

National Foreclosure Mitigation Counseling (NFMC)

Round 4 Streamlined Application Questions

Applicant Certifications

Numbers 1-12 of the applicant certifications below should be completed by state HFAs, HUD-Approved Intermediaries, and NeighborWorks® organizations. Numbers 13-16 should be completed by State HFAs, HUD-Approved Intermediaries, and NeighborWorks Organizations that will contract out some of their counseling services under the parameters described in the NFMC Round 4 Funding Announcement.

By checking off each required applicant certification below, applicant certifies that each of the following statements is true for it and for all of its sub-grantees, branches, and/or affiliates (as applicable):

State HFAs, HUD-Approved Intermediaries, and NeighborWorks® Organizations certify that it and its sub-grantees, branches, and/or affiliates (as applicable):

- 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 language that customers speak or will use interpreter services to ensure non-English speaking customers can obtain foreclosure intervention counseling. *
- 6. Will not permit discrimination against customers on the basis of their gender, race, religion, color, familial status, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability. *
- 7. Will adhere to the National Industry Standards Code of Ethics and Conduct and offer (as appropriate) the Minimum Standard Activities for Foreclosure Intervention and Default Counseling.* (<http://www.nw.org/network/nfmcp/documents/NationalIndustryForeclosureCounselingStandards-FINAL.pdf>).
- 8. Currently uses CounselorMax, NStep, or Home Counselor Online **or** applicant uses alternative client management system that will supply, electronically, the necessary client-level and aggregate reporting. NeighborWorks® will make available a template for data modification and submission. *
- 9. Agrees to comply with quality control, compliance and evaluation of the NFMC program through December 31, 2012. *
- 10. Certifies that the staff and volunteers who will provide foreclosure intervention counseling under NFMC have no conflict(s) of interest due to relationships with servicers, real estate agencies, mortgage lenders and/or other entities that may stand to benefit from particular counseling outcomes. *
- 11. Certifies that it has documented counseling capacity, outreach capacity, past successful performance and positive outcomes with documented counseling plans, including foreclosure mitigation counseling. *

- 12. Certifies that all NFMC clients will be owner-occupants of their homes at the time they receive counseling. *

Questions 13 – 16 are required by State HFAs, HUD-Approved Housing Counseling Intermediaries, or NeighborWorks Organizations that will contract out some of their counseling services under the parameters described in the NFMC Round 4 Funding Announcement.

- 13. Certifies that all sub-grantees, branches, or affiliates have the capacity to track and report both client level and aggregate data. Reporting must be done via electronic data files.
- 14. Has the capacity to furnish client level data and aggregate reports on NFMC program activity in electronic file format.
- 15. 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.
- 16. Agrees to collect and maintain a file of Certification Agreements and multiple NFMC Affiliation Disclosures of all sub-grantees.

Factor 1: NFMC Grant Performance

1. **Applicant Type.** Check the type of entity that best describes the applicant organization.

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

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

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

- Applicant is a State Housing Finance Agency and can provide evidence of statutory authority to operate as a State HFA, to apply for and use funds, and to serve the entire state; OR

C. Type of Applicant: NeighborWorks Organization

- Applicant is a chartered member of the NeighborWorks® network in good standing, defined as having a charter which is not provisional.

2. **Audit.** Upload your most recent independent financial audit, including the most recent OMB A-133 audit, if applicable. If the audit disclosed findings, please also upload your organization's Management Response Letter or Corrective Action Plan. If you have received an e-mail from NFMC stating that your most recent audit is already on file, upload a copy of that e-mail instead.

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

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

Browse	Path to file to be uploaded
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3. Describe your organization's service delivery model. Refer to the Application Guide for specific items to include in this description. If you have made changes to your service delivery model since receiving NFMC funds, please indicate what changes have been made and how they have improved your organization's effectiveness and efficiency. *

5000 characters

4. If you are currently using NFMC funds, by what date do you expect to fully expend all awarded funds (for Rounds 2 and 3) [MM/DD/YYYY]

date

5. If you previously received NFMC funds, describe any challenges you have experienced in implementing your previous NFMC award(s). Discuss plans or procedures you have put in place to address these challenges.

5000 characters

**Factor 2: Capacity of Applicant for State HFAs & HUD-Approved Intermediaries
Page 1**

1. For State HFAs & HUD-Approved Intermediaries, list the names and primary office locations of sub-grantees, if any, you plan to **add** in Round 4 in the table below:

Total locations of sub-grantees added:

Name	City	State
50 Chars	30 chars	2 chars

**Factor 2: Capacity of Applicant for State HFAs & HUD-Approved Intermediaries
Page 2**

2. For State HFAs & HUD-Approved Intermediaries, in Round 4, list the names and primary office locations of sub-grantees, if any, you plan to **subtract** from the most current list of sub-grantees, branches, and affiliates NFMC has on file in the table below:

Total locations of sub-grantees subtracted:

Name	City	State
50 Chars	30 chars	2 chars

**Factor 2: Capacity of Applicant for State HFAs & HUD-Approved Intermediaries
Page 3**

1. For State HFAs & HUD-Approved Intermediaries, discuss the impact your proposed changes in numbers of sub-grantees will have on your ability to implement NFMC Round 4 and fully expend Round 4 funds by December 31, 2010.

3000 characters

Factor 2: Capacity of Applicant for NeighborWorks Organizations Page 4

1. For Neighborworks Organizations, indicate the number of full-time equivalent (FTE) foreclosure counselors and other foreclosure staff (e.g., intake workers, negotiators, etc.) who are currently working for the applicant organization and would be working on the NFMC program.

Number of Foreclosure Counselors	Number of other foreclosure staff (not including counselors)
####	####

2. For Neighborworks Organizations, indicate the number of full-time equivalent (FTE) foreclosure counselors and other foreclosure staff (e.g., intake workers, negotiators, etc.) who will be working for applicant organization, should it receive its full request of NFMC Round 4 funds, in addition to those listed above.

Number of Foreclosure Counselors	Number of other foreclosure staff (not including counselors)
####	####

3. For NeighborWorks Organizations, discuss the impact your proposed changes in numbers of counselors and foreclosure staff will have on your ability to implement NFMC Round 4 and fully expend Round 4 funds by December 31, 2010.

3000 characters

Factor 3: Proposed Counseling Services Page 1

Number of Unduplicated Customers Receiving Foreclosure Counseling										
Round 4 Goals										
Click on the Save button to see the totals										
X	"Level One" Counseling					"Level Two" Counseling				
	(12/1/09 - 3/31/10)	(4/1/01 - 6/30/10)	(7/1/10 - 9/30/10)	(10/1/10 - 12/31/10)	Total	(12/1/09 - 3/31/10)	(4/1/01 - 6/30/10)	(7/1/10 - 9/30/10)	(10/1/10 - 12/31/10)	Total
1. NFMC Round 4 GOAL: Additional foreclosure counseling projected between December 1, 2009 and October 31, 2010 <u>with a</u> NFMC Round 4 award. *										
NOTE: Your Round 4 Goal Grand Total must equal your overall total of units of counseling listed in Factor 4.										

TOTAL ROUND 4 GOAL

Maximum Eligible Counseling Award - Round 4		
Click on the Save button to see the calculated MAXIMUM ELIGIBLE COUNSELING AWARD		
	“Level One” Counseling	“Level Two” Counseling
2. Calculated Maximum Eligible NFMF Round 4 funds to be awarded from the projected counseling numbers in question 1 above.	Level One NFMF Round 4 Goal (from Question 1) X \$150	Level Two NFMF Round 4 Goal (from Question 1) X \$300
MAXIMUM ELIGIBLE COUNSELING AWARD PER LEVEL		

TOTAL MAXIMUM ELIGIBLE COUNSELING AWARD	<p>The maximum allowable grant request for this application is \$ 7.016 million and the minimum allowable grant request is \$39,370.</p> <p>If the amount listed here exceeds this amount, you must reduce your Round 4 Goal figures in Factor 3, question 1.</p> <p>If amount listed here is less than \$39,370, you must add to your Round 4 Goal figures in Factor 3, question 1.</p>
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Factor 3: Proposed Counseling Services Page 2

3. If you received previous NFMC funds, do you expect to complete your total NFMC goals (Rounds 2 and 3) as listed in your Grant Agreement before December 31, 2010?

Yes No

3A. If no, explain why additional NFMC Round 4 funds are necessary and how you will ensure all Round 4 funds are fully expended by December 31, 2010.

5,000 chars

4. Program-Related Support amount applicant is requesting based on the Round 4 Counseling Goals; this is 20% of your Round 4 maximum eligible counseling award from Factor 3, Question 2.

5. Describe how your organization will use the Program-Related support to achieve your projected Round 4 Counseling Goals (from Factor 3, question 1) under NFMC Round 4. *

3000 Characters

6. *For State HFAs and HUD-Intermediaries only*, if you intend to retain any Program-Related Support funds:

6A. Enter the percentage of funds you will retain. Note: The retained amount cannot exceed 50% of the Program-Related Support amount calculated on Question 4 above.

%

6B. This is the total amount you intend to retain for the Program-Related Support funds

\$

7. *For State HFAs and HUD-Intermediaries only:* Operational Oversight amount grantee is requesting based upon Round 4 Counseling Goal (this is 7% of your Round 4 maximum eligible counseling award from Factor 3, Question 2 for the first \$2.5 million and 5% thereafter)

\$

8. *For State HFAs and HUD-Intermediaries only:* How you will use Operational Oversight funds to administer NFMC Round 4 funding.

3000 Characters

Factor 4: Proposed Service to MSAs of Greatest Need

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

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

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

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

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

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

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

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

TOTAL

[Sum of all the numbers from this column]

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

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

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

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

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

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

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

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

TOTAL

Factor 4: Proposed Service to Rural Areas of Greatest Need

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

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

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

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

- Washington
- Wisconsin

Total

Sum of all the numbers
from this column

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

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

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

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

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

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

Factor 5: Targeted Outreach

1. If you were to receive NFMC Round 4 funding, what percentage of your total counseling units do you commit to provide to households living in low-income zip codes? Follow this link to determine which zip codes are majority low-income:
<http://www.nw.org/network/nfmcp/R4zipcodes.asp> *

%

2. If you were to receive NFMC Round 4 funding, what percentage of your total counseling units do you commit to provide to households living in minority zip codes? Follow this link to determine which zip codes are majority minority:
<http://www.nw.org/network/nfmcp/R4zipcodes.asp> *

%

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

%

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

%

Factor 6: Match

1. In the table below, itemize your projected match for the NFMC Round 4 grant period.

Match (Cash and In-Kind)			
<p>Note: In-kind and cash match resources must expended between June 30, 2009 and December 31, 2010. Funds raised before this time period can be counted toward match as long as they will be expended between June 30, 2009 and December 31, 2010. Funds raised as match for NFMC Rounds 1 2, or 3, or for NFMC Legal Assistance funding, cannot be counted as match towards NFMC Round 4.</p>			
Enter the Name of the Source	Enter the Amount	Select the Description Source (cash, in-kind)	Select the Funding Status
*	*	<input type="checkbox"/> Cash <input type="checkbox"/> in-kind *	Drop-down options: <input type="checkbox"/> Expended <input type="checkbox"/> Committed <input type="checkbox"/> Pending <input type="checkbox"/> Anticipated *
Total Match			
Click on Save button to see total.			
Funds Requested from NFMC			
Click on Save to carry over the calculated amounts below.	Amount		
Total Maximum Eligible Counseling Award			
Total Program-Related Support Amount Requested			
<i>For Intermediary/HFAs Only</i>			
Total Operational Oversight Amount Requested			
Total NFMC Amount Requested			
This Amount will be displayed on your Requested Amount page			

Factor 6: Match Waiver

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

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