

**Memorandum**

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| To: | HOPWA Administrative Agency (AA) Executive Directors and Agency Contact Persons |
|  |  |
| From: | Nadine Bautista, Contract Manager |
|  | Contract Management Section |
|  |  |
| Date: | 01/08/24 |
|  |  |
| Subject: | HOPWA Contract Revised Renewal Request for Program Year 2024 (09/01/24 – 08/31/25) |
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| Enclosed are the documents required for the revised renewal of your agency’s Housing Opportunities for Persons with AIDS (HOPWA) contract with the Department of State Health Services (DSHS) for the period September 1, 2024 through August 31, 2025. This revised renewal document will be posted on the HIV/STD Program’s website at: [dshs.texas.gov/hivstd/funding/](http://www.dshs.texas.gov/hivstd/funding/default.shtm). Instructions for completing the application are included below. If you have questions, please contact Nadine Bautista, Contract Manager, at 512-776-6524. |
|  |  |
| Please note the following requirements for Program Year 2024 Contract Renewal: |
|  | Complete Form A Face Page |
|  | Complete Form B Administrative Agency Contact Information |
|  | Complete Categorical Budget Template |
|  | Complete Certification(s) of Categorical Exclusion |
|  | Complete HOPWA Project Sponsor Data Sheet(s) |
|  | Complete HOPWA Project Sponsor Contact Sheet(s) |
|  |  |
|  |  |
| INSTRUCTIONS FOR SUBMISSION |
| Please submit one (1) electronic copy of the required contract renewal forms to the email address listed below, one (1) electronic copy to the HOPWA Coordinator, Blade Berkman, and copy Nadine Bautista on or before 5:00 pm **Monday, February 12, 2023**. The signed face page must be scanned in as a .pdf file and sent to:  |
| Hiv-srvscontracts@dshs.texas.gov Contract Management SectionDepartment of State Health Services |
| **Hard copies of the renewal application are not required for submission.** |

| **Table A** |
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| DSHS HOPWA Program Year 2024 (09/01/24 – 08/31/25)Allocations by Administrative Agency (AA) and HIV Service Delivery Area (HSDA) |
|  |
| **AA** | **AA Total Allocation\*** | **AA Admin Cost Cap\*\*** | **HSDA** | **HSDA Formula Allocations\*\*\*** | **HSDA Formula Allocations if Proportionally Adjusted to Match Prior Year Share of AA Total Allocation** |
| **Bexar County Hospital District** 4801 Northwest Loop 410, Suite 111San Antonio, TX 78229 | $348,967 | $10,000 | San Antonio | $348,967 | $348,967 |
| **Brazos Valley Council of Governments**3991 East 29th StreetBryan, Texas 77802 | $2,047,551 | $32,612 | Abilene | $108,827 | $317,814 |
| Amarillo | $323,328 | $221,295 |
| Austin | $245,598 | $193,412 |
| Bryan-College Station | $239,525 | $94,941 |
| Eagle Pass-Uvalde | $64,545 | $132,314 |
| Lubbock | $219,204 | $217,042 |
| Midland-Odessa | $170,571 | $178,248 |
| San Angelo-Concho Plateau | $43,877 | $35,803 |
| Temple-Killeen | $289,886 | $22,798 |
| Victoria | $74,018 | $281,659 |
| Waco | $204,520 | $139,784 |
| Wichita Falls | $63,652 | $212,442 |
| **Dallas County Health and Human Services**2377 North Stemmons Freeway, Suite 600, LB-16Dallas, Texas 75207 | $948,255 | $15,103 | Dallas | $872,674 | $647,801 |
| Sherman-Dennison | $75,581 | $300,454 |
| **Houston Regional HIV/AIDS Resource Group**500 Lovett Boulevard, Suite 100Houston, Texas, 77006 | $2,401,473 | $38,249 | Beaumont-Port Arthur | $406,698 | $449,068 |
| Galveston | $1 | $1 |
| Houston | $1,174,333 | $606,128 |
| Nacogdoches-Lufkin | $249,646 | $143,866 |
| Texarkana-Paris | $156,960 | $172,018 |
| Tyler-Longview | $413,835 | $1,030,393 |
| **South Texas Development Council** 1216 Santa Maria AvenueLaredo, Texas 78043 | $1,786,090 | $28,447 | Brownsville-Harlingen | $1,162,035 | $782,577 |
| Corpus Christi | $316,261 | $539,347 |
| El Paso | $90,571 | $306,189 |
| Laredo | $217,223 | $157,975 |
| **Tarrant County** 2300 Circle Drive, Suite 2306Fort Worth, Texas 76196 | $312,416 | $10,000 | Fort Worth | $312,416 | $312,416 |
| **Total** | **$7,844,752** | **$134,411** |  | **$7,844,752** | **$7,844,752** |

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| \* | AAs (in lieu of or in conjunction with DSHS) may undertake Resource Identification activities. Resource Identification may be used for costs related to housing resource development, housing research and needs assessment, housing systems coordination, and HUD-approved HOPWA-related training. Note, an AA will not receive separate or additional funding for Resource Identification. If an AA allocates funds for AA Resource Identification costs, it must inversely decrease its total allocation to its Project Sponsors. |
| \*\* | DSHS administers the State of Texas Nonentitlement HOPWA formula grant. As the grantee, DSHS may use not more than 3 percent of each annual grant amount for its own administrative costs relating to administering grant amounts and allocating such amounts to Project Sponsors. DSHS shares grantee administrative costs with AAs. The sum of DSHS and AA administrative costs cannot exceed 3 percent of each annual grant amount. Of the total allocation for each AA, the AA may use not more than the amount specified under “AA Admin Cost Cap” for its own administrative costs. Note, this amount is not separate or additional funding. If an AA allocates funds for AA administrative costs, it must inversely decrease its total allocation to its Project Sponsors. Administrative costs include costs for general management, oversight, coordination, evaluation, and reporting on eligible HOPWA activities. AA use of HOPWA funds for such purposes is optional. Note, AAs may also leverage State Administration funds for AA HOPWA administrative costs. |
| \*\*\* | Each HSDA allocation is determined via formula. The total AA allocation is the sum of the formula allocations to their HSDAs. **AAs are not required to allocate HOPWA funding to their HSDAs or Project Sponsors (subcontractors) based on the allocations in the table above.** AAs may base their allocations on a variety of variables including local unmet need, housing costs, prior number of households served, average expenditures per household, changes in population of persons living with HIV who are also living in poverty, historical data, etc. During the program year, AAs may reallocate funds within and between HSDAs throughout their planning region as needed. For planning purposes, the column, “HSDA Formula Allocations if Proportionally Adjusted to Match Prior Year Share of AA Total Allocation,” provides a set of comparative HSDA allocations in which the AA’s prior year allocations to each HSDA are proportionally increased to match the new AA total allocation. |

###### https://www.dshs.texas.gov/images/HHSDSHS-Logo.png

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| Housing Opportunities for Persons with AIDS (HOPWA) |
| 2024 Contract Renewal |
| (09/01/24 – 08/31/25) |
|  |
| *Issue Date:* | *01/08/2024* |
| *Due Date:* | *02/12/2024* |
|  |
| Contract Management Section |
| 1100 West 49th Street |
| Austin, Texas 78756 |
| [dshs.texas.gov/hivstd/funding/](http://www.dshs.texas.gov/hivstd/funding/default.shtm) |
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| Jennifer A. Shuford, MD, MPH |
| Commissioner |
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# Form A: Face Page

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| 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 renewal and shall be completed in its entirety. Signature of face page certifies to all DSHS and program assurances listed in this renewal document.  |
| **1.** | **Legal Business Name:** |       |
| **2.** | **Physical Address:** |       | [ ]  Check if changed |
| **3.** | **Mailing Address:** |       | [ ]  Check if changed |
| **4.** | **Payee Name** |       |
| **5.** | **Payee Mailing Address:** |       | [ ]  Check if changed |
| **6.** | **Unique Entity ID Number:** |       |
| **7.** | **Federal Tax ID,****Texas Comptroller Vendor ID, or****Social Security Number\*:** |      *\*The respondent acknowledges, understands, and agrees that the respondent'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.* |
| **8.** | **Type of Entity:** | Check all that apply |
|  | [ ]  City | [ ]  Nonprofit Organization\*  | [ ]  Individual |
|  | [ ]  County | [ ]  For Profit Organization\*  | [ ]  Federally Qualified Health Center |
|  | [ ]  Other Political Subdivision | [ ]  Historically Underutilized Business | [ ]  State Controlled Institution of Higher Learning |
|  | [ ]  State Agency | [ ]  Community-Based Organization | [ ]  Hospital |
|  | [ ]  Indian Tribe | [ ]  Minority Organization | [ ]  Private |
|  | [ ]  Faith-Based Nonprofit\*  | [ ]  Other:       |  |
|  | *\*If incorporated, provide ten-digit charter number assigned by Secretary of State:* |       |
| **9.** | **Proposed Budget Period:** | Start | 9/1/2024 | End | 8/31/2025 |
| **10.** | **Counties Served by Project:** |       |
| **11.** | **Amount of Funding Requested:** |       |
| **12.** | **Projected Expenditures:** | Do respondent’s projected federal expenditures exceed $750,000, or its projected state expenditures exceed $750,000, for respondent’s current fiscal year (excluding amount requested in line 11 above)?\* |
|  |  | [ ]  Yes [ ]  No*\*Projected expenditures should include anticipated expenditures under all federal grants including “pass through” federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.* |
| **13.** | **Project Contact Person:** | Name: |       |
|  |  | Title: |       |
|  |  | Email: |       |
|  |  | Phone: |       |
|  |  | Fax: |       |
| **14.** | **Financial Officer:** | Name: |       |
|  |  | Title: |       |
|  |  | Email: |       |
|  |  | Phone: |       |
|  |  | Fax: |       |
| The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in **Appendix B: DSHS Assurances and Certifications.** I understand 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 respondent and I am authorized to represent the respondent. |
| **15.** | **Authorized Representative:** | Name: |       | [ ]  Check if changed |
|  |  | Title: |       |
|  |  | Email: |       |
|  |  | Phone: |       |
|  |  | Fax: |       |
|  |  |  |
| **16.** | **Authorized Representative Signature:** |       | **17. Date:** |       |

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| **Form A Instructions** |
| This form provides basic information about the applicant and the proposed project with DSHS, including the signature of the authorized representative. It is the cover page of the renewal 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 applicant’s legal name. |
| 2. | **Physical Address:** Enter the applicant’s complete physical address, city, county, state, and 9-digit zip code. |
| 3. | **Mailing Address:** Enter the applicant’s complete mailing address, city, county, state, and 9-digit zip code. |
| 4. | **Payee Name:** Enter the name of the 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). The payee is the corporation, entity, or vendor who will be receiving payments. |
| 5. | **Payee Mailing Address:** Enter the payee’s complete mailing address, city, county, state, and 9-digit zip code. |
| 6. | **Unique Entity Identification (UEI) Number:** Enter the applicant’s Unique Entity Identification (UEI) number. The UEI is a 12-character, alphanumeric value. This number is required if receiving ANY federal funds and can be obtained at: https://sam.gov/content/home  |
| 7. | **Federal Tax ID, Texas Comptroller Vendor ID, or Social Security Number:** Enter the applicant’s Federal Tax Identification Number, Texas State Comptroller Vendor Identification Number, or Social Security Number (nine, fourteen, or nine digits respectively). \*The applicant acknowledges, understands, and agrees that 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. |
| 8. | **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.
 |
| 9. | **Proposed Budget Period:** The budget period for this application has been entered for you. |
| 10. | **Counties Served by Project:** Enter the proposed counties served by the project. |
| 11. | **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 Table A, Column 2 above. |
| 12. | **Projected Expenditures:** If applicant’s projected federal expenditures exceed $750,000 or its projected state expenditures exceed $750,000 for applicant’s current fiscal year, applicant must arrange for a financial compliance audit (Single Audit). |
| 13. | **Project Contact Person:** Enter the name, title, email address, phone number, and fax number of the person responsible for the proposed project. |
| 14. | **Financial Officer:** Enter the name, title, email address, phone number, and fax number of the person responsible for the financial aspects of the proposed project. |
| 15. | **Authorized Representative:** Enter the name, title, email address, phone number, and fax number of the person authorized to represent the applicant. |
| 16. | **Authorized Representative Signature:** The person authorized to represent the applicant must sign in this blank. |
| 17. | **Date:** Enter the date the authorized representative signed this form. |

# Form B: Administrative Agency Contact Information

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| 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 the assigned Contract Manager and HIV Care Services Group in writing. |
| Legal Applicant Name:  |       |
| **Executive Director:** |       |
| Title: |       |
| Email: |       |
| Phone: |       |
| Fax: |       |
| Mailing Address: |       |
| **Project Contact:** |       |
| Title: |       |
| Email: |       |
| Phone: |       |
| Fax: |       |
| Mailing Address: |       |
| **Financial Reporting Contact:** |       |
| Title: |       |
| Email: |       |
| Phone: |       |
| Fax: |       |
| Mailing Address: |       |
| **Grants Management Contact:** |       |
| Title: |       |
| Email: |       |
| Phone: |       |
| Fax: |       |
| Mailing Address: |       |
| **Data Management Contact:** |       |
| Title: |       |
| Email: |       |
| Phone: |       |
| Fax: |       |
| Mailing Address: |       |
| **Planning Contact:** |       |
| Title: |       |
| Email: |       |
| Phone: |       |
| Fax: |       |
| Mailing Address: |       |
| **Monitoring Contact:** |       |
| Title: |       |
| Email: |       |
| Phone: |       |
| Fax: |       |
| Mailing Address: |       |
| **HOPWA Contact:** |       |
| Title: |       |
| Email: |       |
| Phone: |       |
| Fax: |       |
| Mailing Address: |       |

# Form C: HOPWA Performance Measures Guidelines

**Administrative Measures**

1. Contractor must subcontract all applicable HOPWA funds no later than 30 calendar days after the first day of the contract year, or 30 calendar days after an executed amendment, if applicable.
2. Contractor must submit an electronic copy of each HOPWA subcontract, budget, and Project Sponsor Data Sheet no later than 45 calendar days after the first day of the contract year, or 45 calendar days after an executed amendment, if applicable.
3. Contractor must submit complete semi-annual reports according to the reporting due dates for this contract.
4. Contractor must expend no less than 95 percent of HOPWA funds by the end of the contract year.
5. Contractor must conduct programmatic and fiscal monitoring of subrecipients according to DSHS requirements and the Contractor’s established internal policies, procedures, and schedules.
6. Contractor must distribute all funds according to each Project Sponsor Data Sheet and make reallocations in accordance with DSHS policy.
7. Contractor must comply with, and ensure all subrecipients comply with, the [DSHS HOPWA Program Manual](https://www.dshs.texas.gov/sites/default/files/hivstd/hopwa/files/HOPWAProgramManual.docx), [DSHS HOPWA Determining Household Annual Income Guide](https://www.dshs.texas.gov/sites/default/files/hivstd/hopwa/files/DeterminingHouseholdAnnualGrossIncome.docx), and [DSHS HOPWA Determining Household Annual Adjusted Income Guide](https://www.dshs.texas.gov/sites/default/files/hivstd/hopwa/files/DetermingHouseholdAnnualAdjustedIncome.docx).

# Categorical Budget Instructions

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| The [DSHS HOPWA Program Manual](https://www.dshs.texas.gov/sites/default/files/hivstd/hopwa/files/HOPWAProgramManual.docx) contains basic overview of the DSHS HOPWA Program and its eligible activities and requirements. This manual provides additional detail about eligible direct and indirect costs. Grantee (Administrative Agency) Administration costs cannot exceed the amount specified under Table A, “AA Admin Cost Cap.” Please submit a twelve-month categorical budget and justification for this contract term based on your total allocation in Table A above (see the attached categorical budget template in Excel format). Submit your budget in whole dollars only. Note, when you submit invoices to DSHS, you must use two decimals. |
| **The categorical budget must clearly summarize the dollar amounts allocated to the following HOPWA activity categories:** |
| O55 | Tenant-Based Rental Assistance |
| O55 | Short-Term Rent, Mortgage, and Utility |
| O55 | Facility-Based Housing Assistance |
| O55 | Permanent Housing Placement |
| O55 | Housing Case Management |
| O55 | Housing Information Services |
| O55 | Resource Identification |
| O55 | Project Sponsor Administration |
| O55 | Grantee Administration |

# HOPWA Certification of Categorical Exclusion

|  |
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| Determination of activities listed at 24 CFR §58.35(b) (not subject to §58.5) |
| May be subject to provisions of §58.6, as applicable |
|  |
| The Administrative Agency must complete one certification for each Project Sponsor in each HSDA.***If a Project Sponsor serves more than one HSDA, provide separate certifications for each HSDA.*** |
|  |
| Program Name | Housing Opportunities for Persons with AIDS (HOPWA) |
| Administrative Agency |       |
| Project Sponsor |       |
| HSDA | Choose an HSDA. |
| Project Description | The goals of the DSHS HOPWA Program are to help low-income persons living with HIV and their households establish or maintain affordable and stable housing, reduce their risk of homelessness, and improve their access to health care and supportive services. DSHS authorizes the following activities: |
|  | * Tenant-Based Rental Assistance
* Short-Term Rent, Mortgage, and Utility
* Facility-Based Housing Assistance
* Permanent Housing Placement
 | * Housing Case Management
* Housing Information Services
* Resource Identification
* Project Sponsor Administration
 |
| Funding Source | State of Texas HOPWA Grant |
| Grant Number | TX-24-F999 |
| Contract Amount |       |
|  |  |
| I hereby certify that the abovementioned project has been reviewed and determined to be a Categorically Excluded activity per 24 CFR §58.35(b) (not subject to §58.5) as follows: |
|[x]  1. Tenant-based rental assistance;
 |
|[x]  1. 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;
 |
|[x]  1. Operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment and other incidental costs;
 |
|[ ]  1. 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;
 |
|[ ]  1. Activities to assist homebuyers to purchase existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buydowns, and similar activities that result in the transfer of title.
 |
|[ ]  1. 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.
 |
|[ ]  1. 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 §[58.47](https://www.law.cornell.edu/cfr/text/24/58.47).
 |
|  |
| 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:** |       |
|  |  |
| **AA Certifying Official Title:** |       |
|  |  |
| **AA Certifying Official Signature:** |       |
|  |  |
| **Date:** |       |

# HOPWA Project Sponsor Data Sheet

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| 09/01/24 – 08/31/25 |
| 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: |       |
| Project Sponsor Name: |       |
| Project Sponsor Parent Company Name: |       |
| Is System for Award Management (SAM) registration active? | Yes or No |
| 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? | Yes or No |
| Is this a faith-based organization? | Yes or No |
| Is this a grassroots organization? | Yes or No |
| 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. |

# HOPWA Project Sponsor Contact Sheet

The Administrative Agency must complete one Contact Sheet for each Project Sponsor in each HSDA. Electronically submit Contact Sheets to the HOPWA Coordinator before the program year begins (09/01). Form A certifies all information herein is true.

|  |  |
| --- | --- |
| Administrative Agency: |       |
| Project Sponsor Name: |       |
| HIV Service Delivery Area: |       |
| **Contact Information for Primary Program Contact** |  |
| What is the Primary Program contact name? |       |
| What is the Primary Program contact title? |       |
| In what department does the Primary Program contact work? |       |
| What is the Primary Program contact email? |       |
| What is the Primary Program contact phone number? |       |
| What is the Primary Program contact fax number? |       |
| **Contact Information for Secondary Program Contact** |  |
| What is the Secondary Program contact name? |       |
| What is the Secondary Program contact title? |       |
| In what department does the Secondary Program contact work? |       |
| What is the Secondary Program contact email? |       |
| What is the Secondary Program contact phone number? |       |
| What is the Secondary Program contact fax number? |       |
| **Contact Information for Individuals Seeking Services** |  |
| What is the Services contact name? |       |
| What is the Services contact title? |       |
| In what department does the Services contact work? |       |
| What is the Services contact email? |       |
| What is the Services contact phone number? |       |
| What is the Services contact fax number? |       |