



CHART B -- LEVERAGING

Chart B: Leveraged Resources

Instructions: Only include the amount of funds that are exclusively allocated for the housing counseling program and that are available during the grant period.

|              | A   | B  | C                    | D  | E                                  |
|--------------|---|--|----------------------|--|------------------------------------|
|              | Names of Applicant, Sub-Grantees/Branch Offices Proposed to be Funded | Organization Providing Leveraged Funds/In-Lind Contributions and Point of Contact (with phone number and/or email) | Type of Contribution | Use of Funds - Describe In-Kind Contributions          | Amount of Funds from this Resource |
| 1            | ABC Intermediary  | ABC Intermediary   | Program Income       | Pre-purchase Counseling                                | \$100,000.00                       |
| 3            | Housing Affiliate   | Jane Dough Foundation/ John Dough 213-555-1212 Jane.Dough@janedoughfoundation.com                                  | Cash                 | Mortgage Delinquency and Default Resolution Counseling | \$10,000.00                        |
| 4            | Housing Affiliate   | Chase Bank Foundation/ Sally Clams 213-555-1213 Sally.Clams@chasebankfoundation.com                                | Cash                 | Pre-purchase Counseling                                | \$7,500.00                         |
| 5            | Housing Resources   | City of Siever/ Pat Culver 213-555-1214 Pat.culver@Sievercity.gov  | Cash                 | Pre-purchase Counseling                                | \$12,000.00                        |
| 6            | Housing Resources   | ABC Legal Services/Suzy Council 213-555-1215 Suzy.Council@abclegal.com   | In-kind              | Legal services for housing counseling                  | \$5,000.00                         |
| 7            |   |  |                      |  |                                    |
| 8            |   |  |                      |  |                                    |
| 9            |   |  |                      |  |                                    |
| 10           |   |  |                      |  |                                    |
| 11           |   |  |                      |  |                                    |
| 12           |   |  |                      |  |                                    |
| <b>TOTAL</b> |   |  |                      |  | \$134,500.00                       |

EXAMPLE

CHART B -- LEVERAGING

|    | A   | B  | C                    | D   | E                                  |
|----|---|--|----------------------|---|------------------------------------|
|    | Names of Applicant, Sub-Grantees/Branch Offices Proposed to be Funded | Organization Providing Leveraged Funds/In-Kind Contributions and Point of Contact (with phone number/ email) | Type of Contribution | Use of Funds - Describe In-Kind Contributions | Amount of Funds from this Resource |
| 1  |   |  |                      |   |                                    |
| 2  |   |  |                      |   |                                    |
| 3  |   |  |                      |   |                                    |
| 4  |   |  |                      |   |                                    |
| 5  |   |  |                      |   |                                    |
| 6  |   |  |                      |   |                                    |
| 7  |   |  |                      |   |                                    |
| 8  |   |  |                      |   |                                    |
| 9  |   |  |                      |   |                                    |
| 10 |   |  |                      |   |                                    |
| 11 |   |  |                      |   |                                    |

## CHART C2 – VULNERABLE POPULATIONS

The Applicant must complete Fields A through H of the chart below to demonstrate how the Applicant will further fair housing, provide access to clients with disabilities and limited English proficiency, promote housing choice, inform clients of lead-based paint hazards, and provide emergency preparedness and/or disaster recovery activities.

(A) Provide a brief description of any meaningful action the Applicant will take that is consistent with the obligation to Affirmatively Further Fair Housing (limit 1,000 characters).

(B) Provide a brief description of staff training related to the fair housing actions described in Field A (limit 1,000 characters).

(C) Describe how programs and activities will be accessible to persons with disabilities (limit 1,000 characters).

(D) Describe what steps will be taken to ensure people with limited English proficiency (LEP) will have meaningful access to programs and activities (limit 1,000 characters).

(E) Describe how counselors will provide clients with mobility counseling and what information they will provide to clients that will enhance their housing choice regardless of race, color, and national origin (limit 1,000 characters).

(F) Describe how counselors will inform clients of hazards of lead-based paint in homes (limit 1,000 characters).

(G) Indicate any emergency preparedness and/or disaster recovery activities in which the Applicant participates with the options below.

- 1) Applicant provides emergency preparedness workshops . . . . .
- 2) Applicant provides disaster recovery workshops. . . . .
- 3) Counselor discusses emergency recovery topics and resources during one-on-one counseling. . . . .
- 4) Counselor discusses disaster recovery topics and resources during one-on-one counseling. . . . .
- 5) Counselors participate in emergency preparedness and/or disaster recovery trainings. . . . .
- 6) Applicant entered into an agreement outlining mutual emergency and services with community partner.
- 7) Other – Provide a brief description below. . . . .

(H) Describe how the Applicant implements the emergency preparedness and/or disaster recovery activities as indicated in Field G (limit 1,000 characters).

**CHART E: USE OF FUNDS**  
**RATING FACTORS 3B, 3C, 3D**

**CHART E: USE OF FUNDS - LHCA, INTERMEDIARY, SHFA, OR MSO**

|   |   |                 |   |
|---|---|-----------------|---|
|   | <b>Applicant Name:</b>  |                 |   |
|   | <b>Applicant HCS ID:</b>  |                 |   |
|   |   | <b>1</b>        | <b>2</b>  |
|   |   | <b>Expenses</b> | <b>Applicant's FY 2020 Expenses (\$),<br/>All sources</b> |
|   | <b>Salaries + Fringe</b>  |                 |   |
| A | Housing Counselors that provide direct housing counseling and/or group education  |                 |   |
| B | Other Housing Counseling Program Staff who do not provide direct housing counseling and/or group education (not included in (A) above). |                 |   |
|   | <b>Direct Costs:</b>  |                 |   |
| C | Travel  |                 |   |
| D | Equipment   |                 |   |
| E | Marketing and Outreach  |                 |   |
| F | Supplies  |                 |   |
| G | Training  |                 |   |
| H | Contractual   |                 |   |
| I | Other (Direct Costs): Please describe in the field below (limit to 500 characters).   |                 |   |
|   |   |                 |   |
| J | <b>TOTAL DIRECT COSTS</b>   | \$              | -   |
| K | Indirect Cost Allocation Amount (if applicable)   |                 |   |
| L | <b>TOTAL PROGRAM EXPENSES</b>   | \$              | -   |

**CHART F2 – HISTORICALLY BLACK COLLEGES AND UNIVERSITIES, TRIBAL COLLEGES AND UNIVERSITIES, AND OTHER MINORITY SERVING INSTITUTIONS (MSI)**

Applicants applying for this funding initiative must complete the following questions. Applicants must also submit proof of status as an HBCU or other MSI, and/or if applicable, a letter certifying the partnership between the housing counseling agency and the HBCU or other MSI (see NOFO Section V(B)(4) for more details).

A1) Applicant is an HBCU or other MSI .....

A2) Applicant is partnering with an HBCU or other MSI .....

B) How many housing counseling clients does the Applicant and/or its network plan to serve with this funding during the period of performance? .....

C1) Indicate the total award amount requested to provide services for this purpose. ....

C2) Complete the table below as appropriate for the Applicant and/or the Applicant's network. The Applicant may provide a separate attachment if more space is needed.

| Name of the Housing Counseling Agency and HCS ID | Name of Partner HBCU or other MSI;<br>City, State;<br>Contact Name, Email Address<br>(state "N/A" if subgrantee or branch is an HBCU or other MSI) | Allocation Amount (\$) |
|--|--|------------------------|
|  |  |                        |
|  |  |                        |
|  |  |                        |
|  |  |                        |

D) To support the grant amount being requested, describe the following in Fields 1 through 7. If Applicant or its network is partnering with multiple HBCUs or other MSIs, the Applicant should provide information for no more than three partnerships (limit 2,000 characters for each question).

1. A description of the proposed eligible activities and major tasks required to successfully implement the proposed initiative.

2. Describe the extent to which there is a need to fund the proposed initiative and the importance of meeting the need(s).



3. Relevant experience and capacity of the Applicant, its staff, and HBCU or other MSI partners.

[Empty response box for item 3]

4. How the Applicant will measure outcomes on its target population.

[Empty response box for item 4]

5. How the Applicant proposes to integrate the institution's students and faculty into proposed activities.

Empty response box for question 5.

6. How the applicant will involve the community in the implementation of the program and how the institution will expand its role in target community.

Empty response box for question 6.

7. The other resources that support or fund Applicant's existing housing counseling related partnerships with HBCUs or other MSIs. Include the dollar amounts of support provided in the description of the resources, if applicable.