

2015-2016
Housing Opportunities for Persons with AIDS Program
Application for Funding



HOPWA Application

Important Considerations:

- o Fill out this application in its entirety. Incomplete applications will not be accepted.
- o Please limit narrative responses to 250 words or less.
- o If more space is needed than what is available on this application, attachments can be included.
Please reference the applicable section number for all attachments.
- o A representative of your organization must attend a mandatory Application Workshop Training session.
Refer to the HOPWA Application Handbook for more information.
- o This application must be signed by an executive director of the organization applying for funds.
- o **Completed applications are due Friday, October 10, 2014 by 4:00 p.m. Late applications will not be considered.**

PART I: GENERAL INFORMATION

A. FUNDING REQUEST

| | | |
|--------------------------|---|--|
| Program Title: | <input style="width: 650px; height: 20px;" type="text"/> | |
| Funding Request: | \$ <input style="width: 300px; height: 20px;" type="text"/> | |
| Project Category: | <input type="checkbox"/> Housing Information Services <input type="checkbox"/> Homelessness Prevention <input type="checkbox"/> Short-Term Rent, Mortgage, and/or Utility Payments <input type="checkbox"/> Supportive Services <input type="checkbox"/> Technical Assistance | <input type="checkbox"/> New Construction <input type="checkbox"/> Project or Tenant-Based Rental Assistance <input type="checkbox"/> Acquisition, Rehabilitation, Conversion, Lease, and/or Repair of Facilities <input type="checkbox"/> Resource Identification <input type="checkbox"/> Administration |

B. AGENCY INFORMATION

| | | | |
|---------------------------|--|---------------------|--|
| Agency Legal Name: | <input style="width: 650px; height: 20px;" type="text"/> | | |
| Tax ID Number: | <input style="width: 300px; height: 20px;" type="text"/> | DUNS Number: | <input style="width: 100px; height: 20px;" type="text"/> |
| Type of Agency: | <input type="checkbox"/> Private for-profit <input type="checkbox"/> Gov't./public <input type="checkbox"/> Private non-profit <input type="checkbox"/> Other: <input style="width: 150px;" type="text"/> | | |
| Agency Director: | <input style="width: 300px; height: 20px;" type="text"/> | Title: | <input style="width: 150px; height: 20px;" type="text"/> |
| Phone Number: | <input style="width: 300px; height: 20px;" type="text"/> | Fax Number: | <input style="width: 150px; height: 20px;" type="text"/> |
| Street Address: | <input style="width: 650px; height: 20px;" type="text"/> | | |
| Email Address: | <input style="width: 650px; height: 20px;" type="text"/> | | |

Required Documentation for Non-profit organizations:

- An IRS 501(c)3 status letter must be provided as an attachment.
- A list of current board members must be provided as an attachment.

Mission Statement:

A. LOCAL GOALS & PRIORITIES

Salt Lake City's 2015-2020 Consolidated Plan is a strategic plan focused on building **Neighborhoods of Opportunity** to promote capacity in neighborhoods with concentrated poverty and to support the City's most vulnerable populations. The five-year plan provides a strategy for maximizing and leveraging the City's block grant allocations to build healthy and sustainable communities that connect and expand opportunities for housing, education, transportation, services and economic development.



Projects funded through Salt Lake City's HOPWA program must align with the goals and priorities outlined in the 2015-2020 Consolidated Plan.

Select the Consolidated Plan Priorities and Goals that apply to your program/project. Check all that apply.

| PRIORITY: | GOAL: |
|---|---|
| <input type="checkbox"/> HOUSING To provide housing options for all economic and demographic segments of Salt Lake City's population while diversifying the housing stock within neighborhoods. | <input type="checkbox"/> Expand housing options for extremely low-income (ELI) individuals and special needs populations. <input type="checkbox"/> Support affordable housing development in high opportunity areas. <input type="checkbox"/> Improve and rehabilitate the housing stock in concentrated areas of poverty. <input type="checkbox"/> Expand affordable housing opportunities within walking distance of transit stations. <input type="checkbox"/> Develop healthy and sustainable housing that utilizes energy conservation and green building technologies. <input type="checkbox"/> Provide housing opportunities to emphasize stable housing as a primary strategy to end homelessness. |
| <input type="checkbox"/> EDUCATION To promote educational opportunities, with focus on reducing intergenerational poverty. | <input type="checkbox"/> Address the digital divide by promoting digital inclusion through access to communication technologies. <input type="checkbox"/> Expand access to affordable early childhood education to set the stage for academic achievement and social development. |
| <input type="checkbox"/> HEALTH To promote access to affordable healthcare, fresh foods, and safe living environments. | <input type="checkbox"/> Improve the condition of housing and capital infrastructure in distressed neighborhoods. <input type="checkbox"/> Support access to supportive services for persons experiencing homelessness. <input type="checkbox"/> Expand access to healthy, fresh foods for children living in poverty. <input type="checkbox"/> Support access to healthcare for the City's most vulnerable populations. <input type="checkbox"/> Improve and expand green infrastructure in distressed neighborhoods. |
| <input type="checkbox"/> TRANSPORTATION To promote access to public transportation for all Salt Lake City residents. | <input type="checkbox"/> Support access to public transportation for vulnerable populations. <input type="checkbox"/> Increase the accessibility of public transit in distressed neighborhoods. <input type="checkbox"/> Expand and improve multimodal transportation infrastructure . |
| <input type="checkbox"/> ECONOMIC DEVELOPMENT To expand access to economic mobility and commercial facilities. | <input type="checkbox"/> Provide job training programs for vulnerable populations, including chronically homeless, refugees and persons with disabilities. <input type="checkbox"/> Expand and improve commercial infrastructure in distressed neighborhoods. <input type="checkbox"/> Expand economic opportunities for low-income residents. |

Community Needs:

Based on the *Priorities* and *Goals* selected on the previous page, describe the need or problem to be addressed. Include quantifiable data to demonstrate need.

Activities to Address Needs:

Based on the *Priorities* and *Goals* selected on the previous page, how will the proposed project address the identified problem/needs. Include a discussion on the services or activities used to carry out the project/program.

Anticipated Outputs:

Briefly describe measurements of the anticipated outputs. Examples would include the number of individuals served, the number of households served, or the number of those placed in housing.

PART III: PROGRAM/PROJECT INFORMATION

A. DESCRIPTION

Provide a concise description of the proposed project/program:

Describe how you would use the HOPWA funds from Salt Lake City, if awarded:

Is this an ongoing program or project?

Yes

No

• If ongoing, how long have you operated this program/project?:

• If ongoing, do you anticipate any changes to the program/project during the 2015-2016 program year?

Yes

No

If Yes , describe the anticipated changes:

• If this is a new program/project:

Project start date:

Anticipated end date:

Describe your agency's procedures to assure the confidentiality of individuals assisted with HOPWA funds:

B: PROPOSED BUDGET

The use of funds must meet the requirements of **Title 24 CFR Part 574** pertaining to the following:

| Housing Information Services | | Program Total | SLC HOPWA Portion |
|--|------------------|----------------------|--------------------------|
| Information & Referral Services | | | |
| Salaries (include tax & benefits) | | | |
| Job Title: | SLC HOPWA hours: | | |
| Job Title: | SLC HOPWA hours: | | |
| TOTAL: | | \$ | \$ |

| Acquisition, Rehabilitation, Conversion, Lease, & Repair | | Program Total | SLC HOPWA Portion |
|---|--|----------------------|--------------------------|
| Land acquisition | | | |
| Rehabilitation activities | | | |
| Conversion activities | | | |
| Lease and repair | | | |
| TOTAL: | | \$ | \$ |

| New Construction (SRO Dwellings & Community Residences) | | Program Total | SLC HOPWA Portion |
|--|--|----------------------|--------------------------|
| Construction engineering & design | | | |
| TOTAL: | | \$ | \$ |

| Project or Tenant-Based Rental Assistance | | Program Total | SLC HOPWA Portion |
|--|--|----------------------|--------------------------|
| Project-based | | | |
| Tenant-based | | | |
| TOTAL: | | \$ | \$ |

| Short-Term Rent, Mortgages, & Utility Payments (21 weeks maximum in any 52 week period) | | Program Total | SLC HOPWA Portion |
|---|--|----------------------|--------------------------|
| Short term rental assistance | | | |
| Short term mortgage assistance | | | |
| Short-term utility payments | | | |
| TOTAL: | | \$ | \$ |

| Supportive Services (health, mental health, assessment, permanent housing placement, drug & alcohol abuse treatment/counseling, daycare, personal assistance, nutritional services, intensive care, and assistance gaining access to local/state/federal benefits & services) | | Program Total | SLC HOPWA Portion |
|---|------------------|----------------------|--------------------------|
| Services provided | | | |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| Salaries (include tax & benefits) | | | |
| 1) Job Title: | SLC HOPWA hours: | | |
| 2) Job Title: | SLC HOPWA hours: | | |
| TOTAL: | | \$ | \$ |

| Intensive Care (when required) and Assistance in Gaining Access to Local, State, and Federal Benefits & Services | Program Total | SLC HOPWA Portion |
|---|----------------------|--------------------------|
| Services provided: | | |
| 1) | | |
| 2) | | |
| 3) | | |
| Salaries (include tax & benefits) | | |
| 1) Job Title: | SLC HOPWA hours: | |
| 2) Job Title: | SLC HOPWA hours: | |
| TOTAL: | \$ | \$ |

| Technical Assistance | Program Total | SLC HOPWA Portion |
|--|----------------------|--------------------------|
| Services Provided | | |
| 1) | | |
| 2) | | |
| 3) | | |
| Salaries (include tax & benefits) | | |
| 1) Job Title: | SLC HOPWA hours: | |
| 2) Job Title: | SLC HOPWA hours: | |
| TOTAL: | \$ | \$ |

| Resource Identification | Program Total | SLC HOPWA Portion |
|--|----------------------|--------------------------|
| Services Provided | | |
| 1) | | |
| 2) | | |
| 3) | | |
| Salaries (include tax & benefits) | | |
| 1) Job Title: | SLC HOPWA hours: | |
| 2) Job Title: | SLC HOPWA hours: | |
| TOTAL: | \$ | \$ |

| Administration (maximum 7% of grant amount) | Program Total | SLC HOPWA Portion |
|--|----------------------|--------------------------|
| 1) | | |
| 2) | | |
| 3) | | |
| TOTAL: | \$ | \$ |

| TOTAL OF ALL EXPENSES | Program Total | SLC HOPWA Portion |
|------------------------------|----------------------|--------------------------|
| TOTAL: | \$ | \$ |

C. TARGET POPULATION

Historical Populations Served:

List the total number of persons served by your organization during the last completed program year:

| | |
|--|-----------------------|
| | Total persons served: |
| Persons served with HOPWA funding received from Salt Lake City, if applicable: | |

2015-16 Target Populations:

Estimate the total number of unduplicated persons expected to be served by your organization in program year 2015-2016:

| | |
|---|--------------------------------------|
| | Total persons expected to be served: |
| Persons expected to be served with HOPWA funding received from Salt Lake City, if applicable: | |

D. LEVERAGING

Does the program/project collaborate with other service providers in the community? Yes No

If Yes, provide a brief description:

Identify the sources of funds (including the names of major foundation grants) required for the program:

| Funding Source | Amount Requested | Amount Secured |
|----------------------|------------------|----------------|
| Salt Lake City HOPWA | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| Total: | \$ | \$ |

In the event your funding is reduced, describe your contingency plan for supplying housing to HOPWA clients :
(For tenant-based and project-based rental assistant programs)

If funded, how would you continue to implement the project/program if HOPWA funds are not available in future years?:

| |
|--|
| |
|--|

PART IV: AGENCY CAPACITY

Person responsible for general project oversight:

| | | | |
|----------------|--|-------------|--|
| Name: | | Title: | |
| Phone Number: | | Fax Number: | |
| Address: | | | |
| Email address: | | | |

Person responsible for financial project oversight:

| | | | |
|----------------|--|-------------|--|
| Name: | | Title: | |
| Phone Number: | | Fax Number: | |
| Address: | | | |
| Email address: | | | |

Describe the processes your agency will use to track and monitor project progress:

| |
|--|
| |
|--|

Describe the procedures your agency will use to segregate and track HOPWA funds from other agency funds:

| |
|--|
| |
|--|

Describe your agency internal controls for waste and fraud prevention:

| |
|--|
| |
|--|

Does your agency have a Language Access Plan (LAP) to provide Services to limited English proficiency persons?

- Yes No

PART V. APPLICATION SUBMITTAL

A: SUBMITTAL INSTRUCTIONS

Did a representative of your organization attend a mandatory Application Training session Yes No

Completed applications are due Friday, October 10, 2014, by 4:00 PM

Two applications must be submitted, as follows:

1) HAND-DELIVERED SUBMITTAL

Hand-deliver one (1) printed copy to:

Salt Lake City Corporation
Housing & Neighborhood Development Division
City & County Building
451 South State Street, Room 445
Salt Lake City, Utah 84114

**This is your official application with original signature. Applications must be received by October 10, 2014 at 4:00 pm to be eligible.*

** Print applications should be paper clipped together, not stapled. Place applications in a 9"x12" envelope with your organization's name on the front.*

2) ELECTRONIC SUBMITTAL

Submit one (1) electronic copy via either DropBox or email, as follows:

Email: SLCFederalGrants@slcgov.com

DropBox: Contact Tammy Hunsaker at tammy.hunsaker@slcgov.com for DropBox submittal instructions.

**The PDF submittal is for administrative purposes and does not require a signature.*

The printed application is the official copy and must be delivered to the Housing and Neighborhood Development office by 4:00 pm on Friday, October 10, 2014 to be eligible.

Printed applications must be hand-delivered. Mailed, faxed, or late applications will not be accepted by Salt Lake City.

B: APPLICANT CERTIFICATION

Organization: _____

Name of Project: _____

Authorized Official: _____

Name

Title

Signature

Date