

**NATIONAL FORECLOSURE MITIGATION COUNSELING PROGRAM
HOUSING COUNSELING AFFILIATE APPLICATION**

NATIONAL COMMUNITY REINVESTMENT COALITION

**APPLICATION MUST BE COMPLETED AND EMAILED TO: NHSFTeam@NCRC.org
7:59PM EASTERN TIME MONDAY, SEPTEMBER 15, 2008. APPLICATIONS RECEIVED
AFTER THAT TIME WILL NOT BE CONSIDERED.**

FACTOR 1: AGENCY CAPACITY AND RELEVANT STAFF

Agency Name

Agency Address

City
State / Zip

Agency Contact

Name:

Email:

Phone:

How long has your agency offered foreclosure intervention counseling? Years Months

Is your agency in a rural area? Yes No

Foreclosure Counseling Experience Level (check A or B or C)

A. It has provided foreclosure intervention counseling services which include documented action plans to at least 50 people during the past year or 20 people during the most recent quarter; OR

B. 75% or more of its service area is in a rural area AND the organization provided foreclosure intervention counseling services which include documented action plans to at least 25 people during the past year or 10 people during the most recent quarter; OR

C. It has provided foreclosure counseling services which include documented action plans to at least 12 people during the past year AND has at least one comprehensively trained and qualified foreclosure counselor

Was your organization awarded NFMC funds February 24, 2008 (Round 1)?

Yes No

Is your agency submitting an application to an intermediary other than N.C.R.C.?

Yes No

How many foreclosure counselors do you currently have (paid or volunteer)?

Average years of counselors' foreclosure intervention experience.

Number of counselors who have received Comprehensive Foreclosure Training or Certification.



Has your organization ever had HUD Housing Counseling Funds or NFMC recaptured or de-obligated?

Yes No

IF SO, Explain why the HUD Housing Counseling Funds or NFMC funds were recaptured or de-obligated? When? What steps did your organization take to correct the issues that led to the funds being recaptured or de-obligated?

Does your organization have outstanding issues from compliance monitoring or other on-site reviews from HUD or NFMC?

Yes No

IF SO, explain the issues identified and steps taken to resolve those issues and date occurred.

FACTOR 2: AREAS OF GREATEST NEED

This section will be completed by N.C.R.C.

FACTOR 3: SCOPE OF PROPOSED COUNSELING SERVICES

Complete attached Counseling Goals Template and respond to the following questions. Descriptions of Level 1, Level 2 and Level 3 counseling can be found in the FAQ document.

If the supervisor or counselors who achieved the outcomes in Question 1 in the template are no longer on staff or if you proposed to hire new staff or reallocate existing staff under this program, explain your proposed strategy for recruiting, orienting, training and compensating them under this program, especially in light of the fact that the funds are time-limited. (1000 characters limit)

If you do not propose to all three levels of counseling, please describe partnerships or other arrangements you have in place to ensure Homeowners can receive the level of counseling you will not be offering. **Please note N.C.R.C. can be used as a referral source.** (1,000 characters limit)

Describe any partnerships with financial institutions, servicers or local or state government initiatives currently available in your service area or which will be in place in your proposed service area before January 1, 2009, that will assist homeowners facing default and foreclosure in successfully resolving their mortgage delinquencies. (1,000 characters limit)

Describe your strategy for identifying, marketing to, and attracting 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 you have established with



other organizations to help you identify and reach out to customers or to supply other services that support a successful resolution of customers' mortgage delinquencies. Please note N.C.R.C. will provide assistance with development of marketing materials and will establish a toll-free number for referrals and triage (2,000 characters limit)

Describe your organization model for delivering counseling to homeowners. Be precise and fully describe the model, with emphasis on any aspects that may be unique. Be certain to address the following topics in your description: a) intake and triage procedures b) methods of counseling, including face-to-face, phone, etc. c) counseling staff roles, whether staff is full-time, part-time, or volunteer; and if they are fully dedicated to foreclosure services d) staffing models-describe if counseling perform all aspects of foreclosure counseling or just intake and budgeting counseling.

The maximum amount you may request for Program-Related Support is 20% of your Total Maximum Eligible Counseling award amount from Question 7 in the Counseling Goals Template. Enter the dollar amount you are requesting:

FACTOR 4: MATCH

Please indicate below in-kind and cash match resources that your agency will expend between June 30, 2008 and December 31, 2009. Funds raised before this time period can be counted toward the grant match as long as they will be expended during the 2009 calendar year. Funds used to match NFMC Round 1 grant awards may not be counted toward Round 2 match requirements. Grant requests up to \$500,000 require a 20% match; the required match for amounts over \$500,000 is 10%.

Funding status = Expended, Committed, Pending or Anticipated

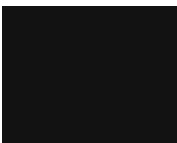
Name of Match Source	Amount	In-kind or Cash	Funding Status

Total Match Amount

Total Program Related Support Amount Requested

Match Waiver

You may request a match waiver if your County or municipality is burdened with a high unemployment and/or poverty level. To request a match waiver at the County level



complete the information below. To request a match waiver at less than the County level complete and submit the "Grant Waiver Smaller than County" Form.

If you are requesting a match waiver at the County level, list your County or Tribal land level service areas 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 Lands

Projected # of clients to be counseled in this area

Does this area have an unemployment rate greater than or equal to 7.05%?

Yes No

Does this area have a poverty rate greater than or equal to 18.9%?

Yes No

FACTOR 5: MEASURING RESULTS

All N.C.R.C. affiliated agencies will use the NFMC Excel Template to report results. This template will be forwarded to you as soon as grant has been awarded to affiliate agency.

