# HOPWA Project Sponsor Data Sheet

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| 09/01/23 – 08/31/24 | | | | |
| The Administrative Agency must complete one Data Sheet for each Project Sponsor in each HSDA. Electronically submit Data Sheets to the HOPWA Coordinator before the program year begins (09/01). Form A certifies all information herein is true. | | | | |
| Administrative Agency: | | | Choose an Administrative Agency. | |
| Project Sponsor Name: | | |  | |
| Project Sponsor Parent Company Name: | | |  | |
| Is System for Award Management (SAM) registration active? | | |  | |
| Unique Entity Identification (UEI) Number: | | |  | |
| Employer ID Number (EIN) or Tax ID Number (TIN): | | |  | |
| North American Industry Classification System (NAICS) Code: | | |  | |
| HIV Service Delivery Area: | | | Choose an HSDA. | |
| Physical Address: | | |  | |
| Mailing Address: | | |  | |
| Main Phone Number: | | |  | |
| Main Fax Number: | | |  | |
| Website | | |  | |
| Facebook Page | | |  | |
| Twitter Handle | | |  | |
| What department administers the HOPWA grant? | | |  | |
| Is this a nonprofit organization? | | |  | |
| Is this a faith-based organization? | | |  | |
| Is this a grassroots organization? | | |  | |
| Cities in this HSDA: | | |  | |
| Counties in this HSDA: | | |  | |
| Congressional Districts in this HSDA: | | |  | |
| Congressional District of Project Sponsor: | | |  | |
| **Select all that apply to the Project:** | | | **Selection process for Project:** | |
| Minority Organization\* | | | Competitive | |
| Minority Provider\*\* | | | Sole source | |
| Historically Underutilized Business (HUB) Certified | | | Other (Specify): | |
| **Assurances** | | | | |
| **I certify that this Project has not:** | | | | |
| Been suspended by DSHS or is delinquent on a repayment agreement to DSHS; | | | | |
| Had a contract terminated by DSHS for cause; | | | | |
| Had a required license or certification revoked that is required to carry out the terms of the subcontract; and | | | | |
| Voluntarily surrendered any license issued by DSHS within the past three (3) years. | | | | |
| **I certify that the following is in place:** | | | | |
| Subcontract is in writing, developed to be consistent with the DSHS contract, and signed by both parties; | | | | |
| Programmatic/financial review of Project is conducted in accordance with 2 CFR § 200 et seq.; | | | | |
| Procedures used to advertise and award these funds meet the minimum standards required by 2 CFR § 200 et seq.; | | | | |
| Subcontractor receives a written report of the results of all monitoring activities conducted; and | | | | |
| Appropriate corrective action steps are taken when subcontractor is not in compliance with contract terms. | | | | |
| **Activity** | **Allocation** | | | **Households to be served:** |
| Tenant-Based Rental Assistance | $ |  | |  |
| Short-Term Rent, Mortgage, Utility | $ |  | |  |
| Facility-Based Housing Assistance | $ |  | |  |
| Permanent Housing Placement | $ |  | |  |
| Housing Case Management | $ |  | |  |
| Housing Information Services | $ |  | |  |
| Resource Identification | $ |  | |  |
| Project Sponsor Administration | $ |  | |  |
| **Total** | **$** |  | |  |
| \* Minority Organization: Board of Directors has 50% racial/ethnic minority members. \*\* Minority Provider: a) history of targeting racial/ethnic minorities; b) located in/near racial/ethnic minority communities; c) offers culturally/linguistically appropriate services to reduce disparities. | | | | |