

**Memorandum**

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| To: | HOPWA Administrative Agency Executive Directors and Agency Contact Persons |
|  |  |
| From: | Nadine Bautista, Contract Manager |
|  | Contract Management Section |
|  |  |
| Date: | 02/04/25 |
|  |  |
| Subject: | HOPWA Contract Renewal for Program Year 2025 (09/01/25 – 08/31/26) |
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| Enclosed are the required contract renewal documents for your agency’s Housing Opportunities for Persons with AIDS (HOPWA) contract with the Department of State Health Services (DSHS) starting September 1, 2025, and ending August 31, 2026. The HIV Care Services Group will post this amendment document on the HIV/STD Program’s Funding Information website at [dshs.texas.gov/hivstd/funding/](http://www.dshs.texas.gov/hivstd/funding/default.shtm). Please follow the instructions below for completing this application. If you have questions, please contact Nadine Bautista, Contract Manager, at [nadine.bautista@dshs.texas.gov](mailto:nadine.bautista@dshs.texas.gov). | |
|  |  |
| Please note the following requirements for program year 2025 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) |
|  |  |
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| INSTRUCTIONS FOR SUBMISSION | |
| Please submit electronic copies of the required contract renewal forms to the email address listed below and copy Blade Berkman, HOPWA Coordinator, and Nadine Bautista, Contract Manager, on or before 5:00 pm **Friday, February 28, 2025**. If you use handwritten signatures, please scan the respective forms and convert them to .pdf. | |
| [hiv-srvscontracts@dshs.](mailto:hiv-srvscontracts@dshs.)texas.gov  Contract Management Section  Department of State Health Services | |
| **The Contract Management Section does not require hard copies of these forms.** | |

| **Table A** | | | | | |
| --- | --- | --- | --- | --- | --- |
| DSHS HOPWA Program Year 2025 (09/01/25 – 08/31/26)  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 200  San Antonio, TX 78229 | $349,635 | $10,000 | San Antonio | $349,635 | $349,635 |
| **Brazos Valley Council of Governments**  3991 East 29th Street  Bryan, Texas 77802 | $2,114,765 | $33,440 | Abilene | $133,550 | $292,625 |
| Amarillo | $304,742 | $235,242 |
| Austin | $259,513 | $322,014 |
| Bryan-College Station | $240,873 | $87,416 |
| Eagle Pass-Uvalde | $79,157 | $121,828 |
| Lubbock | $237,140 | $228,727 |
| Midland-Odessa | $203,057 | $164,121 |
| San Angelo-Concho Plateau | $52,451 | $46,609 |
| Temple-Killeen | $279,244 | $38,833 |
| Victoria | $68,953 | $232,048 |
| Waco | $197,293 | $149,696 |
| Wichita Falls | $58,792 | $195,604 |
| **Dallas County Health and Human Services**  2377 North Stemmons Freeway, Suite 200, LB-16  Dallas, Texas 75207 | $949,100 | $15,008 | Dallas | $881,180 | $648,378 |
| Sherman-Dennison | $67,920 | $300,722 |
| **Houston Regional HIV/AIDS Resource Group**  3700 Buffalo Speedway, Suite 250  Houston, Texas, 77098 | $2,419,448 | $38,258 | Beaumont-Port Arthur | $415,163 | $423,767 |
| Galveston | $37,193 | $1 |
| Houston | $1,173,662 | $709,006 |
| Nacogdoches-Lufkin | $257,450 | $143,244 |
| Texarkana-Paris | $158,265 | $179,076 |
| Tyler-Longview | $377,715 | $964,354 |
| **South Texas Development Council**  1216 Santa Maria Avenue  Laredo, Texas 78040 | $1,879,616 | $29,721 | Brownsville-Harlingen | $1,222,836 | $906,197 |
| Corpus Christi | $319,500 | $524,356 |
| El Paso | $105,748 | $297,678 |
| Laredo | $231,534 | $151,387 |
| **Tarrant County**  2300 Circle Drive, Suite 2306  Fort Worth, Texas 76119 | $313,083 | $10,000 | Fort Worth | $313,083 | $313,083 |
| **Total** | **$8,025,647** | **$136,427** |  | **$8,025,649** | **$8,025,647** |

|  |  |
| --- | --- |
| \* | AAs (in lieu of or in conjunction with DSHS) may undertake Resource Identification activities. Resource Identification pays for costs related to housing resource development, housing research and needs assessment, housing systems coordination, and HUD-approved HOPWA-related training. 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 three percent of each annual grant amount for its 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 three percent of each annual grant amount. Of the total allocation for each AA in Table A, the AA may use not more than the amount specified under “AA Admin Cost Cap” for its administrative costs. An AA will not receive separate or additional funding for Grantee Administration. If an AA allocates funds for AA administrative costs, it must inversely decrease its total allocation to its Project Sponsors. Administrative costs include general costs for managing, planning, overseeing, coordinating, evaluating, and reporting eligible HOPWA activities. The AA’s use of HOPWA funds for such purposes is optional. AAs may also leverage State Administration funds for AA HOPWA administrative costs. |
| \*\*\* | DSHS determines each HSDA allocation via a formula. The total AA allocation is the sum of the formula allocations to their HSDAs. DSHS does not require AAs 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 various considerations, including local unmet needs, housing costs, prior number of households served, average expenditures per household, changes in the population of persons living with HIV who live 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 proportionally adjust 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) | |
| 2025 Contract Renewal | |
| (09/01/25 – 08/31/26) | |
|  | |
| *Issue Date:* | *02/04/2025* |
| ***Due Date:*** | ***02/28/2025*** |
|  | |
| 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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Form A requests basic information about the applicant and the proposed project with DSHS. Complete this form in its entirety. The authorized representative’s signature affirms that all information herein is accurate. | | | | | | | | | |
| 1. | Legal Business Name | |  | | | | | | |
| 2. | Physical Address | |  | | | | | | |
| 3. | Mailing Address | |  | | | | | | |
| 4. | Payee Name | |  | | | | | | |
| 5. | Payee Mailing Address | |  | | | | | | |
| 6. | Unique Entity ID Number | |  | | | | | | |
| 7. | Federal Tax ID,  Texas Comptroller Vendor ID, or  Social Security Number\* | | *\*The applicant acknowledges, understands, and agrees that using a Social Security number as its contractual vendor identification number may result in the number becoming 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-Owned Business | | | Private | | | | |
|  | Faith-Based Nonprofit\* | Other: | | |  | | | | |
|  | *\*If incorporated, provide the ten-digit charter number assigned by the Secretary of State:* | | | |  | | | | |
| 9. | Proposed Budget Period | | Start | 09/01/25 | | End | 08/31/26 | | |
| 10. | Counties Served by Project | |  | | | | | | |
| 11. | Amount of Funding Requested | |  | | | | | | |
| 12. | Projected Expenditures | | Will the respondent’s projected federal and state expenditures exceed $1,000,000 for their current fiscal year?\* | | | | | | |
|  |  | | 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 |  | | | | | |
| I affirm that all information herein is accurate. I confirm that the respondent will fulfill the role of an Administrative Agency, as established in Appendix A: Program Requirements for Service Delivery and Administrative Contracts. I understand that initiating and continuing a contractual relationship with DSHS requires compliance with the assurances and certifications in the competitive request for proposal, the original contract, and any subsequent renewals or amendments. The respondent’s governing body has approved this application, and I have authorization to sign it on their behalf. | | | | | | | | | |
| 15. | Authorized Representative | | Name |  | | | | | |
|  |  | | Title |  | | | | | |
|  |  | | Email |  | | | | | |
|  |  | | Phone |  | | | | | |
|  |  | | Fax |  | | | | | |
|  |  | | |  | | | | | |
| 16. | Authorized Representative Signature | | |  | | | | 17. Date |  |

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| **Form A Instructions** | |
| Form A requests basic information about the applicant and the proposed project with DSHS. Complete this form in its entirety. The authorized representative’s signature affirms that all information herein is accurate. The form confirms that the respondent will fulfill the role of an Administrative Agency, as established in Appendix A: Program Requirements for Service Delivery and Administrative Contracts. Initiating and continuing a contractual relationship with DSHS requires compliance with the assurances and certifications in the competitive request for proposal, the original contract, and any subsequent renewals or amendments. Please follow the instructions below to complete the form and return it 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 the applicant to receive payment for services rendered and maintain the accounting records for the contract (e.g., fiscal agent). The payee is the corporation, entity, or vendor who will receive 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. The applicant must have this number if they receive federal funds and can obtain one 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 using a Social Security number as its contractual vendor identification number may result in the number becoming public via state open records requests. |
| 8. | **Type of Entity:** Check the type of entity as defined by the Secretary of State at [sos.state.tx.us/corp/businessstructure.shtml](http://www.sos.state.tx.us/corp/businessstructure.shtml) or the Texas State Comptroller at [fmx.cpa.texas.gov/fm/pubs/payment/gen\_prov/index.php?s=tins\_codes&p=ownership](https://fmx.cpa.texas.gov/fm/pubs/payment/gen_prov/index.php?s=tins_codes&p=ownership) and check all other boxes that describe the entity.   * Historically Underutilized Business is defined in the [Texas Government Code, Title 10, Subtitle D, Chapter 2161](https://statutes.capitol.texas.gov/docs/gv/htm/gv.2161.htm). * State Agency is defined in the [Texas Government Code, Title 10, Subtitle B, Chapter 2056](https://statutes.capitol.texas.gov/Docs/GV/htm/GV.2056.htm). * Institution of Higher Education is defined by the [Texas Education Code, Title 3, Subtitle B, Chapter 61](https://statutes.capitol.texas.gov/Docs/ED/htm/ED.61.htm). * Minority-Owned Business is defined in the [Texas Government Code, Title 10, Subtitle G, Chapter 2306](https://statutes.capitol.texas.gov/Docs/GV/htm/GV.2306.htm). |
| 9. | **Proposed Budget Period:** DSHS has entered the budget period for this application for you. |
| 10. | **Counties Served by Project:** Enter the proposed counties served by the project. |
| 11. | **Amount of Funding Requested:** Enter the funding per the allocation given by DSHS for proposed project activities (not including possible renewals). This amount must match Table A, Column 2 above. |
| 12. | **Projected Expenditures:** If the applicant’s projected federal and state expenditures exceed $1,000,000 for their current fiscal year, they must arrange 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

|  |  |
| --- | --- |
| Form B requests contact information for key roles within the Administrative Agency’s organization. If any of the following information changes during the contract term, please notify the assigned Contract Manager and HOPWA Coordinator 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 and budget 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 enter complete and correct HOPWA initial contracts in the Uniform Reporting System Take Charge Texas (TCT) no later than 30 calendar days after the first day of the contract year or 30 calendar days after an executed amendment, if applicable.
4. Contractor must submit complete and accurate semi-annual reports according to the reporting due dates for this contract.
5. Contractor must expend at least 95 percent of their HOPWA funds by the end of the contract year.
6. Contractor must conduct programmatic and fiscal monitoring of subcontractors according to DSHS requirements and the Contractor’s established internal policies, procedures, and schedules.
7. Contractor must distribute all funds according to each Project Sponsor Data Sheet and make reallocations per DSHS policy.
8. Contractor must comply with, and ensure all subcontractors 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

|  |  |
| --- | --- |
| The [DSHS HOPWA Program Manual](https://www.dshs.texas.gov/sites/default/files/hivstd/hopwa/files/HOPWAProgramManual.docx) provides a basic overview of the program and its eligible activities and requirements. It also 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. Use the attached categorical budget template in Excel format. Submit your budget in whole dollars only. When you submit invoices to DSHS, you must use two decimals. | |
| **The categorical budget must summarize the dollar amounts allocated to the following HOPWA activity categories:** | |
| 055 | Tenant-Based Rental Assistance |
| 055 | Short-Term Rent, Mortgage, and Utility |
| 055 | Facility-Based Housing Assistance |
| 055 | Permanent Housing Placement |
| 055 | Housing Case Management |
| 055 | Housing Information Services |
| 055 | Resource Identification |
| 055 | Project Sponsor Administration |
| 055 | Grantee Administration |

# HOPWA Certification of Categorical Exclusion

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Determination of categorically excluded activities not subject to 24 CFR §58.5 listed at §58.35(b). The Administrative Agency must complete one certification for each Project Sponsor in each HIV Service Delivery Area. | | | | |
| Program Name | | Housing Opportunities for Persons with AIDS (HOPWA) | | |
| Administrative Agency | |  | | |
| Project Sponsor | |  | | |
| HIV Service Delivery Area (HSDA) | | Choose an HSDA. | | |
| Project Description | | The DSHS HOPWA Program helps eligible 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-25-F999 | | |
| Contract Amount | |  | | |
|  | |  | | |
| This project will undertake the following categorically excluded activities not subject to 24 CFR §58.5: | | | | |
|  | 1. Tenant-based rental assistance; | | | |
|  | 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; | | | |
|  | 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 in purchasing existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buydowns, and similar activities resulting in a title transfer; | | | |
|  | 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 that do not have a physical impact; | | | |
|  | 1. Supplemental assistance (including insurance or guarantee) to a project previously approved under this part if the same responsible entity that conducted the environmental review on the original project made the approval and [§58.47](https://www.ecfr.gov/current/title-24/section-58.47) does not require reevaluation of the environmental findings; and | | | |
|  | 1. HUD's guarantee of loans for one- to four-family dwellings on trust land and on fee land within an Indian reservation and on fee land owned by the Indian Tribe outside the Tribe's Indian Reservation boundaries, under the Direct Guarantee procedure for the Section 184 Indian Housing loan guarantee program without any review or approval of the application for the loan guarantee by HUD or the responsible entity or approval of the loan guarantee by HUD before the execution of the contract for construction or rehabilitation and the loan closing. | | | |
|  | | | | |
| If the project’s activities fall into any of these categories, it requires no Request for Release of Funds and the recipient needs no further environmental approval from the U.S. Department of Housing and Urban Development to draw down funds and carry out said activities. The responsible entity must maintain this document as a record of each project's environmental review undertaken under this part. By signing below, the responsible entity certifies that each activity is categorically excluded not subject to §58.5 as specified by 24 CFR §58.35(b). Please keep a copy of this determination in your project files. | | | | |
|  | | | | |
| Administrative Agency Official Name | | |  | |
|  | | |  | |
| Administrative Agency Official Title | | |  | |
|  | | |  | |
| Administrative Agency Official Signature | | |  | |
|  | | |  | |
| Date | | |  | |

# HOPWA Project Sponsor Data Sheet

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 09/01/25 – 08/31/26 | | | | | |
| The Administrative Agency will electronically submit one data sheet for each Project Sponsor in each HIV Service Delivery Area to the HOPWA Coordinator before the program year begins. Form A affirms that all information herein is accurate. | | | | | |
| Administrative Agency | | |  | | |
| Project Sponsor Name | | |  | | |
| Project Sponsor Parent Company Name | | |  | | |
| Selection Process for Project Sponsor | | | Choose a selection process. | | If other: |
| 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 (HSDA) | | | 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 | | |  | | |
| **Assurances and Certifications** | | | | | |
| This Project Sponsor complies with all federal and state regulations, policies, procedures, standards, general provisions, and guidelines as specified in their subcontract, the Texas Health and Human Services Uniform Terms and Conditions, and the DSHS HOPWA Program Manual. The Administrative Agency’s procurement and oversight procedures for this Project Sponsor follow the minimum standards required by 2 CFR §200 et seq.   * DSHS has not suspended this Project Sponsor from future contracts nor terminated a prior contract with them for cause. * This Project Sponsor has not defaulted on any repayment agreements with DSHS. * This Project Sponsor has not had a contractually required license or certification revoked. * This Project Sponsor has not voluntarily surrendered any DSHS-issued license within the past three years. * The Administrative Agency followed written procurement policies and procedures to advertise and award these funds. * The Administrative Agency executed a written subcontract with the Project Sponsor consistent with the DSHS contract. * The Administrative Agency will bear responsibility to DSHS for this Project Sponsor’s performance. * The Administrative Agency will follow written monitoring policies and procedures to conduct programmatic and fiscal monitoring of this Project Sponsor. They will provide this Project Sponsor and DSHS with written reports of the results. They will take appropriate corrective actions if this Project Sponsor breaches contract terms. They will maintain documentation of monitoring plans and activities pertaining to this Project Sponsor for future review. * The Administrative Agency will submit documentation of this Project Sponsor’s actual or potential conflicts of interest for review and disposition by DSHS within ten days of the date they became aware of the conflict. | | | | | |
| **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** | **$** |  | |  | |

# HOPWA Project Sponsor Contact Sheet

The Administrative Agency will electronically submit one contact sheet for each Project Sponsor in each HIV Service Delivery Area to the HOPWA Coordinator before the program year begins. Form A affirms that all information herein is accurate.

|  |  |
| --- | --- |
| 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? |  |