

HSCP Final Report

1.HSCP Production Data

- ? F 1 We have reviewed our production data in the HSCP dashboard and confirm that the information is correct.**

HSCP dashboard - <https://nwinfo.force.com/NWMemberBI/s/tableau-hscpproductiontrackingdashboard>

If you have not reviewed and confirmed your organization's data in the HSCP dashboard, you will need to navigate to the dashboard (link in help text) and review the data before moving on with this report.

- I certify that the numbers reflected in the HSCP dashboard have been verified by my organization and the Executive Director/CEO is aware of the numbers reported.

- ? F 2 In times where "Outcome not yet achieved" was selected for homeowners' follow-up records please share what types of circumstances led to not having an outcome to report.**

The HSCP team removed the flag in the Online Reporting System for "outcome not achieved" to provide additional flexibility in reporting when reporting client-level data. **However**, in cases where your organization reported a client without an outcome, we would like to gain a better understanding of the circumstances that led to your organization not having an outcome to report.

- We did not report any homeowner follow-ups with "Outcome not yet achieved."**

Enter response here

- ? F 2 In times where "Outcome not yet achieved" was selected for renters' follow-up records, please share what types of circumstances led to not having an outcome to report.**

The HSCP team removed the flag in the Online Reporting System for "outcome not achieved" to provide additional flexibility in reporting when reporting client-level data. **However**, in cases where your organization reported a client without an outcome, we would like to gain a better understanding of the circumstances that led to your organization not having an outcome to report.

- We did not report any renter follow-ups with "Outcome not yet achieved."**

Enter response here

- ? F 2 If any counseling level is below 75% of the number of level 1 counseling sessions, please explain why.**

For example, if your organization had 1,000 Level 1 records but only 740 (74%) Follow-Up records, please provide an explanation for why the Follow-Ups were below the 75% threshold.

HSCP dashboard - <https://nwinfo.force.com/NWMemberBI/s/tableau-hscpproductiontrackingdashboard>

Please refer to the first tab of your HSCP dashboard (Overall Counseling) for number of clients served by counseling level

- We did not have any counseling levels below 75%**

Enter response here

2. Counselor Capacity

- ? F 5 As of the end of the grant performance period, how many housing counselors [that counseled under the HSCP grant] were employed by your organization and all of your HSCP sub-grantees, branches, and affiliates?**

FTE = Full-time equivalent (employee)

Entries can be 0, 0.25, 0.50, 0.75 or a whole number. This allows for a breakdown of staff into 25%, 50%, 75% and 100% of time allocation. Part-time employees are calculated at half (1/2) of a FTE value.

Example (full-time staff): if your organization has 10 full-time housing counselors and each of them has 50% of their time allocated to HSCP, that would be 5.0 FTEs ($10 \times .50$).

Example (part-time staff): If your organization has 8 part-time housing counselors with 100% of their time dedicated to HSCP and has no full-time counselors, that would be 4.0 FTEs ($8 \times .50$). *If those part-time counselors only had 50% of their time dedicated to HSCP, the response would instead be 2.0 FTEs [$(8 \times .50) \times .50$].*

Report number of FTEs.

Decimal (e.g. 2,943.6)

F 6 If any housing counselors received additional related training during the grant performance period, please answer the questions below:

No additional related training completed during the grant performance period

F 6.1 How many housing counselors received additional related training during the grant performance period?

Whole Number (e.g. 12)

F 6.2 Please indicate whether any scholarships were used to attend the additional training

No scholarships used

HSCP

HUD

Other

Other:

F 7 Please share what challenges your counselors faced in becoming certified.

Not applicable

Enter response here

F 8 If your organization had any new housing counselors join your team during the grant performance period, please provide the requested information below.

No new housing counselors during the grant performance period

F 8.1 Of the new housing counselors who joined your team during the grant performance period, how many of them are HUD-certified?

If you had new housing counselors join, but none are HUD-certified, please enter 0.

Whole Number (e.g. 12)

? F 9 Did your organization use any (external) translation services during the grant performance period?

External translation services are providers outside of your organization that are used to translate for a client. Typically these are used when your organization does not have a staff member available that is fluent in the client's preferred language. These services can be provided in-person, via phone, or via video call.

Report external translation services only. You will describe the languages that internal staff/counselors provided on the next page.

- Yes
- No

3. Preferred Language Access

Categories

Arabic

ASL

Cambodian

Cantonese

Chinese Mandarin

Creole

Czech

Farsi

French

German

Hindi

Hmong

Indonesian

Italian

Korean

Polish

Portuguese

Russian

Spanish

Swahili

Turkish

Ukrainian

Vietnamese

Other

Questions

? F 10 Please indicate the languages that you and/or your sub-grantees offered counseling service in.

Report languages that housing counselors provided services in during the grant performance period.

ASL = American Sign Language

Instructions:

If no languages other than English were provided by counselors during the grant performance period, select the "Only English services were provided by counselors during the grant performance period" box at the top of the grid. **Selecting this option will delete any responses selected in the grid below.**

If counselors provided services in other languages, but did not provide services in one of the listed languages within the grant performance period, please check the "Not provided" box for that language/row.

To add counselor counts to a row, click the pencil to the left of the language, update the information, and click the save icon to the left of the language/row. Repeat for each language/row.

Only English services were provided by counselors during the grant performance period

Number of counselors providing service in this language during the grant performance period:

4.Success Stories

F 11 If you have not reported success stories in the quarterly reports OR would like to highlight a specific story in this final report, please include it here.

Please provide the name and contact information of two people who received services because o

HSCP funds who are willing to be contacted to discuss their situation and possibly be highlighted in future HSCP reports, with their approval.

Click "Add" and then "Begin Guided Entry" to enter information for the first person. Once complete, repeat the process to add the second person.

If you do not have any additional success stories to report, please instead check the "Use a success story from our quarterly reports" box below.

Use a success story from our quarterly reports

Contact

F 11.1 Sub-grantee/CCE ID

This information will be used to pull the applicable information about this client's counseling activity from the HSCP continuous report.

Not Applicable

Plain Text

(0/100 characters)

F 11.2 Client Unique Identifier

This information will be used to pull the applicable information about this client's counseling activity from the HSCP continuous report.

Plain Text

(0/100 characters)

F 11.3 Client First and Last Name

Plain Text

(0/100 characters)

F 11.4 Client Phone Number

Phone Number

(0/100 characters)

F 11.5 Client E-mail

E-mail Address

(0/100 characters)

F 11.6 Has this client's address changed since their intake was completed?

Yes

No

Address

F 11.7 Client Street Address

Plain Text

(0/100 characters)

F 11.8 Client City

Plain Text

(0/100 characters)

F 11.9 Client State



F 11.10 Client Zip Code

Zipcode + 4 (e.g. 662101234)

(0/100 characters)

Counseling

F 11.11 How did this client hear about your services?

- Flyer
- Friend
- Government
- Lender
- Radio
- Realtor
- Social media
- Staff or Board Member
- Television
- Walk-in
- Website
- Other

Other:

F 11.12 How was this client's counseling resolution reached?

Enter response here

Other

F 11.13 Is there any other relevant information describing their situation that would be helpful for us to know?

No additional information

Enter response here

5. Compliance and Final Programmatic Questions

? F 12 Are you and/or are your sub-grantees or branches in compliance with all terms and conditions of the grant agreement and funding announcement, including OMB circulars?

OMB Circulars (2 CFR 200) - <https://ecfr.federalregister.gov/>

HSCP program requirements - <https://www.stablecommunities.org/HSCP/Resources>

We certify that our organization and sub-grantees/branches (if applicable) are in compliance with all grant requirements including OMB circulars.

F 13 Final Programmatic Report / Final Evaluation

? F 13.1 Has HSCP funding had a significant impact on your organization's ability to deliver housing counseling services?

"Significant impact" is defined as any important consequence that your organization has experienced as a result of receiving HSCP funding.

This information is being collected to assess the impact of HSCP funding on organizations that delivered housing counseling services, to learn of any critical program components that led to the program's success.

Yes

No

F 13.2 If yes, what other critical components of the funding or program contributed to its success?

If no, why do you feel that HSCP funding or aspects of the program did not have a significant impact?

Enter response here

F 14 If your organization has served rental and/or homeless clients with HSCP funds and had not previously counseled these populations, please describe your overall experience regarding the challenges you faced and what steps were taken to accomplish pivoting from providing primarily foreclosure counseling.

We had already counseled these populations before HSCP

Enter response here

6. Income

Categories

Interest

Other income (1)

Other income (2)

Other income (3)

Questions

? F 15 Income/Revenue: In addition to the HSCP funds received, please indicate the amount (dollars) and sources of income/revenue that supported your organization's housing stabilization

program during the HSCP grant performance period.

This section is intended to capture additional monies that your organization used (including HSCP funds) to fund your housing stabilization program. For example, if your organization used another source of income (e.g., government or foundation grant) to partially fund the program, that would be included in one of the "Other" categories.

Please include the total amount of funding your organization received from HSCP in the "HSCP Funds" section.

Interest - If your organization accrued any interest on funds used for the housing stabilization program, please include that here.

If you are an intermediary or HFA, please keep this information on file for each of your sub-grantees and report only the aggregate dollar amounts.

Amount of income received from this source for housing stabilization program

Describe "Other" income sources

7. Expenditures - Counseling Funds

Categories

Staff (salary plus benefits)

Other counseling expense (1)

Other counseling expense (2)

Questions

F 16 Please report the total amount (dollars) of counseling funds used for the following purposes

This should reflect the final amounts spent in each category/purpose below.

As stipulated in the HSCP Grant Agreement, there will need to be an expenditure report for each grantee which demonstrates that funds received through this program have been expended on the housing stabilization program of applicant and/or sub-grantees, affiliates, and branches.

Please fill out this table in aggregate for the sum of your branches, affiliates, or sub-grantees.

Instructions:

If no funds were used for the selected category/purpose, select "Not used for this purpose."

To enter amounts into the grid below, click the pencil to the left of the applicable category/purpose. After updating the amount of funds, click the save icon to the left of the category/purpose. Repeat for each.

Amount of counseling funds used

Describe "Other" counseling expenditures

8. Expenditures - Program Related Support Funds

Categories

Establishing a triage system that makes more effective and efficient use of counseling time

Outreach; marketing; and service delivery to populations least likely to seek counseling services

HUD Certification training and exam fees for counselors

Technology improvements

Infrastructure development and communication to strengthen monitoring and oversight of sub-grantees and CCEs

Improving grantee capacity and infrastructure for tracking and reporting data through upgrades to reporting systems/processes

Costs related to hiring; orienting; and training new counseling staff

Purchasing or leasing equipment and software for counselors

Collecting data and preparing quarterly reports and disbursement requests

Quality control of the counseling function

Funds are not used for PRS and allocated to counseling

Other PRS activity (1)

Other PRS activity (2)

Questions

F 17 Please report the total amount (dollars) of program-related support funds used for the following activities:

This should reflect the final amounts spent in each category/purpose below.

As stipulated in the HSCP Grant Agreement, there will need to be an expenditure report for each grantee which demonstrates that funds received through this program have been expended on the housing stabilization program of applicant and/or sub-grantees, affiliates, and branches.

Please fill out this table in aggregate for the sum of your branches, affiliates, or sub-grantees.

Instructions:

If no funds were used for the selected category/purpose, select "Not used for this purpose."

To enter amounts into the grid below, click the pencil to the left of the applicable category/purpose. After updating the amount of funds, click the save icon to the left of the category/purpose. Repeat for each.

Amount of PRS funds used for the activity

Describe "Other" PRS expenditures

9. Expenditures - Operational Oversight Funds

Categories

Staff (salary plus benefits)

Improvements to systems or infrastructure

Other operational oversight expense (1)

Other operational oversight expense (2)

Other operational oversight expense (3)

Questions

F 18 Please report the total amount (dollars) of operational oversight funds used for the following purposes:

This should reflect the final amounts spent in each category/purpose below.

As stipulated in the HSCP Grant Agreement, there will need to be an expenditure report for each grantee which demonstrates that funds received through this program have been expended on the housing stabilization program of applicant and/or sub-grantees, affiliates, and branches.

Please fill out this table in aggregate for the sum of your branches, affiliates, or sub-grantees.

Instructions:

If no funds were used for the selected category/purpose, select "Not used for this purpose."

To enter amounts into the grid below, click the pencil to the left of the applicable category/purpose. After updating the amount of funds, click the save icon to the left of the category/purpose. Repeat for each.

Amount of operational oversight funds used

Describe "Other" operational oversight expenditures

10.Contact Information

F 19 Please provide contact information for the staff member we can contact if we have questions about any of the information provided in this HSCP final report.

F 19.1 First and Last Name

(0/100 characters)

F 19.2 Email Address

(0/100 characters)

F 19.3 Phone Number

(0/100 characters)

