

**CITY OF ATLANTA 2010 HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM
NEW/CONTINUING PROJECT APPLICATION for Project Period: July 1, 2010– June 30, 2011**

One (1) signed-original applications with exhibits and 3 copies without exhibits must be submitted no later than 4:00 PM on May 14, 2009 to:
 City of Atlanta, Office of Grants Management
 68 Mitchell Street, SW, Suite 15100, Atlanta, Georgia 30303-0323
 Telephone # (404) 330-6112 TDD (404) 658-7182

For GM Use Only:
 Proposal # _____
 Date received _____

PROJECT NAME:

Project Type(s):	HOPWA REQUEST:	OTHER FUNDING:	TOTAL COST:
Facility Based Housing	\$	\$	\$
Rental Assistance			
Short-term rent, Mortgage & Utility Assistance (STRMU)	\$	\$	\$
Non-Facility Based Housing	\$	\$	\$
Permanent Housing Placement	\$	\$	\$
Supportive Services	\$	\$	\$
Administration (Limited to 7%)	\$	\$	\$
Resource Identification	\$	\$	\$
Housing Information	\$	\$	\$
Facility Based Housing Development	\$	\$	\$
GRAND TOTAL	\$	\$	\$

PART 1: PROJECT INFORMATION A. APPLICANT IDENTIFICATION:

Organization Legal Name: _____
 Contact Person's Name: _____
 Position Title: _____
 Daytime Telephone #: _____ Fax #: _____ Email Address: _____
 Mailing Address: _____
 City: _____ Zip Code _____ County of Incorporation _____

B. BRIEF PROJECT DESCRIPTION – Summarize what project will do in space below. Do not refer to attachments.

C. PROJECT SITES – Enter location of project activity, not service area. If located in Atlanta, include Council District/NPU-Neighborhood. If not known, call Bureau of Planning at 404-330-6070

Facility/Activity/Site(s) Name	Street Address/City/Zip	Council District/NPU	County

D. PROJECT SERVICE AREA (S): Check as many as apply in the 28-county EMSA.

<input type="checkbox"/>	City of Atlanta	<input type="checkbox"/>	Clayton	<input type="checkbox"/>	Cobb	<input type="checkbox"/>	DeKalb	<input type="checkbox"/>	Fulton	<input type="checkbox"/>	Gwinnett	<input type="checkbox"/>	Other
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E. APPLICATION VERIFICATION OF ACCURACY & AUTHORIZATION BY BOARD OFFICER OR CEO:

Signature	Date Signed	Print or Type Name and Title
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F. PROPOSED NEW AND CONTINUING HOPWA PROJECT PROGRAM CATEGORIES AND BENEFICIARIES:

1. Housing Projects:

Indicate in the applicable HOPWA housing category below the number of units or beds dedicated to persons living with HIV/AIDS that will be provided

X	a. Facility-based Housing Housing Operations	Projected # Households	Projected Length of Stay	Operating cost: Aver. per Household
	Short-term facility (stay < 6 mos.)			
	Single room occupancy dwelling			
	Community residence (permanent housing)			
	Other housing facility (e.g. transitional or substance abuse recovery)			

Indicate the proposed number of households (individuals and families) by type of housing assistance and estimated average cost per household for 12-month project period.

b. Scattered Site Housing	Estimated Number of Households	Estimated Average Cost per Household
1. Short-term Rent, Mortgage, Utilities (STRMU) to prevent homelessness, limited to 21 weeks:		\$
2. Tenant Based Rental Assistance(TBRA):		\$

c. Permanent Housing Placement	Estimated Number of Households	Estimated Average Cost per Household
Costs for security deposits, not to exceed two months of rent costs		\$

Indicate below the supportive services needed by the people you propose to house. If additional space is needed please provide in the space below the table.

X	d. Housing Supportive Services:	Who will provide service?	Estimated Value of service
<i>x</i>	<i>Example: Case Management</i>	<i>AID Atlanta, Inc.</i>	
	Outreach		
	Case management (comprehensive)		
	Life management skills		
	Nutritional services/meals		
	Adult day care/personal assistance		
	Childcare/other children’s services		
	Education		
	Employment assistance		
	Alcohol & drug abuse services		
	Mental health services		
	Health/medical/intensive care		
	Other Specify:		
	Other Specify:		

If services for persons receiving housing assistance are not provided by the applicant agency but instead by established service links with other service providers, then attach memorandum (a) of agreement with the service provider(s) as **Exhibit 9** or briefly describe in the space below how the services will be obtained.

2. Proposed Supportive Service-Only Providers:

Indicate in the table below the number of persons to be served by the project by each HOPWA category and location type.

X	a. Supportive Services:	# Residents of Housing Facilities	# Persons Receiving Scattered Site Housing Assistance	# Persons Receiving Assistance in a Non-housing Facility*
<i>x</i>	<i>Example: Case Management (comprehensive)</i>	<i>290</i>	<i>100</i>	<i>50</i>
	Outreach			
	Case Management (comprehensive)			
	Life Management Skills			
	Nutritional services/meals			
	Adult day care/personal assistance			
	Childcare/other children's services			
	Education			
	Employment Assistance			
	Alcohol & drug abuse services			
	Mental Health Services			
	Health/medical/intensive care			
	Other Specify:			
	Other Specify:			

*Applicant's office, medical facility, shelter, etc.

3. Needs Assessment. Describe below how need for the services and the number to be served was determined.

G. PROJECT DESCRIPTION: Describe **specifically** what you propose to do, how you propose to do it, the specific use of requested funding and other funding committed or planned for the project.

H. PROJECT CHANGES (for continuing project): Describe any proposed changes from approved 2009 project (if applicable), including program activities, beneficiaries, site location, other significant changes.

I. FINANCIAL CHANGES (for continuing project): Describe any proposed financial changes that are anticipated to impact the project in 2010. If funding loss or increase is anticipated, explain the nature and cause of the loss or gain and the agency's actions to identify replacement resources for lost funds. If requesting an increase, explain how need was determined.

J. PROJECT BENEFICIARIES: Describe specifically who will benefit and how they will benefit from the proposed activities, including demographics (such as age and gender of clients, HIV/AIDS disabled, recovering substance abusers, mentally ill, etc. If the project will not serve HOPWA-eligible clients exclusively, indicate the percentage of other clients that will assisted.

K. ANTICIPATED PROJECT OUTCOMES: According to HUD guidance for the HOPWA program, output is the number of households receiving housing assistance. Outcome is housing stability. See General Instructions for descriptions of stable and unstable housing.

Assistance Type	Projected # of households that will receive assistance by type of activity	Projected # of households that will attain housing stability as result of assistance provided
Facility Based Housing		
Tenant Based Rental Assistance		
Short-Term Emergency (STRMU)		
Permanent Housing Placement		NOT APPLICABLE
Supportive Services		NOT APPLICABLE
Resource Identification		NOT APPLICABLE
Housing Information		NOT APPLICABLE

L. NON-DISCRIMINATION:

Do you notify the public that you do not discriminate against the disabled in hiring practices or provision of services?

Yes, currently Not currently

M. CITIZEN REVIEW:

All qualified applications are made available for citizen review and citizen input is incorporated into the evaluation process. All aspects of an application will be subject to public review, with the exception of your Board of Directors’ home/office addresses and financial audit which should be submitted as separate documents.

Proposals within the City (City of Atlanta) boundaries: Proposals for site-specific activities will be shared with the affected NPU’s and proposals for activities serving up to 5 NPUs will also be shared with affected NPUs. The applicant will be scheduled to appear at one or more monthly NPU meetings at which the title and description from the first page of the application will be placed on applicable NPU agendas. Applicants will receive an “NPU Notice To Appear” from the City’s NPU Coordinator detailing the scheduled time and location at which to appear before an NPU. Applicants should be aware that failure to meet with the NPU could result in a negative recommendation, which will factor into the overall ranking of the project. NPUs will also receive a brief summary describing citywide proposals and proposals serving 6 or more NPUs as well as a listing of continuing projects (funded in previous years), and any NPU may request to review the full proposals at the Bureau of Planning. At the request of an NPU, the Bureau of Planning may also schedule a citywide or continuing applicant to appear before an NPU.

Local government review will be requested for proposed new projects located outside the City of Atlanta.

N. ORGANIZATIONAL CAPACITY:

1. Corporate Status: *Not Required/Not applicable for Governmental Agencies.*

Applicant must have had 501(c)(3) non-profit status at least 2 full years, or have 2 full years of operating experience under another non-profit entity which meets this criteria, or be a governmental entity proposing to serve HOPWA eligible persons. Copy of IRS 501(c)(3) form from applicant or agency under which program has operated at least 2 full years must be submitted with application.

State registration and Business License:

Applicant must be registered and licensed (if applicable) to do business in the State of Georgia at the time of application. Copy of current registration must be submitted with application.

2. Required Exhibits: Initial below, and at end of application package, **attach one copy** of following items: *(Note: Exhibits 1 through 8 are not required, nor applicable, for other government entities.*

Initial if attached	EXHIBIT	Applicable to:
	Exhibit 1: Evidence of nonprofit status, IRS 501(c)(3)	New Applicants/new projects only
	Exhibit 2: Current State Registration	All Applicants
	Exhibit 3: Articles of Incorporation	New Applicants/new projects only
	Exhibit 4: Corporation Bylaws	New Applicants/new projects only
	Exhibit 5: Copy of written financial procedures and responsibilities	New Applicants/new projects only
	Exhibit 6: Independent audits or audited financial statements for two (2) most recent years for new projects; the most recent audit (no older than 2007) for continuing projects.	All Applicants
	Exhibit 7: Listing of Board of Directors (include name, title, address, phone #, office held, term, compensation, profession, qualification, race, gender, and ethnicity).	All Applicants
	Exhibit 8: Applicant agency's total operation budget of 2008 revenue and expenditures	All Applicants
	Exhibit 9: Memorandum(a) of agreement with supporting organizations.	All Applicants, as needed
	Exhibit 10: Resumes/references for principal staff who will be involved in the proposed activity	New Applicants/new projects only
	Exhibit 11: Job descriptions for staff positions implementing the proposed activity	All Applicants
	Exhibit 12: Staff organizational chart including staff of the HOPWA funded project.	All Applicants
	Exhibit 13: Projects located outside City of Atlanta submit documentation of consistency with Consolidated Plan	New Applicants/new projects only
	Exhibit 14: IRS Form 990 for Non-Profit Organizations	All Applicants
	Exhibit 15: Documentation of matching resources for this project	All Applicants
	Exhibit 16: Minutes from last three meetings of the Board	New Applicants/new projects only
	Exhibit 17: Other as needed; specify:	As needed

O. AGENCY EXPERIENCE (FOR NEW APPLICANTS/PROJECTS ONLY): Briefly describe experience that relates specifically to proposed program/activity. For agencies that have not previously implemented any similar activities, describe other major areas of experience related to agency's ability to implement proposed project.

P. AGENCY PARTNERSHIPS: Briefly describe agency partnerships and/or collaborations with other HOWPA and HIV/AIDS providers and indicate if written agreements/contracts are in place.

Q AGENCY SUCCESSES/CHALLENGES (FOR CONTINUING PROJECTS ONLY):

1. Findings: If any audit/monitoring findings or concerns were contained in most recent audit and/or monitoring reports, please describe current corrective actions being taken to address all findings/concerns.

2. Current Contract: If all funds are not projected to be expended, or outcomes not met, during current contract period, please explain and provide new schedule for expending funds and achieving outcomes.

3. Successes and Challenges: Please describe successes and/or improvements achieved recently, and explain any challenges impacting the project.

PART 2: PROPOSED HOUSING OPERATION AND SUPPORT SERVICES BUDGET

Project Name: _____

A. PROPOSED OPERATING BUDGETS AND RESOURCES:

2009 PROPOSED RESOURCES (Leveraged \$)

Budget Expense Line Items	2009	2010 \$s				Total
	HOPWA Budget (If Applicable)	1. Requested HOPWA \$	2. Client Rent	3. Other Public	4. All Other Resources	5. Project Cost
I. Facility based Housing						
Facility staff salaries						
Facility staff benefits						
Transportation						
Communications						
Rental/Lease						
Equipment Purchase						
Materials & Supplies						
Utilities						
Insurance & Bonding						
Repairs and Maintenance						
Contractual Services						
Other Costs:						
Sub-total						
II. Scattered Site Housing						
Rental assistance including utilities						
Short-term rent, mortgage & utility assistance (STRMU)						
Sub-total						
III. Non-Facility-based Housing						
Facility-based Non-Housing salaries						
Facility-based Non-Housing staff benefits						
Other Facility-based Non-Housing costs:						
Sub-total						
IV. Permanent Housing Placement						
Security Deposits List Type:						
Sub-total						

A. PROPOSED OPERATING BUDGETS AND RESOURCES:

2009 PROPOSED RESOURCES (Leveraged \$)

V. Supportive Services						
Support staff salaries						
Support staff benefits						
Transportation:						
Staff						
Client						
Rental/Lease						
Utilities						
Equipment Purchase						
Materials & Supplies						
Insurance & Bonding						
Contractual Services						
Other:						
Hotel/Motel/Shelter for the Homeless						
Sub-total						
VI. Administration (max. 7%)						
Administrative staff salaries						
Administrative staff benefits						
Audit						
Other administrative costs:						
Sub-total						
VII. Resource Identification*						
Resource Identification salaries						
Resource Identification staff benefits						
Other Resource Identification costs:						
Sub-total						
VIII. Housing Information						
Housing Information salaries						
Housing Information staff benefits						
List Other Housing Information costs:						
Sub-total						
IX. Facility-based Housing Development:						
Add total from Part II Section D						
Sub-total						
GRAND TOTAL (sum I, II, III, IV, V, VI, VII, VIII and IX)						

*Note: Resource Identification refers to establishing, coordinating and developing housing assistance resources. Please note that HUD imposes strict limitations on the use of funds under this designation. Contact HOPWA staff in the Office of Grants Management prior to submitting application for funds in this category.

d. Communications

1. Telephone: Base Rate/Month \$	X	# Months	=	Total Project Cost	Requested This Proposal
	X			\$	\$
Long Distance/Month \$	X	# Months	=	Total Project Cost	Requested This Proposal
				\$	\$
2. Postage: Costs per Month \$	X	# Months	=	Total Project Cost	Requested This Proposal
	X			\$	\$
3. Internet Connection: Costs/Month \$	X	# Months	=	Total Project Cost	Requested This Proposal
	X			\$	\$
Totals				\$	\$

e. Rental/Lease

1. Office Space	at	\$/Month	X	# Months	=	Total Project Cost	Requested This Proposal
2. Office Equipment	at	\$/Month	X	# Months	=		
Totals						\$	\$

f. Equipment Purchase

Type						Total Project Cost	Requested This Proposal
						\$	\$
						\$	\$
						\$	\$
Totals						\$	\$

g. Materials and Supplies

1. Office Supplies (*Maximum of \$250/person/year is acceptable for grant portion*)

\$/Month	X	# People	X	# Months	=	Total Project Cost	Requested This Proposal
\$			X		=	\$	\$

2. Operating Supplies

\$/Month			X	# Months	=	Total Project Cost	Requested This Proposal
\$			X		=	\$	\$

3. Client Supplies

Item + per-unit \$	X	# Clients	X	# Months	=	Total Project Cost	Requested This Proposal
			X		=	\$	\$
			x		=	\$	\$
Totals						\$	\$

h. Utilities

Service: (Specify)	at	\$/Month	x	# Months		Total Project Cost	Requested This Proposal
		\$	x			\$	\$
			x				
		\$	x			\$	\$
Totals						\$	\$

i. Insurance/Bonding

Type _____
 1. Liability Bond: _____
 2. Fidelity Bond: _____
 3. Other (Specify) _____ \$

Total Project Cost	Requested This Proposal
\$	\$
\$	\$
\$	\$
\$	\$

Totals

j. Contractual Services

Type _____
 1. _____
 2. _____

Total Project Cost	Requested This Proposal
\$	\$
\$	\$
\$	\$

Totals

k. Printing and Reproduction

Type _____
 1. _____
 2. _____

Total Project Cost	Requested This Proposal
\$	\$
\$	\$
\$	\$

Totals

1. Audit Non-profits receiving \$500,000 or more annually in federal or federally-derived funding for any agency projects are required to have an audit in compliance with A-133. All non-profits must have some form of audit.

Total Project Cost	Requested This Proposal
\$	\$

Totals

m.1. Other Direct Costs (specify)

1. _____
 2. _____

Total Project Cost	Requested This Proposal
\$	\$
\$	\$
\$	\$

Totals

m.2. Explain the need for "Other Direct Costs" listed above; describe their relationship to proposed activities.

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR FILES FOR REFERENCE, IF ADDITIONAL INFORMATION IS NEEDED BY CITY STAFF REVIEWERS. INCOMPLETE APPLICATIONS MAY NOT BE REVIEWED. INFORMATION PROVIDED IN THIS APPLICATION IS SUBJECT TO PUBLIC REVIEW.

PART 3: NEW CAPITAL HOUSING DEVELOPMENT PROJECT (OMIT IF NOT APPLICABLE)

Complete this part if requesting funding for land or building acquisition, new construction, major rehabilitation of housing units that will benefit HOPWA eligible persons.

A. PROJECT SITE INFORMATION:

1. Site Control: Indicate below the status of the project site and, if it applies, attach documentation of site control: *(lease agreement, purchase option, property deed or other)*

<input type="checkbox"/>	Applicant owns property: Date acquired: _____
<input type="checkbox"/>	Lease Expiration Date: _____
<input type="checkbox"/>	Option to purchase and Expiration Date: _____
<input type="checkbox"/>	Other, describe: _____

2. Zoning: If zoning is not known, contact the City of Atlanta Zoning Office at 404-330-5173 or zoning office of the applicable jurisdiction if not located within the Atlanta City of Atlanta.

a. Project structure type is: Residential Commercial Other: _____

b. What is current zoning classification of project site?: _____

c. Is the site zoned correctly for the proposed activity?: Yes No Don't know

If no, provide an explanation of efforts and timetable to change zoning or obtain variance:

3. Age of Building(s): Proposed for Funding and/or Adjacent Buildings?

a. If new construction, what is the approximate age of any adjacent or nearby structure(s)? _____

b. If renovation/rehab, what is the age of the existing structure(s) or facilities? _____

c. Are building(s) historic? Yes No Is district historic? Yes No

d. If significant renovations have occurred to structures, describe and give date(s), if known:

4. Appraisal: If funding request is for acquisition, has appraisal been done within the past 18 months?

	Yes (attach copy to application) If appraisal different than acquisition cost, explain below.
	No If appraised value not known, what is the source of acquisition cost estimate?

5. Liens/Encumbrances: Does property have any liens or legal encumbrances?

No	
Yes	If yes, provide details below:

6. Relocation: Does project require temporary/permanent relocation or moving of occupants of a structure?

- Yes No Don't know

If yes, project is subject to The Uniform Relocation Assistance and Real Property Acquisition Policies Act.

1. How many units are vacant? _____ How long have these units been vacant? _____
2. How many units are occupied? _____ Requires: Temporary and/or Permanent Relocation?
3. How many of occupied units are: Owner-occupied? _____ Renter-occupied? _____ Businesses? _____
4. What is projected total relocation cost? (*Must be included on project budget form, Sec. E*) \$ _____
5. Describe relocation plans, including timetable, notifications to seller and occupants:

7. Accessibility for Persons with Physical Disabilities: Federal regulations require that all facilities and/or services assisted with federal funds be accessible to the disabled, whenever feasible. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

- a. Will completed project meet ADA standards for accessibility by the disabled? Yes No
- b. If you responded "No" above, describe accessibility problems and method to address problems, including funding and timetable:

B. TIMETABLE FOR COMPLETION OF PROPOSED CAPITAL PROJECTS: Provide a timetable for completion of project, including expenditure schedule. When would funds be fully expended? project be complete?

C. PROPERTY MANAGEMENT AND SUPPORTIVE SERVICES:

Describe plan for property management and resident access to supportive services consistent with region’s adopted HIV/AIDS Housing Standards of Care. If management/services will not be provided by applicant agency but through established links, attach memorandum of agreement with service providers as Exhibit 9.

D. CAPACITY AND COST OF UNITS/BEDS

X	Type of Housing Development	# Units	# Beds	Max Length of Stay	Development cost: Average per unit or bed:
	Short-term facility				
	Single room occupancy dwelling				
	Community residence				
	Other housing facility				

E. CAPITAL BUDGET FOR HOUSING DEVELOPMENT PROJECTS ONLY: Complete the budget form below. *If also requesting funds for operating funds for this site, complete Part 2 Budget as well.*

1. Budget Line Items:	CAPITAL BUDGET	=	A. Requested HOPWA \$	+ B. Other Government \$	+ C. All Other Resources
Pre-development Costs:					
Acquisition/Land	\$		\$	\$	\$
Acquisition/Structure					
Appraisals					
Site Preparation					
Demolition					
Relocation					
Architectural /Engineering					
Insurance/Bonding					
Environmental Assessment					
Audit					
Others:					
Construction/Major Rehab:					
Builder/Developer Fees					
Contractor's Overhead.					
Architectural/Engineering					
Rehab/Construction					
Lead-based Paint Assessment/Abatement					
Equipment					
Furnishings					
Construct. Contingency					
Construct. Management.					
Others:					
GRAND TOTALS	\$		\$	\$	\$

2. Source of Budget Estimate: Provide source by name (architect, contractor, agency), qualifications and date of estimates. *Attach copy of estimates, if available, under Exhibit 17. Do **not** attach plans and specifications.*

3. Detail of Other Capital Resources: All funds shown as “Other Resources” in *Capital Budget, Columns B and C* should be detailed in this chart. "Other Resources" can include cash match, donated or in-kind physical match (such as free space, equipment) or in-kind match provided by volunteers. Use the codes below for the Status Code column, and attach narrative explanations as needed:

Proposed Other Government Funding (Column B) ¹	Grant Amount	Status Code ²
	\$	
TOTAL OTHER GOVERNMENT:	\$	

Proposed All Other Resources (Column C)	\$ Amount/Value	Status Code ²
Foundations/Corporations	\$	
Other Sources:		
In-kind Gifts		
TOTAL OTHER RESOURCES/IN-KIND VALUE:	\$	

¹ Other government might include low-income tax credits, State Housing Trust Funds, HOME Program, etc.

² Status Codes for Other Resources: **C=Committed.** Attach documentation as Exhibit 15.
A=Applied For. Describe status/estimated notification date below.
TBR =To Be Raised. Describe fundraising plan and timetable below:

F. FACILITY OPERATING AND SUPPORT SERVICES BUDGET FOR PROPOSED DEVELOPMENT PROJECT:

Skip if HOPWA funding is being requested for facility operations/ support service and Part 2 budget is completed.

1. Annual Costs \$ _____
 Estimated Annual Facility Operating Costs After Project Development: _____
 Estimated Annual Support Services Costs: \$ _____

Note source of these funds and provide documentation of funding commitments, if available, as Exhibit 15:

2. Projected Client Rental Income: Estimate amount of revenue to be generated annually: \$ _____
Clients with a source of income are required to pay rent for housing provided under this program unless housing is provided for less than 21 weeks a year. The HUD allowable rent amount is equal to 30% of monthly-adjusted family income, but not less than 10% of a family’s monthly gross income, or the “welfare” designated amount. HUD does not allow agencies to charge support service fees to HOPWA program recipients

Explain anticipated use of client rental income for the proposed housing program:

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