



ILLINOIS HOUSING DEVELOPMENT AUTHORITY

Foreclosure Prevention Program (FPP) Round 7
and
Foreclosure Prevention Program Graduated Fund (FPPG) Round 4
Dual Grant Application

Due on February 21st, 2020 3:00 P.M. CST

Submit completed application and attachments
electronically to FPPinfo@ihda.org.

Please zip all PDF documents in your application submission.

E-mail attachments cannot exceed 35MB.

Important Note: No .exe or similar extensions on any files or sub-files.

For questions and comments, please contact

FPPinfo@ihda.org



DUAL GRANT APPLICATION

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APPLICATION GUIDE

PROGRAM OVERVIEW

The Foreclosure Prevention Program (FPP) and the Foreclosure Prevention Program Graduated Program (FPPG), also referred to as “the Program” are authorized by Section 7.19 and Section 7.30 of the Illinois Housing Development Act. Funding comes through plaintiff paid foreclosure filing fees, which goes towards supporting housing counseling. Please review the [FPP](#) and [FPPG](#) Program Rules for a complete description of the program guidelines.

PURPOSE OF GRANT

This Dual Grant Application is to set forth the standards to use the moneys appropriated from the Foreclosure Prevention Program Fund and the Foreclosure Prevention Program Graduated Fund by the Authority to make grants to HUD-approved Housing Counseling Agencies and Community-Based Organizations to support housing counseling services as defined in the Program Rules.

ELIGIBILITY

Housing Counseling Agencies (HCA’s) are eligible to apply for funding if they have been certified by HUD and conduct housing counseling as defined in the Program Rules. HCA’s are eligible for funding if they are certified prior to their application for funding under the Program, are in good standing, have at least one housing counselor certified by July 1st, 2020, and must agree to the terms and conditions of the Program.

Community-Based Organizations (CBO’s) are eligible to apply for funding if they provide face-to-face pre-purchase, post-purchase counseling, education about the foreclosure process and the options of a homeowner in a foreclosure proceeding, and foreclosure prevention programs in conjunction with the Authority or a state or federal chartered financial institution. A CBO must document evidence of non-profit status, currently be in good standing, and must agree to the terms and conditions of the Program.

ELIGIBLE GRANT ACTIVITIES

This funding is to supplement your existing housing counseling activities. Please view this funding as a capacity building grant which strengthens the agency’s ability to deliver its mission for the communities it serves. Do note that all counseling performed under this Program should be **free of charge to all clients**.

Eligible activities include: computer and equipment expenses; general operational expenses; pre- and post-purchase counseling; foreclosure education; counselor training; training of other agency employees; capacity building that increases the agency’s ability to provide housing counseling; technical assistance; advertising and marketing of the Program; and any other housing counseling activities as may be approved by the Authority.

Technical assistance, computer and equipment purchases, as well as general operational expenses (excluding salary and benefits) will be limited to 10% of the total grant amount. All agencies are required to spend a minimum of \$3,000 on housing counselor training.

FUNDING

Once approved for funding, grantees will be eligible to request reimbursement of up to 25% of the grant amount each quarter with applicable supporting documentation. Approved monthly and quarterly reports will be required for disbursement of payment.

SCORING (100 POINTS TOTAL)

The following is the scoring criteria that will be used to rank your application:

1. ORGANIZATION CAPACITY—MAXIMUM 25 POINTS, MINIMUM 18 POINTS

Up to twenty-five (25) points may be awarded to applications that demonstrate successful previous management of a counseling program.

2. PROGRAM NEED AND DEMAND—MAXIMUM 25 POINTS, MINIMUM 18 POINTS

Up to twenty-five (25) points may be awarded to applicants who evidence both need and demand for the program.

3. PROPOSED PLAN—MAXIMUM 25 POINTS, MINIMUM 18 POINTS

Up to twenty-five (25) points may be awarded to applications that include a budget for activities and expenses to be funded by the program (see eligible grant activities above).

4. TEAM CAPACITY AND EXPERIENCE—MAXIMUM 25 POINTS, MINIMUM 18 POINTS

Up to twenty-five (25) points may be awarded to applicants that clearly show that staff is in place to administer and oversee the program.

APPLICATION FEE

IHDA will not charge a fee for processing applications under this Program.

APPLICATION

A completed application and all supporting attachments must be received by February 21, 2020, by 3:00 p.m. CST. All materials must be digital; no hard copies will be accepted. Each exhibit must be submitted as an individual PDF document. See the Exhibit Checklist for specific naming instructions. Please submit all PDF documents as zipped files; attachments cannot exceed 35MB. Email one copy of your completed application package to FPPinfo@ihda.org— Subject: Dual Grant Application (Agency Name). Please direct all questions to FPPinfo@ihda.org.

The Illinois Housing Development Authority will be hosting an application/technical assistance webinar. Please visit our [website](#) and look for emails from FPPinfo@ihda.org for future information regarding the time and dates of webinar.

APPLICANT INFORMATION

Agency Name

Main Office Street Address, Line 1

Street Address, Line 2

City

State

Zip Code

Website

Primary Contact Name

Title

Telephone Number

E-mail Address

Secondary Contact Name

Title

Telephone Number

E-mail Address

Total Number of Employees

How many employees provide housing counseling services?

List all client management system(s) currently been utilized to track programs production:

Geographies to be covered by this grant – provide target area, neighborhood or community area names, if possible. If applicable, entire city/county.

Is your organization a HUD-approved housing counseling agency?

If "Yes", year of initial HUD certification

If "Yes", year of most recent HUD certification

Is your organization a non-profit community based organization that provides educational and financial information about foreclosures to residents through in-person contact?

GRANT REQUEST INFORMATION

Applicants under the Dual Grant Application are eligible to apply for a grant amount not to exceed \$100,000. There is a \$50,000 minimum grant request. Please indicate below the amount of grant funds that you are applying for under the Program.

Requested Grant Amount:

SCORING CATEGORY 1: ORGANIZATION CAPACITY

MAXIMUM 25 POINTS

1. Briefly describe your agency mission and vision statement and/or future goals.

2. Complete the table below by detailing the current grants and programs managed by your organization. Be certain to include all grants and programs in which you have participated, including IHDA and other public or private funders in the last 36 months.

GRANT/PROGRAM FULL NAME	SOURCE OF FUNDING	DATES OF GRANT/PROGRAM <small>FORMAT: MM/YY-MM/YY</small>	AMOUNT AWARDED	AMOUNT SPENT TO DATE	DELIVERABLES TO DATE

3. Were there any concerns or issues with any past programs/grants? Example - not spending all amount awarded, submission of late reports, communication issues, or not fulfilling the terms of the grant?

If so, what was the concern or issue? What steps have you taken to ensure it does not repeat in future grants/programs?

4. Indicate below any active marketing efforts done by your agency to provide services in the area you serve.

CURRENT MARKETING EFFORT

HOW DO YOU CURRENTLY TRACK ITS SUCCESS?

a.	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>
e.	<input type="text"/>	<input type="text"/>
f.	<input type="text"/>	<input type="text"/>
g.	<input type="text"/>	<input type="text"/>
h.	<input type="text"/>	<input type="text"/>

5. How will the funds complement the efforts indicated above?

6. What material/methods do you need to improve your marketing efforts and to have them be more successful? What is your marketing plan? What are your plans to achieve this?

AUDIT INFORMATION

Applicants must provide a copy of their most recent independent financial audit as well as their most recent HUD audit. If a Management Letter was issued, a copy of the letter must also be attached. NOTE: Include any Management Response and/or Corrective Action Plan. The Management Response and/or Corrective Action Plan MUST be on applicant's letterhead and be signed by Executive Director, Chief Executive Officer, or chief executive of the applicant. IHDA reserves the right to use lack of corrective action or lack of response to findings to determine funding. Submission of an audit dated more than two years prior to the date of this application may result in a point deduction.

FINANCIAL AUDIT

7a. Date that audit was performed

7b. Dates that audit covered (fiscal year)

7c. Page(s) containing Corrective Action Plan and/or Management Response. If not applicable, indicate "N/A".

7d. Summarize any audit findings or observations, including page numbers of findings and solutions. Please provide explanation if the audit is more than two years old. If none, indicate "N/A".

HUD AUDIT INCLUDING COMPLETE PERFORMANCE REVIEW REPORT

8a. Date that audit was performed

8b. Dates that audit covered (fiscal year)

8c. Page(s) containing Corrective Action Plan and/or Management Response. If not applicable, indicate "N/A".

8d. Summarize any audit findings or observations, including page numbers of findings and solutions. If none, indicate "N/A".

SCORING CATEGORY 2: PROGRAM NEED AND DEMAND

MAXIMUM 25 POINTS

9a. Document population, the number of foreclosures filed, unemployment data, any known layoffs, and homebuyer trends in your agency's county and respective service area(s)/cities. Please provide figures for 2017 and 2018. See the Census.gov website.

COUNTY AND RESPECTIVE AREA(S)/CITIES:

DATA METRIC ¹	2017	2018
County Population		
Number of Foreclosures Filed		
Present Unemployment Rate		
Layoffs or any known future layoffs in your agency's service area		
Homes Purchased		

By checking this box, I certify to the best of my knowledge that the data reported in the table above represents figures corresponding solely with the County listed above.

9b. Please utilize this space to provide us with any additional information regarding the need in the communities you serve that you were not already able to describe in the questions above or if figures are not available, also provide a summary as to why the data is not available and explain information without use of numbers.

9c. Briefly describe why you believe there was an increase, decrease, or no change to the figures in #9a from 2017 to 2018.

¹If you need to report additional counties, duplicate this page and submit as an attachment

10. How has your agency used housing counseling, foreclosure education, and foreclosure prevention for the county(ies) and area(s)/cities covered in the grant to help with improving foreclosure and unemployment figures as documented in #9?

**11. Has there been improved situation for the county(ies) and area(s)/cities covered by the grant?
If yes, what was the improvement and what has your agency done to contribute to that improvement?
If no, please indicate the reasons or challenges that have contributed to lack of improvement.**

**12. Is there still a need for housing counseling in the communities served?
If yes, what is the need? What is your agency's solution or proposed plan to use the grant funds to address the need?
If no need, why not? How will the grant funds be used?**

SCORING CATEGORY 3: PROPOSED PLAN

MAXIMUM 25 POINTS

13. How many housing counseling events/workshops are planned during this program term? How many will cover pre- and post-purchase, foreclosure prevention, and financial coaching?

14. Out of the housing counseling events/workshops, how many proposed clients will be counseled face-to-face?

15. Please explain the agency's process to obtain client successful outcomes relating to pre- and post-purchase, foreclosure and financial coaching counseling.

16. What is the agency's plan to direct clients to additional internal resources/services and/or outside services?

17. What is the timeline of the proposed plans from related to questions 13-16? How will your agency measure success and outcomes?

18. What are your marketing plans and how do you plan to implement these marketing efforts? Please explain why you think they are necessary and the goals you hope to accomplish with these marketing efforts.

19. What is your organization's most significant barrier in providing services to individuals? What are your agency's strategic plans to address those barriers?

20. Please list activities to be undertaken with the funds. Include a line item budget for each eligible expense category under the program. It is essential that you reference Section 385.303 of the [FPP Program Rules](#) and Section 386.302 of the [FPPG Program Rules](#) to ensure that you are following the guidelines of eligible expenses that are outlined per your agency.

Total grant request amount as reported above:

Eligible Expense Category <i>Refer to the Program Rules for Agency Eligibility</i>	Detail	Amount	Timeframe
Personnel/Salaries			
Tax Deductions			
Health, Life, and Retirement Benefits			
Equipment Rental and Software rental			
Computer & Equipment Purchases ¹			
General Operation (Rent/Utilities) ¹			
Technical Assistance ¹			
Non-Technical Office Supplies			
Marketing			
Meeting Travel			
Capacity Building			
Credit Reports			
Postage			
Consulting Services (Non-Technical)			
Training/Associated Expenses (Counselors)			
Other			
TOTAL			---

¹ The sum of these expense categories cannot exceed 10% of the total grant amount

SCORING CATEGORY 4: TEAM CAPACITY AND EXPERIENCE

MAXIMUM 25 POINTS

Please report the following information for your agency's experience in providing services face-to-face counseling related to those in the Program. Indicate the number of years performing these activities, and the number of HUD certified counselors currently providing them. In the second table, provide the number of clients assisted under each of these activities in the past 3 years. For housing counseling agencies, these should be the numbers on your submitted HUD 9902. For CBO's, these should be the numbers you have served as an agency.

21.

Face-to-Face	NUMBER OF YEARS YOUR ORGANIZATION HAS PROVIDED THIS SERVICE	NUMBER OF HUD CERTIFIED COUNSELORS CURRENTLY PROVIDING THIS SERVICE	LANGUAGES THAT THIS SERVICE IS PROVIDED IN
Pre-Purchase Counseling			
Post-Purchase Counseling			
Foreclosure Counseling			
Financial Literacy Counseling			
Offering Counselor Training, and Technical Assistance			

Note do not list it as a current activity if only providing workshops and not face-to-face session.

22.

	CLIENTS ASSISTED: 2018	CLIENTS ASSISTED: 2019	CLIENTS ASSISTED: 2020 Q1
Pre-Purchase/Homebuying <i>Use figure reported on HUD 9902, #10.d</i>			
Home Maintenance and Financial Management for Homeowners (Non-Delinquency Post-Purchase) <i>Use figure reported on HUD 9902, #9.d</i>			
Resolving or Preventing Mortgage Delinquency or Default <i>Use figure reported on HUD 9902, #9.f</i>			
Completed financial literacy workshop, including home affordability, budgeting and understanding use of credit <i>* Use figure reported on HUD 9902, #8.a</i>			

HUD-approved housing counseling agencies must include their 2018-2019 and 2020 Q1 HUD 9902

24. What is your organization's plan to have counselors HUD-certified by August 1st, 2020? Please provide summarized plans. List information such as training already taken, planned courses, timelines, plans in cases that certified counselors leave the agency, etc.

EXHIBIT CHECKLIST

Submit your completed application and all supporting attachments to the Authority at FPPinfo@ihda.org. All materials must be digital; no hard copies will be accepted. Each exhibit must be submitted as an individual PDF document and follow the naming conventions indicated below. Please submit all PDF documents as zipped files; attachments cannot exceed 35MB. (Important Note: no .exe files should be included in your submission). Email one copy of your completed application package to FPPinfo@ihda.org. Note if the zip document exceeds 35MBs, you can submit the remaining in another email but do label emails to reflect multiple submissions (example: 1 of 2, 2 of 2, etc.).

- Application – PDF format
Name: Dual Grant Application
- Agency HUD Certification – Most recent (If not within the last 3 years, send a letter of explanation)
Name: HUD Certification
- 2020 HUD-9902 Submission (stamped and dated)
Name: 2020 Q1 HUD-9902
- Final 2019 & 2018 HUD-9902 Submission (stamped and dated)
Name: 2019 HUD-9902 and 2018 HUD-9902
- Counselor Resumes listed in question #23
Must list their current role at your agency
Name: Counselor Resumes
- Updated Counselor Certifications listed in question #23
Provide only relevant certificates that have been acquired within the past 36 months
Name: Counselor Certifications
- Financial Audit with Independent Auditor Report
If applicable, include Management Response and/or Corrective Action Plan.
If not within past fiscal year, submit an explanation letter
Name: Financial Audit MM/YY
- HUD Audit with complete Performance Review and Auditor Report
If applicable, include Management Response and/or Corrective Action Plan
Name: HUD Audit MM/YY
- Current Agency Work Plan – Updated, signed, and dated within the past 2 years.
Must list all current agency programs and services.
Name: Work Plan
- Current Record Retention Policy – Updated within the past 2 years.
Must list all current agency programs
Name: Record Retention Policy

STANDARD REQUIREMENTS AND CERTIFICATIONS

Every grantee under the Program will be required to comply with these certifications and requirements as well as any additional certifications or requirements covered in the grant documents:

1. Applicant certifies that all statement herein are true, accurate, and complete;
2. Applicant is an eligible recipient of grant funds based on requirements per the application;
3. Applicant is authorized to do business and in good standing in the State of Illinois;
4. Agency offices and services provided will be accessible to people with disabilities;
5. Applicant will not permit any discrimination based on gender, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability in connection with its participation in the Program;
6. Applicant has provided pre-purchase counseling services that included one-on-one session to at least 50 people during the past HUD year AND will have at least one HUD certified counselor on staff by July 1st, 2020;
7. Applicant has provided foreclosure counseling services that included a one-on-one session to at least 50 people during the past HUD year AND will have at least one HUD certified counselor on staff by July 1st,2020;
8. Staff that will provide counseling have no conflict(s) of interest due to other relationship with mortgage lenders, servicers, real estate agencies, and/or other entities that may stand to benefit from counseling outcomes;
9. Applicant will ensure expenditures of grant funds are for eligible uses under the Program;
10. Applicant will maintain records in connection with administration of the Program for five years after the date of termination of the Commitment;
11. Applicant will comply with the terms and conditions of the Program;
12. Applicant will comply with monitoring and evaluation of the Program through the full Commitment period; and
13. Neither the applicant, nor its affiliates or related entities are delinquent in the payment of any debt to the State of Illinois (or if delinquent, has entered into a deferred payment plan to pay any debt).

On behalf of _____, I certify that the information contained herein accurately reflects my organization's commitment and ability to participate fully in the Program.

Name

Title

Date

Signature of Authorized Official