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# **NFMC ROUND 4**

## **APPLICATION GUIDE**

### **FOR HUD-CERTIFIED INTERMEDIARIES & STATE HOUSING FINANCE AGENCIES (HFAs)**

All eligible applicants were notified on January 20, 2010 that, due to scheduled system upgrades, GrantWorks and the NFMC applications will not be available on Saturday January 23<sup>rd</sup> and Saturday January 30<sup>th</sup>. Please plan accordingly.

## **TABLE OF CONTENTS**

<b>How to Use this Guide: Reminders and Tips</b>	<b>3</b>
<b>Applicant Certifications</b>	<b>4</b>
<b>Factor 1: NFMC Grant Performance</b>	<b>6</b>
<b>Factor 2: Capacity of Applicant &amp; Sub-grantees/Branches</b>	<b>7</b>
<b>Factor 3: Proposed Counseling Services</b>	<b>15</b>
<b>Factor 4: Proposed Geographic Service Areas</b>	<b>32</b>
<b>Factor 5: Targeted Outreach</b>	<b>35</b>
<b>Factor 6: Match and Match Waiver</b>	<b>38</b>
<b>Application Submission</b>	<b>42</b>

## How to Use this Guide: Reminders and Tips

This Application Guide was created to provide NFMC Applicants with further support, direction, and examples for each factor. Based on our experience in previous NFMC Rounds, we offer you the following general reminders and tips:

- Refer to this guide frequently as it provides specific instructions and examples not available in the actual GrantWorks application. It is your key to submitting the best application possible.
- Assume reviewers know nothing about your organization, including its history, structure, experience, or partners. If you applied for NFMC funding previously, assume your application reviewers will be different in Round 4.
- If you are a current recipient of NFMC funds, provide relevant, detailed information and recent NFMC program/funding progress updates in the narrative sections of questions where requested and relevant.
- Any question marked with a red \* is required by GrantWorks to have a response by the Applicant.
- For questions that require lengthy narrative responses, consider using all the space provided to you to create a complete, detailed answer. The number of characters available for each question is listed in GrantWorks.
- Take care to fully complete all data fields, specifically the counseling unit charts in Factors 3 and 4. Errors or omissions may substantially impact the quality of your application and ultimately any award amount.
- After completing your application, please review to ensure that responses throughout the application are consistent. When taken as a whole, the application must provide reviewers with clear and convincing evidence that Applicant has the capacity to fully expend Round 4 funds by December 31, 2010. Goals must be reasonable given the Applicant's past performance in NFMC (when applicable), planned staffing levels, and ability to oversee the compliance and quality of services provided by a network of Sub-grantees or Branches.

If you encounter technical problems or need further clarification of any question that this guide is unable to resolve, please contact us at: [nfmc@nw.org](mailto:nfmc@nw.org) or 202-220-6314.

## Applicant Certifications

**Certifications 1-16:** This section contains eligibility requirements all Applicants must meet, and ensure their Sub-grantees or branches meet, in order to receive NFMC program funding. A check mark within each box signifies the Applicant agrees and certifies on behalf of their Sub-grantees or branches that each criteria has been met. If you cannot certify that all are true, your organization is not eligible for funding.

### Definitions

**Branch:** “Branch” or “Branch Office” refers to an Applicant’s organizational and subordinate unit that is not separately incorporated or organized. A Branch or Branch Office must be in good standing under the laws of the state where it is authorized to do business and where it proposes to provide housing counseling services.

**Sub-grantee:** Sub-grantee refers to an organization to which the Grantee awards a sub-grant, and which is accountable to the Grantee for the use of the funds provided. A Sub-grantee may be separately incorporated or organized, but connected with an Intermediary or State HFA. See Funding Announcement for additional details.

**ALL FIELDS ARE REQUIRED.** While no points are awarded for this section, this is a threshold requirement. Applicants must certify all of the following are true in order to be considered for funding.

**Each Applicant must certify for itself, and for its affiliates or branches, that each of the following certifications is true. By checking off each required Applicant certification below Applicant certifies that it and its Sub-grantees 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/nfmc/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. \*

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## Factor 1: NFMC Grant Performance

1. **Was your organization awarded NFMC Round 2 funds?** \* If you received a NFMC Grant Award dated December 3, 2008, select “Yes”. If not, select “No”.
2. **Was your organization awarded NFMC Round 3 funds?** \* If you received a NFMC Grant Award dated October 1, 2009, select “Yes” and complete all remaining questions in Factor 1. If not, select “No” and proceed to Question 6 if you’ve previously received NFMC funds, or Factor 2 if you’ve never received NFMC funds.

**NOTE: If you answered “No” to Questions 1 and 2, proceed to Factor 2.** Applicant can only proceed to Factor 2 if it has never received NFMC funding in any previous round. Thus:

- If your organization received NFMC funds in Round 2 and/or Round 3, answer questions 3 through 6.
- If your organization received NFMC funding in Round 1 only, skip questions 3-5 and answer question 6.
- If your organization has never received NFMC funds, skip questions 3 – 6 and proceed to Factor 2.

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)?** Enter the date you anticipate exhausting all current NFMC Program funding. If you have already exhausted all funding, please enter the date you were informed by NFMC that you had reached 95% of your current round’s production.
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.** Here, please project out the delivery of ALL NFMC Program counseling units that have been awarded. If you are still in Round 2, project both Round 2 remaining units and all Round 3 units, if applicable. Be realistic in your monthly estimates, basing them largely on your actual monthly historic production. If the monthly production figures in the chart significantly increase or decrease, be sure to fully explain and justify these changes in production in questions 5 & 6, below, and elsewhere in the application where relevant.

### **Monthly Projections for NFMC Round 2 and Round 3 Counseling Units**

#### ***Example***

In the sample chart below the Applicant projects increases in monthly production each quarter AND estimates fully expending all previously awarded NFMC funds by July 31, 2010.

Dec 2009	Jan 2010	Feb 2010	Mar 2010	Apr 2010	May 2010	Jun 2010	July 2010	Aug 2010	Sept 2010	Oct 2010	Nov 2010
400	400	400	450	450	450	500	500	0	0	0	0

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.** Provide a detailed overview of why you are asking for additional NFMC funding. Present quantitative evidence such as delinquency data or housing market characteristics that illustrates the need and demand for counseling. You might also describe the availability (or lack thereof) of counseling from other organizations, other sources of funding for counseling, or how counseling is linked to economic recovery in your service area. Plans to target Round 4 funding to underserved populations should also be noted. If you project in question 4 that you will not fully expend your Round 2 and/or 3 award until late in 2010 you must provide clear evidence that you need the additional Round 4 funding (which must be completed by December 31, 2010) in order to meet demand.
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.** Any challenge your organization experienced may be addressed in your response, but examples include: staff turnover, hiring new staff, training new and existing staff, quality control, managing change in counseling demand, marketing and outreach, grant administration and reporting, data management, and reaching projected goals. Where possible and appropriate, quantify your challenges and the impact of the solutions you implemented. For example, instead of just citing problems with staff turnover, quantify the staff turnover and how it affected your counseling activity. When you describe the solutions you implemented, quantify recent staff turnover and progress towards achieving counseling goals.

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## **Factor 2: Capacity of Applicant & Sub-grantees/Branches (Page 1)**

### **APPLICANT ELIGIBILITY**

#### **Definitions**

***Intermediary:*** refers to a HUD-approved national or regional organization that provides housing counseling services through its branches or Sub-grantees. Only Organizations that are approved as a HUD Intermediary before 8:00 PM EST on February 9, 2010 are eligible to apply.

**State Housing Finance Agency (HFA):** is the unique public body, agency, or instrumentality created by a specific act of a state legislature and empowered to finance activities designed to provide housing and related facilities and services, for example through land acquisition, construction or rehabilitation, throughout a state. The term “state” includes the fifty states, Puerto Rico, the District of Columbia, Guam, the Commonwealth of the Northern Mariana Islands, American Samoa, and the U.S. Virgin Islands.

**1. Please check the type of entity that best describes the Applicant organization. If B is selected, and this is the first time Applicant is applying for NFMC funds, attach appropriate documentation as required. If Applicant received NFMC funds in the past, NFMC has this information, and uploading it here is not 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.

**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. If applicable, you must also upload your Corrective Action Plan or Management Response at this time.

**3. Has your organization ever had HUD Housing Counseling funds recaptured or de-obligated? \*** Simply answer “Yes” or “No”. If you answer “Yes”, you must complete questions 3A-3C. If you answer “No”, proceed to question 4.

**3A. Date the recapture or de-obligation occurred.** Enter the date the event occurred.

**3B. Explain why the HUD Housing Counseling funds were recaptured or de-obligated.** Fully explain the events or circumstances that led to the funds being recaptured or de-obligated.

**3C. What steps did your organization take to correct the issues that led to the funds being recaptured or de-obligated?**  
Of particular interest are the changes your organization has implemented to prevent such events occurring in the future. Please also indicate your timeline for fully implementing these corrective actions.

**4. Does your organization or any of your Sub-grantees have outstanding issues from compliance monitoring or other on-site reviews from HUD?** \* Simply answer “Yes” or “No”. If you answer “Yes”, please complete questions 4A and 4B to fully explain the causes of these outstanding compliance issues. Of particular interest are the changes your organization has implemented to bring the Applicant and/or its Sub-grantees into compliance with HUD. Please also indicate a timeline for changes in process now and the date by which you expect to be in full compliance.

**4A. Date the monitoring or review occurred.** Enter the date.

**4B. Explain the issues identified and steps taken to resolve those issues.** Your response should provide convincing evidence that the cause(s) of the recapture and/or de-obligation have been addressed and corrected.

**EXPERIENCE OPERATING A FORECLOSURE INTERVENTION COUNSELING PROGRAM**

**5. How long has your organization managed Sub-grantees or branches that offered foreclosure intervention counseling programs?** \* Please select the correct response from the provided pull down menu. Be sure to include experience specifically related to foreclosure counseling, not general housing counseling.

12 months or less

13 – 36 months

37 – 60 months

61 months or longer

**6. Describe your organization’s service delivery model. 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.** \*

Describe your organization’s model for delivering foreclosure intervention counseling to homeowners. Be precise and fully describe the model, with emphasis on any aspects that may be unique. Existing NFMC grant recipients should give additional description on improvements or changes you have made and provide quantitative evidence on how those adjustments have improved your program’s efficiency and/or effectiveness.

Whether you directly employ counselors in your organization, or have Sub-grantees/branches that work under a unified program delivery model, you should be certain to address each of the following topics in your description:

- a) **intake and triage procedures**, including expected response time to each homeowner’s request for counseling
- b) **method(s) of counseling used**, including face to face, phone, internet, email, and/or group education/workshops
- c) **counseling staff roles**, including if counselors or other staff that work with foreclosure counselors (intakers, negotiators) are full-time, part-time, or volunteer; and if they are fully dedicated to foreclosure services, or if counselors or other staff split their time between counseling and management or other programs
- d) **staffing models** – describe if counselors or other staff complete all portions of foreclosure counseling or if they are specialized in any way to handle only certain aspects of the process. (For example, some counselors do only intake and budget counseling, while other counselors are dedicated to securing outcomes and all negotiations with servicers)\
- e) **data collection**, consolidation, and reporting procedures, and
- f) **methods of communicating** with loan servicers during the counseling process.

If you have Sub-grantees or branches working under different service delivery models you should provide details on how you, as the Grantee, have provided and will provide future technical assistance (in areas a-f above) to ensure high counseling quality, efficiency, and effectiveness.

**7. All Applicants must answer question 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. \*

In your response please describe the formal systems and procedures you have in place to provide quality oversight, including 1) your fund distribution process; 2) management systems and infrastructure; 3) grant or funding management; 4) communicating with Sub-grantees or branches; 5) collecting data required by NFMC or other funders and; 6) monitoring the counseling quality, performance, and financial systems of each Sub-grantee or branch. If these systems are lacking at the Sub-grantee or branch level, describe any technical assistance you provide currently or plan to provide to address these challenges. **Click “save” before moving on to the next page.**

## 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 each Column A, B, C, D, E, F, G, H, I, J, K and L. \*

*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\* 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.*

**\*Rural Area Definitions:** When qualifying as "rural," organizations must use one of the following three acceptable definitions:

**A) USDA Rural Development Definition as outlined in 7CFR 3550.10:** A rural area is:

(1) Open country which is not part of or associated with an urban area.

(2) Any town, village, city, or place, including the immediate adjacent densely settled area, which is not part of or associated with an urban area and which:

(a) Has a population not in excess of 10,000 if it is rural in character; or

(b) Has a population in excess of 10,000 but not in excess of 20,000, is not contained within a Metropolitan Statistical Area, and has a serious lack of mortgage credit for low- and moderate-income households as determined by the Secretary of Agriculture and the Secretary of HUD.

(3) An area classified as a rural area prior to October 1, 1990, (even if within a Metropolitan Statistical Area), with a population exceeding 10,000, but not in excess of 25,000, which is rural in character, and has a serious lack of mortgage credit for low- and moderate-income families. This is effective through receipt of census data for the year 2000.

**B) Any metropolitan area** (defined as having population greater than 10,000 but less than 50,000 people)

**C) Any county identified using Isserman typology that is designated as rural or mixed rural:** Isserman typology map is included in the Exhibits of the Funding Announcement.

**For question 8 please note:**

- (1) **Column F** asks if any of your Sub-grantees will be applying for NFMC Round 4 funds directly or through another Intermediary as well as your own application. If you enter a checkmark in Column F, then a response in Question 9 is required.
- (2) **Column I** asks for number of counselors who have received comprehensive training or certification, which is defined as having a minimum training equivalent of no less than 30 hours of facilitated instruction (can include lecture, interactive, demonstration, on-line, and case-study) in foreclosure intervention and default counseling. On-the-job training may not be included.

**Example:** XYZ Enterprises is a HUD-Approved Intermediary with 3 Sub-grantee that operate across two separate states. Only one of our Sub-grantees (NHS of Central City) is a member or in partnership with another Intermediary like ourselves and is applying for NFMC funds through that Intermediary as well.

Each Sub-grantee has been a part of our organization and offering foreclosure counseling for over 3 years (36 months+). Two of the Sub-grantees each counseled between 50 and 100 clients this past year, with documented action plans. In this past year, however, one of our Sub-grantees (Mason Community Action) has counseled a total of just 15 clients. Together, the three Sub-grantees' average counselor foreclosure experience ranges between 18 and 30 months, and 10 of the 11 counselors have completed comprehensive training or certification. Counselor career level experience is listed, as defined, in columns J and K. Finally, one of the Sub-grantees, NHS of Central City, is a Chartered NeighborWorks® organization, as indicated in column L.

See how this example is represented in chart below, based on definitions above and within the chart.

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 box for "Yes" if Sub-grantees are submitting an NFMC <b>Round 4</b> application directly or via another intermediary or HFA
NHS of Central City	Philadelphia, PA	<input checked="" type="checkbox"/> Sub-Grantee <input type="checkbox"/> Branch Office	47	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input checked="" type="checkbox"/>
Mason Community Action	Mason, DE	<input checked="" type="checkbox"/> Sub-Grantee <input type="checkbox"/> Branch Office	37	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C	<input type="checkbox"/>
Help & Housing	Pikeville, PA	<input checked="" type="checkbox"/> Sub-Grantee <input type="checkbox"/> Branch Office	45	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/>
		<b>Total # of Office: 3</b>	<b>Average months of Experience: 43</b>	<b>% at level A: 66%</b> <b>% at level B: 33%</b>	<b>Total # of "Yes" : 1</b>

Column G	Column H	Column I	Column J	Column K	Column L
Total Number of Full-Time Equivalent Foreclosure Intervention Counselors (paid or volunteer) <u>currently</u> available	Average months of Foreclosure Intervention Counseling Experience of Counselors identified in Column G	Number of Counselors who have received Comprehensive Training or Certification	Number of Counselors that have provided individual foreclosure counseling to >250 but less than 500 people in their career	Number of Counselors that have provided individual foreclosure counseling to >500 people in their career	Check "Yes" if Sub-grantee is a chartered NeighborWorks Organization
5	27	4	3	1	<input checked="" type="checkbox"/> Yes
2	18	2	2	1	
4	30	4	2	0	

**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.** Please note this is a required element of your application if you checked any cell in Column F. Listed here is the text of a sample letter that is needed to meet the requirements of this question.

*Dear NFMC,*

*I am writing to disclose that one of our Sub-grantees intends to apply for NFMC Round 4 funds through multiple agencies. In addition to participating in our application, NHS of Central City plans to apply directly to NFMC (NHS of Central City is a NeighborWorks® Organization)*

*The following are the number of counseling units they are proposing during the grant period under each application:*

<b>GOALS outlined in this table should correspond with Factor 3 Round 4 Counseling Goals on each NFMCA Application</b>		
	<b>“Level One” Counseling</b>	<b>“Level Two” Counseling</b>
NFMCA Direct Application	200	100
XYZ Enterprises	350	150
<b>Total</b>	<b>550</b>	<b>250</b>

*Sincerely,*

*Jacqui Smith, XYZ Enterprises*

**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’ NFMCA training). Provide specific detail with regard to training and certification completed by counselors hired or newly-assigned in the last 12 months.\*** List training obtained in the last 24 months. List separately training completed by new counselors who were hired or reassigned in the last 12 months. NFMCA will use this information to assess how knowledgeable your counselors (particularly your newest ones) are in the recent changes in the foreclosure counseling industry. Comprehensive training or certification is defined as having a minimum training equivalent of no less than 30 hours of facilitated instruction in foreclosure intervention and default counseling (which can include lecture, interactive, demonstration, on-line, and case-study). *On-the-job training may not be considered when in your response to this question.*

**MEASURING RESULTS**

**11. What Client Management System (CMS) will your organization use to report NFMCA program results? Check all that apply.** \* Indicate any and all systems used by you and your Sub-grantees and branches to track counseling data and outcomes.

- CounselorMax**

- Home Counselor Online**
  - Nstep**
  - NFMC Microsoft Excel Template**
  - Other System, specify and describe.** If you use a system other than the 4 listed above, please name and describe it. Include the primary functions of the system, how long you have used it for foreclosure client data management, and who provides the technical support.
- 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’s 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.** It is important to demonstrate a comprehensive and reliable process and system for managing counseling data, and this is especially true if you, your Sub-grantees or branches do not all use the same system. Your description should include information such as the software programs being used; how data are entered or uploaded by the Sub-grantee to your system; data quality control systems; and how you ensure that counseling recipients are not duplicated in the system.
- If you are an existing Grantee, describe improvements you have made to your data collection and reporting approach or CMS system under the NFMC program, and (where applicable) provide evidence that these changes have improved your data collection and reporting.

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### **Factor 3: Proposed Counseling Services Page 1**

NFMC is concerned about the reasonableness of your counseling goals, your capacity to oversee these funds, your network of Sub-grantees and branches, and your demonstrated ability to provide the highest quality foreclosure intervention counseling services. Your projected NFMC Round 4 goals (listed in question 4 below) will determine the maximum counseling award you can receive. However, your responses to other questions will weigh heavily in the final award determination.

**Notes: 1) NFMC funds must be used ONLY to counsel homeowners in their primary residence. Counseling completed with owners regarding second homes or investment properties may not be funded using NFMC program grants; 2) no funds made available under NFMC may be provided directly to lenders or homeowners to discharge outstanding mortgage balances or for any other direct debt reduction payments.**

In the tables below (questions 2 to 5) please fill out the estimated number of foreclosure intervention customers served (or projected to be served in this application) by all branches or Sub-grantees. Please refer to each question within the Factor for further instruction.

### **Definitions of Counseling Levels**

Counseling can include a range of activities depending on the client's financial situation and the severity of the mortgage delinquency. Many clients in the early stages of delinquency may benefit from brief counseling sessions that result in an Action Plan they can follow to get back on track and prevent foreclosure. More complex workouts, sometimes involving negotiations with mortgage lenders or servicers, require staff with additional expertise and will take longer to resolve. Recognizing this, NeighborWorks has developed a tiered structure for defining and estimating the cost of counseling activity, as described below. For the purpose of projecting counseling budgets, the value of Level One counseling has been set at \$150 and Level Two at \$300. Definitions of counseling levels can be found in the Funding Announcement under "Eligible Activities". Note: NFMC Round 4 does not include a Level Three counseling designation. All clients previously reported as Level Three will now be considered twice – once at Level One and once at Level Two.

**“Level One” Counseling:** To qualify for a Level One payment (\$150), a counseling agency will be required to complete all five of the following steps:

1. Organization must conduct an intake including client name and address, basic demographic information, lender and loan information, and reason for delinquency. The National Industry Foreclosure Counseling Standards provide guidance on what should be included in an Intake Form (See Exhibit 5 of this document and [www.nw.org/nfmc](http://www.nw.org/nfmc)). It is recommended, but not required, that contact information for one additional person be collected at intake in the event that client moves or is otherwise unable to be reached following initial intake.
2. Organization shall collect a signed authorization form from the client or have other legally-permissible client authorization on record that will allow organization to (a) submit client-level information to the data collection system for this grant, (b) open files to be reviewed for program monitoring and compliance purposes, and (c) conduct follow-up with client related to program evaluation. Clients may opt-out of (c) above only, but proof of this opt-out must be retained in the client's file. Organization must also allow client access to its privacy policy statement. NeighborWorks will make a template authorization form available for Grantees to modify for their own use if they do not already have such a form. Alternatively, Grantees may incorporate the language above into their existing authorization forms.
3. Organization must develop a budget for the client based on client's oral representation of their expenses, debts, and available sources of income.

4. Organization must develop a written Action Plan for follow up activities to be taken by the client and review this Action Plan with the client. The National Industry Foreclosure Counseling provide guidance on what should be included in an Action Plan (See Exhibit 5 and [www.nw.org/nfmc](http://www.nw.org/nfmc)). When developing this action plan, it is expected that the counselor will do a comprehensive analysis of the homeowner's situation and recommend the best plan of action. If the homeowner seeks counseling to determine whether they qualify for the *Making Home Affordable* Program, the counselor must work to determine the homeowner's eligibility before completing the Level One session. If the homeowner seeking counseling does not ask about the program, it is expected that the Level One session will include a screening for eligibility. Documentation that a screening occurred must be included in the client file.
5. Organization must determine and document if client is eligible for a *Making Home Affordable* Program refinance or modification.
  - *Refinance*. Organization must determine and document eligibility by asking client if: (a) client is the owner occupant of a one- to four-unit home; (b) client's loan is owned or guaranteed by Fannie Mae or Freddie Mac – counselor will verify this by checking the GSE's web look-up tools; (c) client is current on mortgage (client hasn't been more than 30 days late on mortgage payment in the last 12 months, or, if client has had the loan for less than 12 months, he/she has never missed a payment); (d) the amount client owes on the first mortgage is 125% or less of the house's current value; (e) client has income sufficient to support the new mortgage payments; and (f) the refinance improves the long-term affordability or stability of the loan.
  - *Modification*. Organization must determine and document eligibility by asking client if: (a) the mortgage loan is a first lien mortgage loan originated on or before January 1, 2009; (b) the mortgage has not been previously modified under the Home Affordable Modification Program (HAMP); (c) the mortgage loan is delinquent or default is reasonably foreseeable; (d) the property securing the mortgage loan is not vacant or condemned; (e) the mortgage loan is secured by a one- to four-unit property, one unit of which is the borrower's principal residence; (f) client's current monthly mortgage payment ratio is greater than 31%; and (g) the current unpaid principal balance of the mortgage is less than \$729,750 for a one-unit property, \$934,200 for a two-unit property; \$1,129,250 for a three-unit property; and \$1,403,400 for a four-unit property.
  - *FHA Loans*. Organization must determine and document eligibility by requesting information and analyzing if: (a) the client is the owner of a one- to four-unit home; (b) the client is less than 12 payments behind on their mortgage; (c) client has income sufficient to support the new mortgage payments; and (d) with the modification, the client's front end DTI will be more than 31% and their back end DTI will be less than 55%.

*When billing for Level One activities, all 5 of these completed documents must be in client file: intake, authorization form, budget, Action Plan, and MHA eligibility determination. Intermediaries and State HFAs are responsible for ensuring proper documentation exists in client files at each of their Sub-grantee or Branch offices.*

**“Level Two” Counseling:** To qualify for a Level Two payment (\$300), a counseling agency will be required to complete the following four steps:

1. Engage in budget verification during which the counselor reviews documented evidence provided by the client to establish true debt obligations (e.g., credit report), monthly expenses (e.g., monthly bills and banks statements) and spending patterns, and realistic opportunities for income (e.g., returns and pay stubs).
2. If not already on file, organization shall collect a signed authorization form from the client or have other legally-permissible client authorization on record that will allow agency to (a) submit client-level information to the data collection system for this grant, (b) open files to be reviewed for program monitoring and compliance purposes, and (c) conduct follow-up with client related to program evaluation. Clients may opt-out of (c) above only, but proof of this opt-out must be retained in the client’s file. Organization must also allow client access to its privacy policy statement. NeighborWorks will make a template authorization form available for Grantees to modify for their own use if they do not already have such a form. Alternatively, Grantees may incorporate the language above into their existing authorization forms.
3. Steps to obtain a solution outlined in the written Action Plan are taken and documented using counseling notes that indicate date counseling occurred. This could include but is not limited to the following:
  - a. Draft and submit to the servicer a hardship letter that describes the client’s situation, reason for delinquency, factors that should be considered when developing a workout plan, and an estimate of the housing cost the client can afford to pay;
  - b. Document an attempt to contact the servicer or lender and, if a workout is possible, fill out and submit forms required by the servicer to move forward with a workout plan, loan modification or other available program. NeighborWorks will endeavor to post e-mail contact information for servicers who have made such information available at [www.nw.org/nfmc](http://www.nw.org/nfmc) so documentation of attempts to reach servicers is easily captured;
  - c. Complete and submit application for local resource options including refinance programs or rescue funds; and
  - d. Assist in situations where client elects to pursue sale options.
4. Close-out documentation is completed. For purposes of this grant, “close-out documentation” refers to the documentation of steps taken in #3 above in order to report this client as having received Level Two counseling. All files need to contain reason for close out and, if applicable, any documentation demonstrating solution. Client data may be uploaded into the data collection system before an outcome is reached, as long as close-out documentation for NFMC reporting purposes is in client file.

When billing for Level Two activities, all of these completed documents must be in client file: authorization form, verified budget, documentation of steps taken based upon Action Plan, and close-out documentation. Intermediaries and State HFAs are responsible for ensuring proper documentation exists in client files at each of their Sub-grantee or Branch offices.

**“Level Three” Counseling:** This level of counseling is not an option in Round 4. If you have questions, please contact NFMC. All clients previously reported as Level Three will now be considered twice – once at Level One and once at Level Two.

### **Making Home Affordable/Post-Mitigation Counseling**

In addition to the funding categories described above, the National Foreclosure Mitigation Program allows Grantees to use up to 30% of Counseling Awards to fund “Level Four,” or post-mitigation Making Home Affordable, counseling. Borrowers who qualify for Making Home Affordable loan modifications but have back end debt-to-income ratios at or above 55% will receive trial loan modifications from participating servicers and be referred by the servicers to a HUD-approved housing counseling agency or NFMC Program participating agency. A detailed protocol describing the required components of this counseling is found at <http://www.hud.gov/offices/hsg/sfh/hcc/hcprotocol.pdf> and further information is in the Round 4 Funding Announcement.

Applicants will not be asked to predict their Level Four activities later in Factor 3. Applicants will simply be asked whether or not they intend to provide Level Four counseling.

### **Counseling Table Instructions**

In this section Applicants are asked to indicate the number of Level One and Level Two counseling customers they (or their Sub-grantees or branches) have provided between January 1, 2009 and December 31, 2009 and will provide between December 1, 2009, and December 31, 2010. **Simply click on the “save” button after you have entered your data in each table to view such auto-calculated fields.** Please do not leave any cell blank, but rather enter “0” in cells where your answer is “zero” or “none.”

**1. Did your organization provide foreclosure counseling that was not funded by NFMC during the time period January 1, 2009 – December 31, 2009?** \* Check “Yes” or “No”, as applicable. NFMC seeks to understand if you provided foreclosure counseling during this period that was financially supported by other sources, including, but not limited to, financial institutions, mortgage servicers, investors, HUD, and charitable foundations. If you respond “No” to this question you must skip Question 2 below and continue with Question 3. [Note: if Applicant checks “No,” NFMC will use recipients’ Round 1, Round 2, and Round 3 NFMC reporting (where applicable) to calculate NFMC-funded counseling units between January 1, 2009 – December 31, 2009.]

**Click “save” for totals to calculate.**

**2. For those that selected “yes” in Question 1 above only: In the table below, indicate the number of Level One and Level Two counseling customers Applicant (or its Sub-grantees or branches) has assisted between January 1, 2009 – December 31,**

2009, with NFMC funds AND any other funds. Demonstrated Experience, found at the bottom of the table, will automatically be calculated one of two ways: 1) the simple sum of Q1 2009 through Q4 2009; OR 2) the most recent quarter (Q4 2009) multiplied times four. The larger of those two numbers will be displayed and used as the Applicant’s demonstrated experience. In the example below, Q4 2009 *annualized* (multiplied by 4) is the larger figure for Level One and thus is displayed as the demonstrated experience. \*

Click “save” for totals to calculate.

<b>DEMONSTRATED EXPERIENCE</b>										
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 Q4 2009 <i>annualized</i> for each counseling level.										
	<b>175</b>	<b>215</b>	<b>222</b>	<b>250</b>	<b>862</b>					
	Demonstrated Experience:					Demonstrated Experience:				

**TOTAL DEMONSTRATED EXPERIENCE: 1,000**

**AS YOU COMPLETE THIS FACTOR, PLEASE REMEMBER TO SAVE YOUR DATA ENTRY AFTER EACH COMPLETED TABLE. PLEASE BE PATIENT AND WAIT FOR THE GREEN BAR ON THE BOTTOM OF YOUR SCREEN TO COMPLETELY SAVE OR DISAPPEAR BEFORE MOVING ON. FAILURE TO DO SO MAY RESULT IN LOST DATA.**

### 3. Initial Counseling Goals \*

In this chart enter your total goals for Level One and Level Two foreclosure counseling which you expect to complete in the Round 4 grant period (12/1/2009 to 12/31/2010) without NFMF Round 4 funding. If NFMF is the sole source of your funding for foreclosure counseling enter “0” in each row of the second column. If you have other funding sources and will continue to provide some counseling even without a NFMF Round 4 award, indicate the number of units you have funding to complete.

Example: Assumes Applicant has \$100,000 grant from another source.

Counseling Level	Goal between 1/1/09 and 12/31/10
Level 1	500
Level 2	83
<b>Total Initial Counseling Goals</b>	<b>583</b>

**4. NFMF Round 4 Goals \*** Indicate only the number of counseling units you will provide with NFMF Round 4 funding. Counseling units in this table will be used later in this factor to determine your maximum eligible counseling award amount.

**Example:** Intermediary X proposes, with the additional aid of NFMF Round 4 funds, that its 7 Sub-grantees **combined** could counsel an additional 2,500 clients between December 1, 2009 and December 31, 2010. The breakdown by counseling level would be Level One = 1,500 and Level Two = 1,000. Intermediary X presents these additional numbers in the quarterly format below:

NFMF ROUND 4 GOALS										
Number of Customers Receiving Foreclosure Counseling with NFMF funds										
Click on the <a href="#">Save</a> 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
<b>4. Round 4 Goal:</b> Foreclosure										

## 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				
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.*	<b>350</b>	<b>350</b>	<b>400</b>	<b>400</b>	<b>1,500</b>	<b>250</b>	<b>250</b>	<b>250</b>	<b>250</b>	<b>1,000</b>
NOTE: Your total NFMC Round 4 Goal must equal your overall total of customers listed in Factor 4.										

**TOTAL NFMC ROUND 4 GOAL: 2,500**

**Click "save" for totals to calculate.**

### 5. Maximum Eligible Counseling Award

For the maximum eligible counseling award section GrantWorks will calculate the Applicant's counseling level totals presented in Factor 3, Question 4 – Round 4 Goal -- and multiply by the corresponding cost for each Level (Level One x \$150 and Level Two x \$300.) GrantWorks will automatically total all levels and costs to determine the maximum NFMC counseling award Applicant is eligible to receive. The example below is based on the figures entered in the sample chart for Intermediary X in Question 4 above.

## 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 NFMF Round 4 funds to be awarded from the NFMF Round 4 Goal numbers in question 4 above.	Level One NFMF Round 4 Goal (from Question 4) x \$150	Level Two NFMF Round 4 Goal (from Question 4) x \$300
<b>MAXIMUM ELIGIBLE COUNSELING AWARD PER LEVEL</b>	<b>\$225,000</b>	<b>\$300,000</b>
<b>TOTAL MAXIMUM ELIGIBLE COUNSELING AWARD ROUND 4</b>	<b>\$525,000</b>	

**NOTE:** The maximum allowable grant request for this application is \$8,910,000 million (of which \$7,016,000 million could be utilized for counseling) and the minimum allowable grant request is \$50,000 (of which \$39,370 could be utilized for counseling). If the amount listed here exceeds \$7,016,000 million, you must reduce your Round 4 Goal figures in Factor 3, Question 4. If the amount listed here is less than \$39,370, you must add to your Round 4 Goal figures in Factor 3, Question 4. Click “save” once you have edited your projected counseling goals to see if your overall total maximum eligible counseling award is now within the minimum and maximum limits set for this application. If your request exceeds \$8,910,000 million, or is less than \$50,000 your application will not be eligible for funding. An error check will not allow you to submit an application that does not fall within this range.

### Factor 3: Proposed Counseling Services Page 2

**Question 6:** In this table please list the number of additional counselors you will need to accomplish your Round 4 Goal (from question 4 above) if awarded NFMF funds as requested in question 5. If you would not need to hire any additional counselors to achieve these goals, you should enter “0” in each column.

## 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	5	0	5

**7. Indicate whether your organization intends to offer Level 4 Counseling.** \* Applicants should respond "Yes" or "No" after reading the detailed definition of Level 4 Counseling below. You will not be held to your response to this question; NFMC is asking this purely for informational purposes only.

### **Level 4: Making Home Affordable/Post-Mitigation Counseling**

The National Foreclosure Mitigation Program allows Grantees to use up to 30% of its Counseling Awards to fund "Level Four," or Making Home Affordable post-mitigation, counseling. Borrowers who qualify for Making Home Affordable loan modifications but have back end debt-to-income ratios at or above 55% will receive trial loan modifications from participating servicers and be referred by the servicers to a HUD-approved housing counseling agency or NFMC Program participating agency. A detailed protocol describing the required components of this counseling is found at <http://www.hud.gov/offices/hsg/sfh/hcc/hcprotocol.pdf>

If a borrower contacts a counseling agency for counseling without having received a Making Home Affordable trial loan modification and being referred by a servicer, and it is determined the borrower may be eligible for the loan modification program, the counselor will work with the borrower to submit an intake package to the servicer. This counseling must conform to Level Two counseling requirements, as established under the NFMC Program. If the borrower does receive the Making Home Affordable modification and is referred back to the counseling agency because the back end debt-to-income ratio is equal to or

greater than 55%, the agency can also provide the borrower with Level Four counseling, as described in the Counseling Protocol on HUD's website.

Level Four counseling will be valued at \$450. Because Level Four will require at least two contacts with the borrower, NFMC Grantees will upload these clients at two points in time. After the first contact, the client can be reported as "Level 4a" at a value of \$300. Once a follow-up appointment has been completed, that client can be reported as "Level 4b" at a value of \$150.

**Level Four Counseling constitutes the completion of the following:**

Borrower has received a temporary loan modification through the "Making Home Affordable" program and is referred to counseling by a Servicer. The counseling must follow the Counseling Protocol available on HUD's web site at:

<http://www.hud.gov/offices/hsg/sfh/hcc/hcprotocol.pdf>.

The preliminary counseling session must include collection of the following (in addition to the client-level data points) to be reported to NFMC as Level Four:

**Level 4a**

- 1) Organization shall keep on file proof that client was referred to the agency with a trial Making Home Affordable loan modification for Level Four counseling. In many cases, this will be a copy of the trial loan medication agreement or the counseling agency referral letter from the servicer.
- 2) Organization shall collect a signed authorization form from the client or have other legally-permissible client authorization on record that will allow organization to: (a) submit client-level information to the data collection system for this grant; (b) open files to be reviewed for program monitoring and compliance purposes and to share information among servicer, counselor, and program administrators and their agents; and (c) conduct follow-up with client related to program evaluation. Clients may opt-out of only (c) above, but proof of this opt-out must be retained in the client's file. Organization must also allow client access to its privacy policy statement.
- 3) Documentation of DTI: The counselor will verify income, debt, and expenses and calculate back end debt-to-income ratio. The back end DTI is the ratio of the borrower's total monthly debt payments to the borrower's Monthly Gross Income. A standard for calculating back end DTI is included in the Counseling Protocol.
- 4) Create Budget: Counselor will create a crisis budget (if necessary) and long-term budget using standard form and recalculate new back end debt-to-income ratio
- 5) Create Action Plan which includes a timeline to eliminate unnecessary debt, minimize expenses, increase income, and increase savings
- 6) Discuss terms of mortgage and how to stay current, even if/when rate resets. Explain incentive component and that re-defaulting loans will be terminated from the program. A loan will be considered to have re-defaulted when the borrower reaches

a 90-day delinquency status under the MBA delinquency calculation. Note: in order to successfully complete the initial trial period (at minimum three payments at modified terms), a borrower must be current by the third payment.

7) Refer to job training or referral programs if applicable

8) Establish follow-up schedule with counselor, with at least one additional appointment, as required by action plan. It is expected that a borrower will notify their counselor if they have a significant change in circumstances.

9) Establish that budget (including analysis of actual income, debt and expenses) must be tracked over the course of counseling

10) The counselor must document each session, including the borrower's back end debt-to-income ratio and the borrower's willingness to continue/complete counseling

In order to report a client as having received Level 4a counseling, the following six documents must be in the file: proof of referral from servicer, authorization form, verified budget at intake, documentation of back end DTI, Action Plan, and date of follow-up meeting.

#### **Level 4b**

Level 4b can be reported when Level 4a client has completed one follow-up session and the following documents are in the file:

1) Documentation of DTI: The counselor will verify income, debt, and expenses and calculate back end debt-to-income ratio at time of follow-up appointment. The back end DTI is the ratio of the borrower's total monthly debt payments to the borrower's Monthly Gross Income. A standard for calculating back end DTI is included in the Counseling Protocol.

2) Documentation of borrower's ability to keep to crisis budget and/or long-term budget and progress against Action Plan developed during first visit

3) Status of borrower's payment on modified loan

In order to report a client as having received Level 4b counseling, the following four documents must be in the file: verified budget at time of second appointment, documentation of back end DTI at time of second appointment, progress against Action Plan and status of borrower's modified loan.

- 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 June 30, 2010?** NFMC Round 2 or Round 3 award recipients should respond "Yes" or "No" with regard to their current projection for reaching their production goals. If you respond "Yes" proceed to question 9; If "No" continue with Question 8A.

**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.** The official end date of both Round 2 and Round 3 is June 30, 2010. Extensions may be granted by NFMC on Round 3 funds. If you were to receive Round 4 funds, those funds would be available retroactively to December 1, 2009 and need to be fully expended by December 31, 2010. In your response you must provide a clear and convincing case first for the need for additional funds in Round 4 (if you have funds remaining), and provide quantitative evidence that you will be able to expend all awarded funds by their proposed deadlines.

- 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 management 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. \***

Provide a detailed hiring and training plan that is specific in terms of the number of staff to be hired, training to be provided, and compensation offered. This plan should also address how you will supervise, oversee, and handle quality assurance with regard to new hires and what size caseload is expected of them. If significant hiring is needed explain how you will recruit and compensate those employees given the fact that NFMC funding is time-limited. Include information such as how you plan to advertise for new staff, what skills or qualifications you will be looking for, the compensation rate, and whether you anticipate difficulty attracting qualified employees. If you are fully staffed and do not project needing to hire additional counselors please indicate this in your response, but describe any additional training your staff may need to successfully complete NFMC Round 4.

For previous NFMC grant recipients, please also report on your successes and challenges hiring and training new counselors since October 1, 2008. For example, if you had to hire and train new staff for previous rounds please indicate whether you were successful in meeting those targets and what training or certifications they completed. Describe whether the conditions that led to your success in previous rounds will be present in Round 4. If you encountered specific challenges, describe how you overcame them and whether you expect the same difficulties to be present in Round 4.

- 10. Describe your Sub-grantees’ or branches’ capacity to track which level of counseling has been provided.\*** Explain clearly how the proposed counseling levels will be monitored, tracked, and submitted electronically to NFMC. Intermediaries and HFAs will be responsible for ensuring that Sub-grantees and branches submit accurate reports and that required documentation is maintained in client files at the Sub-grantee or branch level. In responding to this question, it would be most helpful to describe in sequence the steps from data entry completed by Sub-grantees or branches’ individual counselors, to how Sub-grantees or branches will aggregate and report the data to you, and finally how you will track counseling provided against your NFMC Round 4 targets.

**11. If you or your Sub-grantees or branches do not propose to provide 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.** Explain how you or your Sub-grantees/branches will be certain homeowners have access to both levels of counseling. Describe written agreements you have with other counseling providers, or other strategies you plan to use. A response to this question is required if Factor 3, Question 4 has a “0” in the total column for either Level 1 or Level 2.

You can also reference how you will accomplish both levels of counseling in your response to question 12 below.

**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.\*** Provide a detailed overview of not only the partners involved, but also the goals, outcomes and accomplishments of the partnership(s) or initiatives. Address specifically how they will help homeowners facing default and foreclosure resolve their mortgage delinquencies. If any portion of these partnerships or initiatives is still developing, present evidence they will be in place and operating by April 1, 2010.

**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. \*** Provide a detailed explanation of your existing/most recent outreach strategy that includes specific data and evidence supporting your success in reaching targeted homeowners. Please note marketing strategies in the MSAs you serve, or the largest ones if you serve many MSAs. Please also note if you have had trouble marketing in these MSAs in the past. Your response should also describe your outreach and marketing plan for Round 4. Include evidence that illustrates your marketing and outreach plan will successfully reach the number of homeowners listed in your Round 4 Goal from Question 4 above. For example, if you plan to double your counseling goals compared to the last 6-12 months demonstrate that your outreach strategy will be effective at reaching the additional homeowners to be served. Describe any partnerships in place to help with outreach, including relationships with mortgage servicers, other non-profits, government agencies, mortgage insurers, and public relations and marketing firms.

**Click “save” before moving on to the next page.**

## Factor 3: Proposed Counseling Services Page 3

### PROGRAM-RELATED SUPPORT

Refer to the following list when answering Questions 14-17. Examples of how Program-Related Support may be used include (but are not limited to) the following:

- Establishing a triage system that makes more effective and efficient use of counseling time so counselors are not scheduling and reserving time with clients seeking help with situations not related to mortgage and home foreclosure. Triage can also ensure that clients are better prepared for the counseling session – they have gathered documents and information, for example.
- Outreach to delinquent clients, especially in areas of greatest need. The earlier a delinquent homeowner reaches out for assistance, the more probable the success. Outreach strategies to encourage delinquent homeowners in Applicant's communities to come for assistance well before the foreclosure notice is received are encouraged.
- Group orientation and education sessions to help use counseling time more effectively. Registering attendees, preparing for and delivering these sessions are all eligible uses.
- Infrastructure development and communication
- Improving Applicant capacity and infrastructure for tracking and reporting data
- Costs related to hiring, orienting, and training new counseling staff
- Purchasing or leasing equipment and software for counselors
- Collecting data and preparing quarterly reports and draw requests
- Quality control of the counseling function
- Outreach and communication on preventing rescue or loan modification scams

**14. Program-Related Support Applicant can receive 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.** Simply hit the save button to prompt GrantWorks to populate the amount that you are eligible to receive, based upon your total maximum eligible counseling award.

**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.\*** Describe clearly how your Program-Related Support amount will be used to achieve Round 4 counseling goals. Show how your plan will increase the effectiveness and efficiency of Sub-grantees' or branches' ability to provide foreclosure counseling. For example, upgrading technology might improve the speed and efficiency of data entry, or funds invested in training might help new staff improve the quality and effectiveness of their counseling. **Please also provide major budget line-items and costs that are related to your proposed plan.** These funds are not intended to be indirect or administrative fees; rather, they are meant primarily to support direct costs associated with increasing the effectiveness and efficiency of Sub-grantees or branches' ability to provide quality foreclosure counseling. If you plan to use some of your Program-Related Support to cover additional Level One or Two counseling please include that as a line item in your budget.

**If you intend to retain any Program-Related Support funds at the Intermediary or HFA level:**

**16A. Enter the percentage of funds you will retain. Note: The retained amount cannot exceed 50% of the Program-Related Support amount in Question 14 above. If you do not intend to retain any of these funds, enter zero. \*** This is the percentage of any Program-Related funds you, as the Applicant, plan to retain to cover appropriate costs. State HFAs and Intermediaries that have separately-incorporated Sub-grantees must pass through the full awarded percent of Program-Related Support to their Sub-grantees **unless** they justify how retaining a portion of this support will have a timely and positive impact on the capacity of local Sub-grantees to conduct foreclosure counseling. If such a plan is submitted and justified, no more than 50% of the funds allocated under this section can be held at the Intermediary or State HFA level. It is expected that these funds will be used to increase efficiency of foreclosure counseling, not for administrative costs.

**Click save before proceeding.**

**16B. This is the total amount you may retain for the Program-Related Support funds:** This number will be automatically populated once you hit "save" based upon the percentage you enter in question 16A. This calculation shows the maximum amount an Intermediary or HFA can retain at the Intermediary/HFA level. The Grantee may elect to retain less than this amount, but not more.

**17. Do you plan to contract out some or all of your proposed activities under Program-Related Support?** Simply answer "Yes" or "No". If you answer "Yes", you must answer 17A-C. If you answered "No" proceed to question 18.

**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.**

Here, please enter a description of the activities you will contract out, what organization you will contract them out to, and if/how the organization is affiliated with the Applicant organization.

**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.** “Recent and relevant” means within the last 24 months. Provide specific examples of their success in undertaking similar tasks or services as those you are contracting with them to provide. Where possible, quantify for your response (for example, if they will supply training indicate the number of similar trainings they have offered in the last 24 months, and the number of people they have trained.)

**17C. Describe how the contractor(s) will report to you and be held accountable for their performance under this grant.** For example, describe a written and signed MOU or MOA; performance benchmarks; consequences of missing benchmarks; and other strategies for ensuring contractor reports to you and you are able to adequately monitoring their use of Round 4 funds.

## OPERATIONAL OVERSIGHT

### Operational Oversight can include, but is not limited to, the following:

- Grant or funding management of Sub-grantees or branches
- Support data collection activities
- Client record keeping and reporting
- Quality control requirements
- Day-to-day oversight activities
- Management improvements to systems and infrastructure

**18. Operational Oversight Applicant is eligible for based upon Round 4 Counseling Goal. This is 7% of your Round 4 Counseling Goal from Factor 3, Question 4 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.** \* Provide specific details on how the Operational Oversight funds you would receive would be used by you to execute the required client-level data collection, tracking, and reporting activities required in NFMC Round 4. **Please include major budget line items** for the Operational Oversight funds requested. If you plan to use some of your Operational Oversight funds to cover additional Level One or Two counseling please include that as a line item in your budget. **[Click “save” before moving on to the next page.](#)**

## Factor 4: Proposed Geographic Service Areas

### **Important instructions that apply to all portions of Factor 4**

Factor 4 will not be given a numeric score during the review process. However, information provided here will be used to determine geographic coverage and will help insure that required portions of the funds are awarded in defined areas of greatest need.

**Note: For all of Factor 4, do not include in your figures any counseling units already funded through a previous NFMC award. The totals for all the questions in Factor 4 should equal the total number of counseling units you entered into Factor 3, Question 4 (Round 4 Goal).**

Enter a check mark in any of the service areas in Factor 4 (MSA and/or Rural) where you propose to provide NFMC Round 4 counseling **and** indicate how many customers you plan to serve in each area.

**AS YOU COMPLETE THIS FACTOR, PLEASE REMEMBER TO SAVE YOUR DATA ENTRY AFTER EACH COMPLETED QUESTION. PLEASE BE PATIENT AND WAIT FOR THE GREEN BAR ON THE BOTTOM OF YOUR SCREEN TO COMPLETELY SAVE OR DISAPPEAR BEFORE MOVING ON. FAILURE TO DO SO MAY RESULT IN LOST DATA.**

## Factor 4: Proposed Service to MSAs of Greatest Need

1. **Select the Metropolitan Statistical Areas (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 counseled customers.

**Click “save” before moving on to the next page.**

<b>Example: Metropolitan Area</b>	<b>State</b>	<b>Estimate the total # of customers you expect to counsel in each MSA</b>
<input checked="" type="checkbox"/> Bakersfield	CA	300
<input type="checkbox"/> El Centro	CA	
<input type="checkbox"/> Fresno	CA	
<input checked="" type="checkbox"/> Los Angeles-Long Beach-Santa Ana	CA	1000
<input type="checkbox"/> Madera	CA	
<input type="checkbox"/> Merced	CA	

#### Factor 4: 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. Proposed NFMC Round 4 goals 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 counseled customers. At the end of the chart there is an option for Applicants to enter “other.” Use this option only if you are serving a tribal land that is not included in the MSA/rural definition. Do not use this section to list an area that is included in a larger MSA or rural area of a state. If you have questions about which MSA a particular service area falls into, please contact NFMC at [nfmc@nw.org](mailto:nfmc@nw.org) for guidance.

<b>Example: Metropolitan Area</b>	<b>State</b>	<b>Estimate the total # of customers you expect to counsel in each MSA</b>
<input type="checkbox"/> Anchorage	AK	
<input type="checkbox"/> Fairbanks	AK	
<input checked="" type="checkbox"/> Auburn-Opelika	AL	100
<input type="checkbox"/> Huntsville	AL	
<input checked="" type="checkbox"/> Hot Springs	AR	300

Click “save” before moving on to the next page.

### Factor 4: 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 counseled customers.

<b>EXAMPLE</b>	<b>States where rural areas ARE defined as Areas of Greatest Need</b>	<b>Estimate the total number of customers you expect to counsel in each rural area of the state</b>
<input checked="" type="checkbox"/>	Alabama	425
<input type="checkbox"/>	Arizona	
<input type="checkbox"/>	Arkansas	575
<input type="checkbox"/>	California	
<input type="checkbox"/>	Connecticut	
<input type="checkbox"/>	Delaware	

Click “save” before moving on to the next page.

### Factor 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 counseled customers.

<b>EXAMPLE</b>	<b>States where rural areas are NOT defined as Areas of Greatest Need</b>	<b>Estimate the total number customers you expect to counsel in each rural area of the state</b>
<input checked="" type="checkbox"/>	Alaska	<b>250</b>
<input type="checkbox"/>	Colorado	
<input type="checkbox"/>	Idaho	
<input type="checkbox"/>	Kansas	
<input type="checkbox"/>	Massachusetts	
<input checked="" type="checkbox"/>	Missouri	<b>250</b>

**Click “save” before moving on to the next page.**

## **Factor 5: Targeted Outreach**

### **Outreach to minority and low-income homeowners and zip codes**

Please note questions 2 and 3 specifically speaks of homeowner groups that you may target and serve, compared to questions 5 and 6 which address service to zip codes. For example, a state HFA may have decided to attempt to reach African American homeowners statewide by running ads on two radio stations that serve that audience. On the other hand, for questions 5 and 6, the state HFA may elect to target two zip codes in the urban core, where foreclosure rates are twice the state average, by advertising in community newspapers, holding foreclosure fairs in the community center, or doing targeted post card mailers.

- 1. Does your organization intentionally target foreclosure intervention counseling services to minority and/or low-income homeowners?\*** Simply respond “Yes” or “No”. If you answered “Yes”, 1A – 1C are required. If you answered “No”, proceed to question 2.

**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.**

**Example:**

	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 checked="" type="checkbox"/> Black or African American	757
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/> Hispanic	
<b>Total</b>	<b>757</b>

**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.**

**Example:**

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

<input checked="" type="checkbox"/> Families earning less than 50% of Area Median Income (AMI)	1,545
<b>Total</b>	1,545

**1C. Describe how your outreach and marketing strategy is designed to specifically reach these homeowners. Include information about each group you selected above.** Include how the outreach and marketing efforts were created for the groups listed and how it will help your organization achieve its Round 4 NFMC goals. For example, if Hispanic populations were targeted, you would describe the materials and advertising used, that it was printed in Spanish, and then identify the culturally appropriate outlets and community locations used to disseminate the material.

- 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?** \* Enter the percentage of your total units in Factor 3, Question 4 that you commit to provide to low-income (e.g., below 80% area media income) homeowners. Combine all Level One and Level Two units in your response below. If you do not intend to provide counseling to low-income or minority homeowners, enter “0”. **The percentage of units of counseling you commit to will be reflected in your Grant Agreement and will be a requirement for draw payment, so please only enter a percentage you are comfortable that your organization can achieve.**
- 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?** \* Enter the percentage of your total units in Factor 3, Question 4 that you commit to provide to minority homeowners. Combine all Level One and Level Two units in your response below. If you do not intend to provide counseling to minority homeowners, enter “0”. **The percentage of units of counseling you commit to will be reflected in your Grant Agreement and will be a requirement for draw payment, so please only enter a percentage you are comfortable that your organization can achieve.**
- 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/documents/R4Zipcodes.xls> After reviewing the website for a complete list of zip codes, please respond “Yes” if you intentionally target any of those zip codes in your marketing and outreach efforts. If you answered “Yes” to question 4, please complete 4A. If you responded “No” proceed to question 5.

**4A. If “Yes”, describe your outreach and marketing strategy, including how you identify and define which zip codes to target.** Provide details with regard to your outreach plan that specifically address how you first determine which zip codes to target in your outreach, what methods you use to reach those areas effectively, and how it will help your organization achieve its Round 4 NFMC goals. For example, in zip codes that have high numbers of churches or other faith-based organizations you might establish a partnership with them to support your marketing and outreach efforts.

- 5. If you were to receive NFMC 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/documents/R4Zipcodes.xls> Enter the percentage of your total units in Factor 3, Question 4 that you commit to provide to minority zip codes. Combine all Level One and Level Two units in your response below. If you do not intend to provide counseling to minority zip codes, enter “0”. **The percentage of units of counseling you commit to will be reflected in your Grant Agreement and will be a requirement for draw payment, so please only enter a percentage you are comfortable that your organization can achieve.**
- 6. If you were to receive NFMC 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/documents/R4Zipcodes.xls> . Enter the percentage of your total units in Factor 3, Question 4 that you commit to provide to low-income zip codes. Combine all Level One and Level Two units in your response below. If you do not intend to provide counseling to low-income zip codes, enter “0”. **The percentage of units of counseling you commit to will be reflected in your Grant Agreement and will be a requirement for draw payment, so please only enter a percentage you are comfortable that your organization can achieve.**

**Click “save” before moving on to the next page.**

### **Factor 6: Match**

**FACTOR 6 WILL NOT BE GIVEN A NUMERIC SCORE; HOWEVER, MATCHING FUNDS MUST BE PROJECTED AT THE REQUIRED LEVELS AND FUNDS CANNOT BE DRAWN DOWN UNTIL EVIDENCE OF MATCH FUNDS EXPENDED OR COMMITTED, PROPORTIONATE TO THE DRAW REQUEST, IS DOCUMENTED.**

Recognizing the limits of time and financial resources, match requirements are defined as follows: Applicants must provide a 20% match for \$500,000 or less in funding received from the NFMC Program. For funding in excess of \$500,000 the

**required match rate drops to 10%. For example, an Applicant applying for \$1 million in funds would be required to demonstrate a match of \$150,000 in cash and/or in-kind resources.**

Please read these other Match guidelines and rules before completing Question 1.

- Match can be cash or in-kind (e.g., staff time, office space, volunteer time, donated equipment, etc.). In-kind valuation will be considered consistent with requirements for other federal grant programs. Guidance is posted at [www.nw.org/nfmc](http://www.nw.org/nfmc).
- Applicant match must be related to Applicants' foreclosure mitigation program. This program must include foreclosure intervention counseling, but may also include such activities as triage, outreach, or mortgage workout funding (both grants and loans), plus any administrative or overhead expenses associated with the program.
- Match need not be new resources generated for this grant program, but must be related to foreclosure counseling rather than the Applicant's general housing counseling program.
- Other federal funds, with the exception of Community Development Block Grant (CDBG) Funds, may not be counted toward match requirements. Examples of federal funds ineligible for use as match include (but are not limited to) other HUD Housing Counseling funds, all previous NFMC awards (including Legal Assistance), HOME Funds, Neighborhood Stabilization Program, and grants awarded by NeighborWorks to its chartered members from Congressionally appropriated dollars.
- If grantee uses non-restricted net assets or retained earnings as sources of match funds, Grantee must retain back-up documentation that these funds are available and are credited to the foreclosure counseling budget. Examples of supporting documentation are financial records (i.e. profit and loss & balance sheet statements, management accounts, approved budget clearly showing NFMC match funds, etc.); signed minutes of meetings committing these funds, Board or agency resolutions and third-party confirmations.
- Examples of funds that are eligible for match include (but are not limited to): fees received from servicers or lenders for providing foreclosure counseling to clients not counted under this program, or for counseling costs over and above what NFMC pays for; funds received to capitalize mortgage rescue funds; Community Development Block Grant (CDBG) funds; foundation and corporate grants received for operating a foreclosure counseling and mitigation program; municipal, county, or state grants for operating a foreclosure counseling and mitigation program (as long as the funds do not have a federal source); contract income; and unrestricted funds or net assets dedicated towards the foreclosure program.
- The match "window," or period within which the match must be expended or raised, extends from June 30, 2009 to December 31, 2010. Any expenditures related to the Applicants' foreclosure mitigation program that occur between June 30, 2009 and the date award funds are received are eligible to be counted toward the match as long as they are not counted for match for NFMC Round 1, Round 2, Round 3, or Legal Assistance Funds. Funds raised before this time period can be counted toward match as long as they will be expended during the time frame June 30, 2009 – December 31, 2010.
- Applicants need not have all the match committed at the time of application, but can include funds they expect to raise during the year and any qualifying funds they have expended since June 30, 2009. Once grant funds are awarded, draws will be contingent upon Grantees' ability to demonstrate at least the amount of match proportional to the draw amount, including the initial disbursement, has been committed or expended.

1. In the table below, itemize your projected match for NFMC Round 4 Grant Period.\* Please indicate the source of funds, whether they are in-kind or cash, and whether they are expended, committed, pending, or anticipated. **Make sure the total match funds you itemize meets or exceeds the match required should your application be fully-funded.**

**Example:** An Applicant requests \$317,500. The match requirement (20% of \$317,500) is met through a match of non-federal funds totaling \$65,000 (or 20.4% of the NFMC amount requested).

<b>MATCH (Cash and In-Kind)</b>				
<b>Note:</b> 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, <u>cannot</u> be counted as match towards NFMC Round 4.				
<b>Enter the Name of the Source</b>	<b>Enter the Amount</b>	<b>Select the Description Source (cash, in-kind)</b>		<b>Select the Funding Status</b>
Smith and Jones Regional Bank	\$2,500	<input checked="" type="radio"/> Cash	<input type="radio"/> In-kind	Expended
Housing Preservation Fund	\$25,000	<input checked="" type="radio"/> Cash	<input type="radio"/> In-kind	Committed
FHP Society	\$5,000	<input checked="" type="radio"/> Cash	<input type="radio"/> In-kind	Projected
Volunteer Brigade of Small Town, USA	\$7,500	<input type="radio"/> Cash	<input checked="" type="radio"/> In-kind	Projected
State Housing Finance Agency	\$25,000	<input checked="" type="radio"/> Cash	<input type="radio"/> In-kind	Committed
<b>Total Match</b>	\$65,000			
<b>Funds Requested from NFMC</b>	<b>Amount</b>			
Total Maximum Eligible Counseling Award	\$250,000			
Total Program-Related Support Amount Requested	\$50,000	(20% of the \$250,000 counseling request)		
Total Operational Oversight Amount Requested	\$17,500	(7% of the \$250,000 counseling request)		
<b>Total NFMC Amount Requested</b>	\$317,500			
This Amount will be displayed on your Requested Amount page				

**Click “save” before moving on to the next page.**

## Factor 6: Match Waiver

2. 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. The match requirement may be waived for counseling delivered in areas where either the local poverty rate or the local unemployment rate is greater than 150% of the national rate. When requesting waivers, Applicants must use data that is no older than 2008. Applicants can find unemployment rates from the Bureau of Labor Statistics at [www.bls.gov/lau/#data](http://www.bls.gov/lau/#data) and poverty rates from the U.S. Census Bureau at [www.census.gov/hhes/www/saipe/county.html](http://www.census.gov/hhes/www/saipe/county.html).

Waivers will be granted on a county-by-county basis for counties that have rates of poverty or unemployment greater than 150% of the national rate. In the event that a service area is smaller than the county, Applicants may apply for a match waiver for the smaller geographic area. The Applicant must have a physical presence (such as an office) in the area for which the waiver is requested and must state their estimated counseling volume in that area. Match waiver decisions will consider the volume of counseling expected by the Applicant in that county or area compared to their Total Counseling Goals. Waivers will be granted proportionately and will be detailed in the Grant Agreement.

If you are requesting a match waiver for a service area smaller than county level, you must fill out the excel spreadsheet titled “Match Waiver Request – smaller than County Level” under the “For All Eligible Applicants” section of [www.nw.org/nfmc](http://www.nw.org/nfmc) and e-mail it to [nfmc@nw.org](mailto:nfmc@nw.org) before 8PM EST on February 9, 2010.

Name of County or Tribal Land, and state	Is there a Physical Sub-grantee Presence?	Projected # of Clients to be Counseled in this Area	Does this area have an unemployment rate greater than or equal to 15% (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.
<i>Examples only:</i> Swaim County, PA	<input checked="" type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Poverty: Census (2005) unemployment: Bureau of Labor Statistics (2005)
American Indian Reservation, DE		10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Poverty: Census (2005) unemployment: Bureau of Labor Statistics (2005)

The totals in column C, *Projected # of Clients to be Counseled in this Area*, should be a subset of the NFMC Round 4 goals listed in Factor 3. When completing this section, please refer to Factor 4 to ensure you are not asking for a waiver for more units than you are proposing to provide in the identified service area.

Match waivers will be awarded proportionate to the counseling level you listed in your Round 4 Goals specified in Factor 3 unless you instruct us otherwise in writing at the time of your application.

**Click “save” before moving on to the next page.**

## **Application Submission**

**Before submitting, please follow these important steps to ensure your application is not submitted with errors.**

1. Check to make sure there are no errors on the pages – an error is indicated with an exclamation point in front of a yellow triangle background. If all of your pages are labeled with a green checkmark, there are no errors on your pages. If you see an exclamation point instead of green checkmark, go to that page and run the error check. The “check for errors” feature will tell you exactly what changes need to be made to clear the error.
2. Before submitting, it is **very important** that you open EACH PAGE of the application and click on “save” again. This resets the error checks, allows you to ensure that you are not submitting the application with any inter-page errors, and allows you to clear the errors before submission.
3. Only the authorized official may submit your agency’s application. Make sure to plan accordingly.
4. The NFMC team **highly suggests** that applicants plan to submit their application on or before February 8, 2010. The system will lock applicants out of their application exactly at 8:00 P.M. EST on February 9, 2010. It is not advisable for applicants to wait until this deadline to submit in case it takes longer than expected to submit – even one minute too late will not be accepted – or in case there are last minute errors that need time to be cleared before submission. There is a limited number of support staff available to assist applicants with their grant submission, and calls will only be answered on a first come, first served basis. The earlier you attempt to submit the application, the more likely it will be that a staff person will be available to assist you should errors occur.