

CITY OF BUFFALO
2017-2018 PUBLIC SERVICES FUNDING APPLICATION- HOUSING FOR PERONS WITH AIDS (HOPWA)

AGENCY _____

1. Program Name: _____

2. Briefly describe the HOPWA eligible Program(s) you are seeking funding for:

3. Program Summary Information

Where is the program delivered: _____

Address: _____

Start date: _____

Completion date: _____

Do you have a policies and procedures manual for this (these) program? _____

How many years has this manual been in place? _____

4. Program Goals

Describe the specific need(s) that will be addressed by this program:

Describe how this program will address the identified need(s):

Indicate how you identify clients for this program and how you connect clients with services.

Please note that HOPWA funds are intended to meet the housing needs of individuals living with HIV/AIDS who reside in both Erie and Niagara County. Please indicate how you are currently, and/or plan to serve residents outside of the City of Buffalo. Please identify any partners you will use.

Attachments: PLEASE LABEL

Please check the box and include copies of any applicable items:

- A. Organizational chart (indicate where program is located within organization)
- B. Job descriptions for all positions that will be funded by this request
- C. Written Confidentiality Policy
- D. Budget Request Detail

SIGNATURE SECTION

To the best of my knowledge and belief, the information in this application is true and correct, and its submission has been duly authorized by the governing body of the applicant. With this submission, we agree to follow all rules and regulations that govern federal entitlement funding.

We also agree to participate in any technical assistance training or seminars for staff and board members that the City of Buffalo offers during the program year; and understand that failure to attend this training may result in the loss of eligibility for future funding.

Finally, the person listed below as the "Authorized Contact" has been authorized by the governing body of the applicant to negotiate on behalf of the organization.

Applicant

Co-Applicant (if applicable)

Signature

Signature

Name and title

Name and title

Date

Date

Authorized Contact (if different from Applicant)

Name

Title

CO-APPLICANT INFORMATION

1. Organization

Legal name: _____

Address: _____ Zip: _____

2. Chief Official

Name: _____ Title: _____

Email: _____ Phone: _____

3. Status

Non-profit (type): _____

For profit (type): _____

Other (describe): _____

Tax Status: _____ Tax ID number: _____

Faith-based: Yes ____ No ____ Years in existence: _____

4. Background Information

Describe the primary purpose of the organization and the types of services it provides:

Describe the organization's capacity and qualifications to carry out the proposed program:

CITY OF BUFFALO
2017-2018 PUBLIC SERVICES FUNDING APPLICATION

Attachment D: Program Budget

Please insert both pages from the budget workbook after this page.

Explain why the costs for this program are reasonable:

Describe the other matching funds that have been secured for this program, including sources, amounts, and intended uses:

Describe the use of donated goods and in-kind services, and estimate their value:

Outline any plans to seek new funding, including sources, amounts, and intended uses: