

**CITY OF CLEVELAND
DEPARTMENT OF PUBLIC HEALTH
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
(HOPWA)
2013-2015 GRANT**



Date of Issuance

Wednesday, March 27, 2013

Applications Due

Friday, April 26, 2013 at 12:00 PM

**REQUEST FOR PROPOSALS
CLEVELAND DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH, HIV/AIDS PROGRAM
HOPWA GRANT**

I. INTRODUCTION

The City of Cleveland is the recipient of a grant for the Housing Opportunities for Persons with AIDS Program (HOPWA) from the United States Department of Housing and Urban Development ("HUD") as a part of its fiscal year 2013 Consolidated Plan.

The HOPWA Program provides resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with HIV/AIDS or related diseases ("PWAs") and their families. (For a definition of "eligible" person, see Appendix A attached herewith.) HUD's focus of HOPWA is on housing activities including acquisition, rehabilitation and construction of Single Room Occupancy (SRO) facilities or community residences, rental assistance payments, and housing information services. Other related supportive services focused on housing stability are also eligible for funding including mental health, drug and alcohol abuse treatment and counseling, personal assistance, and nutritional services. HIV/AIDS prevention programs are not eligible for funding under HOPWA.

The Department of Housing and Urban Development (HUD) in consultation with provider organizations and advocates established an outcome goal for the HOPWA program. The outcome goal is to:

- Ensure that clients receiving support from the HOPWA program are in stable housing;
- Reduce the risks of homelessness of clients receiving HOPWA support; and
- Improve clients' access to health care and related supportive services.

Additionally, HUD has established the goal that 85% of all clients receiving HOPWA permanent supportive housing assistance will achieve housing stability. The goal contends that at least 60% of clients receiving emergency or short-term assistance will achieve stable housing or reduced risk of homelessness. HUD has amended reporting requirements for the HOPWA program to emphasize achievement of the program outcome goals.

The Cleveland Department of Public Health ("CDPH"), in conjunction with the Cleveland Department of Community Development, is issuing this Request for Proposals ("RFP") to interested parties for the provision of housing and related support services for PWAs in communities in the Greater Cleveland Metropolitan Area, which consists of five counties: Cuyahoga, Geauga, Lake, Lorain and Medina.

All interested eligible parties are invited to apply for this grant. Eligible applicants include non-profit organizations or governmental housing agency (24 CFR 574.3) Community-based organizations are encouraged to develop programs with strong

linkages to established HIV/AIDS providers in order to bridge the PWA housing and related service gaps. Proposals should clearly demonstrate knowledge and understanding of the targeted population's housing needs and strategies and interventions toward long term PWA housing capacity building.

Although not a requirement for this grant, applicants must be cognizant of the need to, and must plan to comply with all applicable Federal and State laws that relate to the protection of protected health information including but not limited to, the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA). HOPWA program regulations, 574.440, require that organizations receiving funding through HOPWA must maintain the confidentiality of the name of any individual assisted through the program.

HOPWA funding is contingent upon availability of federal funds. Additionally, the awarding of all contracts under this RFP is contingent upon approval by Cleveland City Council. HOPWA funding is unlikely to become an on-going resource. Therefore, the personnel expenditure portions of the proposed projects should be kept to a minimum. Projects should be directed toward long-term sustainable housing benefits to PWAs. Accordingly, all proposals should emphasize realistic sustainability plans.

The City of Cleveland reserves the right to not award any or all of the funds available through this request for proposals process, based on the quality of the proposals submitted. Additionally, in the event that all of the funds are not awarded during this process, the City of Cleveland may enter into direct negotiations with specific agencies for the development of specific programs and or services.

Proposal review will utilize an objective review process to make funding recommendations to the City of Cleveland. CDPH staff and community members will review proposals through standardized review score sheet (see attachment A). The objective review process recommendations will be presented to the CDPH administration for consideration. Final funding decisions will be made by the Director of Health and presented to Cleveland City Council for approval. The dates of City Council presentations will be announced at the meetings of Cuyahoga County HIV Prevention Regional Advisory Group, Ryan White Part A Planning Council, Positive Action Housing Alliance (PAHA) and Cuyahoga County Office of Homeless Services.

The CDPH will award grants to agencies for a *two-year grant cycle* that will begin June 1, 2013 through May 31, 2015. However, all work plans and budgets should reflect a 12 month period of June 1, 2013 – May 31, 2014. Funded agencies will be expected to respond to a continuation RFP process in early 2014 to be eligible for 2014-2015 funding. The City anticipates approximately awarding up to \$1,200,000 dependent upon final notification of HUD funding.

The following are the categories of projects eligible to receive HOPWA funding:

Category I: Short-Term Supported Housing Assistance (Appendix B)

Category II: Short Term Rental Assistance Payments - STRMU (Appendix C)

Category III: Tenant Based Rental Assistance (Appendix D)

Category IV: Permanent Housing Placement (Appendix E)

Category V: PWA Housing Related Supportive Services/PWA Housing Information Services (Appendix F)

For examples of specific activities that may be funded by HOPWA, see Appendix G, attached herewith.

NOTE: The Cleveland Department of Public Health engaged Building Changes (formerly AIDS Housing Washington) to perform Resource Identification for the HOPWA region. Building Changes produced an HIV/AIDS housing needs assessment and comprehensive plan that will be used to help direct HOPWA services in the coming years. Agencies interested in applying for funds should consider the long-term sustainability of their program as future funding of specific programs may be restricted given the findings of the plan.

II. TIMELINE FOR REQUEST FOR PROPOSALS

A. Date of Issuance of RFP: Wednesday, March 27, 2013.

B. RFP Due Date: Friday, April 26, 2013; 12:00 PM; all proposals received after the due date will not be accepted.

*Applications must be submitted electronically **and** in paper form. Electronic submissions can be emailed to the address **below** or saved on a flash drive or CD, Microsoft Word or Adobe Acrobat file format only. The paper submission must include the original, 10 copies of the proposal and all necessary supporting documentation. Proposals and questions should be addressed to:*

Tammie Jones, HIV/AIDS Project Coordinator
Cleveland Department of Public Health
75 Erieview Plaza-3rd Floor
Cleveland, Ohio 44114
(216) 420-8641
tjones@city.cleveland.oh.us

*A technical assistance session for potential applicants will be held on **Tuesday, April 2, 2013 at 10:00 AM** at the below address. All sections of the Request for Proposal will be reviewed at the time and ample opportunity for questions will be provided. The CDPH will provide sample work plans and budgets as well as mandated reports for potential applicants to review and consider.*

Cleveland Department of Public Health

75 Erieview Plaza-2nd Floor Training Room
Cleveland, Ohio 44114
RSVP to Charlotte Shaw at 216-664-4635

III. ELIGIBILITY REQUIREMENTS AND FUNDING RESTRICTIONS

Minimum Qualifications:

- A. The applicant must have one full year of experience providing direct services to PWAs or the applicant must have two full years of experience providing direct services to the general population. HOPWA regulations (24 CFR 574.3) require that an eligible non-profit organization must: “Have among its purposes significant activities related to providing services or housing to persons with acquired immunodeficiency syndrome or related diseases.”
- B. The applicant must be a public housing agency or a non-profit or not-for-profit provider. Not-for-profit applicants must have received (not pending) an Internal Revenue Code tax-exempt determination and be registered with the State of Ohio as a not-for-profit organization and have a current status with the Ohio Secretary of State.
- C. Agencies having unresolved payroll tax obligations (i.e., Social Security/FICA or State Unemployment Tax/SUC) are not eligible for funding. Agencies having documented payment agreements, approved by the relevant government entity, and to which they are current, are eligible to apply. An organization with serious unresolved HUD monitoring findings and/or an outstanding audit finding of a material nature regarding the administration of a HUD or HOPWA funded program is also ineligible for funding.
- D. Eligible applicants must submit a separate, complete application for each Category under which they propose to provide services. Multiple proposals by a single applicant are permissible.
- E. All services funded under this grant must be provided in an outpatient, ambulatory care, community-based or home setting. No funds will be awarded for inpatient services.
- F. All recipients of grant funds must actively make available funded services to PWAs at 80% Area Median Income (AMI), their families and other underserved populations of people living with HIV/AIDS.
- G. Funds may not be used to provide items or services for which payment has already been made or can reasonably be expected to be made by third-party payers including Medicaid, the Medicaid Waiver, Medicare and/or other state or local entitlement programs, prepaid health plans, or private insurance. Health services can only be provided to eligible individual with HIV/AIDS and not family members. Additionally, a case-by-case

determination must be made that the individual has no other source of funds (including those specified above) from which to cover health care expenditures. 574.300(b)(7).

- H. Applicants awarded funding will be required to comply with liability insurance specifications established by the City of Cleveland and must submit documentary proof of said insurance requirements as part of the contracting process.
- I. All proposals must comply with all federal, state, and local housing; licensure; zoning standards; and requirements.
- J. All applicants awarded funds shall be required to comply with the reporting requirements listed in Appendix H attached herewith.
- K. All applicants awarded funds shall be required to enter into a written agreement with the City of Cleveland, with said agreement containing, at a minimum, all federal requirements necessary to accept HOPWA funds.
- L. All payments from HOPWA funds will be made on a cost-incurred or reimbursement basis, unless a determination is made by the Director of Public Health that payment by reimbursement only negatively impacts the ability of the agency to provide prompt services to clientele. Applicants awarded grants may petition the Director of Public Health for an alternative payment following notification of the grant award.
- M. All applicants shall be required to comply with applicable conflict of interest requirements listed in Appendix I.
- N. All funded applicants will be expected to participate in the Positive Action Housing Alliance (PAHA) community group meeting and public awareness activities.

IV. GENERAL INSTRUCTIONS

All proposals must be submitted in the following format:

- A. Pages must be numbered and printed on one side only. This includes the sequential numbering of all pages of all attachments that follow your proposal narrative.
- B. A cover page (attached herewith as Attachment 1) identifying the organization, a contact person with address and telephone number and the Category for which funding is being sought, must be the first page of every copy. An application checklist (attached as Attachment 2) must be the second page of every copy.

- C. The text in all narrative sections must 12 point font type. Margins should be set to no less than one-inch.
- D. Begin each section of the narrative on a new page. Limit your answer to the amount of space specified for that particular section of the narrative.
- E. Remove staples from all supporting documentation, including financial statements.
- F. Deadline extensions will not be granted for any reason.
- G. No faxes will be accepted.

V. **APPLICATION COMPONENTS**

All proposals must include all of the following components, except as otherwise noted. Each section of the narrative must begin on a new page. Applicants must submit a separate, complete application for each Category for which funding is being sought.

If an applicant is submitting more than one proposal in a Category, the applicant must complete all components for each proposal.

If two agencies wish to collaborate on a project, only one proposal should be submitted, with one of the agencies designated as the principal agency assuming administrative and fiscal responsibility. The principal agency should complete all Components of the proposal. The secondary agency must complete Components D3 through D6 separately for submission with the proposal.

Only those applicants applying for extended funding approval of currently funded projects must complete Component E.

Applicants should use local data current within the last 5 years. If national data is used for comparison, be specific as to how it directly relates to your proposal.

A distinction should be made between the number of new, unduplicated clients and previously served clients.

Time frames used for explanation of services should be clearly defined.

A. **Project Abstract:** (maximum of one page)

The Project Abstract should provide an overview of the grant proposal. The abstract should, at a minimum, include:

1. Name and brief description of the applicant organization

2. Brief description of the target population, both geographically and demographically, and the identified service needs of this population
3. Summary of the proposed program's project Category, major objectives, and budget request

B. Program Narrative:

The Program Narrative should include:

1. Target Population (maximum of one page)
Describe the population you intend to serve, including the geographic region or community area, the extent of AIDS and HIV-infection within the target population, and their socio-demographic and behavioral characteristics.
2. Identified Service Needs (maximum of one page)
Describe existing medical and social services for this population within the geographic region or community area. Identify gaps in the current system of service delivery for PWAs within this geographic location and describe how this proposal will attempt to fill those gaps.
3. Objectives (maximum of one page)
All objectives should be measurable and the expected results should be described in realistic terms. The objectives should quantify services to be delivered according to the standardized units identified for the particular Category as listed in the applicable appendix attached herewith. Additionally, each applicant should further define service units to reflect specific scopes of service to be delivered. Each scope should include the number of service units to be provided, the number and type of clients to be served, and the length of time covered by each scope. A distinction should be made between the number of new clients and previously served clients.
4. Program Approach and Methods (maximum of three pages)
Describe your approach and explain why this approach meets the HOPWA goals: ensure that clients receiving support from the HOPWA program are in stable housing; reduce the risks of homelessness of clients receiving HOPWA support; and improve clients' access to health care and related supportive services. Describe in detail the major activities that you will use to meet your objectives and the specific methods you will use. Discuss how the project will be managed and staffed, and how it will be linked to other programs in the community. Describe in detail your plan to make these services known to underserved populations.
5. Collaboration and Coordination (maximum of one page)
Identify existing systems of care in which you actively participate. Describe the role of your agency in these systems and methods of participation. Describe your plan to integrate and/or coordinate the

delivery of service with other HIV service providers, including your plan to participate in established systems of care. Applicants who are submitting proposals for Category I projects are strongly encouraged to demonstrate plans to form linkages with agencies supplying supportive services and to demonstrate plans to coordinate service delivery with recipients of funds provided under Parts A and B of the Ryan White Care Act. Linkages with providers participating in the Homeless Continuum of Care are strongly encouraged. These linkages should expand the possible housing alternatives available. Letters of intent to coordinate services should be appended.

6. Monitoring and Evaluation (maximum of one page)
Identify and discuss the concrete, measurable methods your agency will use to monitor the accomplishments of program activities and determine if objectives have been met.
7. Capability of the Applicant (maximum of one page)
Describe the services currently provided by your agency, the numbers and demographic characteristics of the persons served, and the geographic distribution of your clients. Describe established links with the target population and your experience serving PWAs. Program descriptions may be appended to the proposal.

C. Program Work plan (maximum of three pages)

Prepare a detailed step-by-step monthly work plan that will serve as a management tool for monitoring the progress of program activities and service, and a method for amending them, as may be necessary, over time. The work plan must include the measurable, time-specific program objectives identified in the project narrative; series of activities that are necessary to achieve each objective; persons responsible for implementation; milestones that will be used to determine if activities are on course; target dates for completion; and expected outcomes. Time frames should be specific and clearly defined.

D. Financial Information

Each proposal must include:

1. Line item budget
Each applicant must include a standard line-item budget. Budget categories should include, but are not limited to, personnel costs itemized, fringe benefits, costs for equipment and supplies, program costs, and indirect administrative costs.

NOTE: Administrative costs, including indirect costs, cannot exceed 7% of the total of program expenses.

2. Detailed budget justification (maximum of two pages)

Budget justifications are required for all costs that will be incurred for the direct support for the grant-sponsored project. The following are key elements that are to be included in the budget justification:

- A description of the expense or service;
- How it relates to and benefits the project;
- The anticipated cost;
- The budget justification should provide a basis for the level of service proposed and the number of clients you intend to serve.
- For each staff position for which partial funding is requested, provide the other sources of support.
- If applicable, include a description of how your agency applies a sliding fee scale for other available services.
- Any other information that will aid the grantor in evaluating and funding the proposed item of cost

3. Agency Budget (maximum of five pages)

Attach a copy of your agency's overall budget for the current fiscal year, with a "breakout section" that delineates your HIV/AIDS programming. Specifically note any factors that impact the approved budget, such as changes in previously budgeted funding, personnel, or scopes of service.

Outside Funding

Please complete Attachment 6 that details outside funds applied for and/or received to provide partial support for the proposed projects, to leverage HOPWA funding.

4. Debt Resolution (no page limitation)

Any applicant with outstanding payroll tax obligations (e.g., FICA, SUC) must submit documentation regarding debt resolution.

5. Financial Statement (no page limitation)

Please provide an audited financial statement for the applicant's last fiscal year.

E. Request for Extended Funding

A request for extended funding must include, at a minimum, the following:

1. The length of time that the program has been operated by the applicant agency and the annual dollar amounts required to fund the project for each of these years.
2. A description of how project activities have changed throughout the years of its activity, including:

- a) Changes in the demographics/needs of clients served under the project
 - b) Changes in the demand for the services
 - c) How non-project resources have been incorporated to meet client needs
3. A description of the clientele served in the last HOPWA funding cycle, including:
- a) Number of unduplicated clients served
 - b) Demographics of the clientele
 - c) Programmatic barriers/successes

F. Supporting Documentation

The following documentation must be appended:

1. Service Provider Profile and related documents (see Attachment 4).
2. Not-for-profit organizations must submit verification their Dunn & Broadsheet and/or Central Contractor Registration Numbers from the Internal Revenue Service of their federal tax-exempt status and documentation from Ohio Secretary of State showing current standing as a not-for-profit organization.
3. Letters of intent to collaborate, and/or existing linkage agreements with service providers of other agencies. These should be as specific as possible concerning each party's obligations. Do not append general letters of support.
4. Program descriptions, including treatment protocols, intake and assessment procedures, client eligibility or behavior rules and regulations, etc. These materials must be relevant to the project for which funding is being requested. Describe client housing stability/case plans).

Do not attach any other documentation, such as annual reports, newsletters or brochures.

G. Prior Performance Data (maximum of three pages)

Describe in detail the progress of the stated goals and objectives of the previous two years as it relates to your program. Describe in detail the challenges to program implementation in addition to success and program solutions.

- List the number of clients served both duplicated and unduplicated.
- Indicate if your objectives was met or not met. In narrative form, detail the reason behind any goal that was not met and what changes have been made to ensure their 2013-2014 goals will be accomplished?
- Describe any fiscal challenges and possible solutions you encountered during the previous two grant cycles.

VI. REVIEW AND AWARD CRITERIA

Complete applications will be reviewed and evaluated in the following areas:

- A. **Target Population - 5 Points**: Does the application adequately describe the target population? Does it describe the extent of AIDS and HIV infection among this population? Are demographic and behavioral characteristics of the target population identified?
- B. **Identified Service Needs - 15 Points**: Does the application adequately identify existing services for the target population/geographical area and are service gaps identified and quantified; is it clear how the gaps were determined?
- C. **Approach and Methodology - 25 Points**: Are the objectives clearly stated, measurable, and time-phased? Does the application include a realistic and detailed approach for meeting stated objectives, including major activities and specific methods? Does the proposal narrative state concrete outcomes and delineate ways to measure program success and client satisfaction? Does the application include an adequate plan for making housing and services known to underserved populations?
- D. **Systems Collaboration - 10 Points**: Does the applicant agency adequately describe its participation, or plan to participate in existing systems of care? Does the application adequately describe the plans to coordinate service delivery with other providers? Does the applicant agency demonstrate an understanding of existing systems of care? Is the commitment to coordinate services reflected in letters of support?
- E. **Monitoring and Reporting - 10 Points**: Does the application clearly identify a means for monitoring program success? Does the application include an adequate and realistic plan for collecting required information on services and clients? Has the applicant correctly completed all sections of the Service Provider Profile?
- F. **Applicant Capability - 15 Points**: Does the applicant agency have experience in the provision of services to person infected with HIV? Does it have established linkages with the target population? Are the program descriptions appended? Are the applicant's Board of Directors and HIV/AIDS program staff reflective of its target population?
- G. **Work plan - 20 Points**: Does the application include a detailed and logical program? Does it reflect program objectives, related activities and program milestones? Are components linked? Does the work plan provide a tool for measuring the progress of the program? Is the work plan consistent with the budget?

- H. **Budget - 20 Points**: Does the budget reflect the total cost of the proposed program, including in-kind costs? Does the applicant appear to have the ability to realistically provide the listed in-kind costs? Does the budget justification provide a basis for the level of service proposed and the number of clients targeted? Does the requested funding account for more than 50% of the agency's total operating budget for the project year? Is the request reasonable? Are detailed provisions for the timely hiring of staff included? Is the level of supervisory staff and administration consistent with the scope of work and 7% administrative overhead limitations? Does the applicant demonstrate the ability to efficiently expend funds within the allowed time period? Were there fiscal concerns identified to which no time-framed solution was documented?
- I. **Prior Performance Data – 10 points**: Describe in detail the progress of the stated goals and objectives of the previous two years as it relates to your program. Describe in detail the challenges to program implementation in addition to success and program solutions.

APPENDIX A

DEFINITION OF AN ELIGIBLE PERSON

“Eligible person” means a person living with AIDS (acquired immunodeficiency syndrome) or related diseases who has a low-income, and the person’s family. Family means a household composed of two or more related persons. The term family also includes one or more eligible persons living with another person or persons who are determined to be important to their care or well being (547.3(2)). A low-income person is an individual or family whose income does not exceed 80 percent of the AMI.

PWAs or family members are eligible for Category V housing information services regardless of income.

Any person living in proximity to a community residence is eligible to participate in that residence’s community outreach and educational activities regarding AIDS or related diseases.

APPENDIX B

CATEGORY I SHORT-TERM SUPPORTED HOUSING ASSISTANCE

Definition and Purpose

Short-term supported housing facilities are an eligible activity under the HOPWA program. Short-term facilities are intended to provide temporary shelter to eligible individuals to prevent homelessness and allow an opportunity to develop an individualized housing and service plan to guide the client's linkage to permanent housing.

Program Requirements

- A. An agency receiving funds for short term supported housing assistance must ensure housing case management services be offered to clients free of charge.
- B. Beneficiaries: These facilities provide temporary shelter to persons living with HIV/AIDS (PLWHA) who are homeless.
- C. Time Limits: "A short-term supportive housing facility may not provide residence for any individual for more than 60 days in any 6 month period." 24 CFR 574.330 (a)
- D. Residency Limitation: "A short term supported facility may not provide shelter or housing at any single time for more than 50 families or individuals." 24 CFR 574.330 (b)
- E. Case Management: "A program assisted under this section shall provide each assisted individual with an opportunity to receive case management services from the appropriate social services agencies." 24 CFR 574.330 (e)
- F. Placement in Permanent Housing: Each short-term facility must, to the maximum extent possible, offer individuals residing in such housing the opportunity for placement in permanent housing. 24 CFR 574.330(c)

APPENDIX C

CATEGORY II SHORT TERM RENTAL ASSISTANCE PAYMENTS (STRMU – Rent, Mortgage, Utilities)

- A. An agency receiving funds for short term rental assistance payments must ensure housing case management services be offered to clients free of charge.
- B. HOPWA regulations and statute limit short term assistance to no more than 21 weeks in any 52 week period. Organizations proposing to offer Short Term Rental Assistance Payments must have procedures in place to track compliance with this requirement. **HUD Short Term Rental Assistance is not an entitlement and need must be demonstrated through loss of income or an HIV/AIDS health-related issue.**
- C. HOPWA requirements limit this assistance to individuals and families who are already housed and who have a legal right to be occupying the residence (named tenants on lease, mortgagor, or the account holder for utility payments). Persons who are homeless are not eligible for this assistance.
- D. Payments under Short Term Rental Assistance are limited to no more than the equivalent of two months' rent according to the HUD established **2013 Fair Market Rent schedule for the Cleveland area**. For a single individual residing in a one bedroom or efficiency unit, the maximum annual assistance is \$1,170. For a family residing in a multi-bedroom unit, the maximum annual assistance is \$2,050. Households who have received the maximum annual assistance will be considered to have received the full 21 weeks of assistance and not be eligible for additional support in the program year.
- E. In keeping with the outcome goal for the HOPWA program, clients receiving assistance through the Short Term Rental Assistance should be linked to a case manager who will conduct an assessment of client's housing situation and assist the client in developing a Housing Services Plan with the goal of establishing long term housing stability. A Housing Services Plan or update should be developed each time a client accesses Short Term Rental Assistance and submitted with client's application for Short Term Rental Assistance. A sample Housing Services Plan is provided in Attachment 7.
- F. The Housing Services Plan should enhance client self-sufficiency and help guard against repeated use of Short Term Rental Assistance. Clients should also be assessed to determine eligibility for additional homeless prevention programs, including but not limited to the Section 8 program and those programs offered through the Veterans Administration. If eligible, clients should apply or be referred to such programs.
- G. Units should meet HUD Habitation requirements for safety and meet Section 8 standards in the event that client is later accepted into Section 8 program. Habitation requirements include being free of lead-based paint and the placement of working smoke detectors in the unit, among other requirements.
- H. The Objectives, as required in Section V. B3, should quantify services to be delivered according to the following standardized unit in addition to other defined service units which reflect the specific scopes of service to be delivered:

Category II

Number of Unduplicated Clients

APPENDIX D

CATEGORY III

TENANT BASED RENTAL ASSISTANCE (TBRA)

An agency receiving funds for TBRA must complete the following with each client:

- A. Housing case management services to clients free of charge.
- B. Income verification and subsidy calculation.
 - a. All HOPWA beneficiaries must be income eligible (family household income below 80% of area median income). Incomes must be verified annually.
 - b. Clients receiving tenant based rental assistance, project based rental assistance, or living in a unit leased by a sponsor or a facility supported by HOPWA operating funds must pay rent.
 - c. Rent is determined to be the greater of 30% of adjusted income or 10% of gross income.
 - d. The HUD regulations for income verification and subsidy calculation for HOPWA are the Part 5 Requirements.
- C. Determination of maximum subsidy;
 - a. The maximum subsidy is the difference between: the rent standard or the reasonable rent (whichever is lower) and the client's contribution, as calculated under 24 CFR 574.310.
 - b. Rent reasonableness means the rent charged must be reasonable in relation to rents currently being charged for comparable units in the private (unassisted) market.
 - c. Rent reasonableness must be documented for tenant- and project-based rental assistance and included in the assisted client's file.
 - d. The rent standard may not exceed the HUD published Fair Market Rents or the HUD-approved community wide exception rent.
 - e. On a unit-by-unit basis, the grantee can increase the amount by up to 10% for up to 20% of the units assisted.
- D. Assessment of subsidy standards to verify that the assisted household is occupying the appropriately-sized unit;
 - a. HUD will only provide subsidies to families living in appropriately-sized units.
 - b. The goal is to subsidize the smallest sized unit possible without creating overcrowding.
 - c. An individual or a couple is eligible for a studio or a one-bedroom unit. When children are involved, depending on their age and gender, multiple bedrooms may be required. A household may occupy a unit larger than specified by the subsidy standards, but in such instances, the subsidy must be calculated based on the Fair Market Rent of the appropriately-sized unit.
 - d. Residing with family members: Renting from family members is prohibited, but when a HOPWA-eligible individual lives with family members, the specific circumstance must be taken into consideration when determining the rent subsidy:

- i. In the first scenario, the HOPWA-eligible individual lives with an adult family member and the entire household is assisted. In this situation, total household income is taken into consideration to meet HOPWA low-income eligibility guidelines and rent determinations.
 - ii. In the second scenario, the client is renting a portion of the unit from the adult family member and a “reasonable accommodation” is determined necessary for the client. (See 24 CFR 82.306(d) on permitting “persons with disabilities,” including a person with HIV/AIDS, to receive benefits when housed with a family member who owns or rents the housing unit if it is determined by a physician
- E. Determination that the housing meets HOPWA habitability standards and lead based paint requirements.
 - a. Housing Quality/Habitability Standards
 - i. Units must be decent, safe, and sanitary.
 - ii. These standards apply to any housing provided through acquisition, rehabilitation, leasing, payment of facility operating costs, or use of project-based or tenant-based rental assistance.
 - iii. Section 8 Housing Quality Standards (HQS) may be used, although HOPWA Habitability Standards are less procedurally detailed.
 - iv. Since some recipients transfer from HOPWA to Section 8, it may be beneficial to use Section 8 standards to ensure units will be eligible should subsidies become available.
 - v. A Section 8 standards checklist is located at: http://www.hudclips.org/sub_nonhud/html/pdfforms/52580.pdf. See 24 CFR 574.310 for HOPWA Habitability Standards.
 - b. Lead-Based Paint Requirements
 - i. HUD's lead-based paint rules apply to all housing assisted through rental assistance (tenant- or project based), facility-based, and through short-term rent, mortgage, and utility assistance.
 - ii. Specifically, lead-based paint rules apply when:
 - 1. Housing to be assisted was constructed before 1978; and
 - 2. Residents will include a pregnant woman or a child 6 years of age or younger.
 - iii. Note: Studio units are exempt.
 - iv. All housing meeting the above criteria must receive a lead-based paint visual assessment before assistance may be provided.

Category III

Number of Unduplicated Clients

APPENDIX E

CATEGORY IV PERMANENT HOUSING PLACEMENT

Purpose

Permanent Housing Placement is an eligible supportive service activity under the HOPWA program, the goal of which is to help establish permanent residence when continued occupancy is expected.

Program Requirements

A. An agency receiving funds for Permanent Housing Placement must ensure housing case management services be offered to clients free of charge.

B. Eligible Expenses

Costs associated with locating housing:

- Housing referral
- Tenant counseling, e.g.:
 - Understanding a residential lease and its obligations
 - Mediation of disputes

C. Costs associated with placement in housing - up to \$1,800 per client

- Application fees and credit check expenses
- First month's rent and security deposit (not to exceed two months' rent) for clients who are able to secure housing in which they are expected to reside on a continuing, on-going basis.
- One-time utility connection fees and processing costs

D. Ineligible Expenses (no exceptions)

- Moving costs, Standard furnishings, Housekeeping/household supplies

E. Recovery of Deposits

- Security deposits are program funds that must be returned to the program when the assisted tenant leaves the unit.
- Programs must maintain a record of all security deposits and are required to track the use of such funds and monitor the return of such funds when they are no longer required as security deposits.
- Good faith effort must be made to recover program funds upon the departure of the beneficiary from the unit.
- Funds that are returned to the agency are considered Program Income and can only be used for eligible HOPWA activities.

F. The Objectives, as required in Section V. B3, should quantify services to be delivered according to the following standardized unit in addition to other defined service units which reflects the specific scopes of service to be delivered:

Category IV

Number of Unduplicated Clients

APPENDIX G

AUTHORIZED HOPWA ACTIVITIES

The following activities may be carried out with HOPWA funds:

1. Housing information services including, but not limited to counseling, information and referral services to assist an eligible person to locate, acquire, finance and maintain housing. This may also include fair housing counseling for eligible persons who may encounter discrimination on the basis of race, color, religion, sex, sexual orientation, age, national origin, familial status, or handicap;
2. Resource identification to establish coordinate and develop housing assistance resources for eligible persons (including conducting preliminary research and making expenditures necessary to determine the feasibility of specific housing-related initiatives);
3. Acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing and services;
4. New construction for SRO dwellings and community residences only;
5. Project-or-tenant-based rental assistance, including assistance for shared housing arrangements;
6. Short-term rent, mortgage, and utility payments to prevent homelessness of the tenant or mortgagor of a dwelling;
7. Supportive services including, but not limited to, mental health, assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal Government benefits and services, except that health services may only be provided to individuals with AIDS and not to family members of these individuals;
8. Operating costs for housing including maintenance, security, operation, insurance, utilities, furnishings, equipment, supplies and other incidental costs;
9. Technical assistance in establishing and operating a community residence, including planning and other pre-development or pre-construction expenses and including, but not limited to, costs relating to community outreach and educational activities regarding AIDS or related diseases for a person residing in proximity to the community residence.

APPENDIX H

REPORTING REQUIREMENTS **ALL AGENCIES RECEIVING HOPWA FUNDS WILL BE REQUIRED TO** **PROVIDE EXTENSIVE, DETAILED REPORTING REQUIREMENTS AS** **SPECIFIED BY HUD.**

Organizations receiving HOPWA funds shall be required to submit the following reports:

1. Program Reports must be submitted monthly and must address in narrative form progress in implementing funded services, issues or problems that arise, which may impede service delivery, and strategies for resolution. Reports should address both project progress during the reporting period and cumulative progress.
2. Documentation of Services and Costs must be submitted with each monthly program report. Using the reporting system currently under development for the Department of Housing and Urban Development (HUD), grantees will be required to document for each unduplicated client the following information: income, age, demographic characteristics, HIV transmission category, stage of HIV-related illness, and insurance status of each unduplicated client. Additionally, grantees will be required to report the type/category of services delivered, and specific information relating to that service such as number of units of service, cost per unit of service and average number of units delivered per client. Complete information regarding reporting requirements including the potential need to provide the data elements required under HUD's IDIS, CAPERS and Homeless Management Information System (HMIS) will be provided to all successful applicants. All programs are also responsible for tracking of leveraged funds from non-HOPWA sources that benefitted HOPWA clients served during the program year.
3. Expenditure Reports (Attachment 8) must be submitted at the end of each month identifying the actual reimbursable expenses of each category of service per line item in accordance with the approved budget. A brief explanation of expenditure variances must also be included. Actual back up documentation (i.e., original invoices, receipts) must be available for inspection by CDPH on request.
4. Stewardship Reporting Project Sponsors that have received funding for acquisition, rehabilitation or construction (Category 1) projects must annually report for the duration of the continued use period (generally 10 years from date of initial occupancy) the number of assisted units and leveraged funds, as well as providing a certification that the property continues to be used to provide housing for HOPWA eligible clients. This reporting is required for the duration of the continued use period regardless of whether the Project Sponsor continues to receive funding through HOPWA.

APPENDIX I

CONFLICT OF INTEREST REQUIREMENTS

In addition to the conflict of interest requirements in OMB Circular A-102 and 24 CFR 85.36 (b) (3), no person who is an employee, agent, consultant, officer, or elected or appointed official of the grantee or project sponsor and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds there under, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter.

APPENDIX J

PROPOSAL REVIEW SCORE SHEET

Agency Name _____

Project Name _____

Reviewer _____

Target Population - ____ Points out of 5:

- Does the application adequately describe the target population?
- Does it describe the extent of AIDS and HIV infection among this population?
- Are demographic and behavioral characteristics of the target population identified?

Strengths: _____

Needs: _____

Identified Service Needs - ____ Points out of 15:

- Does the application adequately identify existing services for the target population/geographical area and are service gaps identified and quantified; is it clear how the gaps were determined?

Strengths: _____

Needs: _____

Program Approach and Methodology - ____ Points out of 25

- Are the objectives clearly stated, measurable, and time-phased?
- Does the application include a realistic and detailed approach for meeting stated objectives, including major activities and specific methods?
- Does the proposal narrative state concrete outcomes and delineate ways to measure program success and client satisfaction?
- Does the application include an adequate plan for making services known to underserved populations?

Strengths: _____

Needs: _____

Systems Collaboration - ____ Points out of 10

- Does the applicant agency adequately describe its participation, or plan to participate in existing systems of care?
- Does the application adequately describe the plans to coordinate service delivery with other providers?
- Does the applicant agency demonstrate an understanding of existing systems of care?
- Is the commitment to coordinate services reflected in letters of support?

Strengths: _____

Needs: _____

Monitoring and Reporting - ____ Points out of 10

- Does the application clearly identify a means for monitoring program success?
- Does the application include an adequate and realistic plan for collecting required information on services and clients?
- Has the applicant correctly completed all sections of the Service Provider Profile?

Strengths: _____

Needs: _____

Applicant Capability - ____ Points out of 15

- Does the applicant agency have experience in the provision of services to person infected with HIV?
- Does it have established linkages with the target population?
- Are the program descriptions appended?
- Are the applicant's Board of Directors and HIV/AIDS program staff reflective of its target population?

Strengths: _____

Needs: _____

Work Plan - ____ Points out of 20

- Does the application include a detailed and logical program?
- Does it reflect program objectives, related activities and program milestones?
- Are components linked?
- Does the work plan provide a tool for measuring the progress of the program?
- Is the work plan consistent with the budget?

Strengths: _____

Needs: _____

Budget - ____ Points out of 20

- Does the budget reflect the total cost of the proposed program, including in-kind costs?
- Does the applicant appear to have the ability to realistically provide the listed in-kind costs?
- Does the budget justification provide a basis for the level of service proposed and the number of clients targeted?
- Does the requested funding account for more than 50% of the agency's total operating budget for the project year?
- Is the request reasonable?
- Are detailed provisions for the timely hiring of staff included?
- Is the level of supervisory staff and administration consistent with the scope of work and 7% administrative overhead limitations?
- Does the applicant demonstrate the ability to efficiently expend funds within the allowed time period?
- Does the applicant provide time-phased solutions for any documents fiscal concerns?

Strengths: _____

Needs: _____

Prior Performance Data - ____ Points out of 10

- Does the applicant provide detailed progress of their programs stated goals and objectives of the previous two years?
- Does the applicant describe the challenges to program implementation in addition to success and program solutions?
- Does the applicant identify the number of clients served both duplicated and unduplicated?

Strengths: _____

Needs: _____

Score Summary

Target Population	_____ points (5 maximum)
Identified Service Needs	_____ points (15 maximum)
Approach and Methodology	_____ points (25 maximum)
Systems Collaboration	_____ points (10 maximum)
Monitoring and Reporting	_____ points (10 maximum)
Applicant Capability	_____ points (15 maximum)
Work Plan	_____ points (20 maximum)
Budget	_____ points (20 maximum)
Prior Performance Data	_____ points (10 maximum)
Total Points	_____ points (130 maximum)

ATTACHMENT 1

APPLICATION COVER SHEET

1. Agency Name:
2. Contact Name and Agency Address:
3. Telephone: _____ Fax: _____
4. Geographic/Community Areas Served:
5. Services and Funding Requested:

Please note: Amounts requested in each service category must include administrative overhead for that category.

Category I

_____ Short-Term Supported Housing Assistance
\$ _____

Category II

_____ Short Term Rental Assistance Payments (STRMU)
\$ _____

Category III

_____ Tenant Based Rental Assistance Payments
\$ _____

Category IV

_____ Permanent Housing Placement
\$ _____

Category V

_____ PWA housing related supportive services/PWA
housing information services
\$ _____

TOTAL REQUEST

\$ _____

ATTACHMENT 2

APPLICATION CHECKLIST

Name of Applicant Agency

Please review this checklist to ensure that your application is complete. Enclose this checklist with your application. Applications, which do not contain a copy of each of the items below, will be considered incomplete and may not be reviewed.

1. Application Cover Sheet (Attachment 1)
2. Application Checklist (Attachment 2) _____
3. Certification of Consistency (Attachment 3) _____
4. Project Abstract (one page) _____
5. Program Narrative
 - a) Target Population (one page) _____
 - b) Identified Service Needs (one page) _____
 - c) Objectives (one page) _____
 - d) Program Approach and Methods (three pages) _____
 - e) Collaboration and Coordination (one page) _____
 - f) Monitoring and Evaluation (one page) _____
 - g) Capability (one page) _____
6. Program Work Plan (three pages) _____
7. Financial Information _____
 - a) Line Item Budget _____
 - b) Detailed Budget Justification (two pages) _____
 - c) Agency Budget (five pages) _____
 - d) Outside Funding (one page) _____
 - e) Debt Resolution where applicable (no page limit) _____
 - f) Financial Statement (no page limit) _____
8. Request for Extended Funding (if applicable) _____
9. Supporting Documentation _____
 - a) Service Provider Profile (Attachment 4) _____
 - b) Internal Revenue Service Verification _____
 - c) Letters of Intent to Collaborate and Existing Linkage Agreements _____
 - d) Program Descriptions (where warranted) _____
 - e) For Category 1 applicants Appendix B _____

FOR AGENCIES APPLYING FOR FUNDS UNDER CATEGORY I, II, or III, ALL REQUIREMENTS OF APPENDIX B, C AND D RESPECTIVELY, MUST BE INCLUDED IN THE APPLICATION.

ATTACHMENT 3

**CERTIFICATION OF CONSISTENCY WITH COMPREHENSIVE HOUSING
AFFORDABILITY STRATEGY OR CONSOLIDATED PLAN**

I certify that the activities/projects proposed by _____
under the Housing Opportunities for Persons With AIDS (HOPWA) Program are
consistent with this jurisdiction's current, approved Comprehensive Housing
Affordability Strategy (CHAS) or Consolidated Plan.

Name of Certifying Jurisdiction: _____

Certifying Official of The Jurisdiction Name:

Title: _____

Signature: _____

DATE: _____

ATTACHMENT 4

I. SERVICE PROVIDER PROFILE

HIV/AIDS PROGRAMMING CURRENTLY PROVIDED:

EDUCATION/PREVENTION/RISK REDUCTION:

METHODOLOGY:

- PEER EDUCATION
- STREET OUTREACH
- LECTURE/SEMINAR
- THEATRE PRESENTATION
- HOTLINE
- CABLE TV
- RADIO

- PRINT MEDIA
- CONDOM DISTRIBUTION
- NEEDLE EXCHANGE
- COUNSELING/TESTING
- OTHER

TARGET POPULATION(S):

- AFRICAN-AMERICAN
- HISPANIC/LATINO (A)
- ASIAN/PACIFIC ISLANDER
- NATIVE AMERICAN
- IDUS
- PARTNER OF IDUS
- WOMEN IN HIGH RISK SITUATION
- GAY/BISEXUAL MEN
- GAY/BISEXUAL YOUTH
- IN SCHOOL YOUTH
- OUT OF SCHOOL YOUTH
- GANG MEMBERS
- YOUTH USING DRUGS
- YOUTH WHO BARTER/SELL SEX
- SEX INDUSTRY WORKER
- INCARCERATED ADULTS
- GENERAL POPULATION
- OTHER

DIRECT SERVICES:

- ALTERNATIVE HEALTH CARE
- CASE MANAGEMENT
- CLINICAL TRIALS
- DAY/RESPITE CARE
- DENTAL CARE
- FINANCIAL ASSISTANCE
- FOOD
- FOSTER CARE
- HOME HEALTH CARE
- VOLUNTEER SUPPORT
- OTHER (SPECIFY)

- HOSPICE
- HOUSING
- LEGAL SERVICES
- LONG TERM CARE
- MEDICAL HEALTH CARE
- MENTAL HEALTH
- PASTORAL/SPIRITUAL SUPPORT
- RECREATION
- SUBSTANCE ABUSE TREATMENT
- TRANSPORTATION

OTHER PROGRAMMING:

- BENEFIT COUNSELING
- ADVOCACY
- OTHER

- INFORMATION
- TECHNICAL ASSISTANCE

ATTACHMENT 5

II. FINANCIAL

PROVIDE A LISTING OF YOUR CURRENT HIV/AIDS FUNDING (INCLUDE AMOUNT, CONTRACT PERIOD, SERVICE PROVIDED AND SOURCE)

PROVIDE A LISTING OF HIV/AIDS FUNDING RECEIVED FROM CDPH FOR THE PERIOD JANUARY 1, 2011 THROUGH DECEMBER 31, 2012, INCLUSIVE. INCLUDE AMOUNT, CONTRACT PERIOD, SERVICE PROVIDED.

DURING 2011 & 2012, DID YOUR ORGANIZATION PARTICIPATE IN CLEVELAND COMMUNITY PREVENTION AND RYAN WHITE PLANNING ACTIVITIES: TO WHAT EXTENT?

DURING 2011 & 2012 DID YOUR ORGANIZATION PARTICIPATE IN CONTINUUM OF CARE OR CONSOLIDATED PLAN PLANNING ACTIVITIES? TO WHAT EXTENT?

DOES YOUR ORGANIZATION PARTICIPATE IN THE HOMELESS MANAGEMENT INFORMATION SYSTEM?

WHEN WAS YOUR MOST RECENT ANNUAL INDEPENDENT AUDIT (CONDUCTED BY A CPA) COMPLETED? WHAT WERE THE AUDITOR'S FINDINGS?

HOW FREQUENTLY DOES YOUR BOARD OF DIRECTORS AND/OR BOARD FINANCE COMMITTEE REVIEW BUDGET TO ACTUAL FINANCIAL STATEMENTS?

WHAT PLANS HAVE YOU MADE TO ACCOMMODATE THE FISCAL EXPANSION THAT WOULD OCCUR DUE TO THE AWARD OF THESE AND OTHER FUNDS?

DOES YOUR ORGANIZATION OWE ANY FEDERAL OR STATE PAYROLL TAX OBLIGATIONS (WITHHOLDING, SOCIAL SECURITY, UNEMPLOYMENT, ETC.)? IF YES, DESCRIBE HOW THIS SITUATION AROSE AND DELINEATE THE STEPS TAKEN TO RESOLVE THIS DEBT AND PREVENT ANY RECURRENCE: (APPEND A COPY OF YOUR FORMAL AGREEMENT WITH THE APPROPRIATE STATE/FEDERAL REVENUE AGENCY.)

LIST ANY DISCIPLINARY OR INVESTIGATIVE ACTION CURRENTLY PENDING BY ANY PROFESSIONAL BODY OF LOCAL STATE, OR FEDERAL BRANCH OF GOVERNMENT:

LIST ALL PENDING LITIGATION TO WHICH LITIGATION TO WHICH YOUR ORGANIZATION IS A PARTY THAT IS RELATED TO YOUR HIV/AIDS PROGRAMMING: LIST ALL OUTSTANDING LIENS AND JUDGEMENTS:

ATTACHMENT 6

PROGRAM BUDGET FORM

Name of Agency:			
Name of Fiscal/Lead Agency			
Name of Program/Project:			
Total Project Budget:			
Total request to CDPH:			
PROJECT INCOME			
	Anticipated	Committed	Total
Income/Revenue			
CDPH (itemize below)			\$0
Foundations			\$0
Government Contracts			\$0
Corporations			\$0
Other			\$0
Total Project Income	\$0	\$0	\$0
EXPENSES			
	CDPH Request	Other Funding	Total*
<i>Direct Program/Project Expenses</i>			
Personnel Expenses			
Salaries and Wages			\$0
Benefits			\$0
Non-Personnel Expenses**			
Contract Services/Consultant Fees			\$0
Program supplies			\$0
Transportation/mileage			\$0
Other (specify)			\$0
Other (specify)			\$0
Other (specify)			\$0
Subtotal Direct Program/Project Expenses	\$0	\$0	\$0
<i>Overhead</i>			
Comprised of: Rent			
Utilities			
Technology costs			
Shared Office Supplies			
Development/Fundraising			
Accounting/Audit			
Insurance			
Other (specify)			
Subtotal Overhead (not to exceed 10% of project/program expenses subtotal)	\$0		
<i>TOTAL EXPENSES</i>		\$0	\$0
Excess (Deficiency)			\$0

ATTACHMENT 7

SAMPLE HOUSING CASE PLAN

CLIENT HOUSING PLAN
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
HOPWA

NAME or ID#: _____ DATE: _____

Current housing situation: _____

Number in household: _____

Housing Objective

- Establish or better maintain a stable living environment.
- Improved access to HIV treatment and other healthcare support.
- Reduced the risk of homelessness among people living with HIV/AIDS and their families.

Assessment

This section is designed to be used with the Housing Application and Assessment form to:

- Help keep the focus on immediate needs while assisting in the development of long-term housing plans.
- Help determine the feasibility of independent housing vs. supportive living environments.

Plan

- Please complete all three sections of Plan.

1. List any problems identified in the Housing Assessment and Budget (may include others not listed in assessment): _____

2. Housing Goals:

Emergency Housing Goal:	Date to Complete	Who? C/M/H/A	Who? Client
a) Steps/Objectives:			
b) Steps/Objectives:			
c) Steps/Objectives:			
d) Steps/Objectives:			

Transitional Housing Goal:			
a) Steps/Objectives:			
b) Steps/Objectives:			
c) Steps/Objectives:			
d) Steps/Objectives:			
Permanent Housing Goal:			
a) Steps/Objectives:			
b) Steps/Objectives:			
c) Steps/Objectives:			
d) Steps/Objectives:			

My Signature below indicates my agreement with and commitment to this housing plan. I recognize that with my consent, my Housing Advocate/Case Manager may revise this housing plan over time.

Client Signature: _____ Date: _____

Housing Advocate/Case Manager: _____ Date: _____

Housing Plan Update: (leave blank if this is the first Individual Housing Plan)

1. Date of this follow-up: ____/____/____

Were goal(s) achieved (Check one):

Yes, definitely Yes, generally No, not really No, definitely not

Please describe:

2. Date of this follow-up: ____/____/____

Were goal(s) achieved (Check one):

Yes, definitely Yes, generally No, not really No, definitely not

Please describe:

3. Date of this follow-up: ____/____/____

Were goal(s) achieved (Check one):

Yes, definitely Yes, generally No, not really No, definitely not

Please describe:

Please describe what other resources besides HOPWA are being used to address the client's housing issues:

ATTACHMENT 8

BUDGET FORM 1

Name of Project _____
 Applicant Agency _____
 Grant Year 2013-2014

Personnel		Hours Per Week on Project	Source of Project Funds		
Name	Position Title		Grant Funds*	Other Funds**	Total Project Costs
SUBTOTAL PERSONNEL					
FRINGE BENEFITS					
Insurance					
Social Security					
Retirement					
Disability					
Medical					
Dental					
TOTAL PERSONNEL					

* These are grant monies, which are being requested.
 ** These are monies outside the grant process which will help pay for the project (e.g. in-kind, or matching funds from another grantor, foundation, or the agency).

BUDGET FORM 2

Name of Project _____

Applicant Agency _____

Grant Year 2013-2014 _____

Category	Grant Funds	Other Funds	Total Project Costs
TOTAL PERSONNEL (from prior page)			
Consumable Supplies			
Medical/Lab			
Office			
Educational			
Postage			
Travel			
Mileage			
Per diem			
Lodging			
Registration Fees			
Rent			
Utilities			
Contractual Services			
Other Expenditures			
Phone			
Printing/Photo Coping			
TOTAL BUDGET			

Table should be amended as needed to include all applicable program costs.