

# HOPWA FY24-25 Application

Screenshots of the HOPWA Application (online). Sequencing pages from beginning to end.

# HOPWA FY24-25 Application



My progress: 0%

---

## HOPWA FY24-25 Application

### FY 2024-2025 Timeline

Release Date:

Saturday, January 13, 2024 @ 12:00AM EST

Submission Deadline:

Wednesday, February 14, 2024 @ 11:59PM EST

The City of Hartford is designated as an Entitlement Community by the U.S. Department of Housing and Urban Development (HUD), and is allocated grant funds on an annual basis to meet the needs of low-to-moderate income (LMI) individuals and households through the Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), HOME Investment Partnerships Program (HOME), and the Housing Opportunities for People with AIDS (HOPWA) Programs. **Under the City's 2024-2025 CDBG program application process, eligible entities are invited to submit applications for Community Development Block Grant (CDBG) funding to carry out community development activities for the period July 1, 2024-June 30, 2025.**

Back

Save

Continue



# HOPWA FY24-25 Application

My progress: 6%



## Official Instructions

Please download instructions online at: [Instructions for FY 2023-2024 CDBG application](#)

Back

Save

Continue

# HOPWA FY24-25 Application



My progress: 12%



## Funding Opportunity

Please confirm the funding opportunity you are applying for? Required

HOPWA

Back

Save

Continue

# HOPWA FY24-25 Application



My progress: 17%

## Organization (Applicant) Information

Organization (Applicant) Name: **Required**

Maximum 500 characters (500 remaining)

Mailing Address: (Street, City, State, Zip) **Required**

*Please include the FULL mailing address.*

Example: 550 Main Street, Hartford, CT 06103

Maximum 46 characters (46 remaining)

Federal TIN/EIN#: **Required**

Please enter the **Tax Identification Number** (TIN)/Employer Identification Number (EIN), including the dash.

XX-XXXXXXX

Maximum 10 characters (10 remaining)

Federal UEI: **Required**

Visit <https://sam.gov/content/duns-uei> for more information.

Maximum 12 characters (12 remaining)

# HOPWA FY24-25 Application



My progress: 22%



## CEO / Executive Director Contact Information

*Person authorized to sign contract and bind organization.*

Full Name: **Required**

Maximum 100 characters (100 remaining)

Title: **Required**

Maximum 100 characters (100 remaining)

Phone Number: **Required**

Maximum 20 characters (20 remaining)

E-mail Address: **Required**

Maximum 30 characters (30 remaining)

# HOPWA FY24-25 Application



My progress: 28%

## CFO Contact Information

*Person authorized to sign contract and bind organization.*

Full Name: Required

Maximum 100 characters (100 remaining)

Title: Required

Maximum 100 characters (100 remaining)

Phone Number: Required

Maximum 20 characters (20 remaining)

E-mail Address: Required

Maximum 30 characters (30 remaining)

# HOPWA FY24-25 Application



My progress: 33%



## Organization Financial Information

Organization Annual Budget: **Required**

Example: \$126,732

Maximum 10 characters (10 remaining)

Total Cost of Activity: **Required**

Example: \$29,041

% of Organization's Annual Budget: **Required**

Example: 59%

Maximum 3 characters (3 remaining)

Funds Requested: **Required**

Example: \$200,000

Maximum 12 characters (12 remaining)



## Section I: About Your Organization (Max 5 points)

5 Points

1. What is your organization's mission statement? **Required**

1 point

Maximum 1000 characters (1000 remaining)

2. What target population(s) does your organization serve? **Required**

1 point

Maximum 2500 characters (2500 remaining)

3. A brief summary of your organization's history. **Required**

1 point

Maximum 3000 characters (3000 remaining)

4. A brief description of the proposed project including the eligible HOPWA activities for which funding is requested. **Required**

2 points

Maximum 2000 characters (2000 remaining)

## Section II: Alignment to City's Community Development Goals

**\*Please select the Community Development Goal(s) your proposed activity addresses, and the projected number of clients to be served.**

### High Priority Goals & Descriptions Required

- Tenant Based Rental Assistance: Tenant based rental assistance for persons living with HIV/AIDS.
- Short Term Rent, Mortgage and Utility Assistance: Short-term rental/mortgage/utility assistance for persons living with HIV/AIDS.
- Permanent Housing Facility Operating Costs: Operating costs for permanent housing facilities where persons living with HIV/AIDS reside.
- Short Term Housing Facility Operating Costs: Operating costs for short-term housing facilities where persons living with HIV/AIDS reside.
- Non-Housing Activities: Other services for persons living with HIV/AIDS (supportive services)
- Non-Housing Activities: Other services for persons living with HIV/AIDS (resource identification, administration)

## Section III: Activity Narrative (Max 25 points)

1. Demonstrate a minimum of three (3) years of experience providing HOPWA-funded supportive housing and/or support services, or other HOPWA-funded services as appropriate, for persons living with HIV/AIDS or equivalent. How many years has the organization been providing such services? Give a brief overview of the HOPWA services offered. **Required**

**4 points**

2. Describe the supportive services that the participants will receive including:

Please answer questions 2a through 2e.  
(do not answer in this box)

Please answer questions 2a through 2e. [Do not answer in this box]

2a. How the type (case management, job training, life skills training) and the scale (the frequency and duration of the services) will fit the needs of the participants; **Required**

**2 points**

2b. What organization will provide the supportive services, where they will be provided and what transportation will be available to the participants to access those services; **Required**

**2 points**

2c. How you plan to ensure that the participants will be individually assisted to identify and apply for and obtain benefits under mainstream health and social services programs for which they are eligible; **Required**

**2 points**

2d. How the services will increase the participants' access to appropriate healthcare;

**Required**

**2 points**

2e. How the services will increase participants' access to employment. **Required**

**2 points**

3. Describe how the program will monitor and evaluate the assistance for and the quality of the housing environment provided to the consumers. **Required**

**1 point**

4. Describe the organizations's procedures for ensuring that confidentiality of all persons assisted by the HOPWA program is maintained. If HOPWA housing assistance (TBRA/STRMU) is included, explain how HOPWA financial assistance will be delivered in a manner which does not compromise client confidentiality. **Required**

**1 point**

5. Describe how the program coordinates services and resources with other service providers to improve service delivery and reduce barriers to effectively keep clients in stable housing? Provide a specific list of the providers and describe the benefits of collaboration. **Required**

**3 points**

6. What other sources of financial assistance does the program receive (i.e. DSS, DHMAS, HUD) and how does this assistance complement HOPWA services? **Required**

**1 point**

7. Does the program have procedures in place to monitor and evaluate the progress of clients from entrance into the program to permanent placement and beyond? **Required**

**2 points**

8. How does the program ensure that federal HOPWA housing requirements will be met, such as rent calculations, housing quality standard inspections, lead-based paint inspections? **Required**

2 points

9. Is your organization a housing facility? **Required**

Yes

No

If a housing facility, does the organization have consumer grievance procedures, discharge policies?

How are consumers made aware of these policies? **Required**

1 point

10. Is the organization proposing the use of any subcontractors or partners to provide ANY portion of the services funded pursuant to this application? **Required**

Yes

No

If yes, please provide the information above (Section III, Questions 1-9) about each subcontractor and/or partner. Describe how the proposed HOPWA program sits within the organization's mission and current program configuration. **Required**

# HOPWA FY24-25 Application



My progress: 56%

## Section IV: Fair Housing (Max 5 points)

5 points

1. If funded by HOPWA during the operating year, grantees must carry out a minimum of one (1) activity to further fair housing. Please discuss what specific action the organization will perform during the program year in the area of enforcement and/or promotion to affirmatively further fair housing. Required

5 points

Maximum 5000 characters (5000 remaining)

## Section V: Performance Measurement (Max 10 points)

1. Describe with specificity to what extent the organization has met one or more of the following three (3) national performance measures related to client outcomes, over the past three (3) years:

**5 points**

answer questions 1A-1C below

1A. HOPWA-assisted households will establish or better maintain a stable living environment **Required**

Maximum 3000 characters (3000 remaining)

1B. HOPWA-assisted households will have improved access to care and support **Required**

Maximum 3000 characters (3000 remaining)

1C. HOPWA-assisted households will have a reduced risk of homelessness **Required**

Maximum 3000 characters (3000 remaining)

2. How will the organization sustain or improve upon these results in the new program year? **Required**

**5 points**

Maximum 3000 characters (3000 remaining)



## Section VI: Quality Assurance Requirements (Max 15 points)

1. Internal Quality Assurance Process: Describe the organization's internal quality assurance process and its impact upon program operations, how it has enabled the organization to comply with the requirements of the AIDS CT Quality Assurance Review Process (QARP). **Required**

**5 points**

Maximum 5000 characters (5000 remaining)

2. External Quality Assurance Process: Indicate the score and any recommendations from the organization's 2023 ACT Quality Assurance Review Process (QARP, also known as the ACT audit). If no ACT audit was conducted in 2023, please indicate the score and recommendations from the 2022 ACT audit. If the organization has not participated and the results of that process. If the organization has not participated in an external quality assurance process, state such. **Required**

**5 points**

Maximum 5000 characters (5000 remaining)

3. Client Satisfaction Process: Describe the organization's client satisfaction process (surveys, etc.). Summarize feedback (number and percent of returned surveys, summary of concerns expressed by clients, etc.). Give a brief narrative of the organization's follow-up actions or plans regarding concerns raised by clients. Include a copy of the organization's client satisfaction survey (if applicable). **Required**

**5 points**

Maximum 5000 characters (5000 remaining)

## Section VII: Organizational Capacity (Max 20 points)

1. Describe the length of time and experience the organization and staff have in providing the housing and service activities outlined in your program plan. Include the name, titles, qualifications (years of experience, professional training and academic degrees) and hours per week and percentage of time of all staff assigned to the HOPWA funded program, and how this staffing pattern will successfully meet this NOFA's requirements in light of any other similar obligations for any other entity. Indicate vacant or new positions. Summarize the organization's procedures to secure and retain professional staff, and the method of evaluating personnel performance. **Required**

**8 points**

Maximum 5000 characters (5000 remaining)

2. Describe the staff's participation in professional training conducted by ACT and other entities and how the staff keeps up to date on HUD regulations and priorities. **Required**

**3 points**

Maximum 5000 characters (5000 remaining)

3. Describe the methods that will be used to collect and manage activity data to verify that the clients served meet HOPWA eligibility criteria and that all required data will be collected and reported to the City, including use of HMIS. **Required**

**3 points**

Maximum 5000 characters (5000 remaining)

4. Describe the organization's financial capacity to properly isolate HOPWA-related income and expenditures to ensure the safeguarding of funds and for the purpose of an audit. **Required**

**3 points**

Maximum 5000 characters (5000 remaining)

5. State the organization's experience being on compliance with past contracts and/or directives related to the organization's programming or financial operations. State any deficiencies identified in recent annual program audits (including Federal HUD, State or local City of Hartford audits), monitoring or corrective action plans, and if applicable, steps taken to complete any recommendations. (If there were deficiencies identified, submit copies of these audits, monitoring or corrective action plans and steps taken to implement any recommendations.) **Required**

**3 points**

Maximum 5000 characters (5000 remaining)

My progress: 78%

---

## Section VIII: Leveraged Funds (Max 10 points)

1. Identify all other sources of funding allocated to the program for the period of July 1, 2023 - June 30, 2024. If there are committed funds, attach a copy of the award letter(s).

Required

6 points

Maximum 5000 characters (5000 remaining)

2. Describe the organization's long-term strategy to sustain funding for the program and explain how HOPWA funds may be used to leverage other funding. Required

4 points

Maximum 5000 characters (5000 remaining)

## Section IX: Budget (Max 10 points)

The organization may submit its proposed budget on the following page or produce an in-house form (Excel, QuickBooks, etc.), providing expenditures are detailed and broken down by each Eligibility Activity for which funding is requested.

**10 points**

The SAMPLE Budget illustrates expenditures for each Eligible Activity. Not all allowable costs are represented here; please refer to the HOPWA Oversight Guide for further information. If funding is awarded, the organization will work with its Contract Manager to prepare a revised budget reflecting proper categorization of eligible costs.

[SAMPLE Budget for Download](#)

No response required

Upload Completed Budget: Required

Please upload the completed budget.

Select file

Max file size: 1024 MB

Max number of files: 5 files

Other Important Funding Notes:

- **If funds are requested for** the purchase of supplies or purchased services, the organization must provide detailed receipts and proof of payment in order to receive reimbursement.
- **If indirect costs are requested**, the applicant must justify why the indirect costs are reasonable and prudent to the funded activity, explain the methodology used to calculate the indirect cost rate, and include a copy of the organization's Indirect Cost Plan in accordance with OMB Circular A-122.

## HOPWA Attachments:

1 point will be deducted for each of the following items not submitted with the application:

- 501(c)(3) designation from the IRS
- Proof of insurance from the CT Secretary of the State
- Current list of the organization's Board of Directors
- Organization's single audit report for its most recent fiscal year (2022 or 2023); or Organization's financial statement for the most recent fiscal year (ending 2022 or 2023)

### Document Name Required

**Required Documents:** The following documents must be included at the time of submission. See Official Instructions for information on submitting #1-8 (#9 & #10 are only, if applicable) with this application.

- 1. City of Hartford Grantee Certification and Official Application Signature (signed and dated)
- 2. City of Hartford Tax/Financial Certification and Declaration of Delinquencies (signed and dated)
- 3. City of Hartford Maintenance of Insurance Certification (signed and dated)
- 4. City of Hartford EEO Report (signed and dated)
- 5. Organization's Board of Director's List (current as of application date)
- 6. Organization's 501(c)(3) designation from IRS
- 7. Organization's proof of incorporation from the CT Secretary of State
- 8. Organization's single audit report for its most recent fiscal year (either 2022 or 2023); OR Organization's financial statement for the most recent fiscal year.
- 9. Award Letters, Commitment Letters (if applicable)
- 10. Client Satisfaction Survey (if applicable)

## Acknowledgements and Electronic Signature

**ATTENTION:** If your application needs to be left open for more than 24 hours before submitting, please click "SAVE" and come back to the saved form before submitting. If you are seeing a "File not Found" error, please re-upload your attachments before submitting and the error will be resolved.

The undersigned hereby certifies that s/he is duly authorized to negotiate execute and deliver agreements, documents and other instruments in the name of and on behalf of the organization submitting this application for funding assistance, and that the information contained in this application is, to the best of his/her knowledge, true, correct, complete, and represents under penalty of law the true intended usage of the funds for which the application is being submitted.

Please type your full name here, and sign in the box below. **Required**

Maximum 50 characters (50 remaining)

I hereby further acknowledge and attest that the information provided in this application is true to the best of my knowledge. **Required**

- Draw signature below     Upload photo of signature

Once you click "Submit", the final application will be sent and information cannot be changed. You will receive an e-mail confirmation with your answers attached. Please confirm below you are ready to submit the application. **Required**

- I acknowledge all answers are final, and I am ready to submit my application.