

Illinois Housing Development Authority National Foreclosure Mitigation Counseling Program (NFMC) Round 8 Application

Applying Agency:

Branch ID:

Use the Application Guide as you complete this application. If you still have any questions, please contact NFMC staff, NFMCinfo@ihda.org.

Application Checklist

All items below are due with application electronically to NFMCinfo@ihda.org, no

later than 2:30pm on Friday, November 1, 2013

If these items are not included with your application, your application will be incomplete.

- Completed Application
- Signed Organizational Information Page
- Staff Foreclosure Training Certificates
- Disclosure Letter -(if applying for NFMC funds with another intermediary in addition to IHDA)
- Letter explaining why your agency does not perform financial audits, if applicable.

Name of Organization Applying:	
Name of Executive Director:	
ED e-mail:	
Organization Address:	
Organization Telephone Number:	
Organization Fax Number:	
Chief Contact for NFMC:	
Chief Contact e-mail:	
Website:	
Fiscal Year Start Date:	
Fiscal Year End Date:	
Estimated Date of FY13 Audit Completion:	
If you do not perform audits, please attach a letter explaining why.	
Are you HUD Certified?	
Year of initial certification:	
Year of most recent certification:	
Months organization has provided foreclosure counseling:	
Will you be applying for NFMC funds through another source?	
If yes, with what entity will you also be applying?	
If yes, please provide a disclosure letter with this information.	

**National Foreclosure Mitigation Counseling Program Application
NFCM Round 8 Form Requirements**

Applicant Certifications and Previous NFCM Participation

Applicant Certifications

Each Applicant must certify for itself, that each of the following certifications is true. By checking the checkbox below, Applicant certifies that it:

- 1. Has current certificates of good standing in all states in which it operates. *
- 2. Is currently authorized to do business in the state of Illinois.
- 3. Meets or exceeds HUD’s minimum standards for approval as a HUD housing counseling agency.
(http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/sfh/hcc/hccprof13) *
- 4. Has counseling offices and services that are accessible to people with disabilities. *
- 5. Has counselors fluent in the languages that clients speak, or will use interpreter services to ensure non-English speaking clients can obtain foreclosure intervention counseling. *
- 6. Will not permit discrimination against clients 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.homeownershipstandards.org/Home/Standards.aspx>) *
- 8. Will adhere to the National Industry Standards for Homeownership Education and Counseling guidelines on disposing of personally-identifiable information, which state, “Homeownership educators/counselors will dispose of clients’ records in a manner that protects clients’ confidentiality and is consistent with state statutes governing records and social work licensure.” *
- 9. Currently uses CounselorMax or Home Counselor Online or uses an alternative client management system that will supply, electronically, the necessary client-level and aggregate reporting. IHDA will make available a template for data modification and submission. *
- 10. Certifies that is has the capacity to track and report both client-level and aggregate data. Reporting must be done via electronic data files. *
- 11. Agrees to comply with quality control, compliance, and evaluation of the NFCM Program through December 31, 2016. *
- 12. Certifies that the staff and volunteers who will provide foreclosure intervention counseling under NFCM have no conflict(s) of interest due to other relationships with servicers, real estate

agencies, mortgage lenders and/or other entities that may stand to benefit from particular counseling outcomes. *

- 13. Certifies that it has documented counseling capacity, outreach capacity, past successful performance and positive outcomes with documented counseling plans, including foreclosure mitigation counseling. *
- 14. Certifies that all NFMC clients will be owner-occupants of their homes at the time they receive counseling. *
- 15. Agrees to collect and maintain a file of Certifications that a) show that it meets or exceeds the standards for HUD approval and b) include NFMC Affiliation Disclosures for NFMC funding directly and/or through multiple Intermediaries and/or State HFAs. *

Please certify ONE of the following for your organization:

- 16. Applicant, Branch, or Affiliate 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.
- 17. 75% or more of Applicant's, Branch's, or Affiliate's service area is in a rural area (as defined in the Application Guide) AND the organization provided foreclosure intervention counseling services which include documented action plans to at least 25 people during the last year or 10 people during the most recent quarter.
- 18. Applicant, Branch, or Affiliate 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.

Previous NFMC Participation

Has your organization ever previously received NFMC funding?

Yes No

I certify that the information contained herein accurately reflects my organization's foreclosure mitigation counseling program.

Name & Title of Authorized Representative

Signature of Authorized Representative

Date (MM/DD/YYYY)

Factor 1: Past Performance and Compliance

Please answer the following questions referring to your overall foreclosure services offered.

1. Are there other foreclosure counseling agencies already providing services in your service areas?

Yes No

1A. If Question 1 is “Yes,” explain why there is a need for your organization to also provide foreclosure counseling services in these areas.

2. Describe any challenges your organization has experienced in implementing its foreclosure counseling program. Discuss plans or procedures put in place to address these challenges.
3. Describe systems in place to ensure your organization has efficient program delivery for foreclosure intervention counseling.
4. Describe your organization’s experience acting as a sub-grantee. Include a description of processes in place for each of the following: 1) managing funds expeditiously; 2) experience in managing contracts; 3) experience in data collection and reporting; and 4) sharing best practices.
5. Describe how your organization ensures quality control of counseling services offered and adherence to counseling program/grant requirements – for itself if it offers counseling directly; for itself as it oversees Branches/Affiliates; and also for its Branches/Affiliates that offer counseling services.

6. Describe your organization's internal procedures when it or a Branch/Affiliate is out of compliance with program or grant requirements. Include a description of each of the following: 1) procedures for determining when your organization or a Branch/Affiliate is out of compliance; 2) consequences for staff for non-compliance; 3) procedures for remedying compliance issues; and 4) any follow-up that occurs after a compliance-related issue is raised.

7. Has your organization or any of its Branches/Affiliates had HUD Housing Counseling funds recaptured or de-obligated in Calendar Years 2011, 2012 or 2013?
 Yes No

If Question 7 is "Yes," 7A – 7C are required.

7A. Date the recapture or de-obligation occurred (MM/DD/YYYY)

7B. Explain why the HUD Housing Counseling funds were recaptured or de-obligated.

7C. What steps were taken to correct the issues that led to the funds being recaptured or de-obligated? How has the pertinent organization monitored the changes for ongoing effectiveness?

8. Does your organization or any of its Branches/Affiliates have outstanding issues from compliance monitoring or other on-site reviews from HUD in Calendar Years 2011, 2012 or 2013?
 Yes No

If Question 8 is "Yes," 8A – 8B are required.

8A. Date the monitoring or review occurred (MM/DD/YYYY)

8B. Explain the issues identified and steps taken to resolve those issues.

9. Has your organization or any of its Branches/Affiliates had findings from state or federal investigations related to foreclosure intervention counseling or the use of federal funds during the past year (calendar year 2013) or have any unresolved findings relating to an investigation that occurred prior to 2013?

Yes No

If Question 9 is "Yes," 9A is required.

9A. If Question 9 is "Yes," please provide specifics on these issues and how the pertinent organization has addressed or resolved the matter.

Factor 2: Past Performance and Compliance

Address all previous experience with grant management.

1. Was your organization a direct recipient of NFMC Round 7 funds? Yes No
2. Was your organization a direct recipient of NFMC funds in any grant round prior to Round 7? Yes No

If you answered “Yes” to Question 1, complete all questions in Factor 2.

If you answered “No” to Question 1 but “Yes” to Question 2, complete Questions 6-15 in Factor 2.

If you answered “No” to both Questions 1 and 2, do not complete Factor 2, skip to Factor 3 but you are required to complete all of Factor 1.

Questions 3 to 5 are required of all Applicants that received a direct grant in NFMC Round 7. If you did not receive a Round 7 grant award, please move on to Question 6.

3. If your organization is currently using NFMC Round 7 funds, by what date will (or did) your organization fully expend all awarded funds? (MM/DD/YYYY)
4. Provide a monthly projection of how your organization’s NFMC Round 7 counseling units will be delivered between November 1, 2013 and June 30, 2014 (or until your organization completes all awarded Round 7 counseling units, whichever comes first). Remember, all Round 8 units of counseling must be completed by December 31, 2014 and are over and above the Round 7 units of counseling your organization has yet to complete according to the monthly projection below. If you have spent all Round 7 funds, enter “0” in each space to indicate that no additional counseling units will be provided via Round 7 funds. Please check to ensure that your response to Question 4 is congruent with your response to Question 3 above. For example, if you entered February 12, 2014 in Question 3, the entries in the table below should be “0” from March 2014 through June 2014.

4A. Monthly Projections for remaining NFMC Round 7 Counseling Units

If any cell in Question 4A has a value other than “0,” 4B is required.

Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014

4B. Are your organization's monthly projections as shown above for Round 7 greater than its past Demonstrated Experience in the NFMC Program as reported to the NFMC Data Collection System? Yes No

If Question 4B is "Yes," 4C is required.

4C. Explain why your organization anticipates producing more units under NFMC in this timeframe.

5. Explain local market conditions or other factors that are prompting your organization to request NFMC Round 8 funding in addition to its NFMC Round 7 award.

Questions 6 to 15 are required of all Applicants that have received NFMC grant awards in any previous grant round (Round 1, Round 2, Round 3, Round 4, Round 5, Round 6, and/or Round 7).

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

7. If your organization had compliance findings from the NFMC Program Round 4, 5 or 6 reviews, what systems and processes has it put in place to ensure similar findings are avoided in the future? If your organization was not a Round 4, 5, or 6 Grantee or did not have any findings, and no branches/affiliates had findings, please state that in the space below and IHDA will confirm.

8. If your organization was a sub-grantee in Rounds 2 through 6 of the NFMC Program, has it had similar compliance findings in the two most recent program rounds tested? (Similar findings would be, for example, if required file information was missing even if the information missing was different in each round) If yes, why? Has your organization remediated the underlying issues? If so, explain how. If not, how will your organization ensure that the underlying issues will be remediated and these same compliance findings will not occur in Round 8? If this does not pertain to your organization, please explain why.

9. Has your organization or its Branches/Affiliates had NFMC Round 5, 6, or 7 funds recaptured or de-obligated, either for compliance reasons or because it did not spend down the grant funds within the performance period? If your organization or its Branches/Affiliates did not receive Round 5, 6, or 7 grant funds, answer this question as N/A.

Yes No N/A

If Question 10 is "Yes," 10A – 10C are required.

9A. Date the recapture or de-obligation occurred (MM/DD/YYYY)

9B. Explain why the NFMC Program funds were recaptured or de-obligated.

9C. What steps did your organization take to correct the issues that led to the NFMC Program funds being recaptured or de-obligated?

10. Has your organization had HUD Housing Counseling funds recaptured or de-obligated in Calendar Years 2011, 2012, or 2013?

Yes No

If Question 10 is "Yes," 10A – 10C are required.

10A. Date the recapture or de-obligation occurred (MM/DD/YYYY)

10B. Explain why the HUD Housing Counseling funds were recaptured or de-obligated.

10C. What steps were taken to correct the issues that led to the funds being recaptured or de-obligated? How has the pertinent organization monitored the changes for ongoing effectiveness?

11. Does your organization have outstanding issues from compliance monitoring or other on-site reviews from HUD in Calendar Years 2011, 2012, or 2013?

Yes No

If Question 11 is "Yes," 11A – 11B are required.

11A. Date the monitoring or review occurred (MM/DD/YYYY)

11B. Explain the issues identified and steps taken to resolve those issues.

12. Has your organization had findings from state or federal investigations related to foreclosure intervention counseling or the use of federal funds during the past year (calendar year 2013) or have any unresolved findings relating to an investigation that occurred prior to 2013?

Yes No

If Question 12 is “Yes,” 12A is required.

12A. If Question 12 is “Yes,” please provide specifics on these issues and how the pertinent organization has addressed or resolved the matter.

13. Describe how your organization ensures quality control of counseling services offered and adherence to counseling program/grant requirements – for itself if it offers counseling directly; for itself as it oversees Branches/Affiliates that offer counseling services.

14. Describe your organization’s internal procedures for determining when it, or a Branch/Affiliate is out of compliance with program or grant requirements. Include a description of each of the following: 1) procedures for determining when your organization, Branch/Affiliate is out of compliance; 2) consequences for non-compliance; 3) procedures for remedying compliance issues; and 4) any follow-up that occurs after a compliance-related issue is raised.

15. Describe how the previous NFMC funding you were awarded has affected your organization’s foreclosure counseling capacity, outreach, and program outcomes.

Factor 3: Capacity of Applicant & Sub-grantees/Branches

EXPERIENCE OPERATING A FORECLOSURE INTERVENTION COUNSELING PROGRAM

1. How long has your organization managed foreclosure intervention counseling programs? *

2. Describe your organization's service delivery model. Whether your organization directly employs counselors and/or foreclosure staff, Branches/Affiliates that work under a unified program delivery model, be certain to address each of the following topics, 2A – 2E.

2A. Describe your organization's intake and triage procedures, including expected response time to each homeowner's request to initiate counseling. Describe any improvements that your organization has made to its processes over time and how long the current process/system has been in place.

How long current system has been in place in months?

2B. Describe your organization's method(s) of counseling used, including face to face, phone, internet, email, etc. Describe any improvements that your organization has made to its processes over time and how long the current process/system has been in place.

How long current system has been in place in months?

2C. Describe your organization's staff roles in the foreclosure counseling process. Include in your response: if counselors or other staff that work with the foreclosure counselors (intakers, negotiators) are full-time, part-time, or volunteer; if they are fully dedicated to foreclosure services or if they split their time between foreclosure counseling and management or other programs; and if they 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/staff are dedicated to securing outcomes and all negotiations with servicers). Describe any improvements that your organization has made to its processes over time, the impact of those improvements and how long the current process/system has been in place.

How long current system has been in place in months?

2D. Describe your organization's data collection, consolidation, and reporting procedures. Describe any improvements that your organization has made to its processes over time and how long the current process/system has been in place.

How long current system has been in place in months?

2E. Describe your organization's methods of communicating with loan servicers during the counseling process. Describe any improvements that your organization has made to its processes over time and how long the current process/system has been in place.

How long current system has been in place in months?

3. Does your organization Branches/Affiliates provide direct lending to or servicing of loans for homeowners? *
- Yes No

If Question 3 is "Yes," 3A is required.

3A. If Question 3 is "Yes," does your organization or the pertinent Branches/Affiliates have counselors on staff that will be providing foreclosure counseling? Note that foreclosure intervention counselors for NFMC must not be loss mitigation/servicing staff working on behalf of a lender or mortgage finance program.

Yes No

If Question 3A is "Yes," 3B is required.

3B. If answers to Questions 3 and 3A are "Yes," explain how your organization or the pertinent Branches/Affiliates provide counseling in such a way that there is no real or perceived conflict of interest and that the organization does not stand to benefit from particular counseling outcomes.

Factor 3: Capacity of Applicant /Branches

4. Complete the table below regarding your organization.

# of Full-Time Equivalent foreclosure counselors or other foreclosure staff currently providing full time counseling (paid or volunteer):	
# of Full-Time Equivalent foreclosure counselors or other foreclosure staff who will be providing full time counseling should you receive Round 7 funds, in addition to those listed above:	
Average months of Foreclosure Intervention Counseling Experience of counselors previously mentioned:	
# of Counselors who have received Comprehensive Training or Certification:	
# of Counselors that have provided foreclosure counseling to >250 but less than 500 people in their career:	
# of counselors that have provided individual foreclosure counseling to >500 people in their career:	

Factor 3: Capacity of Applicant & Branches

5. Describe your organization's 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 describe caseload size and managerial oversight. *

6. Does your organization plan to apply for NFMC funds under more than one HFA/Intermediary/NWO or Affiliates?

Yes No

If Question 6 is "Yes," 6A – B are required.

6A. Attach a letter when submitting this application detailing your foreclosure counseling goals under each NFMC contract with sources other than IHDA. The letter should be on your letterhead.

[attach the file to email submission]

7. Describe any foreclosure-related training completed or certifications obtained in the last 24 months by the counselors working on the program. Include details about the name and source of the training or certification (note: this training does not need to be NeighborWorks' NFMC training). Provide specific detail with regard to training and certification completed by counselors hired or newly-assigned in the last 12 months. *

Measuring Results

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

- CounselorMax
- Home Counselor Online
- NFMC Microsoft Excel Template
- Other System, specify and describe

If “Other System” is checked, or if more than one box is checked, Question 8A is required.

8A. If your organization has multiple Branches or Affiliates, and they do not all use the same CMS system (or you checked “Other System” above), explain how your organization will ensure each Branch or Affiliate’s foreclosure counseling data is collected, consolidated, and then consistently reported to IHDA.

9. If your organization is an existing sub-grantee, also describe any improvements it has made to its data collection and reporting approach or system since the NFMC Program began. If your organization is applying for the first time, enter N/A. *

10. What mode of counseling does your organization and all Branches/Affiliates provide to clients?
Enter the percentage of clients that receive each service as their primary service type, with all entries totaling 100%. Enter “0” for none. *

In person		%
Telephone		%
Online		%
Web-based		%
Other		%
Total	0	%

If you answered "Other," "Online" or "Web-based," Question 10A is required.

10A. Describe how your organization and any applicable Branches/Affiliates provide personal contact to both Level One and Level Two clients.

Factor 4: Proposed Counseling Services

In the tables below, fill out the estimated number of foreclosure intervention clients served by your organization and its Branches/Affiliates. Refer to each question within the table for further instructions.

1. Did your organization provide foreclosure counseling that was not funded by NFMC through a direct grant from NeighborWorks America during the time period **July 1, 2012 – September 30, 2013**? (if your organization was a NFMC Sub-grantee in Round 7, answer Yes.) *
 Yes No

DEMONSTRATED EXPERIENCE Number of Units of Foreclosure Counseling Delivered – include all units delivered through a direct NFMC grant AND as a Branch or Affiliate of an NFMC direct Grantee AND for other non-NFMC funding	"Level One" Counseling								"Level Two" Counseling			
	7/1/12 – 9/30/12	10/1/12 – 12/31/12	1/1/13 – 3/31/13	4/1/13 – 6/30/13	7/1/13 – 9/30/13	Total	7/1/12 – 9/30/12	10/1/12 – 12/31/12	1/1/13 – 3/31/13	4/1/13 – 6/30/13	7/1/13 – 9/30/13	Total
2. Foreclosure counseling units provided between 7/1/12 – 9/30/13 through all sources of funding. Include in this question units provided using funds from any NFMC round as well as funds from other sources. If your organization provided Level Three counseling in the past, for each Level Three customer served, add 1 to the Level One column and 1 to the Level Two column. Demonstrated Experience will display the larger of either the five quarters in sum OR the third quarter of 2013 <i>multiplied by five</i>						0						0

DEMONSTRATED EXPERIENCE		Number of Units of Foreclosure Counseling Delivered – include all units delivered through a direct NFMC grant AND as a Branch or Affiliate of an NFMC direct Grantee AND for other non-NFMC funding Click on the Save button to calculate the totals and Demonstrated Experience	
for each counseling level.	"Level One" Counseling		
			0
	Demonstrated Experience:		
			0
	"Level Two" Counseling		
			0
	Demonstrated Experience:		
			0

TOTAL DEMONSTRATED EXPERIENCE

3. Anticipated Counseling without Direct Round 8 Funds *

In the chart below, state the units of Level One and Level Two foreclosure counseling your organization anticipates completing between 10/1/2013 and 12/31/2014 without direct NFMC Round 8 funding. There is one column for counseling units you anticipate being funded through work as a Sub-grantee of other NFMC Grantees and another column for counseling units you anticipate being funded by non-NFMC sources. If NFMC Round 8 funds granted directly to your organization will fund or contribute to funding 100% of its counseling during that time, enter "0" in each column.

Counseling Level	Anticipated counseling units to be provided as a Sub-grantee between 10/1/13 and 12/31/14	Anticipated counseling units to be provided from non-NFMC sources between 10/1/13 and 12/31/14
Level One		
Level Two		
Total Initial Counseling Goals	0	0

NFMC ROUND 8 GOALS		Number of Units of Foreclosure Counseling to be Delivered with NFMC Round 8 Funds											
		"Level One" Counseling					"Level Two" Counseling					Total	
		10/1/13 – 12/31/13	1/1/14 – 3/31/14	4/1/14 – 6/30/14	7/1/14 – 9/30/14	10/1/14 – 12/31/14	10/1/13 – 12/31/13	1/1/14 – 3/31/14	4/1/14 – 6/30/14	7/1/14 – 9/30/14	10/1/14 – 12/31/14		
4. Round 8 Goal: Foreclosure counseling units projected between 10/1/13 – 12/31/14 with a <u>NFMC Round 8</u> award. Do not include units included in Question 3 above, or units awarded in previous NFMC funding rounds. *													0
NOTE: Your organization's total NFMC Round 8 Goal must equal the overall total of units listed in Factor 5.												0	

TOTAL NFMC ROUND 8 GOAL
0

Maximum Eligible Counseling Award - Round 8		
	"Level One" Counseling	"Level Two" Counseling
5. Calculated Maximum Eligible NFMFC Round 8 funds to be awarded from the NFMFC Round 8 Total Goal numbers in Question 4 above.	Level One NFMFC Round 8 Goal (from Question 4) X \$150	Level Two NFMFC Round 8 Goal (from Question 4) X \$300
MAXIMUM ELIGIBLE COUNSELING AWARD PER LEVEL	0	0
TOTAL MAXIMUM ELIGIBLE COUNSELING AWARD ROUND 8	0	

Factor 4: Proposed Counseling Services

6. Is the Demonstrated Experience your organization entered in Factor 4, Question 2 greater than your organization's Demonstrated Experience previously under the NFMC Program (as shown in your uploads to the NFMC Data Collection System)? *
- Yes No

If Question 6 is "Yes," Question 6A is required.

6A. Explain the extra Demonstrated Experience, listing the factors (such as additional programs or funding sources) that made those counseling services possible.

7. Is your organization's overall Demonstrated Experience LESS than the number of counseling units for which your organization has requested funding in Factor 4, Question 4?
- Yes No

If Question 7 is "Yes," Question 7A is required.

7A. Please explain how your organization plans to deliver more counseling units during this funding round's timeframe than it has previously delivered.

Number of Additional Foreclosure Intervention Counseling and Other Foreclosure Staff FTEs Needed to Deliver NFMC Round 8 Counseling Goal

	Additional Counseling and Other Foreclosure Staff FTE's Needed					
	10/1/13 – 12/31/13	1/1/14 – 3/31/14	4/1/14 – 6/30/14	7/1/14 – 9/30/14	10/1/14 – 12/31/14	Total
8. Number of foreclosure intervention counseling and other foreclosure staff FTEs your organization and its Branches or Affiliates will need to hire (new), reassign and train (existing staff), or otherwise recruit (volunteers) to meet the Round 8 counseling goals in Question 4. If your organization has no need for additional counselors, staff or volunteers for any quarter, enter "0".*						0

9. Indicate whether your organization intends to offer Level Four Counseling.

Yes No

10. Describe your organization's and its Branches'/Affiliates' capacity to track which level of counseling (Level One or Two) has been provided. *

11. If your organization or Branches/Affiliates do not propose to offer both Level One and Level Two counseling, describe partnerships or other arrangements in place to ensure homeowners can receive the level of counseling your organization will not be offering. If your organization and all Branches/Affiliates will provide both levels of counseling, please leave this blank.

12. Describe any partnerships your organization has established, or foreclosure task forces in which your organization is 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 organization's service area. Only describe partnerships or initiatives in the proposed service area that are active now or that will be in place before April 1, 2014.

13. Describe your organization's strategy for identifying and marketing counseling services to 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 your organization has established with other organizations to help identify and reach out to customers. *

14. Describe any partnerships your organization has with unemployment programs, or job training/assistance programs to help unemployed or underemployed clients. *

15. Adoption or endorsement of National Industry Standards (NIS) for Homeownership Education and Counseling

15A. Does your organization require its Branches/Affiliates to formally adopt the NIS?

Yes No

15B. Has your organization formally adopted the NIS?

Yes No

If Question 15B is "No," Question 15C is required.

15C. If Question 15B is "No," has your organization endorsed the NIS?

Yes No

15D. If you answered "No" to Question 15A, 15B, 15C, then a response in 15D is required. Describe any plans your organization has to endorse or adopt, if applicable, or require its Branches or Affiliates to adopt the NIS.

16. Does your organization and its Branches and Affiliates meet the National Industry Standards for Homeownership Education and Counseling for disposing of personally-identifiable information, which state, "Homeownership educators/counselors will dispose of clients' records in a manner that protects clients' confidentiality and is consistent with state statutes governing records and social work licensure?"

Yes No

16A. Describe your organization's system, and the system of its Branches/Affiliates, of storing and disposing of personally-identifiable information. *

Factor 4: Proposed Counseling Services

PROGRAM-RELATED SUPPORT

17. Program-Related Support for which Applicant is eligible based on the Round 8 Counseling Goals; this is 20% of your organization's Round 8 maximum eligible Counseling award from Factor 4, Question 5.

0

18. Describe how your organization will use the Program-Related Support to achieve the projected NFMC Round 8 counseling goals in Factor 4, Question 4. Include major budget line items.

19. Does your organization plan to contract out some or all of its proposed activities under Program-Related Support? *

Yes No

If Question 19 is "Yes," 19A – 19C are required.

19A. 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.

19B. Describe the recent and relevant experience and expertise of the subcontractor(s). Justify why they are well-suited to perform the tasks described above.

19C. Describe how the contractor(s) will report to your organization and be held accountable for their performance under this grant.

Factor 5: Proposed Service to MSAs in Areas of Greatest Need

1. Select the MSAs defined by NFMC as **Areas of Greatest Need** that your organization proposes to serve in NFMC Round 8. Check all that apply. Please note that the total number of units should match the number requested in Factor 4, Question 4.

New counseling goals proposed in NFMC Round 8 should **not include** any counseling for which your organization was awarded funding in previous NFMC grant rounds. They should also not include counseling funded by sources other than NFMC Round 8.

Estimate the number of units of counseling your organization expects to deliver in each MSA checked.

Please mark 'X' next to the areas you intend to serve*	Please estimate how many clients you expect to counsel in each area with Round 8 funds
<input type="checkbox"/>	Chicago-Naperville-Joliet
<input type="checkbox"/>	Danville
<input type="checkbox"/>	Decatur
<input type="checkbox"/>	Kankakee-Bradley
<input type="checkbox"/>	Rockford
<input type="checkbox"/>	St. Louis
<input type="checkbox"/>	Bloomington - Normal
<input type="checkbox"/>	Champaign - Urbana
<input type="checkbox"/>	Davenport - Moline - Rock Island
<input type="checkbox"/>	Peoria
<input type="checkbox"/>	Springfield
<input type="checkbox"/>	Rural
Other Areas (list cities and counties)	Estimate # of units in each area
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Total number of units:	0

* do not include any counseling for which you were awarded funding under previous NFMC grant rounds.

Please note that the Areas of Greatest Need have been revised by NeighborWorks for Round 8. For an updated list, visit: www.nw.org/nfmc (Round 8)

2. If your organization is a returning Grantee and proposes to provide counseling services in MSAs that it has not previously worked in through the NFMC Program, describe how it will serve the MSA, including outreach and partnership strategies, physical presence or other delivery mechanisms, and Demonstrated Experience in serving each new MSA.

Factor 6: Targeted Outreach

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

1. If your organization receives NFMC Round 8 funding, what percentage of total counseling units does it 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/foreclosure/nfmcp/R8zipcodes.xls> *

%

2. If your organization receives NFMC Round 8 funding, what percentage of total counseling units does it 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/foreclosure/nfmcp/R8zipcodes.xls> *

%

3. If your organization receives NFMC Round 8 funding, what percentage of total counseling units does it commit to provide to low-income homeowners? *

%

4. If your organization receives NFMC Round 8 funding, what percentage of total counseling units does it commit to provide to minority homeowners? *

%

5. Describe how your organization's outreach and marketing strategy is designed to specifically reach the low-income and minority zip codes and the homeowners it commits to serving in Factor 6, Questions 1-4. *

