



**Michigan State Housing Development Authority
Homeownership Division, Housing Education Program,
United States Department of Housing and Urban Development’s
Fiscal Year 2020 Housing Counseling Grant Application**

Checklist for document submission.

1. Exhibit A – Application/Budget Form
 - Section A- HUD Form-9902: Estimated HUD Service Numbers
 - Section B- Agency Certification Form
 - Section C- Agency Capacity
 - Section D- FY2020 Program Budget
2. Exhibit B – Organization Certification
3. Exhibit C – Project Personnel Certification
4. Exhibit D - Agency Leveraged Funding Chart

| Scoring: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exhibit A: 95% |
| <ul style="list-style-type: none"> • SECTION A: HUD Form-9902: Estimated HUD Service Numbers – (Scoring worth 60%) • SECTION C: Agency Capacity – (Scoring worth 35%) |
| Exhibit B: 1% |
| Exhibit C: 1% |
| Exhibit D: 3% |
| Total = 100% |

Exhibit A

Application and Budget Form



| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Agency Name | |
| Executive Director | |
| Program Contact | |
| Address | |
| Phone # | |
| Website | |
| DUNS # | |
| LHCA Status | Our agency is a HUD-Approved Local Housing Counseling Agency ("LHCA"): <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HUD ID # | |
| HUD Workplan | Date of most recent/approved HUD Work Plan: |
| Type of Entity | Entity: |
| <p>(e.g., Michigan corporation, Michigan nonprofit corporation, Michigan limited liability company, foreign). Note: Prior to grant execution, the selected grantee will be required to provide proof of authorization to conduct business in the State of Michigan. The Agency or Agencies must be legally organized and in good standing with the State of Michigan's Department of Licensing and Regulatory Affairs ("LARA") as evidenced by a certified copy of the entity's Articles of Incorporation and Good Standing Certificate (or comparable documentation if the organization is not a corporation), or a Certificate of Authority to Transact Business, if the entity is a foreign corporation (or other foreign entity). All such certificates shall be dated within thirty (30) days of submission and issued by LARA.</p> | |
| Security of Data | |
| <p>a. Has your organization established and used a policy to address the security of paper and electronic data? (Please do not submit a copy of your security policy.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>b. Does your policy address the removal of confidential and/or personal data from storage media? (For example, does your firm's policy include the removal or "wiping" of data from hard drives when a computer is no longer used?)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| Applicant's Insurance Coverage | |
| <input type="checkbox"/> You acknowledge and must maintain required insurance coverage in accordance with the Authority's requirements. | |

Copyrighted Materials Acknowledge and/or confirm the following:

- You agree that any and all products produced as a result of this contract shall be the property of the Authority.
- You agree that the Authority shall (a) hold a copyright on all materials or products produced under the contract and (b) be allowed to file for a copyright with the United States Copyright Office.
- You acknowledge that submitted documents will not contain in part or whole copyrighted materials.

I also confirm that I have read and understand the Authority's indemnification, copyright, data security, and insurance requirements.

By: _____

Role: _____

Date: _____

Disclosure of Participation and Interests in Authority Programs

- Yes or No - **Disclosure of Interests in Authority Programs.** Does your agency have any loans where the Authority is the lender, and any grants made by or administered by the Authority?
- Yes or No - **Submission of Conflicts of Interests.** Does your agency, staff, its officers, board members, and employees respectively have a potential conflict of interest within Authority programs. If yes, please provide list.
- Yes or No - **Potential Conflicts of Interests.** Is your agency under contract and/or has been awarded a grant from the Authority? Please confirm whether any potential conflict of interest will exist if the Authority enters into a grant agreement with the Applicant.
- Yes or No – **Organization Chart.** Provide a list of executive and Housing Counseling Department staff.
- Yes or No - **Family Members Who Work for Authority.** Does staff, officers, board members, and employees who have family members who work for the Authority and the names of the family members who work for the Authority.

SECTION A: HUD Form-9902: Estimated HUD Service Numbers – (Scoring worth 60%)

Please complete chart with your estimated service numbers which will be billed to your FY20 HUD Grant. Services eligible to be counted on this form must meet the minimum HUD requirements as set forth in HUD Handbook 7610.1, 3-1.

| Households Receiving <u>Group Education</u>, by Purpose | Total 2019/2020 Clients Served (<u>ALL</u> Funding Sources) | Total 2019/2020 Clients Served (FY19 HUD Grant <u>ONLY</u>) | 2020/2021 <u>Projected # of Clients</u> FY20 HUD Grant |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Completed financial literacy workshop, including home affordability, budgeting and understanding use of credit | | | |
| Completed predatory lending, loan scam or other fraud prevention workshop | | | |
| Completed fair housing workshop | | | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------|
| Completed homelessness prevention workshop | | | |
| Completed rental workshop | | | |
| Completed pre-purchase homebuyer education workshop | | | |
| Completed non-delinquency post-purchase workshop, including home maintenance and/or financial management for homeowners | | | |
| Completed resolving or preventing mortgage delinquency workshop | | | |
| Completed other workshop | | | |
| | | | |
| Households Receiving <u>One-on-One</u> Counseling, by Purpose | Total 2019/2020 Clients Served (<u>ALL</u> Funding Sources) | Total 2019/2020 Clients Served (FY19 HUD Grant <u>ONLY</u>) | 2020/2021 Projected # of Clients FY20 HUD Grant |
| Homeless Assistance | | | |
| Rental Topics | | | |
| Pre-purchase/Homebuying | | | |
| Home Maintenance and Financial Management for Homeowners (Non-Delinquency Post-Purchase) | | | |
| Resolving or Preventing Mortgage Delinquency or Default | | | |

Does your agency serve a rural community or communities? Yes No

SECTION B: Agency Certification Form

I. Certification: Client Management System (CMS)

Yes- I agree, that in accordance with HUD, I certify that my agency utilizes a Client Management System that meets HUD’s requirements and interfaces with HUD Databases for the collection and submission of client-level data, and agency profile information.

The name of Client Management System used is: _____

II. Certification: Financial Management System

Yes- This is to certify that our agency uses the below software as its financial management system. This system satisfies the requirement in applicable regulations with 2 CFR § 200.302.

Name of Agency’s Financial System: _____

III. Subject: Use of the De Minimis Indirect Cost Rate

Yes- Our agency makes the below decision regarding the de minimis rate of 10% of modified total direct costs (MTCD) in accordance with 2 C.F.R. Part 200.414 to the HUD grant.

- Our Agency **WILL** elect to charge a de minimis rate of 10%
- Our agency **DOES NOT** elect to charge a de minimis rate of 10%
- Our Agency has a Federally Approved NICRA

IV. Certification: Intelligrants MATT 2.0 Billing System

Yes- Our agency agrees to utilize MSHDA’s MATT 2.0 billing system for purposes of reimbursement for HUD services entered. We understand that the MATT 2.0 system does not serve as a HUD required Client Management System (CMS).

SECTION C: Agency Capacity – (Scoring worth 35%)

*List staff that will be billed to the FY2020 HUD Housing Counseling Grant Award. **Please only list current staff and not those you intend to hire in the future.***

| Employee Name | Employee Title | Full-Time or Part-Time | Percentage of time to be spent on Housing Counseling Program | Will this staff member be performing housing counseling services? (Yes or No) | Is this Counselor HUD Certified? If no, when? (Yes or No & Date) |
|---------------|----------------|------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SECTION D: FY2020 Program Budget

The Authority requires that those awarded use their FY20 HUD Grant Award for eligible housing counseling and education services, in accordance with 24 CFR 214 and the Office of Housing Counseling Handbook, to be eligible for reimbursement for:

Direct Cost Rate- costs must be incurred pursuant to one or more of the following activities:

1. Housing counseling and group education
2. Oversight, compliance, and quality control
3. Supervision of housing counseling staff
4. Housing counselor training and certification
5. Marketing and outreach of the housing counseling program to potential clients

Indirect Cost Rate- If you intend to charge indirect costs to your award, your application must clearly state the rate and distribution base you intend to use. If you have a Federally negotiated indirect cost rate, your application must also include a letter or other documentation from the cognizant agency showing the approved rate. Successful applicants whose rate changes after the application deadline must submit new rate and documentation.

Instructions: Document the amount of Fiscal Year 2020 HUD grant funds your agency is requesting and show the break-down into the eligible expense categories below. You **MUST** enter a detailed narrative description/justification for all budget lines/categories.

FY2020 HUD grant period is from January 1, 2020 to March 30, 2021. **However, billing expenditures are allowed beginning January 1, 2020 – March 31, 2021.** All grant awards must be fully expended by no later than March 31, 2021 so please take this into consideration when entering your budget request in the chart below.

| | Budget Item | Estimated FY2020 expenditures for 01/01/2020 To 03/31/2021 | Description <i>*Must provide a detailed explanation for each expense. Failure to offer a detailed outline may result in application denial.</i> | Detailed Explanation |
|------------------------|-----------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DIRECT EXPENSES | | | | |
| a. | Personnel (Direct Labor Costs) | \$ | Enter details of staffing that will be charged including name, title and estimated % of time charged to your FY20 HUD grant award *All staff billed using a pre-approved fully loaded hourly rate. | <p>Indicate yes or no if the person received a pension from the State of Michigan</p> <p>Staff Name: _____ Yes or No</p> <p>Title: _____</p> <p>% of Time Charged: _____</p> <hr/> <p>Staff Name: _____ Yes or No</p> <p>Title: _____</p> <p>% of Time Charged: _____</p> <hr/> <p>Staff Name: _____ Yes or No</p> <p>Title: _____</p> <p>% of Time Charged: _____</p> <hr/> <p>Staff Name: _____ Yes or No</p> |

| | | | | |
|----|----------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | Title: % of Time Charged: |
| b. | Credit Reports | \$ | Outline: (a) estimated # of reports that will be run and for which program (b) if it will be a single-merge or tri-merge report. | # of Credit Reports: Type of Merge: Program(s): |
| c. | Training | \$ | Outline: Name of staff member, course title & provider of anticipated training course & anticipated month(s) of each training will be completed | Staff Name: Course Title: Month Completed: Staff Name: Course Title: Month Completed: Staff Name: Course Title: Month Completed: Staff Name: Course Title: Month Completed: Staff Name: Course Title: Month Completed: |
| d. | Travel | \$ | Outline: Estimated travel expenses for program delivery mileage as well as travel expenses for trainings listed above. Offer detail of each expense. Must comply with Federal travel rates . | Travel Expense: |
| e. | Meals | \$ | Outline: Estimated meals for travel expenses. Must comply with State of Michigan travel rates . | Meal Expense: |
| f. | Supplies | \$ | Outline: Estimated supply expenses related to the delivery of housing counseling services. Indicate item and cost. *Supply costs must be related to the delivery of housing counseling services ONLY and must not include equipment, furniture, pens, paper, etc. | Items for purchase: |

| | | | | | | | | |
|-------------------------------------------------------------------|------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------|--|--|
| g. | Marketing & Advertising | \$ | Outline: Estimated marketing & advertising costs. <i>*Must be designated for housing counseling services ONLY.</i> | Marketing and Advertising: <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| h. | Translation Services | \$ | Outline frequency and/or estimated cost from outside vendors | Translator Expenses: <table border="1"> <tr><td> </td></tr> </table> | | | | |
| | | | | | | | | |
| i. | Client Management System (CMS) User Fees | \$ | Outline: Name of your Client Management System and the cost and the frequency of this expense (i.e. monthly, quarterly, annually, etc.) | Client Management System: <table border="1"> <tr> <td>System:</td> <td>Frequency:</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | System: | Frequency: | | |
| System: | Frequency: | | | | | | | |
| | | | | | | | | |
| TOTAL DIRECT COSTS: | | \$ | | | | | | |
| INDIRECT EXPENSES (10% of modified total direct cost rate) | | | | | | | | |
| j. | Indirect Expense Costs | \$ | This is an elective budget line item and is not required. | Choose one of the following: <input type="checkbox"/> Elect to a 10% De minimis (*10% De minimis is calculated from the total Direct Personnel Labor Costs using only line (a) above) <input type="checkbox"/> Elect to use a Federally Approved Negotiated Indirect Cost Rate Agreement ("NICRA") _____% <input type="checkbox"/> Choose neither De minimis or NICRA | | | | |
| ADDITIONAL FUNDING REQUEST AVAILABLE: | | | | | | | | |
| k. | HUD Certification Exam Fees | \$ | Strictly for online or in-person proctored exam fees (NOT to be used for equipment, travel or meals) | | | | | |
| TOTAL: | | \$0.00 | (not to exceed \$44,000) | | | | | |

| | |
|---------------------------------------------------------------------------|----|
| Total FY2020 Grant Award Request (<i>not to exceed \$44,000</i>) | \$ |
|---------------------------------------------------------------------------|----|

Signature Clause:

By signing this report, I certify to the best of my knowledge and belief that this information is true, complete, and accurate and am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

Authorizing Official's Name: _____

Authorizing Official's Title: _____

Exhibit B

Organization Certification

Applicant must certify that its organization and all housing education staff, contractors, subcontractors, subgrantees, and subrecipients complies with and will continue to comply with all of the following requirements in order to proceed with the HUD Application. This certification document must be executed by an Authorized Officer or Agent of the organization. Please check the boxes to certify and comply with each statement below:

- Our organization is physically located in Michigan and complies with the United States Department of Housing and Urban Development (“HUD”) and the Michigan State Housing Development Authority (the “Authority” or “MSHDA”) Policies and Guidelines and has adopted the National Industry Standards Code of Ethics and Conduct.
- Does not discriminate against clients based on any of the following, including, but not limited to, gender, race, religion, color, familial status, national origin, ancestry, creed, pregnancy, marital or parental status, or physical, mental, emotional or learning disability.
- Has policies in place that detail affirming the furthering of fair housing and that fair housing information is provided to all.
- Is a drug-free workplace and has a policy in place notifying employees that action will be taken for the manufacture, distribution, dispensing, possession, or use of controlled substances in the workplace.
- Certifies that the staff and volunteers who will provide housing education have no conflict(s) of interest due to other relationships with services, real estate agencies, mortgage lenders and/or other entities that may stand to benefit from particular counseling outcomes; and have policies in place addressing disciplinary actions of such violations.
- Has counseling offices and services that are accessible to people with disabilities.
- Has counselors fluent in the language(s) that clients speak or will use interpreter services to ensure non-English speaking clients can obtain housing education services.
- Our organization adheres to the counseling guidelines on disposing of personally-identifiable information in a manner that protects clients’ confidentiality and is consistent with state statutes governing records.
- Currently uses a HUD approved client management system (CMS) that will track and record, electronically, the necessary client-level and aggregate reporting including administrative expenses and Personnel Activity Reports (“PAR”) in compliance with HUD and MSHDA requirements.
- Maintains certifications for each counselor employed by the agency that provides housing education services funded by MSHDA, HUD, or other funding received as a result of this application.

Signature _____ Date _____

Exhibit C

Project Personnel Certification

The Applicant acknowledges that the following personnel are Project Personnel of the Applicant:

(1) Name _____
(*Print or type name above line*)

Title with Applicant _____

Is this person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes _____/No _____

(2) Name _____
(*Print or type name above line*)

Title with Applicant _____

Is the person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes _____/No _____

(3) Name _____
(*Print or type name above line*)

Title with Applicant _____

Is the person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes _____/No _____

Name of Signatory for Applicant:

Printed Name: _____
(*Print or type name above line*)

Its: _____

Signature: _____

Federal Identification Number: _____

Pensioned Retirees (2007, MCL 38.68) (12/7/07 Rev)

Exhibit D

LEVERAGED FUNDING CHART

Instructions: Only include the amount of funds that are available during the grant period.

| | A | B | C | D | E |
|--------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------|
| | Names of Applicant, Sub-grantees/Branch Offices Proposed to be Funded | Organization Providing Leveraged Funds/In-kind Contributions and Point of Contact (with phone number and/or email) | Type of Contribution | Use of Funds -- Only Include Funds that are Exclusively Allocated for Housing Counseling Program | Amount of Funds from this Resource |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| TOTAL | | | | | \$ |

EXAMPLE

LEVERAGED FUNDING CHART

Instructions: Only include the amount of funds that are available during the grant period.

| | A | B | C | D | E |
|--------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------|
| | Names of Applicant, Sub-grantees/Branch Offices Proposed to be Funded | Organization Providing Leveraged Funds/In-kind Contributions and Point of Contact (with phone number and/or email) | Type of Contribution | Use of Funds -- Only Include Funds that are Exclusively Allocated for Housing Counseling Program | Amount of Funds from this Resource |
| 1 | Example: ABC Intermediary | ABC Intermediary Mary Gray 213-555-1212 mgray@abcintermediary.com | Program Income | Foreclosure Prevention Counseling | \$100,000.00 |
| 2 | Example: ABC Branch | Jane Dough Foundation/ John Dough 213-555-1212 Jane. Dough@janedoughfoundation.com | Cash | Foreclosure Prevention Counseling | \$10,000.00 |
| 3 | Example: ABC Branch | Chase Bank Foundation/ Sally Clams 213-555-1213 Sally.Clams@chasebankfoundation.com | Cash | Pre-purchase Counseling | \$7,500.00 |
| 4 | Example: ABC Subgrantee | City of Siever/ Pat Culver 213-555-1214 Pat.culver@Sievercity.gov | Cash | Pre-purchase Counseling | \$12,000.00 |
| 5 | Example: ABC Subgrantee | ABC Legal Services/Suzy Council 213-555-1215 Suzy.Council@abclegal.com | In-kind | Pre-purchase Counseling | \$5,000.00 |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| TOTAL | | | | | \$134,500.00 |

EXAMPLE