



# ILLINOIS HOUSING DEVELOPMENT AUTHORITY

Foreclosure Prevention Program (FPP) Round 8  
and  
Foreclosure Prevention Program Graduated Fund (FPPG) Round 5  
**Dual Grant Application**

**Due on March 19<sup>th</sup>, 2021 3:00 P.M. CST**

Submit completed application and attachments  
electronically to [FPPinfo@ihda.org](mailto: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](mailto:FPPinfo@ihda.org)







## 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 applicants 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 March 19, 2021, 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](mailto:FPPinfo@ihda.org)— Subject: Dual Grant Application (Agency Name). Please direct all questions to [FPPinfo@ihda.org](mailto: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](mailto: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.**













# SCORING CATEGORY 2: PROGRAM NEED AND DEMAND

MAXIMUM 25 POINTS

**9a. Please report the following information about your agency’s county and respective service area(s)/cities. Figures should be gathered from the most recent U.S. Census Bureau information, when possible (we recommend using the [Census QuickFacts Tool](#) or [American Community Survey](#) Estimates). Please provide data for 2018 and 2019.**

COUNTY AND RESPECTIVE AREA(S)/CITIES:

DATA METRIC <sup>1</sup>	2018	2019
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 2018 to 2019.**

<sup>1</sup>If 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? How many clients will be counseled via teleconference?

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? Plan for outside services?**

**17. Related to questions 13-16, what is the timeline to achieve these proposed plans? How will your agency measure the successes and outcomes?**

**18. What are your future marketing plans and goals, and how do you plan to implement these marketing efforts listed in questions 13-16? 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 barriers in providing services to individuals in the area you serve? 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:

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

<sup>1</sup> 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 (or approved teleconference)	NUMBER OF YEARS YOUR ORGANIZATION HAS PROVIDED THIS SERVICE
Pre-Purchase Counseling	
Post-Purchase Counseling	
Foreclosure Counseling	
Financial Literacy Counseling	
Offering Counselor Training, and Technical Assistance <i>(only if applicable)</i>	

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

22.

	CLIENTS ASSISTED: 2019	CLIENTS ASSISTED: 2020	CLIENTS ASSISTED: 2021 Q1
Pre-Purchase/Homebuying <i>Use figure reported on HUD 9902, #9.c</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 2019-2020 and 2021 Q1 HUD 9902*





**24. What is your organization's plan to have counselors HUD-certified by August 1<sup>st</sup>, 2021? Please provide summarized plans: list information such as training already taken, planned courses, timelines, plans in cases that certified counselors leave the agency, etc.**

**25. How has Covid-19 affected your agency's housing counseling operations? Beyond moving to teleconference counseling and webinars, what other changes have been done?**

## EXHIBIT CHECKLIST

Submit your completed application and all supporting attachments to the Authority at [FPPinfo@ihda.org](mailto: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](mailto: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)  
Also 501c3 Tax Exemption Form, if applicable  
*Name: HUD Certification*
- 2021 HUD-9902 Submission (stamped and dated)  
*Name: 2021 Q1 HUD-9902*
- Final 2019 & 2020 HUD-9902 Submission (stamped and dated)  
*Name: 2019 HUD-9902 and 2020 HUD-9902*
- Counselor Resumes listed in question #23  
Must list their current role and duties 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 the 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 1<sup>st</sup>, 2021;
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 1<sup>st</sup>, 2021;
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**