

CHART B2 -- SERVICES AND MODES RATING FACTOR 3

Applicant Name: _____

NOTE: Applicants proposing to fund sub-grantees and/or branches* must indicate the number of proposed sub-grantees and branches which will provide the proposed services.

**Do NOT include branches of sub-grantees.*

		Housing Counseling Service to be Provided 10/1/2017 - 9/30/2019						
A		Pre-purchase/ Home buying	Resolving/Preventing Mortgage Delinquency or Default	Home Maintenance and Financial Management for Homeowners (Non- Delinquency Post-Purchase)	Rental Topics	Homeless Assistance	Reverse Mortgage	TOTAL
B	Indicate if One-on-One Counseling Provided by Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 0
C	# of Sub-grantees and/or Branches* that Provided One- on-One Counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 0
D	Indicate if Group Education Provided by Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 0
E	# of Sub-grantees and/or Branches* that Provided Group Education	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 0
F	Service Will be Provided In Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 0
G	# of Sub-grantees and/or Branches* that Will Provide Service In Person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 0
H	Service Will be Provided Via Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 0
I	# of Sub-grantees and/or Branches* that Will Provide Service Via Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 0
J	Service will be provided Over the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 0
K	# of Sub-grantees and/or Branches* that Will Provide Service Over the Internet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 0
L	Service Will Be Available in Multiple Languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 0
M	# of Sub-grantees and/or Branches* that Will Provide Service in Multiple Languages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 0