

MEMBER AFFILIATE APPLICATION

Applicant Information

Legal Name of Organization:			
Acronym, A/K/A, or D/B/A (if applicable):			
Principal Business Address (No P.O. Boxes):			
City:		State:	Zip:
Mailing address (if different from Principal Business Address):			
City:		State:	Zip:
Agency Phone #:		Fax:	
E-mail Address:		Agency Web Site:	
Employer Identification Number (EIN):		Years Agency in Business:	
Agency Executive Director:		Phone #:	

Program Services Administrator

Name:	Title:
Tel. #:	Mobile #:

NARRATIVES –

Application Summary – Two (2) page maximum

Summarize:

- The purpose of your organization and its mission
- When and how agency learned about Mission of Peace
- The reasons your organization wants to be part of the Mission of Peace Member Affiliate network
- Your organization’s leadership (board and staff), location, budget, needs of target population, and neighborhood(s) served
- The social and community services, programs, activities, and accomplishments of your organization, with an emphasis on the past year
- The community outcomes your organization hopes to achieve as a MOPNC Member Affiliate
- How your organization anticipates benefiting from and contributing to the success and growth of the MOPNC network

Organizational Information – No page maximum

A. Formation

- Non-profit Status: Provide a legible copy of the IRS 501(c) determination letter with a self-certification that status is current
 - If date of the letter is more than five (5) years prior to the date of this application, please request and submit a re-affirmation letter from the IRS
 - Formation Documents: Provide (each as issued by the state of incorporation):
 - a Certificate of Formation
 - a current Certificate of Good Standing
 - a copy of section of Articles of Incorporation or Bylaws authorizing applicant to provide housing counseling and other community services
 - HUD Certification: Is agency independently certified? If yes, list date agency received certification.
 - If agency submitted a Form 9900 to HUD within past five (5) years, please attach a copy to your application
 - Agency Affiliation:
 - If applicant has been previously affiliated with a HUD-Approved National Housing Counseling Intermediary, please provide the name of Intermediary organization, the status of the current relationship
 - If applicable, provide the date of separation, the reason(s) for separation, and copy of any correspondence related to such termination of affiliation between agency and previous Intermediary
 - Agency Designations: List designations that agency has received and year received
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- Attach copies of applicable certifications, e.g., Community Development Corporation, Community Housing Development Organization, etc.

B. Agency Planning and Services

- Community Base: Submit a narrative statement describing the agency's experience and record of achievement in providing housing counseling or other community services in the communities in which you plan to serve
 - This statement should include specific activities relating to such services
- Other Agency Housing Activities: Briefly describe any other housing programs or activities the applicant agency offer. Examples include administering down payment assistance programs, developing housing projects, managing apartment buildings, rehabilitating and reselling HUD homes, and selling real estate. Identify those programs that housing counseling clients may be referred to.
- Provide a copy of your organization's 3 or 5-year Strategic Plan (if not available, please indicate), outlining future goals and activities

C. Personnel:

- Provide a list of staff personnel that will be involved in delivering any or all parts of community services, including supervisory and clerical support staff.
 - State position title, duties, and whether the position is a full-time or part-time, is paid or volunteer capacity
 - Indicate the extent of each counselor's knowledge of HUD housing or other community service programs available in the targeted served community(ies). Cite training received, and/or any certificates received relating to the above programs
 - Describe language skills of staff if your agency is intending to serve non-English speaking clients
 - Submit a current resume/dossier for each person listed
- Identify any potential staff conflicts of interests with agency services, e.g., due to other employment, investments, family relations, financial interests, etc.

D. Facilities:

- Provide an overview description of the agency facilities, including location, building type, and indicating whether the agency owns or rents
 - Describe accessibility features for disabled and elderly clients that may have special needs. If accessibility features are not present, indicate its absence and how, if at all, you would provide counseling to the clients that have special needs
 - Indicate what public transportation, if any, is close to the facility(ies) (example: within 15 minutes walking)
 - Information Technology: Provide an overview of your agency's information technology investments, including but not limited computing devices, printers/fax machines, smart phones, telephone systems, email systems, network infrastructure, etc. Include dates of purchase/installation, as well as upgrade plans
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- Copy of current certificates of:
 - General Liability insurance
 - Workers' Compensation insurance
 - Errors & Omission insurance
- Provide applicant's normal operating hours

Financial – No page limit

A. Funding:

- Outline your organization's primary sources of support, including financial, in-kind, and volunteer resources
 - List the sources and amounts of funds from those sources agency has "on hand." "On hand" means applicant either possess the cash, or has written commitment for the funds within the initial 12-month period of being accepted as an Member Affiliate
- Community Resources: Submit a list of local, State, Federal, public and private agencies with whom your agency and branches or affiliates have established firm working relationships for the provision of various kinds of assistance to your clients. Include a brief description of the type(s) of community resources or services each agency listed will provide for your clients. Community resources include HUD-approved counseling agencies with which the applicant will work cooperatively with.

B. Budgeting and Financial Reporting

- Attach a financial statement compiled by a CPA within thirty (30) days of application
 - Attach your organization's most recent:
 - Financial audit, including management letter (If applicant has not had a financial audit within last three (3) years, indicate anticipated date of financial audit)
 - OMB Circular A-133 Audit(if applicable)
 - IRS Tax Return 990
 - Annual Report
 - Provide your current year overall organizational budget showing expected revenues and expenses for the current fiscal year.
 - Include a program services budget and budget narrative indicating the specific uses of each budget line item
 - Include a capital budget, detailing major planned capital investments such as infrastructure or facilities. Include a description of source of funding for such investments
 - Litigation: If agency is involved in any current or pending material litigation, please attach an brief description of the litigation, including an estimate of potential financial risk to agency
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PROJECT PLAN

Submit a detailed yet concise Project Plan for providing intended housing-finance and other related community services based on the information requested below. The purpose of this Plan is to relay how the applicant intends to deliver its proposed services, as well as convey its depth of understanding of the needs and solutions of its served communities. HUD considers an acceptable housing counseling plan to be a reasonable interlocking of the needs and housing problems of the target areas with the resources available to the applicant to address those needs and problems successfully on behalf of clients. A well-meaning but ill-conceived plan that lacks appreciation for the necessary resources will not be considered acceptable. Include an explanation of how your organization will measure the effectiveness of your proposed plans.

- Target Area(s):
 - The plan should explain the needs of the target population, including but not limited to housing counseling services, and how your agency proposes to address those needs and problems with your available resources.
 - Submit a concise but detailed description of the target area you propose to provide the planned services. The description must include but is not limited to such facts as size of population, socio-economic factors, racial and ethnic makeup of the population, and age and condition of housing.
 - Include a brief statement as to the reasons for selecting the target area and why the applicant believes it is well-positioned to provide services within such target area.
 - If the applicant is planning to provide services to non-English speaking clients, provide evidence that sufficient staff fluently speak the language of your target clients or evidence that you have interpreters available.
 - If other housing counseling agencies exist in the same area, provide justification for the overlapping of services.
 - Include the US Postal Service Zip Code areas serviced by your agency.
 - Housing Needs and Problems/Housing Counseling Plan:
 - Submit a descriptive statement of the housing needs and problems of the target population. The statement must cite the specific sources from which you obtained your data. Include special needs and problems, such as those related to low income or poverty, homelessness, language barrier, ethnic, minority, and racial factors.
 - Include within the Project Plan a detailed description of the housing counseling activities that you will be providing. This Housing Counseling Plan should be specific as to these activities and how you will deliver each type of service. Your plan must reflect an understanding of HUD's definition of each housing counseling service set forth in HUD Handbook 7610.1.
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COMPLIANCE PLAN

Please submit your written Compliance Plan. As Member Affiliates are intended recipients of federal grant funding, each must be alert to the potential for liability stemming from non-compliance with grant requirements. The federal government has the authority to investigate sub-grant recipients and has the authority to impose sanctions where an investigation finds non-compliance, ranging from a possibly inadvertent mistake to a determination that the documentation was fraudulently submitted. A properly crafted and administered compliance plan will assist Member Affiliates acknowledge and proactively address the federal fraud enforcement environment.

The existence of an effective compliance plan provides evidence that any mistakes were inadvertent, and this evidence would be considered in determining whether applicant has made reasonable efforts to avoid and detect misbehavior. MOPNC believes effective compliance plan should include the following seven elements:

1. A Clear Commitment To Compliance. A compliance plan ensures that everyone in the applicant's organization understands the obligation to comply with established and understood standards, and that the applicant will take actions to uphold those standards.
2. Appointment Of A Trustworthy Compliance Officer With A High Level Of Responsibility. The designated compliance officer will be considered to have the requisite authority if he or she is able to influence behavior and organizational practices.
3. Effective Training And Education Programs. There must be a routine training and education process that addresses the role of everyone involved in the applicant and makes participation in the compliance program understandable.
4. Auditing And Monitoring. There must be a regular review process of the applicant's reimbursement and fund request process, starting from the point where a service for a client is initiated through the submission of a request for payment. The monitoring process includes a methodology to facilitate employee reporting of suspected situations of fraud or abuse.
5. Communications. Applicant's plan should demonstrate an effective communications process, including a "hotline" procedure to facilitate reporting of suspected violations.
6. Internal Investigation And Enforcement. Applicant must be able demonstrate the ability to conduct an appropriate investigation and take disciplinary actions.
7. Response To Identified Offenses And Application Of Corrective Action Initiatives. On the identification of a compliance problem, applicants have a responsibility to take demonstrable corrective actions, including steps to prevent further similar offenses.

Documentation is a central component of an effective compliance plan. Accurate documentation on the operation of the compliance plan and of client records is crucial. Client record information provides the justification necessary to support sub-grant funds. The client record is used to validate the services have been delivered and reported accurately.

ASSURANCES AND CERTIFICATIONS

Assurances: Submit written assurances that your agency currently and will in the future complies with the following:

- Administer its community services programs in accordance with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.
- Provide its community services programs without sub-agreements with other agencies for the delivery of all or any part of the services.
- Represent its clients without any conflict of interest, by either the agency or its staff, which might compromise the agency's ability to represent fully in the best interests of its clients or Mission of Peace.
- Meet all local, State, and Federal requirements related to your agency's current and future community services program.
- Accept all clients without regard to race, religious beliefs, ethnicity, age, gender, physical or mental disability, political affiliation or sexual orientation.
- On a separate sheet of paper (on the applicant's letterhead), submit the following certification:

I certify that __[applicant agency name]__ is acting on its own behalf and is not under the influence, control, or direction of any outside party such as a landowner, real estate broker, contractor, builder, lender, or consultant seeking to derive a profit or gain from our housing counseling program clients.

I further certify that this agency does not engage in any activities that would cause a conflict of interest for agency clients as defined in Handbook 7610.1, Chapter 5.

I further certify that the information submitted in response to this Application is accurate in all material respect, and that agencies failure to .

Authorized Agency Representative:

Name:

Title:

Original Signature

Date

The information is considered sensitive and is protected by the Privacy Act which requires the records to be maintained with appropriate administrative, technical and physical safeguards to ensure their security and confidentiality.

ATTACHMENTS AND OTHER SUPPORTING DOCUMENT SUMMARY

To process your application expeditiously and without limiting any other documents requested in the application, please ensure you have included the following items with the application (indicate if not available):

- List of Staff, including counseling staff (with current up to date biographies)
- List of your current Board of Directors (with professional contact information)
- Copy of your IRS 501(c)(3) Determination Letter (with self-certification that status is current)
- Most recent Annual Report
- HUD Form 9900, if submitted within last two (2) years
- Copy of current certificates of:
 - General Liability insurance
 - Workers' Compensation insurance
 - Errors & Omission insurance
- Current photographs of agency facility(ies)
- Copy of Certificate of Formation
- Copy of Certificate of Good Standing
- Direct Deposit Form
- Any additional information the applicant believes would aid in MOPNC's consideration of its application, e.g., brochures, support letters, etc.

***Note applications will not be processed if information is missing**

All Member Affiliate agencies must administer its counseling activities pursuant to Title VI of the Civil Rights Act of 1964, The Fair Housing Act, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. These laws prohibit discrimination because of race, color, religion, sex, national origin, disability, familial status or age.



MAIL TO:
 Mission of Peace National Corporation
 877 East Fifth Avenue
 Flint, Michigan 48503
 (819) 691-7324

**DIRECT DEPOSIT
 AUTHORIZATION FORM**

FAX TO:
 Mission of Peace National Corporation
 (810) 232-8320
 (No Cover Page Required)

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

- New Agreement
 Change Account
 Cancel Agreement

_____ (“Member Affiliate”) hereby authorizes Mission of Peace National Corporation (“MOPNC”) to initiate credit or debit entries to its account with the Financial Institution indicated below. This authority is to remain in full force and effect until MOPNC has received written notification from Member Affiliate of its termination in such time and in such manner as to afford MOPNC and the Financial Institution a reasonable opportunity to act on it. Member Affiliate and MOPNC each agree and understand this authorization is for monthly payment of Member Affiliate membership fees only.

- Select One:**
 Checking Account
 Savings Account

Financial Institution:

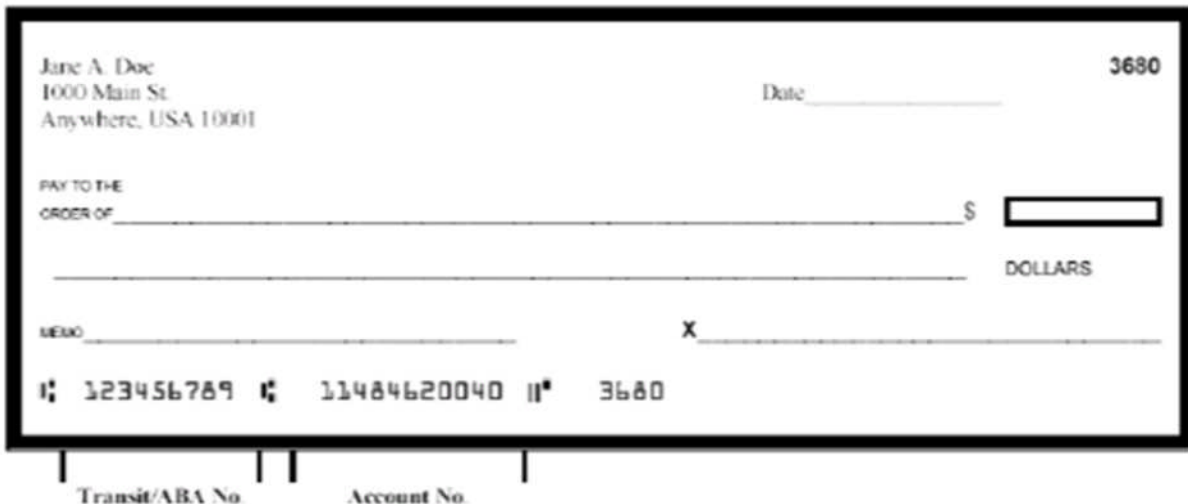
Name: _____ Branch: _____
 City _____ State _____ Zip Code _____ - _____
 Transit/ABA No. _____ Account No. _____

Member Affiliate Name _____

Member Affiant EIN: _____

Authorized Signature _____ Date _____

Attach: voided check for checking accounts OR savings deposit slip for savings accounts
 Form will not be processed without information below.



Jane A. Doe
 1000 Main St.
 Anywhere, USA 10001
 Date _____ 3680
 PAY TO THE ORDER OF _____ \$ _____
 _____ DOLLARS
 MEMO _____ X _____
 ⑆ 123456789 ⑆ 11484620040 ⑆ 3680
 Transit/ABA No. Account No.