

**HOPWA PUBLIC SERVICES FUNDING APPLICATION FOR YEAR 45 (2019-2020)**

**I. HOPWA FUNDING INFORMATION**

Please select one from the below:

Program funded in Year 44

Year 44 Funding Amount: \_\_\_\_\_

Year 45 Funding Request: \_\_\_\_\_

New Applicant\*

Year 45 Request: \_\_\_\_\_

\*If you are a new applicant seeking funding, please complete application and include Page 6.

**II. AGENCY INFORMATION**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency DUNS Number: \_\_\_\_\_

Agency Tax ID: \_\_\_\_\_

Agency Vendor ID Number: \_\_\_\_\_

Agency CEO/Executive Director: \_\_\_\_\_

- Email: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Address: Same as above  If not, \_\_\_\_\_

Agency Fiscal Officer: \_\_\_\_\_

- Email: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Address: Same as above  If not, \_\_\_\_\_

Board Chairperson: \_\_\_\_\_

- Email: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Address: \_\_\_\_\_

Who is the program contact person? If same as above, please note.

Same as above  \_\_\_\_\_

Other Contact

- Name: \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Address: \_\_\_\_\_

Agency Website: \_\_\_\_\_

Other Social Media Sites: N/A  or, \_\_\_\_\_

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**III. PROGRAM INFORMATION**

Will the HOPWA activities occur at the same address listed above?  Yes  No

Please list the other site(s) where HOPWA clients will meet with housing services staff:

Site location: \_\_\_\_\_  
\_\_\_\_\_

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.

This program will run for the entire year (October 1<sup>st</sup> 2019 to September 30<sup>th</sup> 2020)

**If not:**

Start date: \_\_\_\_\_

Completion date: \_\_\_\_\_

Please select which HOPWA eligible program(s) you are seeking funding for and indicate how many clients you expect to serve in the program year:

- Facility-Based Housing Subsidy Assistance \_\_\_\_\_
- Permanent Housing Placement \_\_\_\_\_
- Short-Term Rent/Mortgages/Utilities (STRMU) \_\_\_\_\_
- Supportive Services \_\_\_\_\_
- Tenant-Based Rental Assistance (TBRA) \_\_\_\_\_

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List the specific need(s) that will be addressed by each program listed above:

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:

**IV. PROGRAM BUDGET AND FINANCE\***

Explain why the costs for this program are reasonable:

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Describe any other funds which have been secured for this program, including sources, amounts, and intended uses:

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

\*Please attach the complete HOPWA budget to this application.

**V. ATTACHMENTS**

Please check the box and include copies of all applicable items.

**All Applicants must include these attachments.**

- Organizational Chart: Indicate which staff are funded by the program
- Board Authorization to request funds
- Budget Request Detail (spreadsheet attached): Fill out all three columns. The first column is for the amount of funding you're requesting for this program, the second column is for the additional funding resources you have secured for this program, and the third column, is for the total amount of funding being used for this program.
- Written Confidentiality Policy

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**VI. 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**

**Authorized Contact (if different from Applicant)**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name and Title*

\_\_\_\_\_  
*Name and Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

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**VII. NEW APPLICANT QUESTIONS**

PLEASE NOTE: This additional page is only required if you are a new applicant applying for HOPWA funding this year. If you currently receive HOPWA funding from the City of Buffalo, please disregard the below questions and attachments.

Describe the mission/primary purpose of the organization and type of services it provides:

Describe your experience with delivering federal and/or other grant funded programs:

Describe the financial management procedures that your organization currently has in place (staff, systems, separation of duties, etc.):

**ATTACHMENTS**

Please check boxes and include copies of:

- Audited financial statements or most recent audit
- Most recent 990 and CHAR 500 (no earlier than 2017, or copy of extension request)
- Résumés of Key Staff: Applies to staff funded by program and the Executive Director
- Copy of Internal Controls Policy