



Memorandum

TO: HOPWA Administrative Agency Executive Directors
HOPWA Administrative Agency Contact Persons

FROM: Lillie Powell, Contract Manager
Contract Management Unit
Division of Prevention and Preparedness

DATE: 10/6/2015

SUBJECT: HOPWA Renewal Request for Program Year 2016 (02/01/2016-01/31/2017)

Enclosed are the documents required for the renewal of your agency's Housing Opportunities for Persons with AIDS (HOPWA) contract with the Department of State Health Services (DSHS) for the period February 1, 2016 through January 31, 2017. This renewal document will be posted on the HIV/STD Program's website at: <http://www.dshs.state.tx.us/hivstd/funding/default.shtm>. Instructions for completing the application are included below. If you have questions, please contact Lillie Powell, Contract Manager, at 512-776-2665.

Please note the following requirements for Program Year 2016 Contract Renewal:

- Complete Form A Face Page
 - Complete Form B Contact Information Page
 - Complete Form C
 - Complete Form D
 - Complete Certification of Categorical Exclusion
 - Prepare a 12 month budget for this contract renewal period (02-01-2016-01/31/2017).
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INSTRUCTIONS FOR SUBMISSION

Please submit one (1) electronic copy of the required contract renewal forms to the email address listed below and one (1) electronic copy to your Public Health Regional HIV/STD Program Manager on or before 5:00 pm Friday October 26, 2015. The signed face page must be scanned in as a .pdf file and sent to:

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

Hard copies of the renewal application are not required for submission.



**Housing Opportunities for Persons with AIDS (HOPWA)
2016 Renewal Application
(02/01/2016-01/31/2017)**

Issue Date: 10/09/2015

Due Date: 10/26/2015

Contract Management Unit
1100 West 49th Street
Austin, Texas 78756

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

Kirk Cole, M.D.
Interim Commissioner

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Budget Summary with Justification Tabs		

Form A (Continued): Face Page Instructions

This form provides basic information about the applicant and the proposed project with the DSHS, including the signature of the authorized representative. It is the cover page of the renewal application and is required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in the identified Competitive Request for Proposal and the original DSHS contract, any renewal(s) or amendment(s). Applicant acknowledges that continued compliance is a condition for the renewal of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

1. **Legal Business Name:** Enter the legal name of the applicant.
2. **Mailing Address:** Enter the applicant's complete physical address and mailing address, city, county, state, and 9-digit zip code.
3. **Payee Name & Mailing Address:** Payee – Entity involved in a contractual relationship with applicant to receive payment for services rendered by applicant and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address, including 9-digit zip code, if PAYEE is different from the applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
4. **DUNS Number:** 9-digit Dun and Bradstreet Data Universal Numbering System (DUNS) number. This number is required if receiving ANY federal funds and can be obtained at: <http://fedgov.dnb.com/webform>
5. **Federal Tax ID, or Texas Comptroller Vendor ID, or Social Security Number:** Enter the Federal Tax Identification Number (9-digit) or the Texas Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The applicant acknowledges, understands and agrees the applicant's choice to use a social security number as its vendor identification number for the contract, may result in the social security number being made public via state open records requests.
6. **Type of Entity:** Check the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml> and/or the Texas State Comptroller at https://fmx.cpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf and check all other boxes that describe the entity. Historically Underutilized Business: A minority or women-owned business as defined by Texas Government Code, Title 10, Subtitle D, Chapter 2161. (<http://www.window.state.tx.us/procurement/prog/hub/>)
State Agency: an agency of the State of Texas as defined in Texas Government Code §2056.001.ii
Institutions of higher education as defined by §61.003 of the Education Code.
MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.
If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.
7. **Proposed Budget Period:** Budget period for this renewal application has been entered for you.
8. **Counties Served by Project:** Enter the proposed counties served by the project.
9. **Amount of Funding Requested:** Enter the amount of funding per the allocation given from DSHS for proposed project activities (not including possible renewals). This amount must match column (1) row K from the BUDGET SUMMARY used for cost reimbursement budgets.
10. **Projected Expenditures:** If applicant's projected federal expenditures exceed \$500,000 or its projected state expenditures exceed \$500,000 for applicant's current fiscal year, applicant must arrange for a financial compliance audit (Single Audit).
11. **Project Contact Person:** Enter the name, phone, fax, and email address of the person responsible for the proposed project.
12. **Financial Officer:** Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.
13. **Authorized Representative:** Enter the name, title, phone, fax, and email address of the person authorized to represent the applicant. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
14. **Authorized Representative Signature:** The person authorized to represent the applicant must sign in this blank.
15. **Date:** Enter the date the authorized representative signed this form.

Form B: Contact Person Information

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, Pamela Mann, Contract Manager, in writing.

Legal Name of Applicant:	
Executive Director: Title: Phone: Ext. Fax: Email:	Mailing Address: <i>(Street/PO Box, City, State, Zip, County)</i>
Project Contact: Title: Phone: Ext. Fax: Email:	Mailing Address: <i>(Street, City, State, Zip, County)</i>
Financial Reporting Contact: Title: Phone: Ext. Fax: Email:	Mailing Address: <i>(Street, City, State, Zip, County)</i>
URS Data Manager: Title: Phone: Ext. Fax: Email:	Mailing Address: <i>(Street, City, State, Zip, County)</i>
Planning Contact: Title: Phone: Ext. Fax: Email:	Mailing Address: <i>(Street, City, State, Zip, County)</i>
Clinical Services Contact: Title: Phone: Ext. Fax: Email:	Mailing Address: <i>(Street, City, State, Zip, County)</i>

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 <input type="checkbox"/> 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 next question 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 (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 their 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:

Yes No

*If **Yes**, please explain (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 number of households for each measure. The household goals will be negotiated and agreed upon by applicant and DSHS.

Applicant must provide the information for each HSDA and identify the Project Sponsor for the applicable HSDA. **If a Project Sponsor serves more than one HSDA, provide separate tables for each HSDA.** Each HOPWA Project Sponsor shall provide the following HOPWA services to the target number of households:

Project Sponsor:		Target Number:
HSDA:	Choose an HSDA.	
Term:	02/01/2016 – 01/31/2017	
Number of households to receive TBRA		
Number of households to receive STRMU		
Number of households to receive PHP		
Number of households to receive Supportive Services		
<i>(Copy and paste for each HSDA as necessary)</i>		

Only the performance measures above are required for this contract. If applicant chooses to include additional measures you will be required to monitor and report on them in your semi-annual report. Applicant agrees that performance measure(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.

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 (attached) for contract period (02/01/2016-01/31/2017) 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). Submit budget in whole dollars only. Please note that as you voucher, you will be required to do so using two decimals.

Composite Regulations for HOPWA (CFR 574.3 Definitions), define 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. Administrative costs cannot exceed 7% of the total allocation.

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

- D76 Tenant Based Rental Assistance Services
- D77 Short-term Rent, Mortgage, and Utility Assistance Services
- 472 Permanent Housing Placement Services
- O55 Supportive Services
- O58 Administration

HOPWA Project Sponsor Data Sheet

02/01/2016 – 01/31/2017

The Administrative Agency must complete one Project Sponsor Data Sheet for *each HSDA* and identify the Project Sponsor for the applicable HSDA. ***If a Project Sponsor serves more than one HSDA, provide separate Data Sheets for each HSDA.*** Data Sheets must be submitted to the HOPWA Coordinator before the program year begins (02/01) and as changes in Project Sponsors and/or allocations occur. Please note electronic submission is acceptable for this form. Form A certifies all information herein is true.

Administrative Agency:					
Date of Submission to DSHS:	Choose a date.				
Project Sponsor Agency Name:					
Parent Company (if applicable):					
HSDA:	Choose an HSDA.				
Project Sponsor Physical Address:					
	(Street)	(City)	(State)	(Zip)	(County)
Project Sponsor Website:					
Project Sponsor Agency Contact:		Name	Phone	Fax	
		Title	Email		

Employer Identification Number (EIN)/
Tax Identification Number (TIN):

DUN & Bradstreet Number (DUN):

North American Industry Classification System (NAICS) Code:
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Project Sponsor Central Contractor Registration status currently active?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Congressional District of Project:
Congressional District(s) in this HSDA:
Cities in this HSDA:
Zip Codes in this HSDA:
Counties in this HSDA:

Is the Project a nonprofit organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the Project maintain a waitlist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check if a faith-based organization	<input type="checkbox"/> Yes		If yes, attach waitlist policies and procedures.		
If yes, check if a grassroots organization.	<input type="checkbox"/> Yes				

Select all that apply to the Project:	Selection process for Project:
<input type="checkbox"/> Minority Organization (1)	<input type="checkbox"/> Competitive RFP
<input type="checkbox"/> Minority Provider (2)	<input type="checkbox"/> Sole source
<input type="checkbox"/> Historically Underutilized Business (HUB) Certified	<input type="checkbox"/> Single source

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 Office of Management and Budget (OMB) circular;

Procedures used to advertise and award these funds meet the minimum standards required by OMB;

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:
TBRA	\$	
STRMU	\$	
PHP	\$	
Supportive Services	\$	
Administration	\$	
Total contract amount for Project:	\$	

Authorized Representative Signature: _____

Date: _____
<small>(1) Minority Organization: Board of Directors has 50% racial/ethnic minority members</small>
<small>(2) 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.</small>

