

**CHART D -- LEVERAGING
RATING FACTOR 4**

OMB Number: 2502-0261
Expiration Date: 07/31/2019

| | | | |
|---|--|----------------------|----------------------|
| A. Applicant/Sub-grantee/Branch | <input type="text"/> | | |
| B. Name of Applicant, Sub-grantee/Branch Office Proposed to be Funded | <input type="text"/> | | |
| C. Organization Providing Leveraged Funds/In-kind Contributions | <input type="text"/> | | |
| Point of Contact at Organization Providing Leveraged Funds/In-kind Contributions | Prefix | First Name | Middle Name |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Last Name | Suffix | |
| | <input type="text"/> | <input type="text"/> | |
| D. Type of Contribution (Cash, Fees, In-kind, Program Income) | <input type="text"/> | | |
| E. Funds Must be Available During the Grant Period | <input type="text" value="10/01/16 -- 3/31/2018"/> | | |
| F. Use of Funds -- Only Include Funds that are Exclusively Allocated for Housing Counseling Program | <input type="text"/> | | |
| G. Only Include the Amount of Funds that are Available from October 1, 2016 to March 31, 2018 | \$ | <input type="text"/> | |
| TOTAL \$ <input type="text"/> | | | |