

## **INTRODUCTION TO THE COMPREHENSIVE HOUSING COUNSELING AND HOUSING COUNSELING TRAINING NOFO (FY2025) CHARTS**

To successfully apply for the Comprehensive Housing Counseling and the Housing Counseling Training Notice of Funding Opportunity (NOFO) Fiscal Year 2025, Applicants should review the NOFO in its entirety and carefully follow the application instructions.

The instructions on this page are specific to the program in which Applicants seek to apply.

### **Comprehensive Housing Counseling (CHC)**

The Comprehensive Housing Counseling (CHC) application requires Applicants to submit responses using the HUD-9906, which includes Chart A (formerly Form HUD-9906-L and Form HUD-9906-P, Charts A1 and A2), Chart B (formerly Form HUD-9906-L and Form HUD-9906-P, Charts B1 and B2), Chart C (formerly Form HUD-9906-L and Form HUD-9906 P Charts C1 and C2), and Chart D (formerly Form HUD-9906-L and Form HUD-9906-P, Charts D1 and D2). In addition to these charts, Applicants that are an Intermediary, State Housing Finance Agency (SHFA), or Multi-State Organization (MSO) will need to submit a completed HUD-9906 Chart A Supplement (Excel), formerly Form HUD-9906 Chart A2 Supplement (Excel). Additionally, all Applicants will need to submit HUD-9906 Chart F (Excel), to identify all non-federal, diversified funding resources used to support housing counseling activities during October 1, 2024 through September 30, 2025.

Applicants interested in being considered for the Minority Serving Institutions (MSI) Initiative funding will need to complete HUD-9906 Chart E.

Failure to submit the completed HUD-9906 Chart A, B, C, D, HUD-9906 Chart A Supplement (Excel), or HUD-9906 Chart F (Excel) will impact the Applicant's ability to reach the minimum fundable score for the CHC grant. Failure to submit a fully completed Chart E may result in ineligibility for MSI Initiative funding.

### **Housing Counseling Training (HCT)**

The Housing Counseling Training (HCT) application was formerly submitted under the Training Notice of Funding Opportunity or TNOFO. Applicants interested in being considered for the HCT award must complete HUD-9906 Chart G, which consists of four separate charts, to receive full points. The charts include Chart G1 (formerly HUD-92910 Charts A and Chart B), Chart G2 (formerly HUD-92910 Chart C), Chart G3 (formerly HUD-92910 Chart D), and Chart G4 (formerly HUD-92910 Chart E). Applicants interested in being considered for an MSI HCT award will not need to submit HUD-9906 Chart E, but must include a scholarship element, detailing the full or partial costs to be awarded to individuals enrolled in a HUD-certified housing counselor workforce development program sponsored by the Applicant and an institution of higher education including, but not limited to, Historically Black Colleges and Universities (HBCU), Tribal Colleges and Universities (TCU), or other Minority Serving Institutions (MSI).

## Table of Contents

|                                                                                                                                              |    |
|----------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>INTRODUCTION TO THE COMPREHENSIVE HOUSING COUNSELING AND HOUSING COUNSELING TRAINING NOFO (FY2025) CHARTS</b> .....                       | 1  |
| <b>OVERVIEW OF THE COMPRHENSIVE HOUSING COUNSELING AND HOUSING COUNSELING TRAINING NOFO (FY2025) CHARTS</b> .....                            | 3  |
| <b>BURDEN STATEMENT</b> .....                                                                                                                | 4  |
| <b>CHARTS A-F, COMPREHENSIVE HOUSING COUNSELING</b> .....                                                                                    | 5  |
| CHART A, APPLICANT CHARACTERISTICS .....                                                                                                     | 5  |
| CHART A SUPPLEMENT (EXCEL) .....                                                                                                             | 6  |
| CHART B, VULNERABLE POPULATIONS .....                                                                                                        | 7  |
| CHART C, OVERSIGHT ACTIVITIES .....                                                                                                          | 9  |
| CHART D, HOUSING COUNSELING PROGRAM EXPENSES .....                                                                                           | 10 |
| CHART E, HISTORICALLY BLACK COLLEGES AND UNIVERSITIES, TRIBAL COLLEGES AND UNIVERSITIES, AND OTHER MINORITY SERVING INSTITUTIONS (MSI) ..... | 11 |
| CHART F, DIVERSIFIED FUNDING (EXCEL) .....                                                                                                   | 16 |
| <b>CHART G, HOUSING COUNSELING TRAINING</b> .....                                                                                            | 17 |
| Chart G1, PROPOSED AND PAST PERFORMANCE .....                                                                                                | 17 |
| CHART G2, BUDGET .....                                                                                                                       | 19 |
| CHART G3, DIVERSIFIED FUNDING SOURCES .....                                                                                                  | 20 |
| CHART G4, TRAINING PARTNERS.....                                                                                                             | 21 |

## OVERVIEW OF THE COMPREHENSIVE HOUSING COUNSELING AND HOUSING COUNSELING TRAINING NOFO (FY2025) CHARTS

This document includes the forms for two Grant programs in the NOFO: Comprehensive Housing Counseling (CHC) and Housing Counseling Training (HCT). These two programs have distinct eligibility criteria. If eligible, Applicants may apply to one or more of these programs. To be considered for the MSI award, you must meet the minimum fundable score for each applicable program.

**Instructions:** Please check the box below in Column 1 for each program in Column 2 in which you are applying. Review the eligibility information in Column 3 and refer to the applicable pages in Column 4 for forms related to each program. Complete and submit the corresponding applicable grant forms and charts identified in Columns 5 and 6.

See NOFO Section IV. A-D for information about other mandatory forms. See NOFO Section V. A-D for threshold requirements of grant programs and the review and selection process for grant applications.

| Comprehensive Housing Counseling (CHC) and the Housing Counseling Training (HCT) NOFO (FY2025) |         |                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                                     |                                                                                           |
|------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------|
| 1                                                                                              | 2       | 3                                                                                                                                                                                                                                                                                                                                                                                                     | 4                             | 5                                                   | 6                                                                                         |
| Check Box for Each Grant Application                                                           | Program | Eligible Applicants                                                                                                                                                                                                                                                                                                                                                                                   | Applicable Pages in this Form | Application Form                                    | OHC Supplement Excel Charts (For Intermediary, SHFA, or Multi-State Org. Applicants Only) |
| <input type="checkbox"/>                                                                       | CHC     | Housing Counseling Agencies approved to participate in the HUD Housing Counseling Program prior to the NOFO issue date. See NOFO, II. Eligibility                                                                                                                                                                                                                                                     | Pages 5-16                    | HUD-9906, Charts A, B, C, D, and Chart F (Excel)    | HUD-9906 Chart A Supplement (Excel)                                                       |
| <input type="checkbox"/>                                                                       | CHC MSI | Eligible CHC Applicants who submit a completed CHC application.                                                                                                                                                                                                                                                                                                                                       | Pages 5-16                    | HUD-9906, Charts A, B, C, D, E, and Chart F (Excel) | HUD-9906 Chart A Supplement (Excel)                                                       |
| <input type="checkbox"/>                                                                       | HCT     | Public or private non-profit organization as described in section 501(a), pursuant to section 501(c) of the Internal Revenue Code of 1996 (26 U.S.C. 501(a) and (c)), other than an institution of higher education, with a minimum two (2) years of experience providing housing counseling training services nationwide to housing counselors employed by HUD-approved Housing Counseling Agencies. | Pages 17-21                   | HUD-9906 Charts G, G1, G2, G3, and G4               | Not Applicable                                                                            |
| <input type="checkbox"/>                                                                       | HCT MSI | Eligible HCT Applicants who submit a completed HCT application.                                                                                                                                                                                                                                                                                                                                       | Pages 17-21                   | HUD-9906 Charts G, G1, G2, G3, and G4               | Not Applicable                                                                            |

**BURDEN STATEMENT: COMPREHENSIVE HOUSING COUNSELING AND THE HOUSING  
COUNSELING TRAINING NOFO (FY2025) CHARTS A-G, CHART A SUPPLEMENT (EXCEL), AND  
CHART F (EXCEL)**

Burden Statement: Public reporting burden for this collection of information is estimated to average 142 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. 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.

## CHARTS A-F, COMPREHENSIVE HOUSING COUNSELING

### CHART A, APPLICANT CHARACTERISTICS

(Formerly Form HUD-9906-L, Form HUD-9906-P, and Charts A1 and A2)

Name of Applicant:

A1) Location City:  State:

A2) HUD Housing Counseling System (HCS) Number:

| INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------|
| <b>LHCA Applicants</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>MSO, Intermediary, and SHFA Applicants</b><br>Applicant must verify Subgrantees included have not been terminated from the Housing Counseling Program and have their own unique HCS number at the time of application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                         |
| <b>Fields A3, A4, B, and C:</b> Do not answer<br><br><b>Fields D, E, and F:</b> Provide the correct number of total certified counselors Full-Time Equivalents (FTEs), total HECM FTEs, and new HECM counselors.<br><br><b>Fields G and H:</b> Enter an "x" if applicable.<br><br><b>Fields I through J:</b> Enter an "x" in the fields below for modes of housing counseling services you will provide during the grant period.<br><br><b>Field K:</b> Indicate maximum grant request. If none, leave blank. | <b>Fields A3-K:</b> Complete Chart A Supplement (Excel); transcribe the information totals into the labeled fields in the chart below. Attach Chart A Supplement in Excel to your Grants.gov application. <ul style="list-style-type: none"> <li><b>Field A3 and A4:</b> Provide the number of eligible Branches/Subgrantees</li> <li><b>Fields B and C:</b> Provide award allocation percentages for Applicant and its Branches/Subgrantees. Enter a whole number. For example, 50% would be entered as 50 in the field.</li> <li><b>Fields D, E, and F:</b> Provide total number of FTEs</li> <li><b>Fields G-J:</b> Provide number of applicable Branches/Subgrantees</li> <li><b>Field K:</b> Indicate maximum grant request. If none, leave blank.</li> </ul> |                          |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>LHCAs only</b>        | <b>MSO, Intermediary, and SHFA only</b> |
| <b>A3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total # of branches of an Intermediary, MSO, or SHFA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                         |
| <b>A4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total # of subgrantees of an Intermediary, MSO, or SHFA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                         |
| <b>B</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | % of award Applicant intends to allocate to itself (enter a whole number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                         |
| <b>C</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | % of award Applicant intends to allocate to its Branches/Subgrantees (enter a whole number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |
| <b>D</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Number of FTE HUD Certified Housing Counselors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                         |
| <b>E</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Number of FTE HECM Roster Housing Counselors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                         |
| <b>F</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Number of counselors to be added to the HECM Roster                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                         |
| <b>G</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Housing counseling agency staff have attended a housing counseling training provided by HUD or a Training (HCT) NOFO Grantee within the last two (2) years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> |                                         |
| <b>H</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | One or more housing counseling program staff have three (3) or more years of experience as a HUD-certified housing counselor or performing other program work as an employee of a HUD-approved housing counseling agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |                                         |
| <b>I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Client exit or follow-up surveys are issued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> |                                         |
| <b>J</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Evidence of client follow-up is maintained in the client file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> |                                         |
| <b>K</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Maximum grant requested (if none, leave blank)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                         |

**CHART A SUPPLEMENT (EXCEL)**  
(Formerly HUD-9906 Chart A2 Supplement (Excel))

MSO, Intermediary, and SHFA applicants must fill out and attach HUD-9906 Chart A Supplement (Excel) to their Grants.gov application. Failure to complete and submit this form may result in loss of points.

## CHART B, VULNERABLE POPULATIONS

(Formerly Form HUD-9906-L and Form HUD-9906-P, Charts B1 and B2)

Instructions: The Applicant must complete Fields A through C.

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

**(A) Opportunity Zones.** Applicants must describe whether the Applicant's main office and/or its network provide services within an Opportunity Zone and what housing counseling services are provided in the areas designated as Opportunity Zones. For purposes of scoring, include no more than five (5) eligible census tracts. Opportunity Zones can be identified at <https://www.hud.gov/opportunity-zones>. The Applicant will receive zero points if the Applicant's main office is not located within an Opportunity Zone or if the Applicant's network does not provide services within an Opportunity Zone (limit 1,000 characters).

**(B) Experience Working with HUD-Assisted Households and Eligible Homeowners.** Applicants must describe their experience working with HUD-assisted households and eligible homeowners. Examples include renters assisted through the Housing Choice Voucher, Project-Based Rental Assistance, and Public Housing programs, as well as Federal Housing Administration (FHA)-insured borrowers (see Appendix I definition). Applicants should highlight their success in helping renters transition from HUD-assisted housing to stable, secure, non-assisted housing; and/or assisting homeowners in preventing or resolving mortgage delinquency; and/or providing non-delinquency post-purchase counseling on issues such as home maintenance and financial management, budgeting, and refinances (limit 2,000 characters).

**(C) Emergency Preparedness and Recovery.** Applicants must describe their experience assisting individuals and families with disaster preparedness counseling, resilience building, and post-disaster recovery counseling. Applicants must describe their experience with disaster preparedness and recovery counseling to tenants in HUD-assisted housing and homeowners with federally-insured mortgages to help reduce long-term recovery costs and minimize the financial impact on federal resources. Applicants should explain how the agency plans to help clients reduce long-term recovery costs and minimize the financial impact on federal resources (limit 1,000 characters).

## CHART C, OVERSIGHT ACTIVITIES

(Formerly Form HUD-9906-L and Form HUD-9906 P Charts C1 and C2)

| <b>LHCA Applicants:</b> Check the box in Column A if the oversight and quality control activities will be performed during the grant period.<br><br><b>Intermediary, MSO, and SHFA Applicants:</b> Enter the number of branches/subgrantees in Column B for which oversight and quality control activities will be performed during the grant performance period. |                                                                                                                                                                                                                                                                                                                                                                                               | A               | B                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                               | LHCA Applicants | Intermediary, MSO, SHFA Applicants |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                          | <b>Grant Expenditures.</b> Grantee (and as applicable, its branches/subgrantees) maintains supporting documentation, including personnel expense documentation that satisfies 2 CFR 200.430(i) requirements, invoices, client file lists, or similar forms of documentation.                                                                                                                  | <b>YES</b>      |                                    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                          | <b>Supervisory Monitoring.</b> Grantee (and, as applicable, its branches/subgrantees) conducts supervisory monitoring of its housing counseling program activity to include inspecting client and education files, supervising counseling sessions, and providing technical assistance as needed, to ensure compliance with OHC regulations and the current version of the HUD Handbook 7610. | <b>YES</b>      |                                    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                          | <b>Grant Agreement.</b> Grantee monitors its housing counseling grant (and, as applicable, its branches'/subgrantees' grants), to include compliance with HUD grant agreement requirements, the Uniform Guidance (2 CFR Part 200), and progress in meeting projections.                                                                                                                       | <b>YES</b>      |                                    |
| <b>4</b>                                                                                                                                                                                                                                                                                                                                                          | <b>Intermediary, MSO, and SHFA Applicants Only:</b><br>Enter the number of branches/subgrantees (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.                                                                          |                 |                                    |

## CHART D, HOUSING COUNSELING PROGRAM EXPENSES

(Formerly Form HUD-9906-L and Form HUD-9906-P, Charts D1 and D2)

### Instructions:

Applicant's total housing counseling program expenses:

- Do not limit program expenses to the grants provided by the Office of Housing Counseling. Include all expenses for your housing counseling program during the period requested.
- Include expenses for the entire year, even if HUD approval came during the year

Intermediaries, MSOs, and SHFAs Applicants:

- Include total program expenses for the entire network
- Only include costs of affiliates that were part of the network during the period indicated below
- Costs of new affiliates not approved during the period requested should not be included.

| Description                                                                                                                                                                                                                                                                                                                                                                          | Applicant's Total Expenses<br>for the Operation of the<br>Housing Counseling Program<br>during FY24 (10/1/23-9/30/24) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>1. Salaries and Fringe for:</b>                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |
| (a) Housing Counselors that provide direct housing counseling and/or group education: This is the salary and fringe of housing counselors program staff who provide direct housing counseling or group education. If the staff person's primary duty is providing counseling and education, the entire salary/fringe benefits may be considered.                                     |                                                                                                                       |
| (b) Other Program Staff: Salary and fringe of housing counseling program staff who do not provide direct housing counseling or group education and not included above.                                                                                                                                                                                                               |                                                                                                                       |
| <b>2. Other Direct Costs:</b>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       |
| (a) Travel                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |
| (b) Training                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       |
| (c) Equipment                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       |
| (d) Marketing and Outreach                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |
| (e) Supplies                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       |
| (f) Contracting                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |
| (g) Other Direct Costs - Include other direct costs not already listed above.                                                                                                                                                                                                                                                                                                        |                                                                                                                       |
| In the field below, briefly describe the Other Direct Costs included in (g). Costs must be incurred pursuant to the eligible activities described in this NOFO, Section II, <i>Eligibility</i> (limit 500 characters).                                                                                                                                                               |                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |
| <b>3. Indirect Cost (if applicable):</b> Indirect costs authorized under an Applicant's negotiated rate or the de minimis rate (15%). See Section III.E of this NOFO for indirect cost information.                                                                                                                                                                                  |                                                                                                                       |
| <b>4. Total Housing Counseling Program Expenses (Total of 1-3):</b> This field will auto-populate.                                                                                                                                                                                                                                                                                   |                                                                                                                       |
| <b>Adjustment Point (Optional).</b> Applicants may provide a narrative explanation in this field that adequately explain reasons of an inordinately high cost per client* (limit 500 characters). * If an Applicant receives full credit for this Rating Factor (Rating Factor 3, Sub-factor B: Cost Per Client) then the Applicant is not eligible to receive the adjustment point. |                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |

## CHART E, HISTORICALLY BLACK COLLEGES AND UNIVERSITIES, TRIBAL COLLEGES AND UNIVERSITIES, AND OTHER MINORITY SERVING INSTITUTIONS (MSI)

### ONLY REQUIRED FOR THE MSI INITIATIVE PROGRAM

Instructions: Applicants applying for this funding initiative must complete this Chart. In Question 1 below, Applicants must specify whether they are applying as an MSI or partnering with an MSI.

Note: Refer to Housing Counseling NOFO for the definition of an MSI and HBCU.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                            |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>1.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Please state whether you are applying as an MSI or partnering with an MSI by selecting the appropriate box and providing the information requested.        |                        |
| <div style="margin-bottom: 10px;"> <input type="checkbox"/> Applicant is not an MSI itself but is partnering with an HBCU or other MSI.         </div> <p>If yes, the Applicant must submit the following:</p> <div style="margin-left: 20px;">           (a) A letter certifying that an HBCU or other MSI partnership is in place or that there is an intent to enter a partnership. The letter must be signed by the Applicant and an authorizing official of the HBCU or other MSI; and<br/>           (b) Documentation of the partnering college or university's status as an HBCU or other MSI.         </div> |                                                                                                                                                            |                        |
| <div style="margin-bottom: 10px;"> <input type="checkbox"/> Applicant is an HBCU or other MSI.         </div> <p>If yes, the Applicant must submit documentation of the college or university's status as an HBCU or other MSI.</p>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                            |                        |
| <b>2.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | How many housing counseling clients does the Applicant and/or its partner plan to serve with this funding during the period of performance?                |                        |
| <b>3.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Indicate the total award amount requested to provide services for this purpose.                                                                            |                        |
| <b>4.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Complete the table below 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;<br>City, State;<br>Contact Name, Contact Email Address<br>(State "N/A" if subgrantee or branch is an HBCU or other MSI) | Allocation Amount (\$) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                            |                        |

**5.** To support the grant amount being requested, complete fields a through g. If Applicant or its network is partnering with multiple HBCUs or other MSIs, the Applicant should provide information for no more than three (3) partnerships (limit 2,000 characters for each question).

a. Describe the proposed eligible activities and major tasks required to successfully implement the proposed initiative.

b. Describe the extent to which there is a need to fund the proposed initiative and the importance of meeting the need.

c. Describe the relevant experience and capacity of the Applicant, its staff, and HBCU or other MSI partners in implementing the proposed eligible activities.

d. Describe how the Applicant will measure outcomes on its target population.

e. Describe how the Applicant proposes to integrate the institution's students and faculty into proposed activities.

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

g. List 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.

**YOU HAVE REACHED THE END OF THE MSI INITIATIVE APPLICATION.**

## **CHART F, DIVERSIFIED FUNDING (EXCEL)**

Instructions: The Applicant must fill out and attach HUD-9906 Chart F (Excel) to their Grants.gov application.

Any agency that does not have other resources available will receive zero points for this rating factor. Failure to submit a fully completed Chart F may result in the Applicant receiving zero points for diversified funding. None of these additional resources can be federal funds or federal pass-through funds.

**YOU HAVE REACHED THE END OF THE CHC GRANT APPLICATION.**

## CHART G, HOUSING COUNSELING TRAINING

(Formerly HUD-92910 Charts A and B)

### REQUIRED ONLY FOR THE HOUSING COUNSELING TRAINING PROGRAM

Applicant Name:

Applicant HUD Housing Counseling System (HCS) ID (if applicable):

Applicant Unique Entity Identification (UEI) Number:

**Instructions:** Complete all Housing Counseling Training Charts as a required part of the application submission. There are four charts which must be completed in their entirety in order for Applicants to receive full points. The completed charts and exhibits along with the narratives will constitute the basis for evaluating the application.

Use the following definitions for the three delivery methods:

- **In-Person:** The course is provided to counselors in a face-to-face classroom setting. This includes place-based training and national institute training.
- **Web-based: Online / Interactive:** The course is provided to counselors electronically and allows for real-time instructor-counselor interaction.
- **Web-based: Online Non-Interactive:** The course is provided to counselors electronically and does NOT allow for real-time instructor-counselor interaction.

**Notes:** All data entered below is numeric. Do not enter X for any response. Refer to Housing Counseling NOFO for the definition of scholarships.

### Chart G1, PROPOSED AND PAST PERFORMANCE

#### Past Performance:

List the number of training courses by delivery method that you and your Applicant partners provided during the prior period of performance (October 1, 2024 – September 30, 2025) stated in the NOFO for the Housing Counseling Training Program.

|    | Delivery Method                                                                                                                                                                                                  | In-Person | Web-based<br>Online/<br>Interactive | Web-based<br>Online/<br>Non-<br>Interactive |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|---------------------------------------------|
| 1. | Number of courses provided during the period of performance described in the HCT Application                                                                                                                     |           |                                     |                                             |
| 2. | Number of counselors trained during the period of performance described in the HCT Application                                                                                                                   |           |                                     |                                             |
| 3. | Number of courses that addressed Departmental Priorities (Example: Disaster, HECM Default)                                                                                                                       |           |                                     |                                             |
| 4. | Number of courses in which student satisfaction was measured                                                                                                                                                     |           |                                     |                                             |
| 5. | Number of courses in which learning checks were included in the examination to pass the course. (Indicate the number of courses with learning checks and examinations that will be required to pass the course.) |           |                                     |                                             |
| 6. | Number of counselors by Delivery Method that include in rural and lower income communities and persons with disabilities.                                                                                        |           |                                     |                                             |
| 7. | Number of courses provided in multiple languages                                                                                                                                                                 |           |                                     |                                             |
| 8. | Average number of hours per Delivery Method                                                                                                                                                                      |           |                                     |                                             |

|                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                 |                  |                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------|-------------------------------------------------------|
| 9.                                                                                                                                                                                                                                                                                  | Number of scholarships provided to individuals in rural and lower income communities, and persons with disabilities.                                                                                            |                  |                                              |                                                       |
| 10.                                                                                                                                                                                                                                                                                 | Total # of scholarships (all types with all funding)                                                                                                                                                            |                  |                                              |                                                       |
| 11.                                                                                                                                                                                                                                                                                 | Average cost per student by Delivery Method                                                                                                                                                                     |                  |                                              |                                                       |
| <b>Proposed Performance:</b><br>List the number of training courses by delivery method that you and your Applicant partners intend to provide during the period of performance stated in the NOFO (October 1, 2025 through March 2027) for the Housing Counseling Training Program. |                                                                                                                                                                                                                 |                  |                                              |                                                       |
|                                                                                                                                                                                                                                                                                     | <b>Delivery Method</b>                                                                                                                                                                                          | <b>In-Person</b> | <b>Web-based<br/>Online/<br/>Interactive</b> | <b>Web-based<br/>Online/<br/>Non-<br/>Interactive</b> |
| 12.                                                                                                                                                                                                                                                                                 | Number of courses proposed as described in the HCT Application                                                                                                                                                  |                  |                                              |                                                       |
| 13.                                                                                                                                                                                                                                                                                 | Number of counselors to be trained as described in the HCT Application                                                                                                                                          |                  |                                              |                                                       |
| 14.                                                                                                                                                                                                                                                                                 | Number of courses that address departmental priorities (Example: Rural Communities, Opportunity Zones)                                                                                                          |                  |                                              |                                                       |
| 15.                                                                                                                                                                                                                                                                                 | Number of courses in which student satisfaction will be measured                                                                                                                                                |                  |                                              |                                                       |
| 16.                                                                                                                                                                                                                                                                                 | Number of courses in which learning checks are included in the examination to pass the course. (Indicate the number of courses with learning checks and examinations that will be required to pass the course.) |                  |                                              |                                                       |
| 17.                                                                                                                                                                                                                                                                                 | Number of counselors projected by Delivery Method that include rural, lower income and persons with disabilities                                                                                                |                  |                                              |                                                       |
| 18.                                                                                                                                                                                                                                                                                 | Average number of hours per Delivery Method                                                                                                                                                                     |                  |                                              |                                                       |
| 19.                                                                                                                                                                                                                                                                                 | Number of scholarships provided to individuals in rural and lower income communities, and persons with disabilities                                                                                             |                  |                                              |                                                       |
| 20.                                                                                                                                                                                                                                                                                 | Total # of scholarships (all types and all funding sources, including non-federal)                                                                                                                              |                  |                                              |                                                       |
| 21.                                                                                                                                                                                                                                                                                 | Average cost per student by Delivery Method                                                                                                                                                                     |                  |                                              |                                                       |

**CHART G2, BUDGET**  
(Formerly HUD-92910 Chart C)

**Instructions:** Complete all applicable sections below with your actual expenditures for the Housing Counseling Training Program. In the Indirect Costs row, insert the percentage you take for indirect costs (de minimis (15%) or NICRA) in the small text box. Applicants who did not receive a Housing Counseling Training Grant should provide expenditures from all other sources. For budget items not listed in the "Other Expenses" line, describe in detail in the comments box.

| Actual Expenditures for the Period of Performance Stated in this Housing Counseling Training Application                                                                        |                                   |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|
| Expense Items                                                                                                                                                                   | Actual Expenditures – Grant Funds | Actual Expenditures – All Sources |
| <i>Example: Staff Salaries</i>                                                                                                                                                  | <i>\$50,000</i>                   | <i>\$150,000</i>                  |
| Staff Salaries                                                                                                                                                                  |                                   |                                   |
| Staff Fringe Benefits                                                                                                                                                           |                                   |                                   |
| Consultant/Trainer Fees                                                                                                                                                         |                                   |                                   |
| Rent/Office                                                                                                                                                                     |                                   |                                   |
| Rent/Training Venues                                                                                                                                                            |                                   |                                   |
| Travel/Consultant/Trainer                                                                                                                                                       |                                   |                                   |
| Travel/Staff                                                                                                                                                                    |                                   |                                   |
| Total Amount of Scholarships                                                                                                                                                    |                                   |                                   |
| Equipment                                                                                                                                                                       |                                   |                                   |
| Telephone/internet/Website                                                                                                                                                      |                                   |                                   |
| Delivery Services                                                                                                                                                               |                                   |                                   |
| Printing / Production of Class Materials                                                                                                                                        |                                   |                                   |
| Other Expenses (Describe in Comments)                                                                                                                                           |                                   |                                   |
| Other (Describe in Comments)                                                                                                                                                    |                                   |                                   |
| Other (Describe in Comments)                                                                                                                                                    |                                   |                                   |
| Other (Describe in Comments)                                                                                                                                                    |                                   |                                   |
| Training Partners                                                                                                                                                               |                                   |                                   |
| Sub-grantee Disbursements                                                                                                                                                       |                                   |                                   |
| Indirect Costs (insert indirect cost rate (%) here:      )                                                                                                                      |                                   |                                   |
| Total Expenditures (this field will auto-populate)                                                                                                                              |                                   |                                   |
| Percent of HUD Grant Spent on Scholarships:<br>(Divide 'Total Amount of Scholarships' by 'Total Expenditures' to calculate this percentage, yielding a ratio of 1.00 (or 100%). |                                   |                                   |

**Comments (limit to 500 characters):**

## CHART G3, DIVERSIFIED FUNDING SOURCES

(Formerly HUD-92910 Chart D)

**Instructions:** All Applicants must itemize the list of diversified funding resources (only non-federal) for the Applicant itself, and for each proposed subgrantee and identified Training Partner. All Applicants must provide a list of all proposed subgrantees they propose to fund and itemize for each the names of the organizations providing all diversified funding sources and in-kind contributions. Include the total amount and the source of funds. Applicants must also list all Training Partners collaborated with during the previous performance period (October 1, 2024 – September 30, 2025) and proposed during the upcoming performance period (October 1, 2025 – March 31, 2027), using funds earmarked by the Training Partners to support housing counseling training. Fee income can be counted as diversified funding resources. Applicants claiming fee income must project the total income anticipated from fees.

| Organization Providing Diversified Funding/In-kind Contributions (include fees/program income) and Point of Contact | Type of Contribution (cash, in-kind, fees, etc.) | Time Period Funds are Available | Commitment Letter in Hand (not pending) | Use of Funds | Amount of Funds |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------|-----------------------------------------|--------------|-----------------|
| EXAMPLE                                                                                                             |                                                  |                                 |                                         |              |                 |
| ABC Intermediary                                                                                                    | Fees                                             | 10/1/XX - 9/30/XX               |                                         |              | \$50,000        |
| Jane Dough Foundation/ John Dough (123) 456-7891                                                                    | Cash                                             | 1/1/XX - 1/1/XX                 |                                         |              | \$10,000        |
| Chase Bank Foundation/Penny Money (456) 789-1011                                                                    | Cash                                             | 10/1/XX - 9/30/XX               | x                                       |              | \$7,500         |
| City of Love/Happy Giver (345) 678-9123                                                                             | In-Kind                                          | 1/1/XX - 8/31/XX                | x                                       |              | \$12,000        |
|                                                                                                                     |                                                  |                                 |                                         |              |                 |
|                                                                                                                     |                                                  |                                 |                                         |              |                 |
|                                                                                                                     |                                                  |                                 |                                         |              |                 |
|                                                                                                                     |                                                  |                                 |                                         |              |                 |
|                                                                                                                     |                                                  |                                 |                                         |              |                 |
|                                                                                                                     |                                                  |                                 |                                         |              |                 |
|                                                                                                                     |                                                  |                                 |                                         |              |                 |
|                                                                                                                     |                                                  |                                 |                                         |              |                 |
|                                                                                                                     |                                                  |                                 |                                         |              |                 |

## CHART G4, TRAINING PARTNERS

(Formerly HUD-92910 Chart E)

**Instructions:** Identify training partners you collaborated with to provide place-based training during the previous performance period (October 1, 2024 – September 30, 2025) and will work with during the upcoming period of performance (October 1, 2025 – March 31, 2027). The amount of proposed training partner contributions should also be added to your agency leveraging in Chart G3.

Note: See the NOFO, Appendix I for definition of Training Partners.

| Name           | Type of Entity  | Name of Contact at Entity | Contact Phone Number | Number of Events | Proposed Amount of Training Partner Contribution for Upcoming Performance Period | Past Amount of Training Partner Contribution for Past Performance Period |
|----------------|-----------------|---------------------------|----------------------|------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>EXAMPLE</b> |                 |                           |                      |                  |                                                                                  |                                                                          |
| City of Love   | City Government | Happy Giver               | (345) 678-9123       | 1                | \$5,000                                                                          | \$2,000                                                                  |
| ABC Org        | Local NP        | Betty Boop                | (234) 567-8901       | 2                | \$10,000                                                                         | \$0                                                                      |
|                |                 |                           |                      |                  |                                                                                  |                                                                          |
|                |                 |                           |                      |                  |                                                                                  |                                                                          |
|                |                 |                           |                      |                  |                                                                                  |                                                                          |
|                |                 |                           |                      |                  |                                                                                  |                                                                          |
|                |                 |                           |                      |                  |                                                                                  |                                                                          |
|                |                 |                           |                      |                  |                                                                                  |                                                                          |
|                |                 |                           |                      |                  |                                                                                  |                                                                          |
|                |                 |                           |                      |                  |                                                                                  |                                                                          |
|                |                 |                           |                      |                  |                                                                                  |                                                                          |
|                |                 |                           |                      |                  |                                                                                  |                                                                          |
|                |                 |                           |                      |                  |                                                                                  |                                                                          |
|                |                 |                           |                      |                  |                                                                                  |                                                                          |
|                |                 |                           |                      |                  |                                                                                  |                                                                          |

**YOU HAVE REACHED THE END OF THE HCT GRANT APPLICATION.**