Application

HUD Housing Counseling Program

FY20

10/01/2019 – 03/31/2021



Table of Contents

1. Applicant Information 2

1.1. Primary Contact 2

1.2. Organization Information 2

1.3. Branch or Affiliate Information 2

1.4. Executive Director Information 3

1.5. Mission Statement 3

1.6. Declaration 3

2. Point(s) of Contact 4

2.1. Finance (If applying for grant funds) 4

2.2. POC #1 4

2.3. POC #2 4

2.4. Authorized Official 4

3. Capacity 5

3.1. Organization and Staff Information 5

3.2. Data and CMS 7

3.3. Past Performance 8

4. Services and Modes 9

5. HUD Programs 10

5.1. Other HUD Programs 10

6. Affirmatively Furthering Fair Housing (AFFH) 11

6.1. AFFH Additional Activities 11

7. HUD Grant Goals 12

7.1. Households Receiving Group Education and Counseling 12

7.2. Past Housing Counseling Budget 13

7.3. Past Expenditure Details 14

7.4. Salaries and Fringe Expenditures - Housing Counseling Staff 14

7.5. Other Expenditures 14

7.6. Expenditure Details 16

7.7. Expenditure Total 16

8. Financials 17

8.1. Program Income 17

9. Organization Risk Questionnaire 18

10. Attachments 19

10.1. Organization Authorized Official Certification 19

10.2. Approval of Local or Participating HUD Housing Counseling Agency status 19

10.3. HUD 2995 (if applicable) 19

10.4. Agency Work Plan 19

10.5. Financial Statements 19

10.6. Travel 19

10.7. Indirect Cost Rate 20

10.8. Subcontractors to Be Used 20

10.9. Organization Chart 20

10.10. Code of Conduct 20

10.11. Approval of Local or Participating HUD Housing Counseling Agency status 21

11. Agency Certification 22

# Applicant Information

## Primary Contact

Name: Click here to enter text.

Title: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

## Organization Information

Organization Name: Click here to enter text.

Organization Type: Click here to enter text.

Street: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Phone: Click here to enter text.

Fax: Click here to enter text.

Organization Website: Click here to enter text.

TAX ID: Click here to enter text.

DUNS#: Click here to enter text.

HUD Housing Counseling System Number: Click here to enter text.

Lawson Vendor ID: Click here to enter text.

Service Area: Click here to enter text.

## Branch or Affiliate Information

Street: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Branch Phone: Click here to enter text.

Is your mailing address the same as your physical address? If so, enter below. Choose an item.

Street: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Service Area: Click here to enter text.

## Executive Director Information

First Name of ED: Click here to enter text.

Last Name of ED: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

## Mission Statement

Click here to enter text.

## Declaration

We are applying to:

[ ]  PARTICIPATE in THDA’s HUD Housing Counseling Program

AND SEEKING GRANT FUNDING

OR

[ ]  ONLY PARTICIPATE in THDA’s HUD Housing Counseling Program

# Point(s) of Contact

## Finance (If applying for grant funds)

Name of Finance Contact: Click here to enter text.

Title: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

## POC #1

Name: Click here to enter text.

Title: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

## POC #2

Name: Click here to enter text.

Title: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

## Authorized Official

Does the Organization want to identify an Authorized Official? Choose an item.

Name: Click here to enter text.

Title: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

# Capacity

## Organization and Staff Information

|  | Query | Response |
| --- | --- | --- |
|  | Provide your organization's Housing Counseling System (HCS) Number for your main location. | **HCS Number:**Click here to enter text. |
|  | Is your organization working with communities that have received Preferred Sustainability Status under the HUD's Sustainable Communities Regional Planning Grant Program, Challenge Grant Program, and/or certified under the Preferred Sustainability Status Communities? If you select yes, the HUD 2995 upload will be required. | **HUD 2995 Certified?**Choose an item. |
|  | List the number of Branch locations that provide Housing Counseling Services. (Branch locations should be listed in HUD's Housing Counseling System and be identified with a HCS number) | **Branches?**Click here to enter text. |
|  | Provide the number of Housing Counselor FTE for your organization. Full-time equivalent (FTE) employment means the total number of regular straight-time hours worked (i.e., not including overtime or holiday hours worked) by employees divided by the number of compensable hours applicable to each fiscal year. Annual leave, sick leave, compensatory time off and other approved leave categories are considered "hours worked" for purposes of defining full-time equivalent employment that is reported in the employment summary. COMMON FTE: Based on a fiscal year of 26 pay periods: 26 (pay periods) x 80 hours = 2080 1 FTE = 2080 hours .875 FTE = 1820 hours .75 FTE = 1560 hours .5 FTE = 1040 hours .25 FTE = 520 hours | **FTE**Click here to enter text. |
|  | Provide number of counselors with current HECM certification at your organization. | **HECM Counselors**Click here to enter text. |
|  | Using FY19, provide the average number of counseling hours per HECM client. | **Average Hours HECM Counseling**Click here to enter text. |
|  | Has your organization adopted National Industry Standards? An agency can adopt up to three National Industry Standards; Homeownership Education, Homeownership Counseling, and Foreclosure Intervention. Select yes if your organization has officially adopted one or more of these standards. | **NIS Adoption?**Choose an item. |
|  | Does your organization require formal housing counseling training for staff? Formal housing counseling training can be training provided at the organization or by external entities such as HUD, NeighborWorks, NCRC, THDA, etc. It covers but is not limited to file maintenance, reporting requirements, counseling techniques, grant requirements, compliance, and oversight activities. | **Housing Counseling Training?**Choose an item. |
|  | Does your organization require testing/certification for Counselors? Housing Counseling Testing and Certification would be provided by external entities such as HUD, NeighborWorks, NCRC, THDA, etc. It would include a training that results in a certification test. | **Testing/Certification?**Choose an item. |
|  | Does your organization have any counselors or staff who have passed the HUD Housing Counseling Certification that is required by August 1st, 2020? | **HUD Certified Counselors?**Choose an item. |
|  | Does your organization offer alternate mode(s) of counseling? Alternate mode(s) of counseling include; phone, internet/email, video call. | **Alternate mode(s) of counseling?**Choose an item. |
|  | Does your organization provide services in alternate formats accessible to persons with disabilities? | **Accessibility?**Choose an item. |
|  | Does your agency provide counseling or education services in multiple languages? List the languages provided. | **Multiple Languages?**Choose an item.Click here to enter text. |
|  | Did your organization issue surveys at the end of counseling or education to determine client satisfaction? | **Client Surveys?**Choose an item. |
|  | Did your organization issue client surveys to determine counseling results or to aid in follow-up activities? | **Follow-up Activities?**Choose an item. |
|  | Does your organization serve a rural area? To determine if an area is defined rural, visit OMB: <http://www.whitehouse.gov/sites/default/files/omb/bulletins/2013/b13-01.pdf> | **Rural Area?**Choose an item. |
|  | Does your organization serve an area with no internet access? | **No Internet Access?**Choose an item. |
|  | Is your organization in a geographically isolated area? A geographically isolated area is an area that does not have another housing counseling agency near or limited community resources. If your organization serves various areas of the state and part of your service area is isolated-select yes. | **Geographically Isolated Area?**Choose an item. |
|  | Does your organization have a succession plan that will ensure continuity in the role of the Executive Director, Operations Officer, and Finance and Administration Manager? | **Succession Plan?**Choose an item. |
|  | Does your organization have a contingency plan in the event of a situation that adversely impacts operations, such as loss of major funding source, disaster or employee termination? | **Contingency Plan?**Choose an item. |
|  | Provide the names of Housing Counseling Related Networks or Collaborative your organization participates in. Examples of Housing Counseling related Networks are; Continuum of Care, Regional Round-tables. | **Networks/Collaborative**Click here to enter text. |

## Data and CMS

|  | Query | Response |
| --- | --- | --- |
|  | Does your organization report housing counseling program performance data to Senior Management or the board of directors? | **Senior Management / Board Reporting?**Choose an item. |
|  | Does your organization publish performance data; such as annual reports, press releases, trade publications? | **Performance Data?**Choose an item. |
|  | Provide the website link (if applicable) to performance data published online. | **Link?**Click here to enter text. |
|  | Enter the name of your organization's Client Management System (CMS). | **Client Management System (CMS)**Click here to enter text. |
|  | Does your organization use the CMS to generate reports? | **CMS Reports?**Choose an item. |
|  | Does your organization use the CMS to record client data such as but not limited to; client notes, action plan, financial analysis and follow-up? | **Client Data?**Choose an item. |
|  | Does your organization use the CMS to track grants? | **CMS Grant Tracking?**Choose an item. |
|  | Does your organization provide quality control of the CMS data? | **CMS Quality Control?**Choose an item. |
|  | Did your organization pull credit reports as part of post counseling and follow-up? A Post Counseling activity takes place 6 months or more after the counseling service was completed. If your agency does this as a follow-up activity for any of your counseling services select yes. | **Credit Reports?**Choose an item. |
|  | Did your organization use other methods of evaluating Program Services? | **Program Evaluation?**Choose an item. |
|  | List other evaluation methods your organization uses? | **List methods?**Click here to enter text. |

## Past Performance (if applicable)

|  | Query | Response |
| --- | --- | --- |
|  | Do you expect to expend all funds from your previous HUD Housing Counseling award by the end of that award’s performance period?  | **Expend Funds?**Choose an item. |
|  | Will your agency meet all Projected goals under your previous HUD Housing Counseling award by the end of that award’s performance period? | **Meet Goals?**Choose an item. |

# Services and Modes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Line Item | One-on-One Counseling Provided | Education Provided | Service provided in person | Service provided via telephone | Service provided over the internet | Service available in Multiple Languages |
| Pre-Purchase/ Home Buying | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Resolving/ Preventing Mortgage Delinquency or Default | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Non-Delinquency Post Purchase | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Rental | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Shelter/Services for the Homeless | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Reverse Mortgage | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

# HUD Programs

|  |  |
| --- | --- |
| Do you offer this program? | Yes/No |
| Second Mortgage Assistance for First-Time Homebuyers | Choose an item. |
| Rural Housing Stability Grant Program | Choose an item. |
| Public Housing Operating Fund | Choose an item. |
| Housing Choice Voucher (Section 8) Tenant-Based Rental Assistance Homeownership Option | Choose an item. |
| Demolition and Disposition of Public Housing | Choose an item. |
| Family Self-Sufficiency | Choose an item. |
| Public Housing Resident Homeownership Programs | Choose an item. |
| Conversion of Distressed Public Housing to Tenant-Based Assistance | Choose an item. |
| Low Income Housing Preservation and Resident Homeownership Act Prepayment Options | Choose an item. |
| Native American Housing Assistance Self Determination Act Housing Block Grants | Choose an item. |
| Housing Choice Voucher (Section 8) Rental Assistance | Choose an item. |

## Other HUD Programs

If your organization is participating in other HUD programs not listed, provide a description of the program and services.

Click here to enter text.

# Affirmatively Furthering Fair Housing (AFFH)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Jurisdiction/Service Area** | **Choose impediment to fair housing** | **Choose source doc for identified Impediment** | **Choose activity your org will provide to address impediment** | **Provide Outcome/Number** | **Outcome Type** |
| Click here to enter text. |  |  |  | Click here to enter text. | Click here to enter text. |
| Click here to enter text. |  |  |  | Click here to enter text. | Click here to enter text. |
| Click here to enter text. |  |  |  | Click here to enter text. | Click here to enter text. |
| Click here to enter text. |  |  |  | Click here to enter text. | Click here to enter text. |
| Click here to enter text. |  |  |  | Click here to enter text. | Click here to enter text. |

## AFFH Additional Activities

This section is optional. If you agency addresses fair housing impediments through other activities not listed above provide the following information; Jurisdiction, Impediment, Source of Impediment, Activity agency takes to address the Impediment, and outcome of the activity.

**AFFH Additional Activities**

Click here to enter text.

# HUD Goals

## Households Receiving Group Education and Counseling

| Households Receiving Education | Projected Goals10/1/2019 – 9/30/2020 | Projected Goals10/1/2020- 3/31/2021 |
| --- | --- | --- |
| Completed financial literacy workshop, including home affordability, budgeting and understanding use of credit | Click here to enter text. | Click here to enter text. |
| Completed predatory lending, loan scam or other fraud prevention workshop | Click here to enter text. | Click here to enter text. |
| Completed fair housing workshop | Click here to enter text. | Click here to enter text. |
| Completed homelessness prevention workshop | Click here to enter text. | Click here to enter text. |
| Completed rental workshop | Click here to enter text. | Click here to enter text. |
| Completed pre-purchase homebuyer education workshop | Click here to enter text. | Click here to enter text. |
| Completed non-delinquency post-purchase workshop, including home maintenance and/or financial management for homeowners | Click here to enter text. | Click here to enter text. |
| Completed resolving or preventing mortgage delinquency workshop | Click here to enter text. | Click here to enter text. |
| Completed other workshop | Click here to enter text. | Click here to enter text. |
| Subtotal | Click here to enter text. | Click here to enter text. |

| Households Receiving Counseling | Projected Goals10/1/2019-9/30/2020 | Projected Goals10/1/2020-3/31/2021 |
| --- | --- | --- |
| Homeless Assistance-Counseling | Click here to enter text. | Click here to enter text. |
| Rental Topics-Counseling | Click here to enter text. | Click here to enter text. |
| Pre-purchase/Homebuying-Counseling | Click here to enter text. | Click here to enter text. |
| Home Maintenance and Financial Management for Homeowners (Non-Delinquency Post-Purchase)-Counseling | Click here to enter text. | Click here to enter text. |
| Reverse Mortgage-Counseling | Click here to enter text. | Click here to enter text. |
| Resolving or Preventing Mortgage Delinquency or Default-Counseling | Click here to enter text. | Click here to enter text. |
| Sub-Total | Click here to enter text. | Click here to enter text. |
| **Households Receiving Group Education and Counseling Totals** | Click here to enter text. | Click here to enter text. |

## Past Housing Counseling Budget

| Line Item | HUD Expenditures10/1/2018-3/31/2020 | Amount From Other Sources10/1/2018-3/31/2020 | Total Amount |
| --- | --- | --- | --- |
| ***Salaries*** |  |  |  |
| Housing Counselors | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Housing Counseling Program Managers | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| All Other Housing Counseling Program Staff | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| ***Fringe Benefits*** |  |  |  |
| Housing Counselors | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Housing Counseling Program Managers | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| All Other Housing Counseling Program Staff | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| ***Total Other Direct Costs*** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total Direct Costs** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Indirect Cost Allocation Amount (if applicable) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| TOTAL BUDGET | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Past Expenditure Details (if applicable)

Provide an itemized list of all items included under the Total Other Direct Costs line item.
Click here to enter text.

## Salaries and Fringe Expenditures - Housing

##  Counseling Staff

|  |  |  |  |
| --- | --- | --- | --- |
| Line Item | HUD Grant Projected Expenditures10/1/2018-3/31/2020 | Amount from Other Sources | Total Amount |
| Salaries & Fringe Benefits | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Totals | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Other Expenditures

| Line Item | HUD Grant Projected Expenditures10/1/2018-3/31/2020 | Amount from Other Sources | Total Amount |
| --- | --- | --- | --- |
| Building Costs: Maintenance | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Building Cost: Rent | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Building Cost: Utilities | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Consulting | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Credit Reports | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Equipment over $5,000 per unit | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Insurance | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| IT: Contracted Services | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| IT: Hardware | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| IT: Software | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Marketing/Advertising for Program Outreach | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Membership Dues | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Personnel Recruitment Costs | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Phone & Internet | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Postage | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Printing | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Quality Assurance | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Subscriptions |  |  |  |
| Supplies | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Training: Consumer Classes/Workshops | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Training: Staff/Professional Development | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Travel: Lodging | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Travel: Per diem | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Travel: Mileage, Gas and/or tolls | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |
| Indirect Cost | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Totals | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Expenditure Details

1. Provide an itemized list of all items listed under the Equipment line item.
Click here to enter text.
2. Provide the vendor name, purpose, start and end date for Insurance.
Click here to enter text.
3. Provide the vendor name, purpose, start and end date for Memberships.
Click here to enter text.
4. Provide the vendor name, purpose, start and end date for Subscriptions.
Click here to enter text.
5. Explain the strategy that will be used to reach potential clients.
Click here to enter text.
6. Explain the strategy that will be used for quality assurance.
Click here to enter text.

## Expenditure Total (if applicable)

HUD Program Expenditures Salaries & Other 10/1/2018 – 3/31/2020

**FY19 HUD Grant Budget:** Click here to enter text.

# Financials

## Program Income

Program income means gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided in §200.307 paragraph (f). (See §200.77 Period of performance.) Program income includes but is not limited to income from fees for services performed, the use or rental or real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them.

| Source of Funds | Type of Contribution | Federal Source | Use of Funds | Amount of Program Income |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. |

# Organization Risk Questionnaire

|  | Query | Response |
| --- | --- | --- |
|  | Did a change in personnel impact business operations?If yes, please explain. | Choose an item.Click here to enter text. |
|  | Did a change in personnel result in the loss of or access to vital financial or personnel records?If yes, please explain.  | Choose an item.Click here to enter text. |
|  | Are there policies and procedures in place for accounting for federal funds, grant related reporting, etc.?If yes, please explain.  | Choose an item.Click here to enter text. |
|  | Do you have an established accounting system with significant internal controls and a system for Cost-type and Labor hour accounting? | Choose an item. |
|  | Were there any mergers, acquisitions, bankruptcies, legal concerns or other factors that would impact the status of the agency?If yes, please explain.  | Choose an item.Click here to enter text. |
|  | Were there any business or external factors, such as industry conditions, regulatory environment and government policies that affected the organization?If yes, please explain.  | Choose an item.Click here to enter text. |

# Attachments

## Organization Authorized Official Certification

| Attachment | Description | File Name | File Type | File Size |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Approval of Local or Participating HUD Housing Counseling Agency status

| Attachment | Description | File Name | File Type | File Size |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## HUD 2995 (if applicable)

| Attachment | Description | File Name | File Type | File Size |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Agency Work Plan

| Attachment | Description | File Name | File Type | File Size |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Financial Statements

Include an audit within the last two years. The audit must be prepared in accordance with generally accepted accounting principles and reporting practices and must include an auditor’s review report, a treasure’s report and any supplemental schedules.

| Attachment | Description | File Name | File Type | File Size |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

##

## Travel (only if seeking grant funding)

Attach a statement certifying the agency will use the federal rate for lodging, per diem, and mileage, and include the adherence to this in their organizational policy; or the organizational policy the organization will follow for lodging, per diem and mileage reimbursement.

| Attachment | Description | File Name | File Type | File Size |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Indirect Cost Rate (only if seeking grant funding)

Attach documentation citing previously negotiated rate, use of the 10% *de minimis* rate, or certification that the agency will not bill THDA for indirect costs under this award.

| Attachment | Description | File Name | File Type | File Size |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Subcontractors to Be Used

Attach a list of the names, contact information, and purpose of all subcontractors to be paid with HUD Housing Counseling funds for any purpose except for web-based education programs, supplies, and materials.

| Attachment | Description | File Name | File Type | File Size |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Organization Chart

| Attachment | Description | File Name | File Type | File Size |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Code of Conduct

Attach the agency Code of Conduct for new applicants or if it has changed since the last application. Highlight the sections in the Code of Conduct that prohibits real and apparent conflicts of interest that may arise among officers, employees, or agents; prohibits the solicitation and acceptance of gifts or gratuities by officers, employees and agents for their personal benefit in excess of minimal value; and outlines administrative and disciplinary actions available to remedy violations of such standards. Also, describe the methods used to ensure that all officers, employees, and agents of the organization are aware of the Code of Conduct.

| Attachment | Description | File Name | File Type | File Size |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

# Agency Certification

By electronically signing this application, I certify (1) that the statements contained are true, complete, and accurate to the best of my knowledge; (2) that I am authorized to submit this application on the agency's behalf; (3) that the Agency agrees to comply with all programmatic requirements set forth by HUD and/or THDA; 4) that I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

**Name of individual authorized to submit the application:**

Click here to enter text.