



Notice of Funding Availability for the
Michigan State Housing Development Authority's
Fiscal Year 2021-2022 Housing Education Program Grant for
Housing Counseling Services

Application Due:

By 4:00 p.m. Eastern Standard Time on May 26, 2021

**Notice of Funding Availability for the Michigan State Housing Development Authority's
Fiscal Year 2021-2022 Housing Education Program Grant for Housing Counseling
Services**

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Notice of Funding Availability for the Michigan State Housing Development Authority's Fiscal
Year 2021-2022 Housing Education Program Grant
for Housing Counseling Services

Application Due: By 4:00 p.m. Eastern Standard on May 26, 2021

I. Funding Opportunity Description.

A. Purpose and Program Description. The purpose of the Housing Education Program ("HEP" or the "Program") is to provide education and counseling services for persons seeking to rent, purchase, or retain a home. To that end, the Michigan State Housing Development Authority (the "Authority") partners with housing counseling agencies ("Agency" or "Agencies") to provide to individuals residing in Michigan ("Clients") access to housing education and counseling to help them make informed choices about homeownership. Additionally, Agencies may aid current homeowners or renters who need foreclosure counseling, rental counseling, disaster preparedness, and other related housing counseling.

B. Objectives and Priorities of this Notice of Funding Availability. In addition to the purposes described in I.A. and the eligible services described in I.C., the Authority has identified priorities for the Housing Education Program that this Notice of Funds Availability ("NOFA") addresses, including but not limited to the following:

1. Provide education services to clients seeking to purchase or rent a home.
2. Provide comprehensive foreclosure services to Michigan residents impacted by foreclosure.

C. Eligible Services. The Authority's HEP aligns with HUD on its definition of eligible services, and therefore, requires that a Grantee use HEP grant funds for housing counseling and education in accordance with 24 CFR 214 and the HUD Housing Counseling Handbook. Agencies providing group education must also provide one-on-one individual counseling of the same service type.

One-on-One Individual Counseling:

1. Rental Topic.
2. Pre-Purchase/Homebuying.
3. Home Maintenance and Financial Management for Homeowners (Non-Delinquency post-Purchase).
4. Resolving or Preventing Mortgage Delinquency or Default.
5. Homelessness.
6. Disaster preparedness

Group Education:

1. Financial literacy workshop, including home affordability, budgeting, and understanding use of credit.

2. Predatory lending, loan scam or other fraud prevention workshop.
3. Fair housing workshop.
4. Rental workshop.
5. Homeless prevention workshop.
6. Pre-purchase homebuyer education workshop.
7. Non-delinquency post-purchase workshop, including home maintenance and/or financial management for homeowners.
8. Resolving or preventing mortgage delinquency workshop.
9. Disaster preparedness.

D. Definitions.

Agency (or Agencies) means those certain housing counseling agencies that the Authority partners with for purposes of carrying out the Housing Education Program.

Applicant, as used herein, means the organization completing the application and submission requirements under this NOFA.

Authority (or MSHDA) means the Michigan State Housing Development Authority.

Award, as used herein, means the Authority's Housing Education Program Grant Award for Housing Counseling Services.

Eligibility requirements are mandatory requirements for an application to be eligible for funding.

Grant, as used herein, means the financial assistance provided by the Authority's Housing Education Program Grant for Housing Counseling Services.

Grantee, as used herein, means the organization that is selected to receive grant funding under this NOFA.

HEP means the Authority's Housing Education Program.

MSHDA (or the Authority) means the Michigan State Housing Development Authority.

Personally, identifiable information (PII) means information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. The definition of PII is not anchored to any single category of information or technology. Rather, it requires a case-by-case assessment of the specific risk that an individual can be identified. For more detail, refer to 2 CFR 200.79.

Threshold Requirement – Threshold requirements are a type of eligibility requirement. Threshold requirements must be met for an application to be reviewed and are not curable. Similarly, there are eligibility requirements under Statutory and Regulatory Requirements Affecting Eligibility.

II. Award Information.

- A. Number of Awards.** The number of awards under this NOFA will depend on the number of eligible applicants and other factors. MSHDA reserves the right to adjust funding levels for each grantee. Once Applicants are selected for award, HEP will determine the total amount to be awarded to any grantee, based upon the scope of services to be provided, funds available, and other factors that HEP may determine.
- B. Grant Period.** The grant period for this NOFA is July 1, 2021 to June 30, 2022.

III. Eligibility.

- A. Eligible Applicants.** Eligible applicants must satisfy the following criteria:
1. The Applicant must be a HUD-approved agency to that employs HUD certified housing counselor(s) in order to participate in the MSHDA Housing Counseling Program prior to an Award under this NOFA.
 2. The Applicant must possess statutory authority to provide housing counseling in the State of Michigan and adhere to all program requirements outlined in 24 CFR Part 214, the HUD Housing Counseling Handbook, and other MSHDA and HUD governing documents.
 3. The Applicant must complete and submit all application requirements as described herein.
- B. Ineligible Applicants.** Applicants that do not meet the criteria of Section III.A. are ineligible.
- C. Threshold Eligibility Requirements.** Applicants who fail to meet any of the following threshold eligibility requirements will be deemed ineligible. Applications from ineligible applicants will not be evaluated.
1. **Timely Submission of Applications.** Applications submitted after the deadline stated within this NOFA that do not meet the requirements of the grace period policy will be marked late. Late applications are ineligible and will not be considered for funding.

- D. Statutory and Regulatory Requirements Affecting Eligibility.** Applications must comply with applicable state and federal statutory and regulatory requirements, including but not limited to,
- E. Program-Specific Requirements Affecting Eligibility.** Applications must comply with the NOFA requirements and the Authority's HEP grant program requirements.
- F. Applicant Qualifications/Requirements.** Applications not including requested information may be viewed by the Authority as non-responsive and not considered further. Applicants are strongly encouraged to review their applicants prior to submission to ensure that all requested information is included. Additionally the following information is required:
- 1. Applicant's Experience.** The Authority has identified the following qualifications that it believes are necessary for the successful performance and completion of the services described herein. The Applicant's organization must be a HUD-approved housing counseling agency ("LHCA") and services must be conducted by HUD-certified housing counselors.
 - 2. Applicant's Authorized Signatory.** An official authorized to commit the Applicant to the terms and conditions of the proposal must sign the application being submitted. The Applicant must clearly identify the full title and authorization of the designated official and provide a statement of application commitment with the accompanying signature of the official. Attach any resolutions authorizing the approved signatory with the proposal. Include the name and telephone number of person(s) in your organization authorized to expedite any proposed contract with the Authority.
 - 3. Applicant's Organization Authorized to Transact Business in Michigan.** The Applicant must be either a Michigan entity (limited partnership, Limited Liability Company, for-profit corporation or non-profit corporation, etc.) or, if foreign, authorized to do business in the State of Michigan. The Applicant 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 contractor is a foreign corporation (or entity). All such certificates shall be dated within thirty (30) days of submission and issued by LARA.

Proposals from Sole Proprietors Will Not be Accepted.

Questions regarding specific requirements to transact business in the State of Michigan should be referred to or otherwise contact the Michigan Department of Licensing and Regulatory Affairs, Corporations, Securities & Commercial Licensing Bureau at:

http://www.michigan.gov/lara/0,4601,7-154-61343_35413---,00.html.

4. **Partnership Profile.** Applicant must have an approved (or approval pending) Partnership Profile in MATT 2.0, the Authority's online grant/contract management system.
5. **HUD-Approved Agency.** As noted herein, the Applicant's organization must be a HUD-approved housing counseling agency ("LHCA") and services must be conducted by HUD-certified housing counselors.
6. **Applicant's Minimum Internet/Technological Capabilities.** The Applicant must have phone, internet, and e-mail access. Internet and e-mail access must be adequate to allow the Applicant to receive, download and upload data, files and attachments from Authority staff. (Current state standards are limited to a functional size of 20 MB). Agencies must ensure they are providing individual counseling/group education services as outlined in their HUD Work Plan. Therefore, the implementation of Zoom, Skype or other online platforms is strongly encouraged.
7. **Limits on Liability & Indemnification.** The Applicant must review and acknowledge that the Authority will require the Applicant to satisfy the following requirements prior to the execution of a grant agreement with the Authority. If the Applicant has objections, please provide an explanation with your Explanation of Proposed Use of Grant Funds outlining the objection.

If awarded a grant, the Applicant agrees to:

Indemnify, defend and hold harmless the Authority, its Board, officers, employees and agents, from and against all losses, liabilities, penalties, fines, damages and claims (including taxes), and all related costs and expenses (including reasonable attorneys' fees and disbursements and costs of investigation, litigation, settlement, judgments, interest and penalties), arising from or in connection with any of the following:

- a. any claim, demand, action, citation or legal proceeding against the Authority, its employees and agents arising out of or resulting from (1) the services provided ("Services") or (2) performance of the Services, duties, responsibilities, actions or omissions of the Applicant or any of its subcontractors under an awarded grant.

- b. any claim, demand, action, citation or legal proceeding against the Authority, its employees and agents arising out of or resulting from a breach by the Applicant of any representation or warranty made by the Applicant in an awarded grant.
 - c. any claim, demand, action, citation or legal proceeding against the Authority, its employees and agents arising out of or related to occurrences that the Applicant is required to insure against as provided for in an awarded grant.
 - d. any claim, demand, action, citation or legal proceeding against the Authority, its employees and agents arising out of or resulting from the death or bodily injury of any person, or the damage, loss or destruction of any real or tangible personal property, in connection with the performance of services by the Applicant, by any of its subcontractors, by anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable; provided, however, that this indemnification obligation shall not apply to the extent, if any, that such death, bodily injury or property damage is caused solely by the negligence or reckless or intentional wrongful conduct of the Authority.
 - e. any claim, demand, action, citation or legal proceeding against the Authority, its employees and agents which results from an act or omission of the Applicant or any of its subcontractors in its or their capacity as an employer of a person.
 - f. any action or proceeding threatened or brought against the Authority to the extent that such action or proceeding is based on a claim that any piece of equipment, software, commodity or service supplied by the Applicant or its subcontractors, or the operation of such equipment, software, commodity or service, or the use or reproduction of any documentation provided with such equipment, software, commodity or service infringes any United States or foreign patent, copyright, trade secret or other proprietary right of any person or entity, which right is enforceable under the laws of the United States.
8. **Applicant's Insurance Coverage.** The Applicant must maintain and provide evidence, satisfactory to the Authority, of the following minimum insurance coverage:

- a. General Liability Insurance for \$2,000,000 with the Authority shown as additional insured;
 - b. Errors and Omissions Insurance for \$1,000,000 for each occurrence and \$1,000,000 annual aggregate.
 - c. Worker's Compensation Insurance (if required under state law). Any citing of a policy of insurance must include a listing of the States where that policy's coverage is applicable.
 - d. If required by the Authority, Cyber Security Insurance for \$1,000,000.
9. **Project Personnel.** Applicants must acknowledge and identify project personnel who will be performing services pursuant to an awarded grant and (a) sign the grant on behalf of the selected grantee and/or (b) are listed in the form attached and incorporated into this NOFA as Exhibit D – Project Personnel Certification.
10. **Payments to Pensioned Retirees.** 2007 PA 95, MCL 38.68c requires retirees of the State Employees Retirement System (“Pensioned Retirees”) who become employed by the State either directly or indirectly through a contractual arrangement with another party on or after October 1, 2007 to forfeit their respective state pensions for the duration of their reemployment. Accordingly, any pensioned retiree who provides or renders services pursuant to the contract for which bids will be made under this NOFA RFP shall be required to forfeit his or her pension during the term of the contract.

Applications must acknowledge and confirm whether pensioned retirees will render services under the grant being sought through this NOFA. If the Applicant intends to use a pensioned retiree, the Applicant must submit written confirmation from the pensioned retiree that he or she agrees to forfeit his or her pension during the term of the contract, if awarded. If awarded a grant, the Applicant must submit a copy of the pensioned retiree's directions to the State of Michigan's Office of Retirement Services (“ORS”) to withhold the retiree's pension payments until the end of the contract term by having the pensioned retiree complete a Retiree Rehire Certificate. A copy of the Retiree Rehire Certificate will be required to be submitted prior to executing an awarded contract.

11. **Grant Award Approvals.** If applicable, as determined by the Authority's Director of Legal Affairs, grants that equal or exceed \$45,000 must be approved by the Authority's Board. Thereafter, an awarded grant will be forwarded to the selected Applicant with instructions to review and sign it.

Upon receiving the signed grant, the Authority's Homeownership Division will submit the contract to a duly authorized signatory for final execution on behalf of the Authority. One fully executed grant will then be returned to the selected grantee.

12. **Applicable Laws.** The selected grantee will be required to comply with all Michigan and federal laws, as well as acquire any permits or permission-related documents to provide services being sought. State and local licenses and permits for all workers; it is the Applicant's responsibility to ensure that any and all applicable federal, state and local laws, requirements and ordinances are met including MIOSHA designations, certification, operator license and other requirements. Contractors selected must provide to grantee evidence and ongoing certification that any sub-contractors are also in compliance with all applicable federal, state and local regulations and ordinances.
13. **Submissions Subsequent to Award.** As part of an awarded grant the selected contractor will be required to review and provide and/or acknowledge additional documents including but not limited to:
 - a. W-9 Request for Taxpayer Identification Number and Certification.
 - b. Retiree Rehire Certificate, if necessary.
 - c. Proof of proper insurance.

IV. Application and Submission Information.

A. Application Checklist.

B. Application Due Dates and Timely Submission. Application Packages responding to this NOFA are **due by 4:00 p.m. Eastern Standard Time on May 26, 2021**. Applications must be received no later than the due date and time. The Authority strongly recommends that applications be submitted at least 48 hours before the due date during regular business hours to allow enough time to correct errors or overcome other problems. An application received after the NOFA due date will be marked late and will not be received by the Authority for funding consideration.

C. Submission Contact. Application Packages must be electronically submitted in a PDF format via email.

Via Email to:

Tara Gilman, gilmant@michigan.gov

- D. Confirmation of Receipt.** The Authority's Homeownership Division will verify receipt of the Application Package within 24 hours of receipt. If Applicant has not received verification, the Applicant should verify the email address provided above and resubmit an email asking for verification.
- E. Application.** The Applicant must complete and submit the application attached in **Exhibit A**.
- F. Budget.** The Applicant must complete and submit the budget attached in **Exhibit A**. The Authority's HEP aligns with HUD for eligible services and requires grantees to use grant funds for housing counseling and education in accordance with 24 CFR 214 and the HUD Housing Counseling Handbook. To be eligible for reimbursement as direct costs, 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.
 6. Client Management user fees.
 7. Programs that allow for safe virtual service delivery including but not limited to: Zoom, Skype, Adobe, or other e-signature programming.
 8. Credit Report fees
 9. Translator fees
- G. Explanation of Proposed Use of Grant Funds.** The Applicant must complete and submit an explanation of the proposed use of the grant funds using the guidelines noted herein, as more specifically described in the attached **Exhibit B**. Submitted explanations must respond to and address the tasks, activities, listed requirements and questions outlined in this NOFA and its attached and incorporated exhibits. Each section must be clearly identified with appropriate headings and/or table of contents. The explanation should be clear, accurate, and complete, with sufficient detail to enable the Authority to evaluate the services and methods proposed.
- H. Organization Certification.** The Applicant must complete and submit an organization certification using the form in the attached **Exhibit C**.
- I. Project Personnel Certification.** The Applicant must complete and submit an organization certification using the form in the attached **Exhibit D**.

- J. Liability for Costs.** The Authority shall not be liable for any costs that an applicant may incur while preparing an application.
- K. Revisions to NOFA.** If, prior to the application proposal deadline, the Authority deems it necessary to provide additional clarifying information, or to revise any part of the NOFA, supplements or revisions will be provided to all Applicants who have indicated they will submit an application. Applications will then be evaluated based on the terms and conditions of the NOFA, any supplements or revisions to the NOFA, and the answers to any written questions.
- L. Michigan Freedom of Information Act.** All documents submitted to the Authority are subject to the Michigan Freedom of Information Act ("FOIA"). In the event a request for submitted documents is made to the Authority, the Authority's FOIA Coordinator will redact or withhold information and/or documents that are exempt from disclosure under FOIA. See MCL 15.243 et seq. Please note that any requests by non-Authority personnel to review proposals will be denied until the deadline for submission of the bids has expired. See MCL 15.243(1)(i).

Please submit FOIA requests to the Authority as follows:

MSHDA FOIA Coordinator c/o Legal Affairs
Email: MSHDA-FOIA@michigan.gov

V. Application Review Information.

- A. Scope of Review.** The Authority will review applications in accordance with the requirements of this NOFA and the Housing Education Program. The Authority may rely on performance monitoring and audit reports, financial status information, and other information available to the Authority to make score determinations. In evaluating applications for funding, the Authority will consider an applicant's past performance in managing funds. Extra points may be offered to Agencies located in a rural area and/or serving a rural area, as defined, or otherwise determined as such by the Authority. Items considered include, but are not limited to:
1. The ability to account for funds appropriately.
 2. Timely use of funds received from MSHDA.
 3. Timely submission and quality of reports.
 4. Meeting program requirements.
 5. Meeting performance targets as established in the grant agreement.
 6. Applicant's organizational capacity, including number of HUD-certified Housing Counselors.
 7. Receipt of promised matching or leveraged funds.
 8. The number of clients projected to be served.

- B. Ability to Leverage Outside Resources.** Grantees are expected to seek other sources of funding, both private and public, to supplement Authority grant funding. It is not permissible for Authority grant funds or HEP Housing Counseling grant funds to be the sole source of funds for a housing counseling program.
- C. Calculation of Funds Based on Ability to Leverage Outside Resources.** The Authority will calculate the ratio of an Applicant's anticipated HEP grant to its total qualified leveraged funding Applicants are evaluated based on the extent to which they have obtained non-federal resources including direct financial assistance (grants), fees, program income, and in-kind contributions for the period of performance. Resources provided by non-federal government sources, public or private nonprofit organizations, for-profit organizations, or other entities will be counted toward the Applicant's leveraged funding total. Do not include funds unless they are exclusively allocated for the housing counseling program. Grantees must maintain evidence that leveraged funds were actually provided to the agency. Files may be reviewed by MSHDA or HEP staff as a part of the performance reviews and on-site monitoring visits. Leveraging resources cannot consist of federal funds, directly or indirectly. Federal funds that are passed through state and local governments are ineligible.
- D. Selection of Application Subject to Legal Review.** The selection of an application shall be subject to a review by the Authority's Legal Affairs Division concerning conflicts of interest and/or participation in Authority programs by the Applicant, its officers, employees, subcontractors or independent contractors.

VI. Application Selection.

- A. Timeline.** The Authority's review may take up to four weeks after the closing date for submitting applications. The Authority anticipates notifying the selected application on or about **June 15, 2021** via e-mail and posting on the Authority's website.
- B. Cancellation of Selected Application.** The selection of an application by the Authority may be cancelled at any time prior to the complete execution of a grant agreement. If the Authority cancels its selection of an application, the Authority may repost this or a similar NOFA and seek new applications. Reasons for canceling the selected application may include, but are not limited to, the following:
 1. Refusal of the Authority's Legal Affairs Division to provide approval.
 2. Refusal of duly authorized Authority signatory to execute the grant agreement and/or other grant requirements.

VII. Award Administration Information.

- A. Commencement of Activities.** Activities shall not commence until all grant requirements are completed, which must be found acceptable to the Authority's Director of Legal Affairs. The selected grantee shall not proceed with performance of the project work or incurring of project costs until all parties have signed the grant agreement and related documents to show acceptance of its terms and conditions.
- B. Performance Standards.** The selected grantee shall perform the tasks and activities and complete the objectives in accordance with, but not limited to, the following standards:
1. The Grantee agrees to provide the services incorporated into this NOFA, and further agrees to comply with both Authority- and HUD-policies and guidelines.
 2. The Grantee agrees to report activity and accomplishments using a HUD 9902 and upload information in MSHDA MATT 2.0, including Time and Activity Reports (TARs), Personnel Activity Reports, and documents (e.g. invoices) in accordance with MSHDA/HUD requirements.
 3. The Grantee is required to enter itemized amounts and supporting expense documentation for each billing expense line.
 4. The Grantee agrees to incorporate any reporting changes the Authority may deem necessary throughout this NOFA.

VII. Contact Information.

- A. Authority Staff.** Authority staff may provide clarification on the contents of this NOFA. Questions regarding specific program requirements for this NOFA should be directed to the contact(s) listed below.

Tara Gilman, gilmant@michigan.gov

- B. Questions Regarding NOFA.** Questions raised by Applicants concerning the NOFA must be submitted in writing via email to the contacts listed in the Contact Information section.

- Questions must be received in writing via email by **4:00 p.m. Eastern Standard Time on May 5, 2021.**
- Responses to properly submitted questions are expected to be posted on or around **May 11, 2021.**
- To ensure a fair and impartial process, the Authority will only address on time and properly submitted questions.
- Phone calls involving the NOFA or related questions will not be accepted.

- Organizations submitting applicants shall not contact any Board members or Authority staff.
- Submit questions using the subject line Housing Education NOFA.
- All questions and answers related to this NOFA will be supplied to Applicants that submitted questions, and/or to organizations providing the Homeownership Division with notification of intent to submit an application.

VIII. Other Information.

- A. Intentionally omitted.

IX. Exhibits.

- A. Exhibit A – Application and Budget.
- B. Exhibit B – Explanation of Proposed Use of Grant Funds.
- C. Exhibit C – Organization Certification.
- D. Exhibit D – Project Personnel Certification.
- E. Exhibit E – Agency Leveraged Funding Chart.

Exhibit A
Application and Budget



MSHDA Homeownership Division
HEP FY2021-2022 Grant Application
Housing Counseling Grant Program

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 <input type="checkbox"/> LHCA application submitted, pending approval
HUD ID #:	
HUD Workplan:	Date of most recent/approved HUD Work Plan:

SECTION A: HEP Service Numbers – (Scoring worth 35%)

*Please complete and submit the **estimated total number of HEP funded services your agency will provide in the fiscal year FY 21/22. (July 1, 2021 – June 30, 2022)***

*Services eligible to be counted on this form must meet the minimum **(30 clients -individual services)** HUD requirements as set forth in HUD Handbook 7610.1, 3-1. Please complete the “All Services” Column which = total estimated number of clients your agency will serve regardless of funding source and “HUD Funded” Column which = total estimated number of clients your agency will bill towards your FY2021-2022 HEP Grant.*

Households Receiving <u>Group Education</u>, by Purpose	Total 2020/2021 Clients Served (<u>ALL</u> Funding Sources)	Total 2020/2021 Clients Served (FY19 HEP Grant <u>ONLY</u>)	2021/2022 <u>Projected # of Clients</u> FY21 HEP 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 2020/2021 Clients Served (<u>ALL</u> Funding Sources)	Total 2020/2021 Clients Served (FY20 HEP Grant <u>ONLY</u>)	2021/2022 <u>Projected # of Clients</u> FY21 HEP 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 WORK/SERVE a rural area? Yes = 5 pts No = 0 pts

Is your agency LOCATED in a rural area? Yes = 10 pts No = 0 pts

SECTION B: Agency Certification Form

Please complete and submit the provided Sub-Grantee Certification form.

SECTION C: Agency Capacity – (Scoring worth 65%)

List staff that will be billed to the FY2021-2022 Housing Counseling Grant Award

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: FY2021-2022 Program Budget

The Authority’s HEP aligns with HUD for eligible services and requires grantees to use grant funds for housing counseling and education in accordance with 24 CFR 214 and the Office of Housing Counseling Handbook.

To be eligible for reimbursement as direct costs, 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
6. Client Management user fees.
7. Programs that allow for safe virtual service delivery including but not limited to: Zoom, Skype, Adobe or other e-signature programming.
8. Credit Report fees
9. Translator fees

Indirect Cost Rate. Normal indirect cost rules apply. 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 2021-2022 HEP 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. Please consider past and future expenses for the period July 1, 2021 to June 30, 2022. All grant awards must be fully expended by no later than June 30, 2020 so please take this into consideration when entering your budget request in the complete attachment.

	Budget Item	Estimated FY2021 expenditures for 07/01/2021 To 06/30/2022	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 HEP 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> <table border="1"> <tr><td>Staff Name:</td><td>Yes or No</td></tr> <tr><td>Title:</td><td></td></tr> <tr><td>% of Time Charged:</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Staff Name:</td><td>Yes or No</td></tr> <tr><td>Title:</td><td></td></tr> <tr><td>% of Time Charged:</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Staff Name:</td><td>Yes or No</td></tr> <tr><td>Title:</td><td></td></tr> <tr><td>% of Time Charged:</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Staff Name:</td><td>Yes or No</td></tr> <tr><td>Title:</td><td></td></tr> <tr><td>% of Time Charged:</td><td></td></tr> </table>	Staff Name:	Yes or No	Title:		% of Time Charged:				Staff Name:	Yes or No	Title:		% of Time Charged:				Staff Name:	Yes or No	Title:		% of Time Charged:				Staff Name:	Yes or No	Title:		% of Time Charged:	
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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.	<table border="1"> <tr><td># of Credit Reports:</td><td></td></tr> <tr><td>Type of Merge:</td><td></td></tr> <tr><td>Program(s):</td><td></td></tr> </table>	# of Credit Reports:		Type of Merge:		Program(s):																									
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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	<table border="1"> <tr><td>Staff Name:</td><td></td></tr> <tr><td>Course Title:</td><td></td></tr> <tr><td>Month Completed:</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Staff Name:</td><td></td></tr> <tr><td>Course Title:</td><td></td></tr> <tr><td>Month Completed:</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Staff Name:</td><td></td></tr> <tr><td>Course Title:</td><td></td></tr> <tr><td>Month Completed:</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Staff Name:</td><td></td></tr> <tr><td>Course Title:</td><td></td></tr> <tr><td>Month Completed:</td><td></td></tr> </table>	Staff Name:		Course Title:		Month Completed:				Staff Name:		Course Title:		Month Completed:				Staff Name:		Course Title:		Month Completed:				Staff Name:		Course Title:		Month Completed:	
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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 State of Michigan travel rates.	<table border="1"> <tr><td>Travel Expense:</td></tr> <tr><td> </td></tr> </table>	Travel Expense:							
Travel Expense:												
e.	Meals	\$	Outline: Estimated meals for travel expenses. Must comply with State of Michigan travel rates.	<table border="1"> <tr><td>Meal Expense:</td></tr> <tr><td> </td></tr> </table>	Meal Expense:							
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.	<table border="1"> <tr><td>Items for purchase:</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	Items for purchase:							
Items for purchase:												
g.	Marketing & Advertising	\$	Outline: Estimated marketing & advertising costs. *Must be designated for housing counseling services ONLY.	<table border="1"> <tr><td>Marketing and Advertising:</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	Marketing and Advertising:							
Marketing and Advertising:												
h.	Translation Services	\$	Outline frequency and/or estimated cost from outside vendors	<table border="1"> <tr><td>Translator Expenses:</td></tr> <tr><td> </td></tr> </table>	Translator Expenses:							
Translator Expenses:												
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.)	<table border="1"> <tr><td>Client Management System:</td></tr> <tr> <td>System:</td> <td>Frequency:</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Client Management System:	System:	Frequency:					
Client Management System:												
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
TOTAL:		\$0.00	(not to exceed \$45,000)	

Signature Clause:

By signing this NOFA application, I certify to the best of my knowledge and belief that the information is true, complete, and accurate, and understand that estimated expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of this award. I certify that, as of the final compliance date in accordance with 24 CFR 5.111(a), all housing counseling required under or provided in connection with MSHDA programs will be provided by a HUD-certified housing counselor and all education has been overseen by a HUD certified housing counselor. The agency, including the directors, partners, officers, principals, or employees, has been screened in accordance with 24 CFR 214.103(c). I certify that the agency and the agency's employees have not been convicted for a violation under Federal law relating to an election of a Federal office, 24 CFR 214.311(c)(1). I 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).

 Authorized Official's Name

 Title

 Signature

 Date

Exhibit B**Explanation of Proposed Use of HEP Grant Funds****TEMPLATE****I. Overview**

- A. Project Applicant: Name, Address, Phone; Point of Contact Name, Address, Phone, Email.
- B. Project Summary: Provide a brief narrative including a description of the proposed use of HEP Grant Funds and the amount requested. Explanations of Proposed use of HEP Grant Funds must be submitted in the format described in Section II below.
- C. There should be no attachments, enclosures or exhibits other than those considered by the applicant to be essential to a complete understanding of the explanation.
- D. Each section must be clearly identified with appropriate headings and/or table of contents.
- E. The explanation should be clear, accurate, and complete, with sufficient detail to enable the Authority to evaluate the services and methods proposed.

II. Headers/Table of Contents**A. Business Organization. Include the following information and supporting documentation:**

1. The full name and address of Applicant, including any "Doing Business As" titles.
2. The branch office or name and address of registered agent, if applicable.
3. The type of entity (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 contractor is a foreign corporation (or entity). All such certificates shall be dated within thirty (30) days of submission and issued by LARA.

B. Management and Personnel. Answer/Address the following:

1. Officer and Management Summary. Identify managers and/or officers who will manage the grant if it is awarded and provide their resumes or CVs. Identify officers and managers by name and position. List their responsibilities and the specific tasks each staff member. officer and manager assigned to the project will carry out and the anticipated time frames for each task. Provide current contact information including the manager(s) and/or officer(s) name, title, mailing address, email address, and phone and fax numbers.
2. Personnel Summary. Identify proposed key project personnel, including job titles, responsible for performing the activities and services described herein.
3. Submit a **Project Personnel Certification**. The form is found in **Exhibit D**, attached and incorporated into this NOFA.
4. Confirm Whether Any Assigned Personnel Receive Pension Payments from the State of Michigan. Review important information regarding Pensioned Retirees.

C. Experience. Services must be provided only by HUD certified housing counselors who are actively employed by a HUD approved Local Housing Counseling Agency (“LHCA”). This complies with HUD’s Housing Counseling Program Final Rule, 24 CFR Part 214.

1. Prior Experience of Applicant. Indicate prior experience of your organization that you consider relevant to the successful accomplishment of the services described in this NOFA.
2. Experience of Proposed Personnel Assigned to Provide Services. The proposal should describe the education and experience of the personnel who will be assigned to provide the proposed services, including managers who may oversee work of personnel.
3. Additional Information and Comments. Include any other information that is believed to be pertinent but not specifically asked for elsewhere.

D. Proposed Services.

1. **How Services Will be Rendered.** Address and describe the process used to render the services and how the services will be rendered. This should be an overview of the methodology to be used, based on staff and time

frames, to meet the project scope of work and complete the required services within the time frame of the project.

2. **Standards.** Describe or address the following:

- a. How quality of service will be monitored and ensured.
- b. Whether "best practices" will be followed. (If applicable, identify the organization and/or document establishing such standards.)

3. **Security of Data.** If the services to be rendered require the collection and/or use of confidential and/or personal data, confirm the following:

- 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.)
- 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?)

4. **Copyrighted Materials.** Acknowledge and/or confirm the following:

- a. You agree that any and all products produced as a result of this contract shall be the property of the Authority.
- b. 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.
- c. You acknowledge that submitted documents will not contain in part or whole copyrighted materials.

E. Schedule/Timeline. All activities must be completed by June 30, 2022.

F. Disclosure of Participation and Interests in Authority Programs.

- 1. Disclosure of Interests in Authority Programs. Authority programs include, but are not limited to, the Housing Voucher Program, any loans where the Authority is the lender, and any grants made by or administered by the Authority.

2. Submission of Conflicts of Interests. Submit a list of all interests that the Applicant, its officers, board members, and employees respectively have in Authority programs.
3. Potential Conflicts of Interests. Indicate in the explanation whether the Applicant is currently 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.
4. Potential conflicts of interest may arise from the Applicant's officers, employees, members, board members, independent contractors or subcontractors the Applicant will use to render services if the Applicant enters into a grant agreement with the Authority.
5. If the Applicant is currently under contract or is receiving a grant from the Authority, indicate if the Applicant or project personnel holds a position with another entity that may be under contract or receiving a grant from the Authority.
6. Include an organizational chart from each entity under contract or awarded a grant from the Authority in which the Applicant or project personnel holds a position. Include each employee's position and title within the entity. In addition, indicate whether the Applicant or the project personnel is responsible for making financial decisions in his/her capacity and what measures have been implemented to ensure that funds are not comingled.
7. Family Members Who Work for Authority. Please list the names of the Applicant's 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.

G. Signature Clause to be Signed by Applicant's Authorized Signatory. Insert into the proposal and have the authorized signatory sign the following signature clause at the end of the proposal:

I confirm that I have submitted this proposal on behalf of _____ in response to the Michigan State Housing Development Authority's Notice of Funding Availability (NOFA) Request for Proposals for Housing Education Counseling Services.

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

By: _____

Role: _____

Date: _____

Exhibit C
Organization Certification

Applicant must certify (check box) 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 HEP Application. This certification document must be executed by an Authorized Officer or Agent of the organization.

- Our organization is physically located in Michigan and complies with HUD and 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 disability (ex.: physical, mental, emotional, learning, or other); and complies with the local, state, and federal laws pertaining to discrimination, including but not limited to, the Americans with Disabilities Act (“ADA”).
- 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 Counselor Max, Home Counselor Online (HCO) or an alternative client management system 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 (i.e.: MSHDA Housing Education Program funds),

HUD (i.e.: HUD Housing Counseling funds), or other funding received as a result of this application.

- During each 12-month period (beginning July 1st and ending June 30th), the participating Agency must provide housing counseling to at least thirty (30) clients. This minimum number of clients applies to clients served under all funding sources. Agencies that offer only housing counseling services limited to reverse mortgages, including home equity conversion mortgages (“HECM”s), are exempt from this requirement.
- Agency is required to cross-train staff on grant billing and compliance to ensure proper succession planning.

Exhibit D

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 (MCL 38.68)

Exhibit E
Agency Leveraged Funding Chart
(attached)