

State of Hawaii
Hawaii Housing Finance and Development Corporation
Comprehensive Housing Counseling Grant Program

Application for HUD-Approved or HUD-Eligible Housing Counseling Agencies

COMPLETED APPLICATION MUST BE RECEIVED BY HHFDC NO LATER THAN 2:00 P.M. ON THURSDAY, MARCH 31, 2016. Deliver or email application materials to: Hawaii Housing Finance and Development Corporation, Attn: PEO, 677 Queen Street, Suite 300, Honolulu, Hawaii, 96813 or lisa.c.wond@hawaii.gov .

The Notice of Funding Availability (NOFA) for HUD’s Fiscal Years 2016 and 2017 Comprehensive Housing Counseling Grant Program (CHC) and General Section to HUD’s FY 2016 NOFAs for Discretionary Programs (General Section) are a part of this application. The applicant is responsible to review the applicable General Section and CHC NOFA to ensure compliance with current regulations. Both documents can be found at HUD’s Funds Available page at:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/grants/fundsavail

Applicant Name and Address:

Applicant Representative (Name, Title and Contact Information):

HHFDC plans to apply to HUD for CHC grant funds, and seeks qualified entities to provide counseling and advice to current and prospective homeowners and tenants to assist them in improving their housing conditions, meeting their financial needs, and meeting the responsibilities of homeownership or tenancy. If awarded, CHC funds will be used to: provide counseling for pre-purchase/home buying; resolving or preventing mortgage delinquency or default; non-delinquency post-purchase; and securing or maintaining residence in rental housing. Funding under the CHC program is intended to support eligible counseling agencies so that they may: respond flexibly to the needs of residents and neighborhoods; deliver a wide variety of housing counseling services; provide expert, unbiased guidance and information to help families and individuals meet their housing needs and improve their financial situations; act as safeguards against scams and discrimination; and act as an important gateway to local, state, federal and private housing assistance.

Applicants must complete all narratives and forms related to the CHC grant, in accordance with the CHC NOFA. HHFDC will evaluate applications based on submittals received by the deadline. Applicants must provide narratives as applicable and utilize the Housing Counseling charts in HHFDC Form HUD 9906. Please complete these charts to describe your agency as HHFDC's sub-grantee. Completed applications will be evaluated to determine funding, if any. If selected, your responses may be a part of HHFDC's application to HUD.

Applicants must submit the following:

- **Attachment 1:** Completed HHFDC Form HUD 9906, Housing Counseling Charts A1 through F and Checklist. Applicant should download HHFDC Form HUD 9906 at <http://hawaii.gov/dbedt/hhfdc> .
- Narratives required in support of HHFDC Form HUD 9906:
 - o **Attachment 2:** Briefly describe how meaningful program access will be provided to persons with disabilities and persons with Limited English Proficiency. Refer to NOFA pages 7-8, Section 111.A.c.i (relating to methods that provide physical access to individuals with disabilities) and page 26, Section V.A.2.b.(1)(d) – “*Persons with Disabilities and Limited English Proficiency.*”
 - o **Attachment 3:** Describe 1) how you will train staff on fair housing and civil rights laws, the method of providing clients with information about their fair housing rights, and the mechanism for referring potential fair housing violations to HUD, state or local fair housing agencies, or private fair housing groups; and 2) how Applicant will provide clients with mobility counseling and what information will be furnished to clients that will enhance clients' housing choice outside of areas of minority and poverty concentration. Refer to pages 26-27 of the NOFA, Section V.A.2.b.(2)(a) – “*Affirmatively Furthering Fair Housing.*”
 - o **Attachment 4:** If applicable, describe how your curriculum and work plan inform clients about one or more industry-recognized green building standard and certifications for green building or rehabilitation. Refer to page 27 of the NOFA, Program Section V.A.2.b.(2)(b) – “*Increase Energy Efficiency and the Health and Safety of Homes.*”
 - o **Attachment 5:** Submit a narrative description / justification of your budget for the period October 1, 2015 through March 31, 2017. If applicable, include variations between actual and projected expenses, expenses that did not result in the direct provision of services, expenses that seem disproportionately high, and an explanation of the value entered under the “Other” line item on Chart E.2. HUD may evaluate expenses for direct counseling service provision, the ratio of HUD grant funds to total budget and the cost per client. Refer to page 28 of the NOFA, Program Section V.A.2.c.(1)(b) “*Budget.*”
 - o **Attachment 6:** If you entered an “x” in Chart A1, Column AI, list or describe the other methods used to evaluate program success. Refer to page 32 of the NOFA, Program Section V.A.2.e.(1) “*Components of Evaluation.*”
 - o
- **Attachment 7:** If applicable, Form [SF-LLL](#), Disclosure of Lobbying Activities. Refer to page 18 of the NOFA Program Section IV.B.2.b “*SF-LLL, Disclosure of Lobbying Activities.*”

- **Attachment 8:** If applicable, Form [HUD 9902](#), Housing Counseling Agency Activity Report. Refer to page 18 of the NOFA Program Section IV.B.2.d "*HUD-9902, Housing Counseling Agency Fiscal Year Activity Report, for the Period October 1, 2014 through September 30, 2015*" and page 27 of the NOFA Program Section V.A.2.c.(1)(a).
- **Attachment 9:** Briefly describe your organization, including organizational history, purpose and mission, years of service, affordable housing services provided, and agency web address for additional information. Refer to page 18 of the NOFA Program Section IV.B.2.f., "*Organization Description*".
- **Attachment 10:** Most recent audit of financial activities, i.e. OMB A-133 Audit, with completed audit no earlier than fiscal year 2013. Applicants not required to complete an OMB A-133 audit must submit their most recent independent financial audit. Refer to page 18 of the NOFA Program Section IV.B.2.g., "*External Audits and Investigations*".
- **Attachment 11:** Proposed Housing Counseling Work Plan. Refer to page 28 of the NOFA Program Section V.A.2.c.(2) "*Projected Performance – Work Plan*". The Work Plan must address the following criteria in detail:
 1. Needs and problems of the target population;
 2. How the applicant’s agency will address one or more of these needs and problems with its available resources;
 3. The type of housing counseling services offered;
 4. Agency's fee structure, if applicable;
 5. The geographical area to be served (including on Hawaiian Home lands);
 6. The anticipated outcomes to be achieved within the October 1, 2012 – September 30, 2013 period; and
 7. Alternative settings and formats for the provision of housing counseling services.
- **Attachment 12:** Succession Plan to ensure continuity of services to consumers. Refer to page 11 of NOFA, Section 111.c.2.e. "*Succession Plans*".
- **Attachment 13:** Certifications

Eligible Activities: (See page 9 of the NOFA, Section III.C.)

If awarded, housing counseling agencies may be reimbursed for eligible activities relating to rental topics, homeless assistance, pre-purchase/home buying, resolving or preventing mortgage delinquency or default, and non-delinquency post purchases, pursuant to the NOFA for HUD’s FY2016 Comprehensive Housing Counseling Grant Program. HHFDC reserves the right to reject funding requested for any costs that are outside the scope of housing counseling and group education services listed below. Please indicate which of the following will apply to your agency:

ELIGIBLE ACTIVITIES:

<input type="checkbox"/>	Individual Housing Counseling.
<input type="checkbox"/>	Group Education/Classes.
<input type="checkbox"/>	Fair Housing education for both individual and group counseling, as appropriate, covering issues pertaining to fair housing, fair lending, and accessibility rights.

<input type="checkbox"/>	Lead-Based Paint education and counseling on the rental and homeownership rights and responsibilities regarding pre-1978 housing.
<input type="checkbox"/>	Marketing and Outreach Initiatives – provide general information and materials about housing opportunities and issues, conducting informational campaigns, advocating with lenders for non-traditional lending standards and raising awareness about critical housing topics such as fair housing rights and remedies, lending and discrimination, predatory lending, mortgage fraud, other fair lending issues or energy efficiency options.
<input type="checkbox"/>	Training – provide training, testing, and certification on housing counseling topics, such as preparation of counselors to satisfy HUD Basic Housing Counseling Training and Testing requirements.
<input type="checkbox"/>	Quality Assurance – costs associated with ensuring compliance with program rules and regulations, internal and external quality assurance, program evaluation and improvement, and the cost of implementing improved management, supervision and oversight of the housing counseling program.
<input type="checkbox"/>	Computer Equipment/Systems – the cost of computer equipment/systems acquired with the objective of improving the quality of counseling and education services.
<input type="checkbox"/>	Capacity Building – costs associated with hiring additional staff to meet the demand for counseling and to effectively expend grant awards.
<input type="checkbox"/>	Scam Awareness, Identification and Reporting – education on, identification of, and reporting of potential loan modification scams, rental scam, rent to own scams, and home repair scams

I certify that I am a duly authorized agent of _____ (Applicant), that the above checked eligible activities statements are true and correct to the best of my knowledge and, if awarded, that Applicant will comply with the requirements of HUD’s Comprehensive Housing Counseling program and HHFDC.

Signature

Date

Printed Name

Title

Attachment 1

Completed HHFDC Form HUD 9906, Housing Counseling Charts A through F and Checklist

Applicant should download HHFDC Form HUD 9906 at <http://hawaii.gov/dbedt/hhfdc> .

Attachment 2

Narrative required in support of HHFDC Form HUD 9906

Applicant must briefly describe how meaningful program access will be provided to persons with disabilities and persons with Limited English Proficiency.

Please refer to the following:

- NOFA, pages 7-8, Section III.A.c.i., relating to methods that provide physical access to individuals with disabilities.
- NOFA, page 26, Section V.A.2.b.(1)(d) – *“Persons with Disabilities and Limited English Proficiency.”*
- [LEP guidance](#)

Attachment 3

Narrative required in support of HHFDC Form HUD 9906

1) Describe how Applicant will train staff on fair housing and civil rights laws, the method of providing your clients with information about clients' fair housing rights, and the mechanism for referring potential fair housing violations to HUD, state or local fair housing agencies, or private fair housing groups; and

2) Describe how you will provide clients with mobility counseling and what information will be furnished to clients that will enhance clients' housing choice outside of areas of minority and poverty concentration. Refer to page 26-27 of the NOFA, Program Section V.A.2.b.(2)(a) – *“Affirmatively Furthering Fair Housing.”*

Attachment 4

Narrative required in support of HHFDC Form HUD 9906

If applicable, describe how your curriculum and work plan inform clients about one or more industry-recognized green building standard and certifications for green building or rehabilitation. Refer to page 27 of the NOFA, Program Section V.A.2.b.(2)(b) – “*Increase Energy Efficiency and the Health and Safety of Homes.*”

Attachment 5

Narrative required in support of HHFDC Form HUD 9906

Provide a narrative description / justification of your budget for the period October 1, 2015 through March 31, 2017. If applicable, include variations between actual and projected expenses, expenses that did not result in the direct provision of services, expenses that seem disproportionately high, and an explanation of the value entered under the “Other” line item on Chart E.2. HUD may evaluate expenses for direct counseling service provision, the ratio of HUD grant funds to total budget and the cost per client. Refer to page 28 of the NOFA, Program Section V.A.2.c.(1)(b) “*Budget.*”

Attachment 6

Narrative required in support of HHFDC Form HUD 9906

If Applicant entered an “x” in Chart A1, Column AI, list or describe up to three of the other methods the Applicant used to evaluate program success. Refer to page 32 of the NOFA, Program Section V.A.2.e.(1) "*Components of Evaluation*".

Attachment 7

Form SF-LLL, Disclosure of Lobbying Activities

Form SF-LLL, Disclosure of Lobbying Activities, if applicable. Refer to page 18 of the NOFA Program Section IV.B.2.b "*SF-LLL, Disclosure of Lobbying Activities*". A copy of the form is available here: [HUD 9902](#)

Attachment 8

Form HUD-9902, Housing Counseling Agency Report

Form HUD-9902, Housing Counseling Agency Activity Report, if applicable. Refer to page 18 of the NOFA Program Section IV.B.2.d "*HUD-9902, Housing Counseling Agency Fiscal Year Activity Report, for the Period October 1, 2014 through September 30, 2015*". A copy of the form is available here: Form [HUD 9902](#)

Attachment 9
Description of Organization

Briefly describe your organization, including organizational history, purpose and mission, years of services, affordable housing service provided, and agency web address for additional information. Refer to page 18 of the NOFA Program Section IV.B.2.f "*Organization Description*".

Attachment 10
Audit of Financial Activities

Attach Applicant's most recent audit of financial activities, i.e. OMB A-133 Audit, with completed audit no earlier than its fiscal year 2013. Applicants not required to complete an OMB A-133 audit must submit their most recent independent financial audit. Refer to page 18 of the NOFA Program Section IV.B.2.g "*External Audits and Investigations*".

Attachment 11
Proposed Work Plan

Attachment 12
Succession Plan

Attachment 13

Applicant Certifications

APPLICANT CERTIFICATIONS: Please check all applicable statements. Applicant must certify for itself, and for its Branches or Affiliates, that each of the following certifications is true.

<input type="checkbox"/>	Applicant is a housing counseling agency directly approved by HUD. (See page 7 of NOFA, Section III.A.a.)
<input type="checkbox"/>	Applicant is a housing counseling agency NOT approved by HUD, but meets the Housing Counseling Program approval criteria at 24 CFR 214.103 and will affiliate with HHFDC if selected. (See page 7 of NOFA, Section III.A.a.)
<input type="checkbox"/>	Applicant is a tax-exempt organization under Section 501(c) of the Internal Revenue Code (26 USC 501(a) and (c), or is a unit of local, county or state government. (See page 7 of NOFA, Section III.A.b.)
<input type="checkbox"/>	Applicant is in good standing under the laws and regulations of the state of Hawaii. (See page 7 of NOFA, Section III.A.b.)
<input type="checkbox"/>	Applicant is authorized to do business in the State of Hawaii. (See page 7 of NOFA, Section III.A.b.)
<input type="checkbox"/>	Applicant will give priority to methods that provide physical access to individuals with disabilities, hold programs or activities in accessible locations, and ensure that counseling services are in compliance with effective communication requirements pursuant to Section 504 of the Rehabilitation Act of 1973 and its implementing regulations at 24 CFR 8.6. (See pages 7-8 of NOFA, Section III.A.c.i.)
<input type="checkbox"/>	Applicant has a Data Universal Number System (DUNS) number. (See page 7 of NOFA, Section III.A.c.ii.)
<input type="checkbox"/>	Applicant has resolved all outstanding issues on its most recent HUD housing counseling performance review, or will resolve all issues by the later of April 4, 2016 or the expiration date of any conditional re-approval resulting from a HUD performance review. (See page 8 of NOFA, Section III.A.c.iii.)
<input type="checkbox"/>	Applicant does not employ an individual who has been convicted of a violation under federal law relating to an election for Federal office (as defined by Pub.L. 111-203, 124 Stat. 1376 (July 21, 2010)). (See page 8 of NOFA, Section III.A.c.iv.)
<input type="checkbox"/>	Applicant is in compliance with, and not in default under, any applicable state or other licensing and certification requirements. (See page 8 of NOFA, Section III.A.d.ii.)
<input type="checkbox"/>	Applicant will use Comprehensive Housing Counseling funds to cover only direct costs and will not use grant funds to cover any indirect costs. (See page 21 of NOFA, Section IV.G.4.)
<input type="checkbox"/>	Applicant will not access HUD Housing Counseling Program grant funding under this NOFA from multiple sources. (See page 8 of NOFA, Section III.A.e.)
<input type="checkbox"/>	Applicant utilizes a client management system that interfaces, or is working to interface, with HUD's databases. More information can be found on HUD's website: https://www.hudexchange.info/programs/housing-counseling/cms/ (See page 11 of NOFA, Section III.C.2.b.)
<input type="checkbox"/>	If awarded, Applicant agrees to enter into an agreement with HHFDC that will clearly delineate the mutual responsibilities for program management, including appropriate time frames for reporting results to HUD. (See page 11 of NOFA, Section III.C.2.d.)
<input type="checkbox"/>	Applicant is, and shall continue to be, in compliance with all applicable fair housing and civil rights requirements found in 24 CFR 5.105(a) including, but not limited to, the Fair Housing Act, Title VI of the

	Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and Titles II and III of the Americans with Disabilities Act, as applicable. (See page 14 of NOFA, Section III.C.2.e)
<input type="checkbox"/>	Applicant shall not engage in inherently religious activities as part of Applicant’s programs or services funded under this program. If Applicant conducts such activities, these activities shall be offered separately, in time or location, from the programs or services funded under this program, and participation shall be voluntary and not a condition of the program or services. (See page 12 of NOFA, Section III.C.2.g.)
<input type="checkbox"/>	Applicant shall maintain source document of direct costs, such as invoices, receipts, cancelled checks, and personnel activity reports, to support all requests for payment. Applicant shall make this information available to HHFDC upon request and such information shall be maintained for a period of at least three years after expiration of the grant period, or date of last payment, whichever occurs first. Applicant shall demonstrate and document the actual cost of service provision. The amount billed by the Applicant shall not exceed the actual cost of providing the service. (See page 12 of NOFA, Section III.C.2.h.)
<input type="checkbox"/>	Applicant’s distribution of salaries and wages to awards shall be supported by personnel activity reports for all staff members whose compensation is charged directly to awards. Budget estimates do not qualify as support for charges to awards. Each report shall account for the total activity for which employees are compensated. (See page 12 of NOFA, Section III.C.2.i.)
<input type="checkbox"/>	Whenever possible, Applicant will take all necessary affirmative steps to assure that minority businesses, women’s business enterprises, and labor surplus area firms are used when possible. (See the GENERAL SECTION, Section V.C.10.)
<input type="checkbox"/>	Applicant shall deliver all of the housing counseling set forth in the Applicant’s work plan. (See page 12 of NOFA, Section III.C.2.k.)
<input type="checkbox"/>	Applicant shall not engage in activities that create a real or apparent conflict of interest, pursuant to 24 CFR 214.303. (See page 12 of NOFA, Section III.C.2.l.)
<input type="checkbox"/>	Applicant will ensure compliance with non-discrimination provisions and related requirements, such as fair housing and civil rights laws, affirmatively furthering fair housing, providing economic opportunities for low- and very low-income persons, access to services for persons within limited English proficiency, ensuring accessible technology to persons with disabilities, and providing equal access to HUD-assisted or HUD-insured housing.. (See the GENERAL SECTION, Section V.C.1.)
<input type="checkbox"/>	Applicant shall cooperate with all HUD staff, HHFDC staff, or contractors who perform HUD-funded research or evaluation studies. (See the GENERAL SECTION, Section V.C.5, and page 38 of NOFA VI.B.)
<input type="checkbox"/>	If Applicant provides pre-purchase counseling and/or homebuyer education, the client must be provided a copy of the following materials: “For Your Protection Get a Home Inspection” (HUD Form 92564), and “Ten Important Questions to Ask A Home Inspector.” Both documents can be found at http://portal.hud.gov/hudportal/HUD?src=/i_want_to/buy_a_home . (See page 12 of NOFA, Section III.C.2.o)
<input type="checkbox"/>	Applicant shall affirmatively further fair housing in accordance with the Fair Housing Act of 1968, as amended. (See the GENERAL SECTION, Section V.C.1, and page 12 of NOFA, Section III.C.2.p.)
<input type="checkbox"/>	Applicant shall take reasonable steps to ensure meaningful access to their services to individuals with Limited English Proficiency. Applicant shall comply with Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and may refer to HUD’s January 22, 2007 Final Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons. (See the GENERAL SECTION, Section V.C.1 and page 13 of NOFA, Section III.C.2.q.)

<input type="checkbox"/>	Applicant must satisfy the requirements of the General Section of the NOFA and the grant agreement between HUD and HHFDC.
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I certify that I am a duly authorized agent of _____ (Applicant), that the above checked certifications are true and correct to the best of my knowledge and, if awarded, that Applicant will comply with the requirements of HUD's Comprehensive Housing Counseling program and HHFDC.

Signature

Date

Printed Name

Title