



INDIANA FORECLOSURE PREVENTION NETWORK

Indiana Foreclosure Prevention Network Network Agency Application – 2010/2011 Contract Year

1. Organization Name:		
3. Address:		
4. Website:	5. Phone:	6. Fax:
7. Is the Organization Already an IFPN Network Agency? (Circle One)	Yes	No
8. Is the Organization a Not-for Profit? (Circle One)	Yes	No
9. Does the Organization Receive Funding other than through the IFPN for Foreclosure Counseling Activities? (Circle One)	Yes	No
10. If the Answer to Question 9 was Yes, please list other funding sources (example: HUD grant, NFMC funds):		
11. Executive Director:		
12. ED Phone:	13. ED Email:	
14. IFPN Contact:		



24. Please indicate which client management software the Organization uses in dealing with foreclosure clients. (Circle One)	HCO	CounselorMax
25. Does the Organization currently use the HOPE LoanPort web portal system or does it plan on using it in the near future? (Circle One)	Yes	No
26. Will the Organization be a sub-grantee of IHCDA's NFMC funds? (Circle One)	Yes	No
<i>If you answered Yes to Question 26, please complete the following 4 questions. If you answered No, please go directly to Question 31.</i>		
27. How many IFPN clients will complete Level One Counseling in the contract year?		
28. How many IFPN clients will complete Level Two Counseling in the contract year?		
29. How much in NFMC counseling funding is the Organization requesting (this does not include the \$30 and \$60 administrative fees for Level One and Level Two claims)?		
30. What will the Organization do with the additional 10% Administrative Program Support Funds for the contract year?		



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If you answered No to Question 26, please complete the following 2 questions.

31. Will the Organization be an IFPN Affiliate (only takes \$50 referral fees)?**	Yes	No
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32. How much in IFPN Referral Fees is the Organization requesting for the contract year?

* IFPN Affiliates may take \$50 referral fees only for those clients who are referred through the IFPN. NFMCA Sub-Grantees may submit claims for Level One and Level Two counseling for any clients requiring foreclosure counseling at their organization, regardless of referral source.

** Note that an Organization may only be an NFMCA Subgrantee or an IFPN Affiliate.

Please attach the following to this application:

- A one (1) page narrative as to the Organization’s skills, abilities, and knowledge relating to the expectations and responsibilities of being an IFPN Network Agency (1 page).
- Financial statements for previous two (2) years, preferably audited (2-3 pages).

Mail this completed application and all supplemental information to the following address:

IFPN Manager
Indiana Housing & Community Development Authority
30 S. Meridian Street, Suite 1000
Indianapolis, IN 46204
Attention: IFPN Network Agency Application

Applications received without all of the items listed above will be considered incomplete, and will be withdrawn from consideration. Applications must be received by June 1, 2010 to be considered for funding for the 2010/2011 contract year.

NOTE: IHCD has selected personnel to evaluate applications.

This application is issued subject to the following terms and conditions:

- Each application will be evaluated on the information submitted, as well as the applicant’s past performance in the IFPN.
- Respondents will be notified by mail or email of IHCD’s decision.
- Submitting this application does not guarantee that the applicant will be chosen as a Network Agency.



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- IHCDCA reserves the right to reject any applications, to waive any informality in the application process, or to terminate the application process at any time, if deemed to be in its best interest.
- Even if selected, an applicant will not be considered a “Network Agency” unless and until entering into the required contract with IHCDCA.
- By submitting an application, each applicant waives all rights to protest or seek any remedies whatsoever.
- All applications received will become the property of IHCDCA and will not be returned.