



CITY OF NEW ORLEANS
OFFICE OF COMMUNITY DEVELOPMENT
2019 NOTICE OF FUNDING AVAILABILITY (NOFA)
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM

PROJECT APPLICATION
Project Period: January 1, 2020- December 31, 2020

Submittal requirement: One (1) signed-original application and 3 copies must be submitted no later than 3:00pm CST on Monday, October 25, 2019 to:

Office of Community Development
1340 Poydras, Suite 1000, New Orleans, LA 70112
504.658.4200

Pre-submission Informational Session:
Wednesday, October 16, 2019 9:30AM – 11:30AM
1340 Poydras Street, Suite 1000
New Orleans, LA 70112

**For OCD Use
Only:
Proposal #**

Date received:



PART 1: AGENCY INFORMATION

A. ORGANIZATION INFORMATION:

Name:

Business Address

City

Phone Number with Area Code

State

Zip

Employer Identification Number (EIN))

Data Universal Numbering System (DUNS#)

Contact Person's Name

Title

Email Address

Telephone#

B. Project Service Area(s): Highlight as many as apply in the seven (7) parish area EMSA.

Orleans	Jefferson	St. Bernard	St. Charles	St. John the Baptist	St. Tammany	Plaquemines
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C. Project Sites: Enter location of project activity, not service area.

Facility/ Activity/Site(s) Name	Street Address/ City/ Zip	Parish

D. Application Verification of Accuracy & Authorization by Board Officer or CEO

Signature		Date Signed	
Print or Type Name and Title			

Please keep a copy of this application for your files. Incomplete applications may not be reviewed. The City of New Orleans is not obligated to pursue missing information or to consider supplemental materials that are provided after the application deadline. Applicants should ensure that their applications are on time and complete at time of submittal. Information provided in this application is subject to public review.

E. FUNDING-REQUEST SUMMARY

Project Type(s):	HOPWA REQUEST
Facility Based/Transitional Housing Operations	
Tenant Based Rental Assistance (TBRA)	
Short Term Rent Mortgage and Utility Assistance (STRMU)	
Permanent Housing Placements	
Housing Related Supportive Services	
Housing Information Services	
Resource Identification	
Administrative Costs (Limited to 7%)	
GRAND TOTAL	

F. LEVERAGING SUMMARY

Report the anticipated source(s) of cash or in-kind leveraged federal, state, local or private resources. Next to the amount, please indicate whether the money is Committed (C), Applied for (A) or To Be Raised (TBR.)

(1) Projected Sources of Leveraging	(2) Housing Assistance \$	(3) Supportive Services \$	(4) C, A, or TBR
1. Program Income (<i>excl. resident rent</i>)			
2. Federal government (specify)			
3. State government (specify)			
4. Local government (specify)			
5. Foundations (specify)			
6. In-kind Resources			
7. Resident rent payments in Rental, Facilities, and Leased Units			
8. Applicant (cash)			
TOTAL (Sum of 1-8)			

G. BRIEF PROJECT DESCRIPTION – In the space below, summarize what the project will do. Include in the description, the response to the following questions:

1. What service category(s) are you applying?
2. What is the goal of the program?
3. What services will be provided?
4. Who will be providing the services?
5. What are the expected outcomes?

H. PROPOSED HOPWA PROJECT, PROGRAM CATEGORIES AND BENEFICIARIES:

1. Housing Projects:

Indicate in the applicable HOPWA housing category below the number of units or beds dedicated to persons living with HIV/AIDS that will be provided.

a. Facility-based/Transitional Housing: Housing Operations

	Facility-based Housing Type	Projected # Households	Projected Length of Stay	Operating cost: Average per Household
	Short-term facility/Emergency Housing			
	Permanent Housing Facility			
	Transitional Housing (2 years or less)			

b. Rental Assistance

Indicate the proposed number of households (individuals and families) by type of housing assistance and estimated average cost per household for a 12-month period.

Rental Assistance Type	Estimated Number of Households	Estimated Average Cost per Household
1. Short-term Rent, Mortgage, Utilities (STRMU) to prevent homelessness, limited to 21 weeks:		
2. Tenant Based Rental Assistance (TBRA):		

c. Permanent Housing Placement

Permanent Housing Placement	Estimated Number of Households	Estimated Average Cost per Household
Costs for security deposits, not to exceed two months of rent costs		

d. Housing Supportive Services

What supportive services are the agency proposing to provide?

	Housing Supportive Service Type		
x	<i>Example: Case Management</i>	<i>Number of Households. to be served</i>	<i>Provide a brief statement on the type of service to be provided</i>
	Case management (housing) (See XII Addendum in General Instructions & City Requirements)		
	Life management skills		
	Nutritional Services Training and Education		
	Personal Assistance Support		

Education		
Employment assistance & training		
Alcohol & drug abuse services		
Transportation		
Other Specify:		
Other Specify:		

If services for persons receiving housing assistance are not provided by the applicant agency but instead by established service links with other service providers, please explain briefly below and attach the memorandum (a) of agreement with the service provider(s).

e. Resource Identification

If Resource ID will be provided, please explain below.

X	Resource Identification	Briefly Describe Activities in the Categories
	Develop housing resources	
	Coordination of services	
	Research	
	Determine feasibility	

2. Proposed Supportive Service-Only Providers:

Indicate in the table below the number of persons to be served by the project as indicated.

(Note: this category is for agencies providing Supportive Services Only – NOT providing HOPWA housing.)

	a. Supportive Services:	# Persons receiving assistance in HOPWA housing	# Persons receiving assistance in non-HOPWA housing	# Persons receiving Assistance in a non-housing facility
<i>x</i>	<i>Example: Case Management (housing)</i>	<i>290</i>	<i>100</i>	<i>50</i>
	Case Management (housing)			
	Life Management Skills			
	Nutritional Services Training and Education			
	Personal Assistance Support			
	Education			
	Employment Assistance			
	Alcohol & drug abuse services			
	Transportation			
	Other Specify:			
	Other Specify:			

3. Needs Assessment. Describe below how the need for the services and how the number to be served was determined for the identified geographic area to be served. Please include demographic data for the target population and a discussion of the gap (or otherwise gap without the proposed service) that exists to justify proposal funding. *(Expand space below as needed to answer.)* Make sure to answer the questions below in the response:

- Who will be served?
- How was the service gap identified?
- How many people in the service area need assistance?
- How many of the people who need the assistance will you have the capacity to serve?

I. ORGANIZATIONAL EXPERIENCE AND CAPACITY: IN THE RESPONSE INCLUDE THE ANSWER TO THE FOLLOWING QUESTIONS:

- a. What is the project/agency's mission?
- b. How long have the agency been in existence?
- c. How have these services been adapted to meet the need of the community?
- d. How is the agency funded?
- e. What funding sources support the work of the HOPWA services?
- f. What experience do you have in administering federal funds?
- g. What is the organizational structure of the agency?
- h. What is the organizational structure of the HOPWA program, if different from the agency's organizational structure?
- i. How do you monitor the programs and document the outcomes?

J. NON-DISCRIMINATION: Do you currently have written policies that prohibit discrimination against any employee or client based on race, sex, religion, national origin, age, sexual orientation, or handicap?
___Yes ___No

K. PROJECT DESCRIPTION: Describe the project in its entirety and specify how the HOPWA funding requested will be utilized. It is encouraged that review of the City of New Orleans 2017 – 2021 Consolidated Plan be reviewed and specify what part of the Consolidated Plan your program address. Only projects aligned with the plan will be funded. The plan's webpage is: <https://www.nola.gov/community-development/documents/2017-approved-2017-2021-consolidated-plan-2017-act/>. Below are elements that must be addressed in the project description to describe the entire client service cycle, from initial intake to self-sufficiency:

- How are clients brought into the program?
- What steps are taken to assess and place the client?
- How are service needs defined and established with each client?
- What type of services are provided to assist clients in achieving their goals?
- How is it decided if and when a client will move to a different level of care?

The Project Description should also include:

1. Target Population (maximum of one page)

Describe the population you intend to serve, including the geographic region or community area, the extent of HIV/AIDS infection within the target population, and their socio-demographic and behavioral characteristics. Include age and gender of clients, HIV/AIDS disabled, recovering substance abusers, mentally ill, etc. If the project will not serve HOPWA-eligible clients exclusively, indicate the percentage of other clients that will be assisted.

2. Identified Service Needs (maximum of one page)

Describe existing medical and social service resources for the target population within the geographic region or community area. Identify gaps in the current system of service delivery for PWAs within this geographic location and describe how this proposal will attempt to fill those gaps.

3. Objectives (maximum of one page)

All objectives should be measurable and the expected results should be described in realistic terms. The objectives should quantify services to be delivered, service category, list the number and type of clients to be served, and the length of time covered by each scope. A distinction should be made between the number of new clients and previously served clients.

Agencies should ensure their project designs meet the changing needs of the modern HIV epidemic, with the goal of positive health outcomes and reduced viral loads for HOPWA-assisted households.

4. Program Approach and Methodology (maximum of three pages)

Describe your approach and explain why this approach meets the City's HOPWA requirements to: ensure that the program design meets the changing needs of the modern HIV epidemic, with the goal of positive health outcomes and reduced viral loads for HOPWA assisted households; no client will become homeless, clients receiving support from the HOPWA program are in stable housing, and each client will receive related supportive services. Describe in detail the major activities that you will use to meet your objectives and the specific methods you will use. Discuss how the project will be managed and staffed, and how it will be linked to other programs in the community. Describe in detail your plan to make these services known to underserved populations. Describe how your approach aligns with Harm Reduction and Housing First Principles. Describe how your approach aligns with the City's Consolidated Plan.

5. Collaboration and Coordination (maximum of two pages)

Identify existing systems of care in which you actively participate. Describe the specific role of your agency in these systems and methods of participation. Describe your plan to integrate and/or coordinate the delivery of service with other HIV service providers, including your plan to participate in established systems of care, if applicable. Applicants who are submitting proposals for projects are strongly encouraged to demonstrate plans to form linkages with agencies supplying supportive services and to demonstrate plans to coordinate service delivery with recipients of funds provided under Parts A and B of the Ryan White Care Act. Linkages with providers participating in the Homeless Continuum of Care are strongly encouraged. These linkages should expand the possible housing alternatives available. Letters of intent to coordinate services should be appended.

6. Monitoring and Evaluation (maximum of one page)

Identify and discuss the concrete, measurable methods your agency will use to monitor the accomplishments of program activities and determine if objectives have been met. Describe your data collection and analysis process and how the data will be used to improve program operations.

L. ANTICIPATED PROJECT OUTPUTS: According to HUD guidance for the HOPWA program, output is the number of households receiving housing assistance. Outcome is housing stability. See General Instructions for descriptions of stable and unstable housing.

Assistance Type	Projected # households that will receive assistance by type of activity	Projected # households that will attain housing stability as result of assistance provided
Facility Based Housing		
Tenant Based Rental Assistance		
Short-Term Emergency (STRMU)		
Permanent Housing Placement		NOT APPLICABLE
Supportive Services		NOT APPLICABLE
Resource Identification		NOT APPLICABLE
Housing Information		NOT APPLICABLE

M. AGENCY PARTNERSHIPS: Briefly describe and provide documented contracts with agency(s) that there are partnerships and/or collaborations. What agency(s) do you have Memorandum of Understanding (MOUs)? How does each contract and/or MOU address a specific program activity?

N. AGENCY SUCCESSES/CHALLENGES (FOR CONTINUING PROJECTS ONLY):

1. Findings: If any audit/monitoring findings or concerns were contained in most recent audit and/or monitoring reports, please describe current corrective actions being taken to address all findings/concerns. *(Expand space below as needed to answer)*

2. Successes and Challenges: Describe successes and/or improvements achieved. What goals have you achieved? What programmatic improvements have been made? How have the clients' lives improved because of the program? What indicators do you have to prove that client's improvement was due to the agency's support and services?

PART 2. PROPOSED HOUSING OPERATION AND SUPPORT SERVICES - ACTIVITY BUDGETS AND TOTAL PROJECT BUDGET

1. HOPWA ACTIVITY BUDGET WORKBOOK

Click on the link below to view and complete the corresponding worksheet for **each** HOPWA activity for which you are seeking funding.

[OCD HOPWA 2020 Activity Budget Workbook.xlsx](#)

2. GENERAL COMMENTS

*General Comments: Should include information not discussed in the budget narrative such as cost allocation plan.
Example - your agency sharing the same office space with another program. Therefore, rent, utilities, etc. are shared.*

3. BUDGET JUSTIFICATION

Briefly describe below the use of each budgeted line item listed in Chart 2. Projected Project Budget Detail. *Budget Justification - Detailed budget justification for each line item must be included. Budget narratives are required for all costs that will be incurred for the direct support for the grant-sponsored project. The following are key elements that are to be included in the budget narratives:*

- *A description of the expense or service*
- *How it relates to and benefits the project*
- *The anticipated cost*
- *The budget justification should provide a basis for the level of service proposed and the number of clients you intend to serve*
- *For each staff position for which partial funding is requested, provide the other sources of support*

(Expand as needed)