

**National Foreclosure Mitigation Counseling
for NeighborWorks Organizations
Round 4 Application Questions**

Applicant Certifications

Each applicant must certify for itself, and for any entity it contracts with to provide a portion of its counseling services in accordance with the NFMC Round 4 Funding Announcement, and for any of its branch offices where applicable, that each of the following certifications is true. By checking off each required applicant certification below applicant certifies that it, its branches, and the entities it contracts with to provide counseling services:

- 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. Has 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. Certifies that it has documented counseling capacity, outreach capacity, past successful performance and positive outcomes with documented counseling plans, including foreclosure mitigation counseling. *
- 14. Certifies that all NFMC clients will be owner-occupants of their homes at the time they receive counseling. *

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)

4. Provide a monthly projection of NFMC Round 2 and 3 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.

Monthly Projections for NFMC Round 2 and 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.

5000 characters

6. This question is required of applicants 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 & Staff Page 1

APPLICANT ELIGIBILITY

1. Applicant is a chartered member of the NeighborWorks® network in good standing (defined as having a charter which is not provisional) *

AND *

- A. A HUD approved housing counseling agency OR
- B. Applicant 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>)

2. Indicate whether your organization plans to seek additional NFMC Round 4 funding (i.e., separate from this application) through a HUD intermediary or State HFA. *

Yes No

If yes, 2A-2D are required:

- 2A. Describe why dual NFMC applications are critical to meet the foreclosure counseling needs in your service area.

3,000 characters

- 2B. In order to apply for funding directly as an NWO and under an Intermediary or HFA, applicants must (a) track and report both customer level and aggregate data via electronic data files and (b) segregate customers by funding source so that no double-billing shall occur. Describe your ability to do BOTH of these items below.

3,000 characters

- 2C. Complete the chart below to indicate the number of units of counseling your organization is projecting to counsel using NFMC Round 4 funding, both directly and through any Intermediary or State HFA Round 4 application(s). Click on the **Save** button to calculate the Totals.

NFMC Round 4 Applications	“Level One” Counseling	“Level Two” Counseling	Total
Number of NFMC Round 4 counseling units proposed by your organization as the applicant. <i>Figures for this row must match your figures in Factor 3, question 4.</i>			
Name of Partnering organization/Intermediary/HFA _____			

NFMC Round 4 Applications	“Level One” Counseling	“Level Two” Counseling	Total
Name of Partnering organization/Intermediary/HFA _____			
Name of Partnering organization/Intermediary/HFA _____			
Organization’s Total NFMC Round 4 Counseling Goals			

2D. Upload a copy of letter(s) sent to all partnering organizations, Intermediary or State HFA applicants that you are working with, informing them of your intent to apply in Round 4 under multiple NFMC applications. Please combine all letters and upload in one file. Letters should detail the NFMC Round 4 counseling goals and other activities you are projecting under each grant. Upload letter(s).

Browse Computer	Path to file to be uploaded	*
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Factor 2: Capacity of Applicant & Staff Page 2

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 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 offered foreclosure intervention counseling? *

- 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. Indicate which of the following best describes your organization: *

- Your organization provided foreclosure intervention counseling services which include documented action plans to at least 50 people during the past year or 20 people during the most recent quarter.
- 75% or more of your organization’s service area is in a rural area, as defined in the Application Guide, AND your organization provided foreclosure intervention counseling services which include documented action plans to at least 25 people during the past year, or 10 people during the most recent quarter.
- Your organization has provided foreclosure counseling services which include documented action plans to at least 12 people during the past year AND *has at least one comprehensively trained and qualified foreclosure counselor.*

8. Describe in detail your organization’s past performance in delivering foreclosure counseling services. Topics to address include without limitation: counseling capacity; demonstrated successful outcomes for homeowners; foreclosure outreach and marketing activities; partnerships with financial institutions; and success in facilitating workouts with mortgage servicers.

If your organization was awarded funding under previous NFMC rounds, also describe how that funding has affected your capacity, outreach, and program outcomes.*

6,000 Characters

Factor 2: Capacity of Applicant & Staff Page 3

9. List counseling staff or volunteers currently available, their months of experience in foreclosure intervention counseling, and training or certifications obtained.

Column A	Column B	Column C	Column D	Column E
Enter the Counselor Name	Months of <u>Foreclosure Counseling</u> Experience	Has counselor received <u>foreclosure-specific</u> training or certification?	If Yes in Column C, enter name of <u>foreclosure-specific</u> training or certification obtained and the source of that training for each counselor (does not have to be NeighborWorks or NFMC-specific training). Also provide date and location (city, state) of any training completed or certification obtained in the last 24 months.	Estimated Number of individual <u>foreclosure</u> clients this counselor has provided counseling to in his/her career.

MEASURING RESULTS

10. 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 _____

11. If your organization has multiple affiliates or branches, or if you are contracting out a portion of your counseling services in accordance with the NFMC Round 4 Funding Application, and they do not all use the same CMS system (or you checked "Other System" above),

please explain how you will ensure each entity'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:

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 to 12-31-09 through all sources of funding. 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 the last quarter <i>annualized</i> for each counseling level.	–	9 –	–	9 –		–	–	9 –	09 –	
	9	09	9	09			9	09	/09	
	Demonstrated Experience:					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

TOTAL DEMONSTRATED EXPERIENCE

3. Initial Counseling Goals *

In the chart below, please enter your total goals for Level One and Level Two foreclosure counseling which you expect to complete between 12/1/2009 and 12/31/2010 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 12/31/10
Level 1	
Level 2	
Total Initial Counseling Goals	

4. NFMC Round 4 Goals *

NFMC ROUND 4 GOALS										
Number of Customers Receiving Foreclosure Counseling										
Click on the Save button to see the totals										
	“Level One” Counseling					“Level Two” Counseling				
	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	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
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 not include clients included in Question 3 above. Columns are labeled by Federal Fiscal Year.*										

NFMC ROUND 4 GOALS									
Number of Customers Receiving Foreclosure Counseling									
Click on the Save button to see the totals									
	“Level One” Counseling				“Level Two” Counseling				
NOTE: Your Total NFMC Round 4 Goal must equal your overall total of customers listed in Factor 3.									

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 PER LEVEL			

<p>TOTAL MAXIMUM ELIGIBLE COUNSELING AWARD</p>		<p>The maximum allowable grant request for this application is \$7.016 million and the minimum allowable grant request is \$41,670.</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 \$41,670 you must add to your Round 4 Goal figures in Factor 3, Question 4.</p>
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Factor 3: Proposed Counseling Services Page 2

Number of Additional Foreclosure Intervention Counselor FTEs Needed to Reach NFMC Round 4 Counseling Goal					
Click on the Save button to see the totals.					
	Additional Counselor 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 counselor 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	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 char

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. *

5,000 char

10. Describe your organization's capacity to track which level of counseling has been provided. *

3000 Characters

11. If you 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. *

5,000 char

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

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 (Factor 3, question 4) under NFMC Round 4. Include major budget line items, as described in the Application Guide *

3000 Characters

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

Yes No

If yes, 16A – 16C are required:

16A. 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

16B. 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

16C. Describe how the contractor(s) will report to you and be held accountable for their performance under this grant.

3000 Characters

17. Do you plan to contract out a portion of your counseling services in accordance with the NFMF Round 4 Funding Announcement? *

Yes No

If yes, Questions 17A – 17B are required.

17A. Describe how your organization will ensure the quality of the counseling delivered and ensure compliance with the terms of the NFMC program. Describe how you will ensure all contractors meet or exceed HUD's minimal standards for approval as a HUD housing counseling agency (<http://www.hud.gov/offices/hsg/sfh/hcc/hccprof13.cfm>).

5000 Characters

17B. Describe how the contractor(s) that will be providing counseling will report to you and be held responsible for their performance under this grant.

3000 Characters

Factor 4, Page 1: Proposed Service to MSAs of Greatest Need

1. 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.

NOTE THESE MSAs WILL BE ANNOUNCED ON OR BEFORE JANUARY 14, 2010

Factor 4, Page 2: Proposed Service to MSAs NOT in Areas of Greatest Need

2. 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.

NOTE THESE MSAs WILL BE ANNOUNCED ON OR BEFORE JANUARY 14, 2010

Factor 4, Page 3: Proposed Service to Rural Areas of Greatest Need

3. 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.

NOTE THESE RURAL AREAS WILL BE ANNOUNCED ON OR BEFORE JANUARY 14, 2010

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

- 4. 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.

NOTE THESE RURAL AREAS WILL BE ANNOUNCED ON OR BEFORE JANUARY 14, 2010

Note: Total number of Customers from Factor 4, pages 1 – 4 must equal total Round 4 goal 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 1/1/09 and 12/31/09. 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
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- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- Hispanic
- Other 1 (specify) _____
- Other 2 (specify) _____
- 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.

- Families earning 50-79% of Area Median Income (AMI)
- 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 NFMC 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 NFMC 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, 2010. Funds raised before this time period can be counted toward match as long as they will be expended between June 30, 2009 and December 31, 2010. 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 total.			
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 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 19.8% (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"/>	