



HOUSING OPPORTUNITIES FOR PEOPLE LIVING WITH HIV/AIDS (HOPWA)  
GRANT FUNDING APPLICATION – PART 1  
FOR YEAR 47 (2021-2022)

AGENCY: \_\_\_\_\_

Please enter the # served funding requests for each program included in your application:

Program	Proposed # Served	Funding Request
Facility-Based Housing Subsidy Assistance (FHSA)		
Permanent Housing Placement (PHP)		
Short-Term Rent/Mortgages/Utilities (STRMU)		
Supportive Services		
Tenant-Based Rental Assistance (TBRA)		
<b>Total</b>		

**APPLICATIONS ARE DUE BY EMAIL NO LATER THAN FRIDAY, APRIL 2<sup>nd</sup> AT 4PM. EMAIL ALL FILES TO CONTRACTADMINISTRATION@BUFFALONY.GOV. LATE SUBMISSIONS WILL NOT BE ACCEPTED.**

- For additional information about the HOPWA Grant, please go to: <https://www.hudexchange.info/programs/hopwa/>
- It is highly recommended that you use Adobe Acrobat Reader to complete this application. There are components of application which only function properly while using Adobe software. Can be found here: <https://get.adobe.com/reader/>
- If you are having technical issues while completing the application, please reach out to Sean Tulumello.

City of Buffalo  
Department of Community Services and Recreational Programming  
Contract Administration Unit

Staff

- Sue Lumadue, Senior HR Planner (716) 851-5531, [slumadue@city-buffalo.com](mailto:slumadue@city-buffalo.com)
- Sean Tulumello, HR Planner (716) 851-4017, [stulumello@city-buffalo.com](mailto:stulumello@city-buffalo.com)

**I. AGENCY INFORMATION**

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

1. What is your agency's mission statement?

2. What Common Council District is your main site located in? \_\_\_\_\_

3. Did your program receive HOPWA funding in Year 46 (2019-2020)? \_\_\_\_\_

4. Please describe your experience with any federal, state, or local grants.

5. Please provide contact information for this program below.

CEO/Executive Director:

Email:

Phone:

Board President: Email: Phone:
Program Contact: Title: Email: Phone:
Finance Contact: Title: Email: Phone:

**II. BOARD INFORMATION**

1. What is your agency's minimum required number for Board Members according to your bylaws?

\_\_\_\_\_

2. How many members currently serve on your Board of Directors?

\_\_\_\_\_

3. How often is your Board required to meet according to your bylaws?

\_\_\_\_\_

4. How often did your board meet in the year 2020?

\_\_\_\_\_

**III. PROGRAM INFORMATION**

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

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2. 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.

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

4. Please indicate which, if any, of your program(s) has a current waiting list and how many are on it (by Program Type).

**IV. PROGRAM BUDGET AND FINANCE**

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

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

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

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

## V. ATTACHMENTS

All attachments must be submitted digitally to [contractadministration@buffalony.gov](mailto:contractadministration@buffalony.gov). Please check each box and include copies of all applicable items. There is a 10 MB limit on emails. If it fails to deliver, please re-send attachments in batches to stay within limit.

**Provide one digital copy of:**

- HOPWA 47 Application
- HOPWA Budget (separate attachment)

- Organizational Chart: Highlight staff who will be funded through HOPWA
- List of Board Members: Include names, positions, organization or business affiliation, and years on the board
- Board Meeting Attendance: List of Board's attendance for the past 12 months
- Board Authorization to request funds
- Audited financial statements or most recent audit
- Most recent 990 and CHAR 500 (no earlier than 2018, or copy of extension request)
- Copy of Internal Controls Policy
- COVID-19 Health & Safety Protocol

## VI. SIGNATURES

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 signing below has been authorized by the governing body of the applicant to negotiate on behalf of the organization.

### **Applicant Signature (Must be Executive Director or another Authorized Signee)**

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

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

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