

**Intermediary, State Housing Finance Agency,
and Multi-State Organization Application**
Form HUD-9906-P (9/2023)

Public reporting burden for this collection of information is estimated to average 43 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to U.S Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 4176, Washington, DC 20410-5000 or email: PaperworkReductionActOffice@hud.gov. When providing comments, please refer to OMB Approval 2502-NEW. Do not send completed forms to this address. The information is being collected for a housing counseling agency to participate in HUD's Housing Counseling program and is required to obtain or retain benefits. No confidentiality is assured. The information will be used by HUD to ensure that Counselors provide guidance and advice to help families and individuals improve their housing conditions and meet the responsibilities of tenancy and homeownership. Counselors also help borrowers avoid predatory lending practices, such as inflated appraisals, unreasonably high interest rates, unaffordable repayment terms, and other conditions that can result in a loss of equity, increased debt, default, and foreclosure. This agency may not collect this information, and you are not required to complete this form, unless it displays a valid OMB control number.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, accurate, and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §§ 3729, 3802).

I agree to the above certification statement.

CHART A2 – INTERMEDIARY, SHFA, OR MSO CHARACTERISTICS

A) Name of Applicant

B) Location City State

C) Agency's HUD Housing Counseling (HCS) Number

If the Applicant's main office provides direct housing counseling activities, the main office must be included in the list of subgrantees and branches in the Chart A2 Supplement (Excel). All Intermediary, SHFA, and MSO Applicants must fill out and submit the Chart A2 Supplement (Excel) with their branch and/or subgrantee information. Enter the totals from that chart here.

The Applicant must remember to attach their Chart A2 Supplement (Excel) to their grants.gov application.

D	# of Branches of an Intermediary, MSO, or SHFA	
E	# of Subgrantees of an Intermediary, MSO, or SHFA	
F	Number of Certified Housing Counselor Full-Time Equivalents	
G	Number of HECM Roster Reverse Mortgage Counselor Full-Time Equivalents	
H	Formal Housing Counseling Training	
I	Adopted National Industry Standards - <i>Not Applicable</i>	
J	Issued Client Exit or Follow-Up Surveys	
K	Pulled Credit Reports as Part of Housing Counseling Follow-Up Prior to the Termination of Counseling	
L1	Opportunity Zones (<i>preference points</i>) – <i>Not Applicable</i>	
L2	Promise Zones (<i>preference points</i>)	
L3	Historically Black Colleges and Universities (<i>preference points</i>)	
M1	% of Award Applicant intends to Allocate to itself	
M2	% of Award Applicant intends to Allocate to its Branches and Subgrantees	

N) Maximum Grant Request

O) Seeking Reimbursement for Program Costs Incurred Prior to the Period of Performance.

Instructions: Enter the total number of subgrantees and/or branches that will provide housing counseling services in the modes below.

P	Counseling/Group Education to be Provided in Person	
Q	Counseling/Group Education to be Provided via Telephone or Video (<i>interactive</i>)	
R	Counseling/Group Education to be Provided over the Internet (<i>asynchronous, self-guided courses</i>)	
S	Counseling/Group Education to be Available in Multiple Languages	

CHART B2 – VULNERABLE POPULATIONS

The Applicant must complete Fields A through I 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.

Note: Any actions taken in furtherance of the components of this section must be consistent with federal nondiscrimination requirements.

(A) Affirmatively Furthering Fair Housing. You must provide a brief description of how you will carry out your proposed activities in a manner that affirmatively furthers fair housing in compliance with the Fair Housing Act and its implementing regulations. Specifically, you should describe how your proposed NOFO activities will work towards one or more of the following: 1) addressing disparities in access to opportunity for protected class groups; and/or 2) fostering and maintaining compliance with civil rights and fair housing. For example, you could describe how you will address disparities in access to opportunity for protected class groups by describing how you: maintain a database of accessible housing opportunities in the community for use by persons with disabilities, provide mobility counseling to help persons move and access affordable housing in the community, or provide in-language counseling to persons who are Limited English Proficient (LEP) to assist them with lending, establishing credit, or accessing relevant financial services. You could also describe how you foster and maintain compliance with civil rights and fair housing laws by providing persons with counseling, education, or information on housing discrimination and the rights and remedies available. (limit 2,000 characters).

(B) Affirmative Marketing. You must submit a narrative demonstrating that the housing, services, or other benefits provided under this grant will be affirmatively marketed broadly throughout the local area and nearby areas to any demographic groups that would be unlikely or least likely to apply absent such efforts. Such demographic groups may include, for example, Black and Brown persons or communities, individuals with limited English proficiency, individuals with disabilities, or families with children. Such activities may include outreach through community contacts or service providers or at community centers serving the target population; and marketing on websites, social media channels, television, radio, and print media serving local members of the targeted group. Documentation for this factor consists of a narrative describing the activities that will fulfill the factor requirements. (limit 1,000 characters).

(C) Advancing Racial Equity. You must submit a narrative which addresses the following four bullets:

- You analyzed the racial composition of the persons or households who are expected to benefit from your proposed grant activities;
- You identified any potential barriers to persons or communities of color equitably benefiting from your proposed grant activities;
- You detailed the steps you will take to prevent, reduce, or eliminate these barriers; and
- You have measures in place to track your progress and evaluate the effectiveness of your efforts to advance racial equity in your grant activities. (limit 1,000 characters).

Note: This narrative is required and must address the four bullets outlined in the paragraph above. This narrative will be evaluated for sufficiency and will not change the applicant's score or rank as compared to other applicants. If the narrative is deemed insufficient, it will be a "Curable Deficiency" that will be communicated to the applicant for correction with a notice of deficiency.

(D) Experience Promoting Racial Equity. Describe your past experience and resources to effectively address the needs of underserved communities. This may include, but is not limited to:

- Experience working directly with historically underserved neighborhoods when designing, planning, or implementing programs and activities;
- Experience building community partnerships with grassroots and resident-led organizations;
- Experience designing or operating programs that have provided tangible reductions in racial disparities; or
- Having staff with lived experience and/or expertise to provide services in a culturally competent way. (limit 1,000 characters).

(E) Persons with Disabilities. Describe how programs and activities will be accessible to persons with disabilities and identify policies and procedures for providing reasonable accommodations (limit 1,000 characters).

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

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

(H) Emergency preparedness and/or disaster recovery. 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

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

CHART C2 – OVERSIGHT ACTIVITIES

1.	Enter the number of subgrantees/branches (from 0 to a maximum of 5) for which the Applicant will conduct a performance review during the grant period of performance using the HUD-9910 form. The Applicant must share the results of these reviews with HUD.	<input style="width: 60px; height: 20px;" type="text"/>
2.	Enter the number of subgrantees/branches for which oversight and quality control activities will be performed during the grant performance period as part of the proposed work plan.	
a.	Train and provide technical assistance to subgrantees/branches	<input style="width: 60px; height: 20px;" type="text"/>
b.	Monitor, evaluate and verify quality of services provided by subgrantees/branches:	<input style="width: 60px; height: 20px;" type="text"/>
i.	Verify subgrantees/branches are conducting supervisory monitoring of the housing counseling program	<input style="width: 60px; height: 20px;" type="text"/>
ii.	Subgrantee is HUD-approved or, if not directly HUD-approved, Applicant verifies that subgrantee meets HUD approval standards.	<input style="width: 60px; height: 20px;" type="text"/>
iii.	Monitor the grant funded work of subgrantees/branches to verify compliance with HUD grant agreement requirements and progress in meeting projections.	<input style="width: 60px; height: 20px;" type="text"/>
iv.	Identify and rectify service delivery deficiencies and non-compliance issues.	<input style="width: 60px; height: 20px;" type="text"/>
c.	Process subgrantees' and branches' disbursements under the grant: Review disbursement supporting documentation, including personnel activity reports (or other personnel expense documentation that satisfies 2 CFR 200.430(i) requirements), invoices, client file lists, or similar forms of documentation.	<input style="width: 60px; height: 20px;" type="text"/>

CHART D2 – USE OF FUNDS

The Applicant must fill out and attach Chart D (Excel) to their grants.gov application. Failure to complete and submit this form may result in loss of points.

CHART E2 – 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 partner 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 Housing Counseling Agency and HCS ID	Name of Partner HBCU or other MSI; City, State; Contact Name, Email Address (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 item 5.

6. Community involvement in implementation of the program and how the institution will expand its role in target community.

[Empty response box for item 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.

[Empty response box for item 7]