

CITY OF BUFFALO HOUSING OPPORTUNITIES FOR PEOPLE LIVING WITH HIV/AIDS APPLICATION
YEAR 46 (2020-2021)



Agency: _____

Requested Award Amount: _____

Did your program receive HOPWA funding last year? Yes No*

Application Contact

Name: _____
Title: _____
Phone: _____
Email: _____

If you have any questions or issues with completing this application, you may reach out to:
Sue Lumadue (716) 851-5531, slumadue@city-buffalo.com (General)
Rebecca Harris (716) 851-4135, rharris@city-buffalo.com (General)
Sean Tulumello (716) 851-4017, stulumello@city-buffalo.com (General and Technical)

For internal use only:

Received by: _____

Date: _____

I. AGENCY INFORMATION

Agency Legal Entity Name:	
Main Office Address:	City, State, Zip:
Phone:	Fax:
Agency Website:	
DUNS #	
Tax ID #	
City of Buffalo Vendor ID #	

II. CONTACT INFORMATION

CEO/Executive Director:
Email:
Phone:
Mailing Address:
CFO/Fiscal Officer:
Email:
Phone:
Mailing Address:
Board President:
Email:
Phone:
Mailing Address:
Program Contact:
Position:
Email:
Phone:
Mailing Address:
Finance Contact:
Position:
Email:
Phone:
Mailing Address:
Emergency Contact:
Email:
Phone:
Mailing Address:

I. PROGRAM INFORMATION

1. List the address(es) where this program will take place:

City of Buffalo HOPWA Grant Application for Year 46 (2020-2021)

2. How long will this activity run?

This activity will run for the entire contract year (October 1, 2020 to September 30, 2021) ★

If not, please indicate the dates in which this program(s) will run. If this will be done in sessions, list all dates:

3. 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.

Character Limit 250

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

Character Limit 250

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

Character Limit 250

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

Character Limit 250

III. PROGRAM REPORTING

1. 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)	_____
TOTAL CLIENTS TO BE SERVED	_____

II. PROGRAM BUDGET AND FINANCE

1. Explain why the costs for this program are reasonable:

Character Limit 250

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

Character Limit 250

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

Character Limit 250

4. Contract Budget: Use the HOPWA Contract Budget spreadsheet in order to complete this section. The budget must total amount entered on Page 1.

III. ATTACHMENTS

Please check each box and include copies of all applicable items:

Provide one copy each:

- 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

Provide three copies each:

- HOPWA Grant Application Y46
- 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.

IV. 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