



## Project Reinvest: Financial Capability (PRFC) 2017 Application

All items below are due electronically to [PRFCinfo@IHDA.org](mailto:PRFCinfo@IHDA.org) no later than 3:30pm on **Wednesday, August 16, 2017.**

### Application Checklist \*

- Completed Application
- Organizational Information Page
- Staff Training Certificates
- Disclosure Letter - (if applying for PRFC funds with another intermediary in addition to IHDA)
- Current HUD Certification
- Copy of Most Recent Financial Audit
- Letter explaining why your agency does not perform financial audits, if applicable.
- Financial Capability Work Plan
- Applicant Excel Workbook
- Record Retention Policy
- Privacy Policy

\*If these items are not included with your submission, your application will be deemed incomplete. All documents must be facing the same direction.

<b>Agency Information</b>	
<b>Agency Name (as registered with the Secretary of State):</b>	
<b>Agency Address (include full address, suite numbers, city, etc.):</b>	
<b>Agency Website:</b>	
<b>Executive Director Name:</b>	
<b>E-mail Address and Phone #:</b>	
<b>Program Chief Contact Name:</b>	
<b>E-mail Address and Phone #:</b>	
<b>Year of initial HUD Certification:</b>	
<b>Year of most recent HUD Certification:</b>	
<b>Fiscal Year Start Year:</b>	
<b>Fiscal Year End Date:</b>	
<b>Estimated Date of FY17 Audit completion:</b>	
<b>Months agency has provided financial capability counseling:</b>	
<b>Will you be applying for PRFC funds through another source?</b>	
<b>If yes, with what entity will you also be applying?</b>	
<b>If yes, please provide a disclosure letter with this information</b>	

## **Program Overview**

NeighborWorks America, a public nonprofit organization established by Congress, has awarded the Illinois Housing Development Authority grant funding for Project Reinvest: Financial Capability (PRFC). PRFC is designed to provide funding for organizations to provide financial capability counseling/coaching that will help clients stabilize their finances, rebuild credit and establish savings. Funds will be awarded to HUD approved housing counseling agencies with demonstrated experience in providing financial capability services to clients.

We must receive your completed application no later than **Wednesday, August 16, 2017 by 3:30pm**. Please e-mail your electronic application to [PRFCinfo@ihda.org](mailto:PRFCinfo@ihda.org); hard copies will not be accepted. You may submit your signed signature page and supporting documents through 1 PDF (scan) separately from the application, and the Applicant Excel Workbook. *(Note: We need to receive the application in the fillable format, and the Applicant Excel Workbook in Excel, the same way that you received it).*

## **Use of Funding**

Project Reinvest: Financial Capability (PRFC) will cover direct counseling and Program Related Support. Your direct counseling request is linked to the estimated number of clients counseled/coached during the grant period. Program Related Support can include, but is not limited to outreach to clients, infrastructure development and improvements, costs related to staff hiring and training, purchasing or leasing outcome evaluation tools, collecting data for grant reporting purposes, pulling credit reports, and providing quality control oversight of counseling/coaching services. For more information on PRFC, please visit the NeighborWorks America [website](#) and review the [Funding Announcement](#), which includes detailed program information. Please note that the Funding Announcement is a NeighborWorks document with programmatic information and was distributed in early spring for potential Grantees to apply. IHDA has been awarded funds and now seeking housing counseling agencies as sub-grantees to assist with the implementation of PRFC.

## **Demonstrated Experience**

To be eligible for funding, applicants must have a minimum of 12 months of experience with delivering financial capability services. In particular, your organization must demonstrate experience providing financial capability or coaching services that include:

- Documented financial capability action plans to at least 50 clients during the past year or 20 clients during the past quarter; OR
- For applicants with a service area that is more than 75% rural, documented financial capability action plans to at least 25 clients during the past year or 10 clients during the past quarter.

## Factor 1: Past Performance and Compliance

Please answer the following questions referring to your overall *financial capability* counseling services offered.

1. Are there other housing counseling agencies already providing financial capability services in your service areas?

Yes            No

1A. If Question 1 is “Yes,” explain why there is a need for your organization to also provide financial capability counseling services in these areas.

2. Describe any challenges your organization has experienced in implementing its financial capability-counseling program. Discuss plans or procedures put in place to address these challenges.

3. Describe systems in place to ensure your organization has efficient program delivery for financial capability counseling.

4. Describe your organization’s experience acting as a sub-grantee. Include a description of processes in place for each of the following: 1) managing funds expeditiously; 2) experience in managing contracts; 3) experience in data collection and reporting; 4) sharing best practices; and ensuring training needs are met.

5. Describe how your organization ensures quality control of financial capability counseling services offered and adherence to counseling program/grant requirements.

6. Describe your organization’s internal procedures when it is out of compliance with program or grant requirements. Include a description of each of the following: 1) procedures for determining when your organization is out of compliance; 2) consequences for staff for non-compliance; 3) procedures for remedying compliance issues; and 4) any follow-up that occurs after a compliance-related issue is raised.

## Factor 2: Capacity of Applicant & Sub-grantees/Branches

### EXPERIENCE OPERATING A FINANCIAL CAPABILITY COUNSELING PROGRAM

1. How long has your organization offered financial capability counseling directly (months)?

2. Describe your organization's service delivery model. Be certain to address each of the following topics, 2A – 2E.

2A. Describe your organization's intake and triage procedures, including expected response time to each client's request to initiate counseling/coaching. Describe any improvements that your organization has made to its processes over time.

How long current system has been in place, in months?

2B. Describe your organization's method(s) of counseling/coaching used, including face-to-face, phone, internet, email, etc. Describe any improvements that your organization has made to its processes over time.

How long current system has been in place, in months?

2C. Describe your organization's staff roles in the financial capability counseling process. Include in your response: if counselors/coaches or other staff that work with the counselors/coaches are full-time, or part-time; if they are fully dedicated to financial capability services or if they split their time between financial capability counseling and management or other programs; and if they complete all portions of financial capability counseling or if they are specialized in any way to handle only certain aspects of the process. Describe any improvements that your organization has made to its processes over time and the impact of those improvements.

How long current system has been in place, in months?

2D. Describe your organization's data collection, consolidation, and reporting procedures. Describe any improvements that your organization has made to its processes over time.

How long current system has been in place, in months?

3. Complete the table below regarding your organization.

# of counselors/coaches or other financial capability staff currently available (paid or volunteer):	
Total FTEs represented above in Row 1. For example, if you list 10 counseling/coaching staff or volunteers, all of whom work at 50% time, your FTE count would be 5:	
Average months of financial capability counseling Experience of counselors listed in Row 1:	

4. Describe your organization's staffing structure and strategy for recruiting, orienting, training, and compensating any newly hired counselors/coaches under this program, especially in light of the fact that the funds are time-limited. Also, describe caseload size and managerial oversight.

5. Describe your organization's strategy for identifying and marketing counseling/coaching services to clients who are in need of financial capability counseling/coaching services. This should include any partnerships your organization has established with organizations to help identify and reach out to customers.

6. Describe your organization’s system of storing and disposing of personally-identifiable information. Please include details for both paper and electronic files and documents.

7. Describe your organization’s staffing structure and strategy for recruiting, orienting, training, and compensating any newly hired counselors/coaches under this program. Explain how your organization will accomplish this considering that funds are time-limited. Also describe caseload size and managerial oversight.

8. Does your organization plan to apply for PRFC funds under more than one HFA/Intermediary/ NWO or Affiliates?

Yes          No

If Question 8 is “Yes,” 8A is required.

8A. Attach a letter when submitting this application detailing your financial capability counseling goals under each PRFC contract with sources other than IHDA. The letter should be on your letterhead.



9. Describe any financial capability training completed or certifications obtained in the last 24 months by the counselors listed in Factor 2, Question 3. Include details about the name and source of the training or certification (note: this training does not need to be NeighborWorks). Provide specific detail with regard to training and certification completed by counselors/coaches hired or newly-assigned in the last 12 months.

Counselor Name	Training Title	Source of Training	Date of the Training	Received Certification? (Y/N)	Newly Hired in the past 12 months?

**Measuring Results**

10. What Client Management System (CMS) will your organization use to report PRFC Program results?

Check all that apply.

- CounselorMax
- Home Counselor Online
- PRFC Microsoft Excel Template Other
- System, specify and describe

11. What mode of counseling/coaching does your organization and all Branches/Affiliates provide to clients? Enter the percentage of clients that receive each service as their primary service type, with all entries totaling 100%. Enter "0" for none.

- In person  %
- Telephone  %
- Online  %
- Web-based  %
- Other  %

**TOTAL**                    %

If you answered "Other," "Online" or "Web-based," Question 11A is required.

11A. Describe how your organization provides personal contact to both Tier 1A and Tier 1B clients.

### Factor 3: Proposed Counseling/Coaching Services

#### PRFC APPLICANT EXCEL WORKBOOK – COUNSELING UNITS

In the Applicant Excel Workbook attached, include the number of financial capability counseling units, Tier 1A and Tier 1B, your agency proposes to serve with PRFC funding (only units funded by IHDA as an intermediary).

#### PROGRAM-RELATED SUPPORT

Program-Related Support for which Applicant is eligible based on the PRFC Counseling Goals; this is 20% of your organization’s PRFC maximum eligible Counseling award.

- a. Describe how your organization will use the Program-Related Support to achieve the projected PRFC counseling unit goals in Factor 3, Question 2. Include major budget line items.

- b. Does your organization plan to contract out some or all of its proposed activities under Program-Related Support?  
Yes            No

If Question b is “Yes,” the next three questions (i-iii) are required.

- i. Describe which activities will be contracted out, and name the entity that will provide the services. Indicate whether any of these entities are related corporations or subsidiaries of the Applicant organization.

- ii. Describe the recent and relevant experience and expertise of the subcontractor(s). Justify why they are well-suited to perform the tasks described above.

- i. Describe how the contractor(s) will report to your organization and be held accountable for their performance under this grant.

**Factor 4: Proposed Service to MSAs in Areas of Greatest Need**

1. Select the MSAs defined by PRFC as **Areas of Greatest Need** that your organization proposes to serve with PRFC funding. Check all that apply. Please note that the total number of units should match the number requested in Factor 3, Question 2.

New counseling goals proposed in PRFC should only be those funded by IHDA as an intermediary.

Estimate the number of units of counseling your organization expects to deliver in each MSA checked.

**Note: MSAs in highlighted rows are defined as areas of Extraordinary Need. If IHDA sub-grantees choose to provide counseling services in these areas, we will be required to deliver a set portion of the units of counseling it commits to providing before the all of the sub-grantees receive their next disbursement, within the established variance.**

Areas of Service	Please estimate how many clients you expect to counsel in each area with PRFC funds
Chicago-Naperville-Joliet	
Kankakee-Bradley	
Rockford	
Danville	
Decatur	
Peoria	
St. Louis	
Carbondale-Marion	
Rural	
<b><i>Other Areas (list cities and counties)</i></b>	<b><i>Estimate # of units in each area</i></b>

2. If your organization is proposing to deliver counseling units to a MSA that is considered an Area of Extraordinary Need, it will be required to deliver a set portion the units of counseling it commits to providing in the MSA before the group can receive its next disbursement, within the established variance. Answering "Yes" below confirms your understanding of this requirement. If you organization does not wish to be held to this requirement, please revise your numbers on the table.

Yes          No

3. If your organization proposes to provide counseling services in an Area of Extraordinary Need, please adequately describe 1) the needs associated with that area and 2) how your organization will address those needs and deliver the proposed counseling units to meet the goals as stated in this application.

**Factor 5: Match and Total PRFC Amount Requested**

1. In the table below, itemize the match funds your organization projects will be available for the PRFC Grant Period. All applicants must provide one form of match dollars.

**Match (Cash and In-Kind)**

Note: In-kind and cash match resources must be expended between June 1, 2017 and November 30, 2018. Funds raised before this time period can be counted toward match as long as they will be expended between June 1, 2017 and November 30, 2018.

Name of the Source	Amount	Description	Select funding status
Total Match			

### **Applicant Certifications**

Each Applicant must certify for itself, that each of the following certifications is true. By checking the checkbox below, Applicant certifies that it:

1. Has/Have current certificates of good standing in all states in which it operates.
2. Is currently authorized to do business in the State of Illinois.
3. Meets or exceeds HUD's minimum standards for approval as a HUD housing counseling agency.
4. Has counseling offices and services that are accessible to people with disabilities.
5. Has counselors fluent in the languages that clients speak, or will use interpreter services to ensure non-English-speaking clients can obtain financial capability counseling.
6. Will not permit discrimination against clients on the basis of their gender, race, religion, color, familial status, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability.
7. Will store and dispose of personally-identifiable information and clients' records in a manner that protects clients' confidentiality and is consistent with the state statutes governing client records.
8. Will comply with the program record retention policy throughout the record retention period under this funding opportunity.
9. Currently uses CounselorMax or Home Counselor Online or uses an alternative client management system that will supply, electronically, the necessary client-level and aggregate reporting. IHDA will make available a template for data modification and submission.
10. Agrees to comply with quality control, compliance, and evaluation throughout the record retention period under this funding opportunity.
11. Has established referral networks for households seeking services that the counselor/coach does not provide or have sufficient competency to adequately and effectively deliver.

**Please certify ONE of the following for your organization:**

12. Applicant has provided financial capability counseling services, which include documented action plans to at least 50 clients during the past year or 20 clients during the past quarter; OR
13. Applicant has a service area that is more than 75% rural, documented financial capability action plans to at least 25 clients during the past year or 10 clients during the past quarter

*I certify that the information contained herein accurately reflects my organization's financial capability counseling program.*

\_\_\_\_\_  
Name & Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date (MM/DD/YYYY)