



ACC Housing & Community Development Department

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

HOUSING COUNSELING SUPPLEMENTAL APPLICATION

FISCAL YEAR 2024



Athens-Clarke County Housing and Community Development Department
375 Satula Avenue Athens, GA 30601

Agency Name:

HOUSING COUNSELING PROGRAM

Applicants requesting funding for housing counseling programs must submit information regarding the services to be provided, a detailed description of the housing counseling activities and complete a quarterly timetable for housing counseling activities.

1. Housing Counseling Services

a. Please check all services the agency plans to offer.

Homebuyer education (must also offer pre-purchase counseling)

Pre-purchase counseling

Mortgage Delinquency

Post-purchase (including home improvement and rehabilitation)

Loss Litigation

Home Equity Conversion Mortgage

Mobility and relocation assistance

Money/Debt Management

Fair Housing Assistance

Renter Assistance

Homeless

b. Housing Counseling Plan

Describe in detail the housing counseling activities that will be provided as indicated in Section 1a. The plan should be specific as to the activities and services that will be delivered.

2. Quarterly Timetable

Noted below are the instructions for completing the attached Quarterly Timetable for Housing Counseling activities:

IDENTIFYING INFORMATION

Organization: Housing Counseling Agency's Legal Name

RFP#: Funding agency's Request for Proposal Number or Grant Number

Grant Period: Month, Date, and Year that the grant begins and ends

Projected Timetable

Answers should be placed in the **unshaded** blank blocks only.

- a. **Workshops Offered:** Information should be completed for each workshop that the agency provides.

Topic (1a-d): Enter each workshop that the agency offers, by topic. (e.g.: Introduction to Homeownership; Credit and Budgeting; Post-Purchase Workshop, etc.) If a particular workshop is held several times during the year, enter the topic once. If the agency offers more than four different workshops (topics) throughout the year, and additional topic lines are needed, please enter the information on an additional sheet, beginning with row number "1e."

Duration: Enter number of hours client must attend in order to receive credit for that workshop.

Total Attendees: Enter the total number of participants expected to attend all workshops (pertaining to the specified topic) during the grant period.

Number of Workshops per Quarter: Enter the number of workshops (pertaining to the specified topic) that the agency expects to offer each quarter.

Annual Totals: Enter the number of workshops (pertaining to the specified topic) that the agency expects to offer during the grant year.

- b. **Number of Counseling Sessions:** Enter the number of housing counseling sessions the agency expects to conduct each quarter and enter the total the agency expects to offer in the grant year. Counseling sessions must be conducted in person, and must be at least 30 minutes in length. Any session expected to last more than 30 minutes, regardless of the duration, should be counted as one counseling session.

- 3a. **Number of Housing Counseling Certificates Issued (Total):** Enter the number of homebuyer education certificates the agency expects to issue each quarter and enter the total the agency expects to issue in the grant year.

- 3b. **Average Number of Homebuyer Education Hours Completed by Certificate Holders:** Using information about the certificate holders listed in #3a, enter the average number of homebuyer education hours that the agency expects each certificate holder will have completed. (For example if 10 certificate holders attended two hours of education each, and 5 certificate holders attended three hours each, enter 3 hours.) Enter the average number of hours estimated for each quarter and for the grant year.

- 3c. **Number of Certificate Holders Completing Individualized Housing Counseling Plan:** Out of the number of certificate holders listed in #3a, enter the number that the agency

expects will have completed their Individualized Housing Counseling Plan. Enter the number for each quarter and for the grant year.

3d. Average Number of Housing Counseling Hours Completed per Certificate Holder:

Using information about the certificate holders listed in #3a, and using the same calculation method given in 3b, enter the average number of housing counseling hours that the agency expects each certificate holder will have completed. Enter the average number of hours estimated for each quarter and for the grant year.

4. Number of Housing Counseling Clients: Enter the number of housing counseling clients the agency expects to serve for each quarter and for the grant year.

4a. Existing Clients, by Counseling Type (Pre-Purchase; Post-Purchase; Repair & Rehabilitation; Default & Delinquency) Enter the number of existing housing counseling clients the agency expects to serve for each quarter and for the grant year. Then itemize these numbers, by type of counseling to be provided. "Housing counseling clients" must be engaged in individualized, face-to-face service. "Existing clients" are clients who will be on the agency's service rolls throughout the time period (quarter or year) specified. Existing clients will not begin their counseling during that time period, nor will they terminate counseling during that period.

4b. New Clients, by Counseling Type (Pre-Purchase; Post-Purchase; Repair & Rehabilitation; Default & Delinquency) Enter the number of new housing counseling clients the agency expects to serve for each quarter and for the grant year. Then itemize these numbers, by type of counseling to be provided. "New housing counseling clients" are those who were first engaged in individualized, face-to-face service during the time period specified.

4c. Terminated Clients Terminated, by Counseling Type (Pre-Purchase; Post-Purchase; Repair & Rehabilitation; Default & Delinquency) Enter the number of housing counseling clients that the agency expects will end housing counseling in each quarter and in the grant year. Then itemize these numbers by type of counseling being received at the time of termination. Termination may be for any reason: successful completion, drop out, agency termination, etc.

QUARTERLY TIMETABLE FOR HOUSING COUNSELING ACTIVITIES

IDENTIFYING INFORMATION

Organization:

Grant Period: CDBG Program Year 2024

PROJECTED TIMETABLE

1	Workshops Offered		Number Per Quarter					ANNUAL TOTALS
	Topic	Duration	Total Attendees	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
a								
b								
c								
d								
e								
f								
2	Number of Counseling Sessions (1/2 hour sessions minimum)							
3a	Number of Housing Counseling Certificates Issued (Total)							
b	Average number of homebuyer education hours completed per certificate holder							
c	Number of certificate holders that will have fully implemented their Housing Counseling Plan							
d	Average number of housing counseling hours completed per certificate holder							
4	Number of Housing Counseling Clients							

a	Existing Clients						
	Pre-purchase						
	Post-Purchase						
	Repair & Rehabilitation						
	Default & Delinquency						
b	New Clients						
	Pre-purchase						
	Post-Purchase						
	Repair & Rehabilitation						
	Default & Delinquency						
c	Terminated Clients						
	Pre-purchase						
	Post-Purchase						
	Repair & Rehabilitation						
	Default & Delinquency						