arcade--Roseville	CA
<input type="checkbox"/>	Salinas	CA
<input type="checkbox"/>	San Diego-Carlsbad-San Marcos	CA
<input type="checkbox"/>	San Francisco-Oakland-Fremont	CA
<input type="checkbox"/>	San Jose-Sunnyvale-Santa Clara	CA
<input type="checkbox"/>	Santa Rosa-Petaluma	CA
<input type="checkbox"/>	Stockton	CA
<input type="checkbox"/>	Vallejo-Fairfield	CA
<input type="checkbox"/>	Visalia-Porterville	CA
<input type="checkbox"/>	Yuba City	CA
<input type="checkbox"/>	Denver-Aurora	CO
<input type="checkbox"/>	Bridgeport-Stamford-Norwalk	CT
<input type="checkbox"/>	Hartford-West Hartford-East Hartford	CT
<input type="checkbox"/>	New Haven-Milford	CT
<input type="checkbox"/>	Washington-Arlington-Alexandria	DC-VA-MD-WV
<input type="checkbox"/>	Dover	DE
<input type="checkbox"/>	Bradenton-Sarasota-Venice	FL
<input type="checkbox"/>	Cape Coral-Fort Myers	FL
<input type="checkbox"/>	Deltona-Daytona Beach-Ormond Beach	FL
<input type="checkbox"/>	Fort Walton Beach-Crestview-Destin	FL
<input type="checkbox"/>	Gainesville	FL
<input type="checkbox"/>	Jacksonville	FL
<input type="checkbox"/>	Lakeland-Winter Haven	FL
<input type="checkbox"/>	Miami-Fort Lauderdale-Pompano Beach	FL
<input type="checkbox"/>	Naples-Marco Island	FL
<input type="checkbox"/>	Ocala	FL
<input type="checkbox"/>	Orlando-Kissimmee	FL
<input type="checkbox"/>	Palm Bay-Melbourne-Titusville	FL
<input type="checkbox"/>	Palm Coast	FL
<input type="checkbox"/>	Panama City-Lynn Haven	FL
<input type="checkbox"/>	Pensacola-Ferry Pass-Brent	FL
<input type="checkbox"/>	Port St. Lucie	FL
<input type="checkbox"/>	Punta Gorda	FL
<input type="checkbox"/>	Sebastian-Vero Beach	FL
<input type="checkbox"/>	Tallahassee	FL
<input type="checkbox"/>	Tampa-St. Petersburg-Clearwater	FL
<input type="checkbox"/>	Albany	GA
<input type="checkbox"/>	Atlanta-Sandy Springs-Marietta	GA
<input type="checkbox"/>	Brunswick	GA
<input type="checkbox"/>	Dalton	GA
<input type="checkbox"/>	Gainesville	GA
<input type="checkbox"/>	Hinesville-Fort Stewart	GA
<input type="checkbox"/>	Macon	GA
<input type="checkbox"/>	Savannah	GA
<input type="checkbox"/>	Valdosta	GA
<input type="checkbox"/>	Dubuque	IA

<input type="checkbox"/>	Sioux City	IA-NE-SD
<input type="checkbox"/>	Boise-Nampa	ID
<input type="checkbox"/>	Danville	IL
<input type="checkbox"/>	Decatur	IL
<input type="checkbox"/>	Kankakee-Bradley	IL
<input type="checkbox"/>	Rockford	IL
<input type="checkbox"/>	Chicago-Naperville-Joliet	IL-IN-WI
<input type="checkbox"/>	Anderson	IN
<input type="checkbox"/>	Columbus	IN
<input type="checkbox"/>	Elkhart-Goshen	IN
<input type="checkbox"/>	Indianapolis-Carmel	IN
<input type="checkbox"/>	Kokomo	IN
<input type="checkbox"/>	Michigan City-La Porte	IN
<input type="checkbox"/>	Muncie	IN
<input type="checkbox"/>	South Bend-Mishawaka	IN-MI
<input type="checkbox"/>	Terre Haute	IN
<input type="checkbox"/>	Elizabethtown	KY
<input type="checkbox"/>	Louisville/Jefferson County	KY-IN
<input type="checkbox"/>	Alexandria	LA
<input type="checkbox"/>	Baton Rouge	LA
<input type="checkbox"/>	Houma-Bayou Cane-Thibodaux	LA
<input type="checkbox"/>	Lafayette	LA
<input type="checkbox"/>	Lake Charles	LA
<input type="checkbox"/>	Monroe	LA
<input type="checkbox"/>	New Orleans-Metairie-Kenner	LA
<input type="checkbox"/>	Shreveport-Bossier City	LA
<input type="checkbox"/>	Barnstable Town	MA
<input type="checkbox"/>	Pittsfield	MA
<input type="checkbox"/>	Springfield	MA
<input type="checkbox"/>	Worcester	MA
<input type="checkbox"/>	Boston-Cambridge-Quincy	MA-NH
<input type="checkbox"/>	Baltimore-Towson	MD
<input type="checkbox"/>	Salisbury	MD
<input type="checkbox"/>	Cumberland	MD-WV
<input type="checkbox"/>	Bangor	ME
<input type="checkbox"/>	Lewiston-Auburn	ME
<input type="checkbox"/>	Portland-South Portland-Biddeford	ME
<input type="checkbox"/>	Battle Creek	MI
<input type="checkbox"/>	Detroit-Warren-Livonia	MI
<input type="checkbox"/>	Flint	MI
<input type="checkbox"/>	Muskegon-Norton Shores	MI
<input type="checkbox"/>	Saginaw-Saginaw Township North	MI
<input type="checkbox"/>	Minneapolis-St. Paul-Bloomington	MN-WI
<input type="checkbox"/>	Joplin	MO
<input type="checkbox"/>	St. Louis	MO-IL
<input type="checkbox"/>	Kansas City	MO-KS
<input type="checkbox"/>	St. Joseph	MO-KS
<input type="checkbox"/>	Gulfport-Biloxi	MS

<input type="checkbox"/>	Hattiesburg	MS
<input type="checkbox"/>	Jackson	MS
<input type="checkbox"/>	Pascagoula	MS
<input type="checkbox"/>	Burlington	NC
<input type="checkbox"/>	Durham	NC
<input type="checkbox"/>	Fayetteville	NC
<input type="checkbox"/>	Goldsboro	NC
<input type="checkbox"/>	Greensboro-High Point	NC
<input type="checkbox"/>	Greenville	NC
<input type="checkbox"/>	Raleigh-Carey	NC
<input type="checkbox"/>	Rocky Mount	NC
<input type="checkbox"/>	Winston-Salem	NC
<input type="checkbox"/>	Charlotte-Gastonia-Concord	NC-SC
<input type="checkbox"/>	Atlantic City-Hammonton	NJ
<input type="checkbox"/>	Ocean City	NJ
<input type="checkbox"/>	Trenton-Ewing	NJ
<input type="checkbox"/>	Vineland-Millville-Bridgeton	NJ
<input type="checkbox"/>	Albuquerque	NM
<input type="checkbox"/>	Las Vegas-Paradise	NV
<input type="checkbox"/>	Reno-Sparks	NV
<input type="checkbox"/>	Buffalo-Niagara Falls	NY
<input type="checkbox"/>	Glens Falls	NY
<input type="checkbox"/>	Poughkeepsie-Newburgh-Middletown	NY
<input type="checkbox"/>	New York-Northern New Jersey-Long Island	NY-NJ-PA
<input type="checkbox"/>	Akron	OH
<input type="checkbox"/>	Cleveland-Elyria-Mentor	OH
<input type="checkbox"/>	Columbus	OH
<input type="checkbox"/>	Dayton	OH
<input type="checkbox"/>	Lima	OH
<input type="checkbox"/>	Mansfield	OH
<input type="checkbox"/>	Sandusky	OH
<input type="checkbox"/>	Springfield	OH
<input type="checkbox"/>	Toledo	OH
<input type="checkbox"/>	Cincinnati-Middletown	OH-KY-IN
<input type="checkbox"/>	Youngstown-Warren-Boardman	OH-PA
<input type="checkbox"/>	Oklahoma City	OK
<input type="checkbox"/>	Bend	OR
<input type="checkbox"/>	Portland-Vancouver-Beaverton	OR-WA
<input type="checkbox"/>	Pittsburgh	PA
<input type="checkbox"/>	Allentown-Bethlehem-Easton	PA-NJ
<input type="checkbox"/>	Philadelphia-Camden-Wilmington	PA-NJ-DE-MD
<input type="checkbox"/>	Providence-New Bedford-Fall River	RI-MA
<input type="checkbox"/>	Anderson	SC
<input type="checkbox"/>	Charleston-North Charleston-Summerville	SC
<input type="checkbox"/>	Columbia	SC
<input type="checkbox"/>	Florence	SC
<input type="checkbox"/>	Sumter	SC
<input type="checkbox"/>	Rapid City	SD

- Cleveland TN
- Jackson TN
- Knoxville TN
- Morristown TN
- Nashville-Davidson--Murfreesboro--Franklin TN
- Chattanooga TN-GA
- Memphis TN-MS-AR
- Kingsport-Bristol-Bristol TN-VA
- Austin-Round Rock TX
- Beaumont-Port Arthur TX
- Brownsville-Harlingen TX
- Dallas-Fort Worth-Arlington TX
- El Paso TX
- Houston-Sugar Land-Baytown TX
- Laredo TX
- Longview TX
- McAllen-Edinburg-Mission TX
- Midland TX
- Odessa TX
- San Antonio TX
- Sherman-Denison TX
- Waco TX
- Salt Lake City UT
- St. George UT
- Danville VA
- Richmond VA
- Virginia Beach-Norfolk-Newport News VA-NC
- Seattle-Tacoma-Bellevue WA
- Eau Claire WI
- Fond du Lac WI
- Green Bay WI
- Janesville WI
- Madison WI
- Milwaukee-Waukesha-West Allis WI
- Oshkosh-Neenah WI
- Racine WI
- Sheboygan WI
- Wausau WI
- Weirton-Steubenville WV-OH

TOTAL

[Sum of all the numbers from this column]

Factor 4: Proposed Service to MSAs NOT in Areas of Greatest Need

Select the MSAs that are **NOT** defined by NFMC as areas of greatest need that you propose to serve in NFMC Round 4. Check all that apply.

New counseling goals proposed under NFMC Round 4 should **not include** any counseling for which you were awarded funding under previous NFMC grant rounds. They should also not include proposed counseling funded by sources other than NFMC Round 4.

Estimate the total number of units of counseling you expect to deliver in each MSA that you check. Note that if a service area is checked, the system will require you to enter an estimate of units of counseling to be delivered in that area.

<u>Metropolitan Area</u>	<u>State Code</u>	Estimate the total # of units of counseling you expect to deliver in each MSA Number ###,###
<input type="checkbox"/> Anchorage	AK	
<input type="checkbox"/> Fairbanks	AK	
<input type="checkbox"/> Auburn-Opelika	AL	
<input type="checkbox"/> Huntsville	AL	
<input type="checkbox"/> Hot Springs	AR	
<input type="checkbox"/> Little Rock-North Little Rock-Conway	AR	
<input type="checkbox"/> Fayetteville-Springdale-Rogers	AR-MO	
<input type="checkbox"/> Flagstaff	AZ	
<input type="checkbox"/> Yuma	AZ	
<input type="checkbox"/> Chico	CA	
<input type="checkbox"/> Napa	CA	
<input type="checkbox"/> Redding	CA	
<input type="checkbox"/> San Luis Obispo-Paso Robles	CA	
<input type="checkbox"/> Santa Barbara-Santa Maria-Goleta	CA	
<input type="checkbox"/> Santa Cruz-Watsonville	CA	
<input type="checkbox"/> Boulder	CO	
<input type="checkbox"/> Colorado Springs	CO	
<input type="checkbox"/> Fort Collins-Loveland	CO	
<input type="checkbox"/> Grand Junction	CO	
<input type="checkbox"/> Greeley	CO	
<input type="checkbox"/> Pueblo	CO	
<input type="checkbox"/> Norwich-New London	CT	
<input type="checkbox"/> Athens-Clarke County	GA	
<input type="checkbox"/> Augusta-Richmond County	GA-SC	
<input type="checkbox"/> Columbus	GA-AL	
<input type="checkbox"/> Rome	GA	

<input type="checkbox"/>	Warner Robins	GA
<input type="checkbox"/>	Honolulu	HI
<input type="checkbox"/>	Ames	IA
<input type="checkbox"/>	Cedar Rapids	IA
<input type="checkbox"/>	Des Moines-West Des Moines	IA
<input type="checkbox"/>	Iowa City	IA
<input type="checkbox"/>	Waterloo-Cedar Falls	IA
<input type="checkbox"/>	Davenport-Moline-Rock Island	IA-IL
<input type="checkbox"/>	Coeur d'Alene	ID
<input type="checkbox"/>	Idaho Falls	ID
<input type="checkbox"/>	Pocatello	ID
<input type="checkbox"/>	Lewiston	ID-WA
<input type="checkbox"/>	Bloomington-Normal	IL
<input type="checkbox"/>	Champaign-Urbana	IL
<input type="checkbox"/>	Peoria	IL
<input type="checkbox"/>	Springfield	IL
<input type="checkbox"/>	Bloomington	IN
<input type="checkbox"/>	Fort Wayne	IN
<input type="checkbox"/>	Lafayette	IN
<input type="checkbox"/>	Evansville	IN-KY
<input type="checkbox"/>	Lawrence	KS
<input type="checkbox"/>	Topeka	KS
<input type="checkbox"/>	Wichita	KS
<input type="checkbox"/>	Bowling Green	KY
<input type="checkbox"/>	Lexington-Fayette	KY
<input type="checkbox"/>	Owensboro	KY
<input type="checkbox"/>	Hagerstown-Martinsburg	MD-WV
<input type="checkbox"/>	Ann Arbor	MI
<input type="checkbox"/>	Bay City	MI
<input type="checkbox"/>	Grand Rapids-Wyoming	MI
<input type="checkbox"/>	Holland-Grand Haven	MI
<input type="checkbox"/>	Jackson	MI
<input type="checkbox"/>	Kalamazoo-Portage	MI
<input type="checkbox"/>	Lansing-East Lansing	MI
<input type="checkbox"/>	Monroe	MI
<input type="checkbox"/>	Niles-Benton Harbor	MI
<input type="checkbox"/>	Rochester	MN
<input type="checkbox"/>	St. Cloud	MN
<input type="checkbox"/>	Duluth	MN-WI
<input type="checkbox"/>	Columbia	MO
<input type="checkbox"/>	Jefferson City	MO
<input type="checkbox"/>	Springfield	MO
<input type="checkbox"/>	Billings	MT
<input type="checkbox"/>	Great Falls	MT
<input type="checkbox"/>	Missoula	MT
<input type="checkbox"/>	Asheville	NC
<input type="checkbox"/>	Hickory-Lenoir-Morganton	NC
<input type="checkbox"/>	Jacksonville	NC

<input type="checkbox"/>	Wilmington	NC
<input type="checkbox"/>	Bismarck	ND
<input type="checkbox"/>	Fargo	ND-MN
<input type="checkbox"/>	Grand Forks	ND-MN
<input type="checkbox"/>	Lincoln	NE
<input type="checkbox"/>	Omaha-Council Bluffs	NE-IA
<input type="checkbox"/>	Manchester-Nashua	NH
<input type="checkbox"/>	Farmington	NM
<input type="checkbox"/>	Las Cruces	NM
<input type="checkbox"/>	Santa Fe	NM
<input type="checkbox"/>	Carson City	NV
<input type="checkbox"/>	Albany-Schenectady-Troy	NY
<input type="checkbox"/>	Binghamton	NY
<input type="checkbox"/>	Elmira	NY
<input type="checkbox"/>	Ithaca	NY
<input type="checkbox"/>	Kingston	NY
<input type="checkbox"/>	Rochester	NY
<input type="checkbox"/>	Syracuse	NY
<input type="checkbox"/>	Utica-Rome	NY
<input type="checkbox"/>	Canton-Massillon	OH
<input type="checkbox"/>	Lawton	OK
<input type="checkbox"/>	Tulsa	OK
<input type="checkbox"/>	Corvallis	OR
<input type="checkbox"/>	Eugene-Springfield	OR
<input type="checkbox"/>	Medford	OR
<input type="checkbox"/>	Salem	OR
<input type="checkbox"/>	Altoona	PA
<input type="checkbox"/>	Erie	PA
<input type="checkbox"/>	Harrisburg-Carlisle	PA
<input type="checkbox"/>	Johnstown	PA
<input type="checkbox"/>	Lancaster	PA
<input type="checkbox"/>	Lebanon	PA
<input type="checkbox"/>	Reading	PA
<input type="checkbox"/>	Scranton--Wilkes-Barre	PA
<input type="checkbox"/>	State College	PA
<input type="checkbox"/>	Williamsport	PA
<input type="checkbox"/>	York-Hanover	PA
<input type="checkbox"/>	San Juan-Caguas-Guaynabo	PR
<input type="checkbox"/>	Greenville-Mauldin-Easley	SC
<input type="checkbox"/>	Myrtle Beach-North Myrtle Beach-Conway	SC
<input type="checkbox"/>	Spartanburg	SC
<input type="checkbox"/>	Sioux Falls	SD
<input type="checkbox"/>	Johnson City	TN
<input type="checkbox"/>	Clarksville	TN-KY
<input type="checkbox"/>	Abilene	TX
<input type="checkbox"/>	Amarillo	TX
<input type="checkbox"/>	College Station-Bryan	TX
<input type="checkbox"/>	Corpus Christi	TX

<input type="checkbox"/>	Killeen-Temple-Fort Hood	TX
<input type="checkbox"/>	Lubbock	TX
<input type="checkbox"/>	San Angelo	TX
<input type="checkbox"/>	Tyler	TX
<input type="checkbox"/>	Victoria	TX
<input type="checkbox"/>	Wichita Falls	TX
<input type="checkbox"/>	Ogden-Clearfield	UT
<input type="checkbox"/>	Provo-Orem	UT
<input type="checkbox"/>	Logan	UT-ID
<input type="checkbox"/>	Blacksburg-Christiansburg-Radford	VA
<input type="checkbox"/>	Charlottesville	VA
<input type="checkbox"/>	Harrisonburg	VA
<input type="checkbox"/>	Lynchburg	VA
<input type="checkbox"/>	Roanoke	VA
<input type="checkbox"/>	Winchester	VA-WV
<input type="checkbox"/>	Burlington-South Burlington	VT
<input type="checkbox"/>	Bellingham	WA
<input type="checkbox"/>	Bremerton-Silverdale	WA
<input type="checkbox"/>	Kennewick-Pasco-Richland	WA
<input type="checkbox"/>	Longview	WA
<input type="checkbox"/>	Mount Vernon-Anacortes	WA
<input type="checkbox"/>	Olympia	WA
<input type="checkbox"/>	Spokane	WA
<input type="checkbox"/>	Wenatchee	WA
<input type="checkbox"/>	Yakima	WA
<input type="checkbox"/>	Appleton	WI
<input type="checkbox"/>	La Crosse	WI-MN
<input type="checkbox"/>	Charleston	WV
<input type="checkbox"/>	Morgantown	WV
<input type="checkbox"/>	Huntington-Ashland	WV-KY-OH
<input type="checkbox"/>	Parkersburg-Marietta-Vienna	WV-OH
<input type="checkbox"/>	Wheeling	WV-OH
<input type="checkbox"/>	Casper	WY
<input type="checkbox"/>	Cheyenne	WY
<input type="checkbox"/>	Other 1 - Tribal Land, etc, please specify: [Data entry box 50 chars]	[Data entry box 10 chars]
<input type="checkbox"/>	Other 2 - Tribal Land, etc, please specify: [Data entry box 50 chars]	[Data entry box 10 chars]
<input type="checkbox"/>	Other 3 - Tribal Land, etc, please specify: [Data entry box 50 chars]	[Data entry box 10 chars]
<input type="checkbox"/>	[Sum of all the numbers from this column]	

TOTAL

Factor 4: Proposed Service to Rural Areas of Greatest Need

Select the states with rural areas that are defined by NFMC as **areas of greatest need** that you propose to serve in NFMC Round 4. Check all that apply.

New counseling goals proposed under NFMC Round 4 should **not include** any counseling for which you were awarded funding under previous NFMC grant rounds. They should also not include proposed counseling funded by sources other than NFMC Round 4.

Estimate the total number of units of counseling you expect to deliver in the rural areas of each state that you check. Note that if a service area is checked, the system will require you to enter an estimate of units of counseling to be delivered in that area.

States where rural areas ARE defined as Areas of Greatest Need	Estimate the total number of units of counseling you expect to deliver in the rural areas of the state
<input type="checkbox"/> Alabama	Number ###,###
<input type="checkbox"/> Arizona	
<input type="checkbox"/> Arkansas	
<input type="checkbox"/> California	
<input type="checkbox"/> Connecticut	
<input type="checkbox"/> Delaware	
<input type="checkbox"/> Florida	
<input type="checkbox"/> Georgia	
<input type="checkbox"/> Hawaii	
<input type="checkbox"/> Indiana	
<input type="checkbox"/> Kentucky	
<input type="checkbox"/> Louisiana	
<input type="checkbox"/> Maine	
<input type="checkbox"/> Maryland	
<input type="checkbox"/> Michigan	
<input type="checkbox"/> Mississippi	
<input type="checkbox"/> Nevada	
<input type="checkbox"/> New Hampshire	
<input type="checkbox"/> New Mexico	
<input type="checkbox"/> North Carolina	
<input type="checkbox"/> Ohio	
<input type="checkbox"/> Pennsylvania	
<input type="checkbox"/> South Carolina	
<input type="checkbox"/> South Dakota	
<input type="checkbox"/> Tennessee	
<input type="checkbox"/> Utah	
<input type="checkbox"/> Vermont	

- Virginia
- Washington
- Wisconsin

Total

Sum of all the numbers
from this column

Factor 4: Proposed Service to Rural Areas NOT in Areas of Greatest Need

Select the states with rural areas that are **NOT** defined by NFMC as areas of greatest need that you propose to serve in NFMC Round 4. Check all that apply.

New counseling goals proposed under NFMC Round 4 should **not include** any counseling for which you were awarded funding under previous NFMC grant rounds. They should also not include proposed counseling funded by sources other than NFMC Round 4.

Estimate the total number of units of counseling you expect to deliver in the rural areas of each state that you check. Note that if a service area is checked, the system will require you to enter an estimate of units of counseling to be delivered in that area.

States where rural areas are NOT defined as Areas of Greatest Need	Estimate the total number of units of counseling you expect to deliver in the rural areas of the state
<input type="checkbox"/> Alaska	Number ###,###
<input type="checkbox"/> Colorado	
<input type="checkbox"/> Idaho	
<input type="checkbox"/> Illinois	
<input type="checkbox"/> Iowa	
<input type="checkbox"/> Kansas	
<input type="checkbox"/> Massachusetts	
<input type="checkbox"/> Minnesota	
<input type="checkbox"/> Missouri	
<input type="checkbox"/> Montana	
<input type="checkbox"/> Nebraska	
<input type="checkbox"/> New York	
<input type="checkbox"/> North Dakota	
<input type="checkbox"/> Oklahoma	
<input type="checkbox"/> Oregon	
<input type="checkbox"/> Texas	
<input type="checkbox"/> West Virginia	
<input type="checkbox"/> Wyoming	
Total	Sum of all the numbers from this column

Note: Your Total NFMC Round 4 Goal (Factor 4, pages 1 – 4) must equal your overall total of customers listed in Factor 3.

Factor 5: Targeted Outreach

Applicants should refer to the Application Guide for relevant definitions for Targeted Outreach.

1. Does your organization intentionally target foreclosure intervention counseling services to minority and/or low-income homeowners?*

Yes No

If yes, 1A – 1C are required:

1A. If yes, check which groups of homeowners you target. Check all that apply and indicate how many units of foreclosure counseling your organization provided to each group between 7/1/08 and 6/30/09. The total number for 1A should be less than or equal to the Demonstrated Experience in Factor 3, Question 2, or if you are a current Grantee and NFMC funds 100% of your clients, this number cannot be more than the number of clients uploaded into the Data Collection System between 1/1/09 and 12/31/09.

	Estimated # of counseling units provided between 1/1/09 and 12/31/09
<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Other 1 (specify) _____	
<input type="checkbox"/> Other 2 (specify) _____	
<input type="checkbox"/> Other 3 (specify) _____	
Total	

1B. Check all that apply and indicate how many units of foreclosure counseling your organization provided to each group between 1/1/09 and 12/31/09. The total number for 1B should be less than or equal to the Demonstrated Experience in Factor 3, Question 2, or if you are a current Grantee and NFMC funds 100% of your clients, this number cannot be more than the number of clients uploaded into the Data Collection System between 1/1/09 and 12/31/09.

<input type="checkbox"/> Families earning 50-79% of Area Median Income (AMI) <input type="checkbox"/> Families earning less than 50% of Area Median Income (AMI) Total	Estimated # of counseling units provided between 1/1/09 and 12/31/09
---	--

1C. Describe how your outreach and marketing strategy is designed to specifically reach these homeowners. Include information about each group you selected above.

5000 Characters

2. If you were to receive NFMCP Round 4 funding, what percentage of your total counseling units would you commit to provide to low-income homeowners? *

 %

3. If you were to receive NFMCP Round 4 funding, what percentage of your total counseling units would you commit to provide to minority homeowners? *

 %

4. Does your organization intentionally target foreclosure intervention counseling services to low-income and/or minority zip codes? * Follow this link to determine which zip codes are majority minority and majority low-income: <http://www.nw.org/network/nfmcp/zipcodes.asp>

Yes No

4A. If yes, describe your outreach and marketing strategy, including how you identify and define which zip codes to target.

3000 Characters

5. If you were to receive NFMCP Round 4 funding, what percentage of your total counseling units would you commit to provide to people living in minority zip codes? *

Follow this link to determine which zip codes are majority minority:

<http://www.nw.org/network/nfmcp/R4zipcodes.asp>

%

6. If you were to receive NFMCP Round 4 funding, what percentage of your total counseling units would you commit to provide to people living in low-income zip codes? *

Follow this link to determine which zip codes are majority low-income:

<http://www.nw.org/network/nfmcp/R4zipcodes.asp>

%

Factor 6: Match

1. In the table below, itemize your projected match for NFMC Round 4 Grant Period.

Match (Cash and In-Kind)			
Note: In-kind and cash match resources must be expended between June 30, 2009 and December 31, 2009. Funds raised before this time period can be counted toward match as long as they will be expended between between June 30, 2009 and December 31, 2009. Funds raised as match for NFMC Rounds 1, 2, or 3 or for NFMC Legal Assistance funding, cannot be counted as match towards NFMC Round 4.			
Enter the Name of the Source	Enter the Amount	Select the Description Source (cash, in-kind)	Select the Funding Status
*	*	<input type="checkbox"/> Cash <input type="checkbox"/> in-kind *	Drop-down options: <input type="checkbox"/> Expended <input type="checkbox"/> Committed <input type="checkbox"/> Pending <input type="checkbox"/> Anticipated *
Total Match			
Click on Save button to see amount.			
Funds Requested from NFMC			
Click on Save to carry over the calculated amounts below.			
	Amount		
Maximum Eligible Counseling Award			
Total Eligible Program-Related Support Amount			
Total Eligible Operational Oversight Amount			
Total NFMC Amount Requested			
This Amount will be displayed on your Requested Amount page			

Factor 6: Match Waiver

1. If you are requesting a match waiver, list your County or Tribal land level service areas in the table below. Tribal land is defined for these purposes as Federal or state-recognized American Indian/Alaska Native Areas and Native Hawaiian Homeland Areas.

Name of County or Tribal Land, State	Is there a Physical Sub-Grantee Presence?	Projected # units of counseling to be provided in this Area	Does this area have an unemployment rate greater than or equal to 15.0% (150% of national unemployment rate)?	Does this area have a poverty rate greater than or equal to 19.8t% (150% of national poverty rate)?	Please list your data sources for the Unemployment and Poverty questions.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	