

Please submit one (1) electronic copy of the renewal document in its original format to the email address listed below one (1) electronic copy to your Public Health Regional HIV/STD Program Manager. The face page and if applicable the Certification of Categorical Exclusion, must be scanned in as a .pdf file and sent to:

**Hiv-srvscontracts@dshs.state.tx.us
Contract Management Unit
Texas Department of State Health Services**

Hard copies of Renewals are not required for submission.

**TABLE A:
HOPWA 2011
12 Month FUNDING ALLOCATIONS
(02/01/11 – 01/31/12)**

ADMINISTRATIVE AGENCY	FUNDING BY HSDA'S SERVED	HOPWA CONTRACT AMOUNT
Lubbock Regional MHMR	Lubbock: \$135,000 Amarillo: \$132,000 Permian: \$121,000 El Paso: \$200,000	\$588,000
Tarrant County	Abilene: \$72,000 Fort Worth: \$43,000 Wichita Falls: \$66,000	\$181,000
Dallas County Health and Human Services Dept.	Dallas: \$2,000 Sherman: \$57,000	\$59,000
Houston Regional Resource Group	Beaumont: \$117,700 Lufkin: \$140,800 Houston: \$20,000 Galveston: \$3,000 Tyler: \$448,500 Texarkana: \$82,000	\$812,000
Brazos Valley Council of Governments	Austin: \$28,000 Concho: \$22,000 Temple: \$37,000 Waco: \$105,000 College Station: \$70,000	\$262,000
Bexar County	Uvalde: \$28,000 Victoria: \$76,000 San Antonio: \$107,000	\$211,000
South Texas Development Council	Laredo: \$88,000 Brownsville: \$378,000 Corpus Christi: \$358,000	\$824,000
TOTAL		\$2,937,000

**Project Year 2011
Renewal Guidance
For Housing Assistance
Opportunities for Persons
with AIDS (HOPWA)**

<http://www.dshs.state.tx.us/hivstd/funding/default.shtm>

Issue Date: 07/05/2010

Due Date: 08/12/2010

Contract Management Unit
1100 W. 49th Street
Austin, Texas 78756-3199

David L. Lakey, M.D.

Commissioner of Health

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Department of State Health Services

FORM A: FACE PAGE – Renewal Guidance

This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety. By signing the face page you are also certifying to all of the assurances and certifications in this renewal.

APPLICANT INFORMATION	
1) LEGAL BUSINESS NAME:	
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):	Check if address change <input type="checkbox"/>
3) PAYEE Name and Mailing Address (if different from above):	
Check if address change <input type="checkbox"/>	
4) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit) :	
<i>*The applicant acknowledges, understands and agrees that the applicant's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</i>	
5) TYPE OF ENTITY (check all that apply):	
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization <input type="checkbox"/> Faith Based (Nonprofit Org)
<input type="checkbox"/> Individual <input type="checkbox"/> FOHC <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): _____	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>	
6) PROPOSED BUDGET PERIOD:	Start Date: _____ End Date: _____
7) COUNTIES SERVED BY PROJECT:	
8) AMOUNT OF FUNDING REQUESTED:	10) PROJECT CONTACT PERSON
9) PROJECTED EXPENDITURES	Name: Phone: Fax: E-mail:
Does applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? **	11) FINANCIAL OFFICER
Yes <input type="checkbox"/> No <input type="checkbox"/>	Name: Phone: Fax: E-mail:
<i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	
The facts affirmed by me in this proposal are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in APPENDIX A: DSHS Assurances and Certifications . I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.	
12) AUTHORIZED REPRESENTATIVE	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE
Name: Title: Phone: Fax: E-mail:	Check if change <input type="checkbox"/>
14) DATE	

FORM B: CONTACT PERSON INFORMATION

Legal Name of Applicant: _____

This form provides information about the appropriate program contacts in the applicant's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please notify Susana Garcia, Contract Manager, in writing.

Executive Director: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Project Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Financial Reporting _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
URS Data Manager: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Planning Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Clinical Services Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____

FORM C: ADMINISTRATIVE INFORMATION - Renewal Guidance

This form provides information regarding identification and contract history on the applicant, executive management, project management, governing board members, and/or principal officers. Respond to each request for information or provide the required supplemental document behind this form. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.

Legal Name of Applicant: _____

Identifying Information

If there are no changes to any of the items below, check here and skip the next question in this section.

1. The applicant shall attach the following information:

If a Governmental Entity

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.

If a Nonprofit or For profit Corporation

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate what offices are held by members (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for profit corporation.

Conflict of Interest and Contract History

If there are no changes to any of the items below, check here and skip the questions in this section.

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this renewal application. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with DSHS, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this renewal application. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of DSHS, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict shall be disclosed. Failure to disclose any such relationship may be cause for contract termination. If, following a review of this information, it is determined by DSHS that a conflict of interest exists, the applicant may be disqualified from further consideration for the renewal of a contract.

1. Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this renewal application?

YES NO

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

2. Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the renewal application due date?

YES NO

If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.

3. Is applicant or any member of applicant's executive management, project management, board members or principal officers:

- Delinquent on any state, federal or other debt;
- Affiliated with an organization which is delinquent on any state, federal or other debt; or
- A default on an agreed repayment schedule with any funding organization?

YES NO

If YES, please explain. (Attach no more than one additional page.)

FORM D: HOPWA PERFORMANCE MEASURES Guidelines

Applicant shall include the following performance measures in the renewal application along with the proposed target levels of performance for each measure. The proposed target levels of performance will be negotiated and agreed upon by applicant and DSHS.

Contractors must provide the below performance measures for **each** HSDA and **identify** the Project Sponsor for the applicable HSDA:

1. Each HOPWA Project Sponsor shall provide the following HOPWA services to the target number of households:

<i>Identify HSDA – Identify HOPWA Sponsor</i>	<i>Target Number</i>
Term: February 1, 2011-January 31, 2012	
a. Number of <u>households</u> to receive TBRA	
b. Number of <u>households</u> to receive STRMU	
c. Number of <u>households</u> to receive HOPWA-funded Supportive Services	
d. Number of <u>households</u> to receive Permanent Housing Placement	

Only the above performance measures listed are required for this contract. If you choose to include additional measures you will be required to monitor and report on all performance measures completed in this section in your quarterly report.

FORM D: HOPWA PERFORMANCE MEASURES

Applicant agrees that performance measures(s) will be used to assess, in part, the applicant's effectiveness in providing the services described. Address all of the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this renewal application. A maximum of one additional page may be attached if needed.

FORM E: Changes to HOPWA Funding Levels

The information provided below will be considered in future project years.

If your entity requires changes to funding levels to adequately provide services to clients, provide the following information:

1. Specify changes to funding levels by HSDA (i.e. increase in cumulative contract amount requested, changes to allocations due to HSDA needs); and
2. Summarize how the changes to your total project budget will impact your overall agency program goals.

A maximum of one additional page may be attached if needed.

Form I: Budget Instructions

The HOPWA Program Manual is in effect and serves as the basic program guidance for the HOPWA program. An electronic version of the HOPWA Program Manual and links to Housing and Urban Development (HUD) information on Fair Market Rents (FMRs) and Income Limits may be found on the website at: <http://www.dshs.state.tx.us/hivstd/default.shtm>

Please submit a twelve (12) month categorical budget and justification (02/01/10 – 01/31/11) based on the allocation table (see Table A). Use the Instructions and Examples for a Categorical Budget Justification format provided to create a categorical budget and budget justification. (See [excel spreadsheet](#))

Composite Regulations for HOPWA (CFR 574.3 Definitions), defines administrative costs in the following way: "Administrative costs mean costs for general management, oversight, coordination, evaluation and reporting on eligible activities. Such costs do not include costs directly related to carrying out eligible activities." Eligible staff time and travel to a client's residence and providing smoke detectors are considered as costs directly related to carrying out one of the eligible activities of providing STRMU or TBRA.

The budget you submit must clearly summarize the dollar amounts allocated in the following categories:

058	Project Sponsor Administrative Cost
D77	Project Sponsor STRMU
D76	Project Sponsor TBRA
055	Supportive Services
472	Permanent Housing Placement Services

HOPWA PROJECT SPONSOR DATA SHEET

February 1 _____ to January 31 _____

INSTRUCTIONS: The AA completes the Project Sponsor Data sheet on each HOPWA Project Sponsor and submits to DSHS no later than February 1 of each HOPWA project year *and as changes in Project Sponsors and contract or budget amounts occur*, via the reporting mailbox at Hivstdreport.tech@dshs.state.tx.us.

Administrative Agency		Date Submitted		Revision: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Project Sponsor Agency Name		Parent Company Name, if applicable			
Administrative Agency Employer Identification Number (EIN) or Tax Identification Number (TIN):					
Administrative Agency North American Industry Classification System (NAICS) Code:		Administrative Agency DUN & Bradstreet Number (DUNs):		Central Contractor Registration: Is the Administrative Agency CCR status currently active: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Title of Contact at Project Sponsor Agency					
Email Address					
Business Address					
City, County, State, Zip,					
Phone Number (with area codes)			Fax Number (with area code)		
Project Sponsor Employer Identification Number (EIN) or Tax Identification Number (TIN)		Project Sponsor DUN & Bradstreet Number (DUNs):			
Project Sponsor North American Industry Classification System (NAICS) Code		Central Contractor Registration: Is the Project Sponsor CCR status currently active: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Congressional District of Business Location of Sponsor					
Congressional District(s) of Primary Service Area(s)					
Zip Code(s) of Primary Service Area(s)					
City(ies) of Primary Service Area(s)		County(ies) of Primary Service Area			
Total HOPWA contract amount for this Organization		Method of Payment : <input type="checkbox"/> Unit Rate/Fee for Service <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other, specify _____			
Is the sponsor a nonprofit organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is sponsor faith-based organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is sponsor grassroots organization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Select all that apply to the project sponsor		<input type="checkbox"/> Minority Organization ¹ <input type="checkbox"/> Minority Provider ² <input type="checkbox"/> Historically Underutilized Business (HUB) Certified			

¹ Minority Organization is one whose Board of Directors is made up of 50% racial or ethnic minority members.

Selection process for project sponsor	<input type="checkbox"/> Competitive RFP <input type="checkbox"/> Sole source <input type="checkbox"/> Single Source
Organization's Website Address	Does your organization maintain a waiting list policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of the waiting list policy.

Assurances:	
I certify that this subcontractor has not:	
<input type="checkbox"/>	Been suspended by DSHS or is delinquent on a repayment agreement to DSHS;
<input type="checkbox"/>	Had a contract terminated by DSHS for cause;
<input type="checkbox"/>	Had a required license or certification revoked that is required to carry out the terms of the subcontract; and
<input type="checkbox"/>	Voluntarily surrendered any license issued by DSHS within the past three (3) years.
I certify that the following is in place:	
<input type="checkbox"/>	Subcontract is in writing, developed to be consistent with the DSHS contract, and signed by both parties;
<input type="checkbox"/>	Programmatic and financial review of subcontractor is conducted in accordance with applicable Office of Management and Budget (OMB) circular;
<input type="checkbox"/>	Procedures used to advertise and award these funds meet the minimum standards required by OMB;
<input type="checkbox"/>	Subcontractor receives a written report of the results of all monitoring activities conducted; and
<input type="checkbox"/>	Appropriate corrective action steps are taken when subcontractor is not in compliance with contract terms.

Program Activity	Amount Budgeted for Project Period	Goals for Project Period
		# of Households to be Served
STRMU		
TBRA		
Supportive Services ³		
Permanent Housing Placement Administration		
Total		

Certifying Official Name & Title _____

Date: _____

Special Note: Please note electronic submission is acceptable of this form. The signature of Form A: face page certifies to all of the information indicated in the Project Sponsor Data sheet is true and accurate.

² Minority provider is defined as:

- has documented history of providing service to the targeted racial/ethnic minority community(ies) to be served; and
- located in or near the targeted racial/ethnic minority community they are intended to serve; and
- has documented linkages to the targeted racial/ethnic minority populations, so that they can help close the gap in access to services for highly impacted communities of color; and provides services in a manner that is culturally and linguistically appropriate.

³ Includes Supportive Services provided in conjunction and not in conjunction with HOPWA housing assistance.

Certification of Categorical Exclusion (not subject to 58.5)

Determination of activities listed at 24 CFR 58.35(b)
May be subject to provisions of Sec 58.6, as applicable

Administrative Agency (Grant Recipient): _____

Project Sponsor (Subrecipient): _____

Project Name: Housing Opportunities for Persons with AIDS/HIV (HOPWA)

Project Description (Include all actions which are either geographically or functionally related):

Administration, supportive services, short term rent, mortgage and utility payments to prevent homelessness and tenant-based rental assistance for persons with AIDS/HIV

Location: _____

Funding Source: State HOPWA grant

Funding Amount: _____ Grant Number: TX01F99

I hereby certify that the abovementioned project has been reviewed and determined to be a Categorically Excluded activity (not subject to 58.5) per 24 CFR 58.35(b) as follows:

<input checked="" type="checkbox"/>	1. Tenant-based rental assistance;
<input checked="" type="checkbox"/>	2. Supportive services including, but not limited to, health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent/mortgage/utility costs, and assistance in gaining access to local, State, and Federal government benefits and services;
	3. Operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment and other incidental costs;
	4. Economic development activities, including but not limited to, equipment purchase, inventory financing, interest subsidy, operating expenses and similar costs not associated with construction or expansion of existing operations;
	5. Activities to assist homebuyers to purchase existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buy downs, and similar activities that result in the transfer of title.
	6. Affordable housing pre-development costs including legal, consulting, developer and other costs related to obtaining site options, project financing, administrative costs and fees for loan commitments, zoning approvals, and other related activities which do not have a physical impact.
	7. Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under this part, if the approval is made by the same responsible entity that conducted the environmental review on the original project and re-evaluation of the environmental findings is not required under Sec. 58.47.

If your project falls into any of the above categories, no Request for Release of Funds (RROF) is required, and no further environmental approval from HUD will be needed by the recipient for the draw-down of funds to carry out exempt activities and projects. The responsible entity must maintain this document as a written record of the environmental review undertaken under this part for each project.

By signing below the Responsible Entity certifies in writing that each activity or project is Categorically Excluded (not subject to 58.5) and meets the conditions specified for such determination per section 24 CFR 58.35(b). Please keep a copy of this determination in your project files.

AA Certifying Official Name and Title (Printed) DSHS Responsible Entity Certifying Official Name & Title

(Date)

EXHIBIT B

**Summary of HIV/HOPWA Expenditures by Administrative and Project Sponsor
To be submitted with each voucher for reimbursement**

Administrative Agency: _____ *Submission Date:* ___/___/___

Contact Person: _____ **Phone:** _____

Contract No./Program Attachment No: _____

Service Dates: _____

AA Contract Amount

Subcontractor (Project Sponsor)	Contract Amount	STRMU D77	TBRA D76	Supportive Services 055	Permanent Housing Placement 472	Administration 058	Total
Subcontractor sub- total							

INSTRUCTIONS:

- 1. Complete this form and submit with each voucher for reimbursement**
- 2. ‘Supportive Services’ previously known as ‘Other Services.’ Examples include HOPWA case manager salaries/fringe, smoke detectors, and telephone service assistance.**
- 3. Permanent Housing Placement Services are amounts expended for security deposits and related application fees and credit checks up to 2 months rent.**

HIV HOPWA ASSURANCES AND REQUIREMENTS

The signature on face page also certifies that all below requirements and assurances shall be followed by each Administrative Agency and their subcontractors.

HIV CONTRACTOR ASSURANCES

All contractors shall abide by all policies and assurances of the HIV/STD Prevention and Care Branch that apply to the programs being provided. The HIV Contractor Assurances are located on the HIV website at: http://www.dshs.state.tx.us/hivstd/funding/docs/HIV_Contractor_Assurances.pdf. A list of policies applicable to all HIV and STD contractors is provided at the agency's website at <http://www.dshs.state.tx.us/hivstd/policy/policies.shtm>.

DSHS ASSURANCE AND CERTIFICATIONS

All contractors shall abide by the DSHS Assurance and Certifications located at: <http://online.dshs.state.tx.us/finance/cscu/08assurances.doc>

Administrative Agencies shall assure the following activities take place within each Project Sponsor:

1. 100% of clients receiving HOPWA housing assistance shall receive case management services.
2. All HOPWA clients shall have a comprehensive housing plan that includes periodic contact with a case manager/benefits counselor and a primary care physician.
3. Project Sponsors shall document local demand for housing needs beyond their current capacity and have a written policy that outlines the agency's response to such demand. The documentation of local demand for housing needs is to be done through the use of waiting lists that are to be updated every six (6) months indicating the date persons were added and removed.