**City of Cincinnati**

**Application to Request Funding**

# RENEWAL & NEW PROGRAM Application

**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)**

**Funding Available:** Approximately $705,694 for New and Renewing Programs

(Amount may vary depending upon previous unspent funds and Congressional budget approval)

**Funding Period:** January 1, 2017 through December 31, 2017

**Eligible Applicants:** Private, non-profit organizations incorporated in Ohio,

Kentucky or Indiana serving clients living within the Cincinnati EMSA with valid 501(c)3 status from the IRS; and units of local government.

**Eligible Recipients:** Low-income persons (80% or below median area income)

diagnosed with HIV/AIDS and their family members

**Eligible Activities:** 1. Housing Information and Permanent Housing Placement

1. Project-based or tenant-based rental assistance
2. New construction of a community residence or SRO (single room occupancy) dwelling\*
3. Acquisition, rehabilitation, conversion, lease or repair of facilities to provide housing and services\*
4. Operating costs for housing
5. Short-term rent, mortgage, and utility payments to prevent homelessness
6. Supportive services
7. Administrative expenses (limited to 7% of total request)

**\* Projects intending to request funding for acquisition, rehabilitation or new construction must contact Allyson Richer prior to the submission of this grant application. All regulations within the Code of Federal Regulations relating to the HOPWA program (24 CFR part 574) will require certification prior to contract notification and within two months of award notice.**

**Program Requirements:** All applicants must adhere to program regulations as published

within *The Code of Federal Regulations* for the Department of Housing and Urban Development pertaining to the HOPWA program [24 CFR Chapter V Part 574].

**Submission and Review:** Email one application to: aricher@end-homelessness.org

OR

Send one, signed paper copy of the completed application(s) to:

Strategies to End Homelessness, Inc.

c/o Allyson Richer

2368 Victory Parkway, Suite 600

Cincinnati, Ohio 45206

All applications must be received or postmarked by **4:00 P.M. Wednesday, October 26, 2016** to be considered for funding.

Strategies to End Homelessness, Inc. staff and the HOPWA Advisory Committee will review the applications.

Preference will be given to continuation (renewal) of previously funded HOPWA programs in Ohio, Kentucky or Indiana and serving persons with AIDS in the Greater Cincinnati EMSA who have demonstrated success with previously funded awards.

The HOPWA Advisory Committee Allocation Meeting will be held at Strategies to End Homelessness, 2368 Victory Parkway, Suite 600, Cincinnati, Ohio, 45206 on **Wednesday, November 2, 2016 at 10:00am**. Funding recommendations will be determined during this meeting. Agencies must attend this meeting in order to be considered for funding.

**Application Instructions:**

* To complete an electronic version of this form, click on the boxes highlighted in gray and enter your response. If you cannot submit an electronic copy, please type your responses.
* Please do not change the form, rearrange the questions, or delete any sections.
* Please ensure you submit all required attachments in Section G.
* If you have questions regarding this application, please contact Allyson Richer at Strategies to End Homelessness, Inc. at 513-263-2790, or by email at aricher@end-homelessness.org

Applicant**:**

*(Full legal name as it appears on your agency’s Articles of Incorporation)*

Address:

City:       County:       State:       Zip:

Executive Director’s Name:

Grant Contact Person’s Name:

Telephone:       Fax:

Email:

Applicant Federal Tax ID Number:       DUNs Number:

Is your agency registered in the System for Award Management (SAM)?

The City of Cincinnati HOPWA funding is limited to service for those persons with HIV/AIDS who reside in one of the following counties. Please identify which county or counties your project proposes to serve ***(double click on the box and choose “checked”)***:

Indiana: Dearborn Ohio  Union

Kentucky: Boone Campbell Gallatin Grant  Kenton Pendleton  Bracken

Ohio: Brown Clermont Hamilton Warren  Butler

Project Identification:

(*name of program*)

Total amount of funds requested under this application: $

To the best of my knowledge and belief, all data in this application are true and correct. The application has been duly authorized by the governing body of the applicant, and the applicant will comply with all federal HOPWA program regulations (i.e. 24 CFR part 574) and local government reporting requirements if granted.

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| --- | --- |
| Name of Authorized Representative & Title | Telephone Number |
|  |  |
| Signature of Authorized Representative\* | Date Signed |
|  |  |

**\*** For electronic submissions, enter initials or paste an electronic signature.

1. **TENANT-BASED RENTAL ASSISTANCE (TBRA)**

**This is a request for TBRA (eligible activity #2 from page one)**

Amount being requested for TBRA activities\*: $

\* Up to 7% of TBRA expenses may be used for administrative activities.

Briefly describe how you propose to use the TBRA funds requested. If your agency currently receives TBRA funds, please describe any adjustments you would like to make to the program. Please note that you will also complete and attach a Supplemental Program Budget detailing the proposed use of requested funds more specifically.

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| **Project Outputs and Goals** | **Projections for 1/1/2017-12/31/2017** |
| 1.Number of persons with HIV/AIDS to receive HOPWA TBRA (primary client only) |  |
| 2.Number of other persons in household to receive HOPWA TBRA |  |
| 3.Total number of persons to receive HOPWA TBRA (line 1+2) |  |

1. **OPERATING COSTS**

**This is a request for OPERATING COSTS FOR HOUSING (eligible activity #5 from page one)**

Amount being requested for Operating Costs activities\*: $

\* Up to 7% of Operating expenses may be used for administrative activities.

Briefly describe how you propose to use the Operating funds requested. If your agency currently receives HOPWA Operating funds, please describe any adjustments you would like to make to the program. Please note that you will also complete and attach a Supplemental Program Budget detailing the proposed use of requested funds more specifically.

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| **Project Outputs and Goals** | **Projections for 1/1/2017-12/31/2017** |
| 1.Number of persons with HIV/AIDS to receive HOPWA operating services (primary client only) |  |
| 2.Number of other persons in household to receive HOPWA operating services |  |
| 3.Total number of persons to receive HOPWA housing services (line 1+2) |  |

1. **SHORT-TERM RENT, MORTGAGE, AND UTILITY (STRMU) ASSISTANCE**

**This is a request for STRMU ASSISTANCE (eligible activity #6 from page one)**

Amount being requested for STRMU activities\*: $

\* Up to 7% of STRMU expenses may be used for administrative activities.

Briefly describe how you propose to use the STRMU funds requested. If your agency currently receives HOPWA STRMU funds, please describe any adjustments you would like to make to the program. Please note that you will also complete and attach a Supplemental Program Budget detailing the proposed use of requested funds more specifically.

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| **Project Outputs and Goals** | **Projections for 1/1/2017-12/31/2017** |
| 1.Number of persons with HIV/AIDS to receive HOPWA STRMU housing services (primary client only) |  |
| 2.Number of other persons in household to receive HOPWA STRMU housing services |  |
| 3.Total number of persons to receive HOPWA STRMU housing services (line 1+2) |  |

1. **SUPPORTIVE SERVICES**

**This is a request for SUPPORTIVE SERVICES (eligible activity #7 from page one)**

**Name of the Program (as would be found in your agency’s budget):**

Amount being requested for Supportive Service activities\*: $

\* Up to 7% of Supportive Services expenses may be used for administrative activities.

Briefly describe how you propose to use the Supportive Services funds requested. If your agency currently receives HOPWA Supportive Services funds, please describe any adjustments you would like to make to the program. Please note that you will also complete and attach a Supplemental Program Budget detailing the proposed use of requested funds more specifically.

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| **Project Outputs and Goals** | **Projections for 1/1/2017-12/31/2017** |
| 1.Number of persons with HIV/AIDS to receive HOPWA supportive services (primary client only) |  |
| 2.Number of other persons in household to receive HOPWA supportive services |  |
| 3.Total number of persons to receive HOPWA supportive services (line 1+2) |  |

1. **PERMANENT HOUSING PLACEMENT**

**This is a request for PERMANENT HOUSING PLACEMENT (eligible activity #1 from page one)**

Amount being requested for Permanent Housing Placement activities\*: $

\* Up to 7% of Permanent Housing Placement expenses may be used for administrative activities.

Briefly describe how you propose to use the Permanent Housing Placement funds requested. If your agency currently receives HOPWA Permanent Housing Placement funds, please describe any adjustments you would like to make to the program. Please note that you will also complete and attach a Supplemental Program Budget detailing the proposed use of requested funds more specifically.

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| **Project Outputs and Goals**. | **Projections for 1/1/2017-12/31/2017** |
| 1.Number of persons with HIV/AIDS to receive HOPWA Permanent Housing Placement (primary client only) |  |
| 2.Number of other persons in household to receive HOPWA Permanent Housing Placement |  |
| 3.Total number of persons to receive HOPWA Permanent Housing Placement (line 1+2) |  |

1. **NEW PROGRAM AND AGENCY DESCRIPTION**

**(Section F is only required for applicants not currently operating a HOPWA program)**

1. Describe the proposed HOPWA project, including the housing and supportive services the project will provide.

1. Describe the need for the proposed project within the geographic area to be served. Include information on how the proposed project impacts the community efforts to provide quality housing services to persons with HIV/AIDS.

1. What was the process used to determine these services were appropriate and needed for the area? Who was involved and in what way were persons with HIV/AIDS included in the planning process?

1. Describe the coordination of the proposed project with other programs serving persons with HIV/AIDS within the geographic area. Include how you will ensure that there is no duplication of services.

1. Describe the organization’s history and mission.

1. Explain the organization’s capacity to successfully implement the planned HOPWA activities.

1. Discuss the organization’s ability to manage the grant, including any previous HOPWA grant management experience and experience with other city or federal grants.

**G. REQUIRED ATTACHMENTS:**  Please submit the documents listed below with your application.

Corporate Resolution, signed by a representative of your Board of Directors, stating the name and title of the authorized representative of the agency to enter into a contract with Strategies to End Homelessnesss, should this application be approved. (Note: The signature on the letter and the authorized representative of the agency may not be the same person)

List of the Board of Directors/Trustees

Certification that no part of the net earnings of the organization are used to the benefit of any board member, founder, contributor, or individual who is not a consumer of the organization.

Copy of the organization’s program termination and/or tenant/resident eviction policy for programs requesting Housing funds.

Program Budget. Please use the Program Budget spreadsheet available at [www.strategiestoendhomelessness.org](http://www.strategiestoendhomelessness.org) to provide budget detail for the funds being requested.

AGENCIES NOT CURRENTLY OPERATING A HOPWA PROGRAM MUST ALSO ATTACH:

Non-profit certification-IRS 501(c)3 ruling letter

Most recent audit. If most recent audit is not complete prior to the application deadline, the audit must be submitted to the City within 30 days after the receipt of the auditor’s report, but not later than nine months after the end of your fiscal year.

Proof that among the purposes of the organization (as stated in the by-laws or articles of incorporation) significant activities related to providing services or housing to persons with acquired immunodeficiency syndrome or related diseases are included.