



# **HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM**

## **APPLICATION AND GUIDELINES FOR FISCAL YEAR 2008-2009**

**May 2008**

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF AIDS**

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## Introduction

The California Department of Public Health, Office of AIDS (CDPH/OA) is pleased to announce the Housing Opportunities for Persons with AIDS (HOPWA) Program allocation for Fiscal Year (FY) 2008-09. To continue providing HOPWA services, current HOPWA contractors are required to submit their budget expenditure and implementation plan for FY 2008-09. Execution of contract amendments is contingent upon approval of the Governor's Budget for FY 2008-2009.

***The HOPWA Application Guidelines for FY 2008-09*** describes the application documents and provides instructions for completing the application packet for entities contracting with CDPH/OA for HOPWA funds. The major changes to this year's application guidelines are:

- In accordance with HOPWA STRMU guidelines, caps and limitations on STRMU may be established if the grantee (the CDPH/OA) has developed a uniform policy for all project sponsors, and the policy must be included in the HUD Consolidated Plan or Annual Action Plan. Until the CDPH/OA develops a uniform policy for establishing time limitations or caps, fiscal agents and project sponsors may only impose the standard 21 weeks out of a 52 week period time limitation for STRMU and may not establish a per household cap on payments. In the absence of household caps on STRMU payments, due diligence will be necessary by case managers or housing coordinators to determine the actual amount of assistance needed by the household to maintain their housing.
- For consistency, all contractors shall begin tracking client use of STRMU assistance using the calendar day method. Twenty-one weeks of assistance is equal to 147 days.
- CDPH/OA would like to implement the HOPWA Program year (July 1–June 30) as a set standard annual 52-week period of STRMU assistance. Implementation of this set standard would begin July 1, 2009, giving agencies one full year to change their program standards if necessary.

More detail is provided on the Program Implementation Plan and on page 8.

- A Certification of Compliance with Federal Environmental Review requirements must be submitted as part of the application and a certification form is included. The requirements are discussed on page 26.
- Pursuant to U.S. Department of Housing and Urban Development (HUD) clarification, hotel/motel assistance is not an eligible permanent housing placement assistance activity. If an agency wishes to offer hotel/motel assistance, this activity must be classified as a supportive service and the hotel/motel vouchers should only be issued as a means of stabilizing a client while more appropriate housing or shelter is obtained. Since this subcategory is more directly related to housing a client, it will be exempt from the 25 percent of total allocation cap placed on usage of HOPWA funds for supportive services.

- Security Deposits is an eligible Permanent Housing Placement Assistance Activity. Prior to approval of this activity, fiscal agents must obtain CDPH/OA approval of the agency's documents for notifying landlords and clients of the refund policy as well as evidence of fiscal capacity to track security deposit refunds as program income and reuse for eligible HOPWA activities. First month's rent is also an allowable permanent housing placement assistance activity and is separate from a security deposit.
- CDPH/OA has developed definitions for all eligible supportive service categories. In the past, the eligible services have been listed but not defined.

The HOPWA Program is regulated under Title 24, Code of Federal Regulations (CFR), Chapter V, Part 574. A copy of the regulations can be downloaded from the following Web site: [www.hud.gov/offices/cpd/lawsregs/index.cfm](http://www.hud.gov/offices/cpd/lawsregs/index.cfm).

Contractors must also comply with the policies, guidelines, and requirements of Title 24, CFR, Part 85 (codified pursuant to Office of Management and Budget [OMB] Circular No. A-102) and OMB Circular No. A-87 with respect to acceptance and use of funds under the program by states and units of general local government, including public agencies, and Circulars Nos. A-110 and A-122 with respect to the acceptance and use of funds under the HOPWA Program by private non-profit entities. These documents can be downloaded from the following Web site: [OMB Circulars](#).

## Application Documents

Instructions for completing each application document, as well as sample forms, are provided in this manual. All fiscal agents are required to submit the following documents:

- Document Checklist;
- Proof of Insurance;
- Fiscal Agent Organizational Chart;
- Environmental Review Certification;
- Fiscal Agent Contact Information;
- Five-line Item Budget;
- HOPWA Budget Overview;
- Fiscal Agent Administrative Budget Detail;
- Fiscal Agent Administrative Personnel Detail;
- Housing and Other Services Budget Detail(s) and Goals;
- Housing and Other Services Personnel Detail(s);
- HOPWA Program Implementation Plan;
- Estimated Leveraged Funds; and

- Proposed Housing Facility Annual Operating Budget (for applicants requesting Facility Operating Subsidies).

Those fiscal agents that are community-based organizations (CBOs) may be required to submit all or some of the following documents:

- Board of Directors List;
- Authorization to Bind Corporation Letter; and
- Payee Data Record.

## Application Forms

The application forms discussed in this manual are available as a Microsoft Excel file. Fiscal agents must prepare their applications using this file. If your agency has not received the Microsoft Excel file and this guidance by electronic mail from CDPH/OA, please contact Shelley Vinson at (916) 449-5958 or [shelley.vinson@cdph.ca.gov](mailto:shelley.vinson@cdph.ca.gov).

## Allocations

The Allocation Table for FY 2008-09 is located on page 55. Allocations are based on a non-competitive formula which is described on page 56.

## Submission Deadlines

Fiscal agents are required to submit a HOPWA application in order to receive their allocation. There are two key deadlines for submitting the application.

In an effort to have contract amendments processed as quickly as possible, fiscal agents must submit the following three items to their HOPWA Program coordinator by **May 23, 2008**:

- Form C - Fiscal Agent Contacts;
- Form D - Five-Line Item Budget; and
- Proof of Insurance.

**The full application is due on June 13, 2008.** Fiscal agents should mail a copy of the entire application with necessary signatures and e-mail the completed Microsoft Excel file to their HOPWA coordinator (see page 54).

## Technical Assistance

If fiscal agents have any questions about the application forms, program requirements, or budget process, they should contact Shelley Vinson, Housing Specialist, at (916) 449-5958 or e-mail: [shelley.vinson@cdph.ca.gov](mailto:shelley.vinson@cdph.ca.gov).

## Administrative and Programmatic Responsibilities

### Fiscal Agent

The following procedures and records are required for all fiscal agents/contractors:

- Comply with Title 24, CFR, Part 574 – the HOPWA Regulations;
- Provide assistance only to persons or families who are homeless or at risk of homelessness, have been diagnosed with HIV or AIDS, and who are low income. Low income is defined as any individual or family whose income does not exceed 80 percent of the median income for the area, as determined by HUD, with adjustments for smaller and larger families;
- HOPWA housing assistance can also be provided to the person's family, which is defined as a household composed of two or more related persons, and includes another person or persons who are determined to be important to the care or well being of the persons living with AIDS (PLWA);
- Where required by regulation, obtain the certification of the governing board in the jurisdiction where activities are to be carried out, before entering into a contract with CDPH/OA and with service providers;
- Ensure that HOPWA funds are not used to replace other amounts made available or designated by state or local governments through appropriations for use for the purposes of the HOPWA Program;
- Conduct, update, or coordinate the preparation of a needs assessment specific to the housing needs of people living with HIV/AIDS (PLWH/A) and their families;
- Cooperate and coordinate in providing assistance with agencies of the relevant state and local governments responsible for services for eligible persons and other public and private organizations providing services for such persons;
- Collect and report data necessary to complete the HOPWA activity progress report form as required by HUD's Integrated Disbursement and Information System (IDIS) and other HUD reporting requirements;
- Establish procedures and documentation of selection criteria for service providers to ensure compliance with all state and federal requirements;
- Maintain (for a four-year period) financial records sufficient to ensure proper accounting and disbursing of amounts received from HOPWA funds and make the records available to HUD or the State for inspection;
- Adopt procedures to ensure that all persons who qualify for assistance, regardless of race, color, religion, sex, age, national origin, familial status, or handicap, know of the availability of the HOPWA Program, including facilities and services accessible

to persons with a handicap, and maintain evidence of implementation of the procedures;

- Comply with the nondiscrimination and equal opportunity requirements set forth in Title 24, CFR, Part 5, all Fair Housing requirements, and all applicable provisions of the Americans with Disabilities Act as well as Title 28, CFR, Parts 35 and 36 regarding accommodations for persons with disabilities;
- Comply with the policies, guidelines, and requirements of Title 24, CFR, Part 85 (codified pursuant to OMB Circular No. A-102) and OMB Circular No. A-87 with respect to acceptance and use of funds under the program by states and units of general local government, including public agencies, and Circulars Nos. A-110 and A-122 with respect to the acceptance and use of funds under the HOPWA Program by private non-profit entities;
- Develop programmatic and fiscal monitoring criteria for service providers;
- Comply with conflict of interest requirements; and
- Comply with all Federal and State audit requirements.

### **Subcontractors and Fiscal Agents Providing Direct Services**

The following procedures and records are required for all fiscal agents providing direct client services and their subcontractors:

- Collect and report data necessary to complete HOPWA IDIS draw down form (also known as the Invoice Backup) as developed by CDPH/OA;
- Collect and report data necessary to complete the HOPWA activity progress report form required by IDIS;
- Establish a process to ensure the confidentiality of individuals;
- Establish operational guidelines in accordance with HOPWA regulations and HUD Community Planning and Development (CPD) Notice CPD-06-07 regarding standards for STRMU payments and connections to permanent housing;
- Establish an application-driven client intake process to ensure that eligible HOPWA recipients and their families will be served;
- Ensure availability of appropriate supportive services to individuals assisted with housing;
- Perform ongoing assessments of the housing needs and supportive services required by the participants;
- Maintain a waiting list of applicants for assistance based on date and time of application;
- Establish client grievance and appeals procedures as well as program termination policies;

- Use the HUD equal opportunity slogan or logo on all outreach materials, requests for proposals, advertising, employment bulletins, educational information, or other information related to HOPWA expenditures; [Equal Housing Opportunity Graphics for Printing - HUD](#);
- Assure that all housing (except for the current residence of an eligible person seeking STRMU payments) meets the housing quality standards, which include the state and local requirements and habitability standards as described in Subpart D, Section 574.310 (b) of the HOPWA Regulations;
- Charge no fee, except rent, to any eligible person for any housing or services provided with amounts under this program;
- Ensure that residents in rental housing supported with HOPWA assistance do not pay more rent than is allowable under HOPWA Regulation Title 24, CFR, Part 574.310(d). This requirement does not pertain to households receiving STRMU assistance or permanent housing placement assistance.

## Special Considerations

### STRMU Assistance Payment Guidance

On August 3, 2006, HUD issued Notice Number CPD-06-07 – Guidance for STRMU. This guidance establishes standards for operating a STRMU program including methods of calculating 21 weeks of assistance, establishing the start date of a 52-week period, and criteria to follow when establishing capped amounts for a household's housing or utility assistance payments for a given period of time. It is CDPH/OA's responsibility to ensure sponsors apply STRMU standards in a uniform, consistent, and non-discriminatory manner. The following criteria have been selected for all providers to use when developing their STRMU programs.

- **Time Limitations and Caps on Payments.** In accordance with HOPWA STRMU guidelines, caps and limitations on STRMU may not be imposed unless the grantee (the CDPH/OA) has developed a uniform policy for all project sponsors, and the policy must be included in the HUD Consolidated Plan or Annual Action Plan. Until the CDPH/OA develops a uniform policy for establishing time limitations or caps, fiscal agents and project sponsors may only impose the standard 21 weeks out of a 52 week period time limitation for STRMU and may not establish a per household cap on payments. Due diligence will be necessary by case managers or housing coordinators to determine the actual amount necessary for an eligible household to maintain their housing.
- **Start of 52-week period.** Pursuant to HUD guidelines, CDPH/OA must ensure that all project sponsors use the same method to determine an annual (i.e., 52-week) STRMU assistance period. Based on a survey taken in January 2007, the majority of CDPH/OA HOPWA contractors use a set standard annual period of July 1 through June 30. To comply with HUD's guidelines, CDPH/OA requests fiscal agents

implement the set standard of July 1 through June 30 for the 52-week period start date effective July 1, 2009.

- **Method of Calculating 21 Weeks of Assistance.** To comply with HUD's guidelines, CDPH/OA must define the 21-week period and apply this definition uniformly to all beneficiaries. CDPH/OA has selected the calendar day method as follows:
  - **CALENDAR DAYS OF ASSISTANCE.** This method would be equal to the actual days for which housing and/or utility payments are made on behalf of the client household. The limit of 21 weeks is equated to 147 days of assistance in the year. Example #1: If a total utility bill was paid and the service period was April 17-May 16, 14 days would be attributed to April and 16 days to May. Example #2: If a portion of the utility bill was paid, the days would be counted based on the amount that was paid by STRMU (e.g., total bill for April 17-May 16 [30 days] is \$148. Agency agrees to pay \$100. Divide \$148 by 30 days, which equals \$4.93 per day. The \$100 payment divided by \$4.93 per day equals 20.3 days (rounded to 20 days) assisted by STRMU. Example #3: If a client's rent is \$1,000 for the month of April and the agency agrees to pay \$500, divide \$1,000 by the number of days in the month (e.g., 30 for this example), which equals \$33.33 per day. The \$500 payment divided by \$33.33 per day equals 15 days (rounded) assisted with STRMU. The household has used 15 days of its 21 weeks of assistance.

## HOPWA Reporting Requirements

HUD is emphasizing grantee/sponsor performance and the use of client outcome measures in demonstrating program effectiveness. Toward this end, HOPWA reporting elements were revised in FY 2006-07 to incorporate new performance measure reporting requirements. Based on public comment, HUD revised and published the updated Annual Performance Report and Consolidated Annual Performance and Evaluation Report (CAPER) forms in January 2008. These forms are designed to help project sponsors aggregate results from the use of HOPWA resources: 1) to provide number of households that received housing assistance as the annual output measure; and 2) to collect client information demonstrating the outcome for improved housing stability for this special needs population and improved access to HIV health care and support through the use of HOPWA and non-HOPWA resources.

CDPH/OA will have revised forms available prior to the new FY beginning July 1, 2008.

For FY 2008-09, CDPH/OA will require a cumulative semi-annual and final report as follows:

Report	Period	Due to CDPH/OA
Semi-Annual	July 1 to December 31	January 31
Final Report	July 1 to June 30	July 31 (Narrative portion of report is due June 30)*

\*Submittal of the final HOPWA Progress Report to CDPH/OA by July 31st is critical for completion of the HUD-required CAPER.

The California Department of Housing and Community Development (HCD) is the lead agency for CAPER. Your HOPWA-related data must be compiled by CDPH/OA and submitted to HCD for review and further compilation with three other federal housing programs. It is important to note that the approval process of CAPER includes a 30-day public review and comment period. After the review process, it is forwarded to HUD. It is imperative that the submittal deadline for HOPWA data be met to be accurately and completely reported in CAPER reports.

### **AIDS Regional Information and Evaluation System (ARIES)**

ARIES is a Web-based client case management information system that coordinates and consolidates the data collection and reporting efforts for many of CDPH/OA-funded programs. Use of ARIES is required for the AIDS Case Management Program, AIDS Medi-Cal Waiver Program, Care Services Program (CSP) (only required for direct service counties), and Early Intervention Program (EIP). CDPH/OA is rolling out ARIES on a regional basis. Currently, more than one-half the counties planning to participate are now using ARIES. Remaining counties will be brought online in 2008 and 2009. It is anticipated that HOPWA screens will be available in ARIES prior to the beginning of FY 2008-09, which will allow an agency to use ARIES for HOPWA client tracking and data collection purposes. CDPH/OA highly encourages all HOPWA fiscal agents to utilize ARIES for HOPWA.

## General Definition of Terms

The following definitions of terms are applicable to this application:

Term	Definition
Grantee	CDPH/OA is the recipient or grantee of funding through HUD, HOPWA Program.
Fiscal Agent	The fiscal agent is the legal entity under contract with CDPH/OA to receive HOPWA funds and distribute them according to identified housing needs. The fiscal agent may be the same for both CDPH/OA CSP contracts and HOPWA or they may be different fiscal agents. To be eligible to expend administrative funds under the HOPWA Program, the fiscal agent must meet the definition of “project sponsor.”
Project Sponsor	As defined by Title 24, CFR, Part 574.3, a “project sponsor” must be a nonprofit organization or it must be a “governmental housing agency” which engages in housing activities as an established function of that agency. In the past, it has been possible to establish that most county health agencies, functioning as the fiscal agent, carry out sufficient housing related activities to qualify as a HOPWA “project sponsor.”
Contractor	For purposes of this application, the term “contractor” is synonymous with the terms of “project sponsor” and/or “fiscal agent.” The contractor is the entity that has entered into a legal agreement with CDPH/OA for the purpose of carrying out HOPWA activities as defined by HOPWA Regulations.
Grassroots Organization	A “grassroots organization” means an organization that is headquartered in the local community to which it provides services and 1) has a social services budget of \$300,000 or less; or 2) has six or fewer full-time equivalent employees. Local affiliates of national organizations are not considered “grassroots organizations.”
Non-Facility-Based Housing Assistance	All HOPWA funding expenditures for the operating year to support STRMU assistance and tenant-based rental assistance (TBRA).

Term	Definition
Facility-Based Housing Assistance	<p>All HOPWA housing expenditures for the operating year to support housing facilities, including community residences, single-room occupancy (SRO) dwellings, project-based units, master-leased units, and other housing facilities approved by HUD. Housing may either be permanent or short-term or transitional housing facilities.</p>
Rent and Subsidy Limitations	<p><b>EXCEPTION TO THIS DEFINITION:</b> The exception to the following rule is residents receiving STRMU assistance payments, emergency shelter, hotel/motel vouchers, first month's rent, or security deposit assistance.</p> <p><u>Resident Rent Calculation.</u> Residents of rental housing assisted under the HOPWA Program must pay as rent, including utilities, an amount not to exceed the higher of:</p> <ul style="list-style-type: none"> <li>• 30 percent of the household's adjusted monthly income (adjusted for age, medical expenses, size of household, and child care expenses); or</li> <li>• 10 percent of the family's monthly gross income; or</li> <li>• The portion of the payment that is designated to meet the household's housing costs, if the household is receiving payments for welfare assistance from a public agency.</li> </ul> <p><u>Maximum Subsidy.</u> The amount of grant funds used to pay monthly assistance for an eligible person may not exceed the difference between:</p> <p>The lower of the rent standard or reasonable rent for the unit; and</p> <p>The resident's rent payment calculation [HOPWA Regulation Section 574.310(d)].</p> <p><u>Rent standard.</u> The rent standard shall be established by the grantee and shall be no more than the published Section 8 FMR or the HUD-approved community-wide exception rent for the unit size. However, on a unit-by-unit basis, the grantee may increase that amount by up to 10 percent for up to 20 percent of the units assisted.</p> <p><u>Rent reasonableness.</u> The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.</p> <p>With respect to shared housing arrangements, the rent charged for an assisted family or individual shall be in relation to the size of the private space for that assisted family or individual in comparison to other private space in the shared unit, excluding common space. An</p>

Term	Definition
	<p>assisted family or individual may be assigned a pro rata portion based on the ratio derived by dividing the number of bedrooms in their private space by the number of bedrooms in the unit. Participation in shared housing arrangements shall be voluntary.</p>
Time Limitations	<p>Time limitations on HOPWA assistance are specific to the type of assistance provided. The following summarizes HOPWA-required time limitations:</p> <ul style="list-style-type: none"> <li>• STRMU assistance: 21 weeks out of any 52-week period;</li> <li>• Short-term supportive housing: 60 days out of any six-month period;</li> <li>• Rental assistance (tenant-based, project-based, leasing): no time limits; and</li> <li>• Other HOPWA-assisted units: no time limits on assistance.</li> </ul>
Household	<p>A “household” means a single individual or a family composed of two or more related persons or persons that are important to the care and well-being of the PLWH/A, for which household incomes are used to determine eligibility and for calculation of resident rent payment. Caregivers and non-beneficiaries who reside in a shared unit are not included.</p>
Family	<p>Family means a household composed of two or more related persons. The term family also includes one or more eligible persons living with another person or persons who are determined to be important to their care or well being, and the surviving member or members of any family described in this definition who were living in a unit assisted under the HOPWA Program with the person with AIDS at the time of his or her death.</p>
Non-HOPWA Funding Sources	<p>Non-HOPWA funds means the amount of funds that are expended during the FY from non-HOPWA sources that are under the control of the Grantee or Sponsors in dedicating assistance to the client population (e.g., Ryan White Comprehensive AIDS Resources Emergency Act funds, Shelter Plus Care subsidies, McKinney Supportive Housing, Community Development Block Grant, Home Investment Partnership Program, Federal Emergency Management Agency, private foundations, Substance Abuse and Mental Health Services Administration, Department of Labor, Veterans Administration)</p>

## Definitions for Fiscal Agent Documents

The following definitions must be adhered to when completing the:

- Five-Line Item Budget;
- HOPWA Budget Overview;
- Fiscal Agent Administrative Budget Detail; and
- Fiscal Agent Administrative Personnel Detail.

Term	Definition
Administrative Costs (7 percent of allocation)	<p>Title 24, CFR, Part 574.3. Costs for general management, oversight, coordination, evaluation, and reporting on eligible activities. Examples of administrative costs are those costs or functions that support operations in general, such as bookkeeping and the compilation and reporting of data.</p> <p>The fiscal agent's Administrative Costs are the sum of Administrative Personnel, Operating, Capital, and Indirect Expenses. The fiscal agent's Administrative Cost cannot exceed 7 percent of the total allocation.</p>
Capital Expenses	<p>Capital Expenses include equipment. Fiscal agents should contact the HOPWA housing specialist for information regarding specific equipment requests.</p>
Indirect Expenses	<p>Indirect Expenses are typically those costs that cannot be assigned to one program. Often this category is used when a fiscal agent has multiple programs and divides the rent, utilities, janitorial services, payroll accounting, etc., either equally between programs or based on the percentage of time spent on a program.</p> <p>Indirect Expenses must be itemized on the Fiscal Agent Administrative Budget Detail. Indirect Expenses are limited to 15 percent of the fiscal agent's total Personnel Expenses.</p>
Operating Expenses	<p>Operating Expenses are typically those costs that can be assigned to a specific program. This might include travel to required meetings, office supplies, postage, facilities, telephone, etc.</p> <p>Operating Expenses must be itemized on the Fiscal Agent Budget Summary.</p>

Term	Definition
Other Costs	This line item consists of the total funding for all subcontractors providing direct client services. Any fiscal agent who also provides direct client services should include the cost of these services under Other Costs.
Personnel Expenses	Personnel Expenses are the total salaries, wages, and benefits paid to the fiscal agent's staff for administrative functions.  If the fiscal agent also provides direct client services, the Personnel Expenses associated with these services must be captured on a Subcontractor Housing and Other Services Budget Detail.

## Definitions for Housing and Other Services Detail Documents

The following definitions must be adhered to when completing the:

- Housing and Other Services Budget Detail(s) and Goals; and
- Housing and Other Services Personnel Detail(s).

Term	Definition
<p>Activity Delivery Costs (cannot exceed 10 percent of the budget for activity being delivered)</p>	<p>Title 24, CFR, Part 574.3 – costs directly related to carrying out eligible HOPWA activities.</p> <p>Activity Delivery Costs are limited by CDPH/OA to 10 percent of the eligible HOPWA service. They must be reasonable and must be documented expenses.</p> <p>Activity Delivery Costs for direct housing services such as STRMU may include the salaries and benefits of staff directly delivering the activity, travel related to delivery of the activity, and overhead (postage, office supplies, prorated office rent, etc.).</p> <p>Activity Delivery costs for salary-based activities such as case management, housing information services coordinator, may include the salary and benefits of any support staff associated with the delivery of the service, travel related to delivery of the activity, and overhead, but should not include the salaries of the case manager, or housing coordinator.</p> <p>Some activities that might seem to be administrative are actually part of a project activity. For example, personnel costs for time spent on directly managing a rental assistance program (e.g., calculating rent or performing housing quality inspections) are direct project costs and should be billed to the appropriate housing assistance category. Similarly, the supervision of program staff persons related to the direct delivery of services, such as case and clinical supervision, is also a project activity cost.</p>

Term	Definition
Per Diem Rates	<p>The per diem reimbursement rates are limited by the California Department of Personnel Administration. These rates must be used when estimating and reimbursing staff travel expenses. The current rates are:</p> <p>Lodging (per night, plus tax)</p> <p>Alameda, San Francisco, San Mateo, and Santa Clara Counties..... \$140</p> <p>Los Angeles and San Diego Counties .....\$110</p> <p>All other counties ..... \$ 84</p> <p>Meals</p> <p>Breakfast: \$ 6</p> <p>Lunch:.....\$10</p> <p>Dinner:.....\$18</p> <p>Incidentals (for each 24-hour period):.....\$ 6</p> <p>Mileage: \$0.505 per mile</p>

## HOPWA Activity Definitions

The following activities are eligible for funding. These names are used for generating fiscal agent’s budget and invoice details, collecting data for the HOPWA Progress Reports and HUD IDIS, and compiling CAPER reports for HUD.

### Housing Subsidy Assistance Categories

Housing Assistance Category	Definition
Short Term Rent, Mortgage and Utility Assistance (STRMU)	<ul style="list-style-type: none"> <li>• A limited subsidy or payment subject to the limited time period to prevent the homelessness of a household with a least one PLWH/A.</li> <li>• Payments are limited to no more than 21 weeks in a 52-week period. The 21 weeks do not have to be consecutive.</li> <li>• The household must be currently living in rented or mortgaged housing with written documentation verifying their tenancy.</li> </ul>
Tenant Based Rental Assistance (TBRA)	<ul style="list-style-type: none"> <li>• Rental subsidies that are provided to the client/household to be used in any eligible unit chosen by the client. If the client moves, the rental subsidy remains with the client to be used in another eligible unit.</li> <li>• Unit must pass a Housing Quality Standards inspection.</li> <li>• May include shared housing arrangements (when two or more households share a home).</li> <li>• Rent and subsidy limitations apply to this category (see page 11 for further information)</li> </ul>
Facility-based Housing – Project-Based Rental Assistance (PBRA)	<ul style="list-style-type: none"> <li>• Rental subsidies that are provided to residents of certain units within a specific building. When the resident moves, the rental subsidy remains with the unit to be used by the next eligible client.</li> <li>• Unit must pass a Housing Quality Standards inspection.</li> <li>• May require some level of environmental review.</li> <li>• Shared housing arrangements are allowable (e.g., when two or more households share a home).</li> </ul>

Housing Assistance Category	Definition
<p>Facility-based Housing – Master Leasing</p>	<ul style="list-style-type: none"> <li>Rent and subsidy limitations apply to this category (see page 11).</li> </ul> <p>Similar to PBRA. However, the sponsor leases the unit from the property owner and sublets the unit to clients.</p> <p>Rent and subsidy limitations apply to this category (see page 11 for further information).</p>
<p>Facility-based Housing – Facility Operating Costs</p>	<p>This activity pertains to all costs associated with the ongoing operations of a housing project that target PLWH/A. The housing may be emergency-based, transitional, or permanent housing and includes licensed and unlicensed HIV/AIDS facilities.</p> <p>Such costs include: Security, operational costs (resident manager, maintenance person, etc.), supplies and materials, insurance, utilities, furnishings, maintenance, equipment, and other incidental costs in providing housing to clients in these units.</p> <p>NOTE: Supportive service costs associated with counseling programs, skills development, personal assistance, etc., are NOT counted under this category.</p> <p>Rent and subsidy limitations apply to this category (see page 11 for further information)</p>
<p>Facility-based Housing – Capital Development</p>	<p>Costs for the development or renovation of a housing facility, such as a community residence, SRO dwelling or other multi-unit dwelling. Those costs include acquisition, new construction or conversion, and substantial or non-substantial rehabilitation.</p> <p>Activities under this category will require some level of environmental review. Do not lease, purchase, rehabilitate, or construct projects prior to completion of an environmental review approval from HUD.</p> <p>Capital development projects funded using HOPWA funds are subject to minimum use period requirements. See HOPWA Regulations, Title 24, CFR, Part 574.</p> <p><b>CONSULT CDPH/OA PRIOR TO USING FUNDS FOR THESE ACTIVITIES.</b></p>

## Housing Placement Assistance Categories

Service Category	Definition
Permanent Housing Placement Services	<p>A supportive housing service that helps establish the household in the housing unit; such as first month's rent, reasonable costs for security deposits (not to exceed two months of rent costs), one-time utility hook-ups, and processing fees.</p> <p>Security deposits are program funds that must be returned to the program when the assisted tenant leaves the unit. Programs must maintain records of all security deposits. Good faith effort must be made to recover program funds upon the departure of the beneficiary from the unit.</p>
Housing Information Services	<p>These services include housing counseling, information services, referral services to assist an eligible household to locate, acquire, finance, and/or maintain housing, and fair housing counseling for people who have encountered discrimination on the basis of race, religion, sex, age, national origin, familial status, or handicap.</p>

## Supportive Services Categories

Per HOPWA Regulation, supportive services must be provided to PLWH/A residing in HOPWA-assisted housing. Supportive services may be funded through CDPH/OA's HOPWA, CSP, or any other funding source.

Services provided with HOPWA funds should focus on supporting the housing stability of program participants. HOPWA Program policy allows a maximum of 25 percent of the contract/allocation amount to be designated for supportive services.

HOPWA-funded supportive services may also be provided independently of HOPWA-provided housing assistance. However, it is imperative that a distinct relationship between the provision of supportive services and the prevention or alleviation of homelessness is demonstrated and documented.

Funding of supportive services with alternative funding sources is strongly encouraged.

The following service categories are listed as eligible supportive services in HOPWA Regulation but have not been defined by HUD. CDPH/OA has developed the following definitions to assist providers in selecting the service categories that correspond best

with the supportive services the provider offers its clients. Any definitions provided through future HUD guidance will supersede these definitions.

Supportive Service Category	Definition
Adult Day Care and/or Personal Assistance	<ul style="list-style-type: none"> <li>• Provision of community- or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of client.</li> <li>• Provision of services in the home by licensed health care workers, such as nurses.</li> <li>• Provision of services by a homemaker, home health aide, personal caretaker, or attendant caretaker. This definition also includes non-medical, non-nursing assistance with cooking and cleaning activities to help disabled clients remain in their homes.</li> <li>• Routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long-term care facilities are NOT included.</li> </ul> <p>The above services may be provided as a component of a supportive housing facility/community residence</p>
Alcohol and Drug Abuse Services	<ul style="list-style-type: none"> <li>• Provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) provided in an outpatient setting rendered by a physician or under the supervision of a physician, or by other qualified personnel.</li> <li>• Provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) provided in an inpatient health service setting (short term).</li> </ul>
Case Management Client Advocacy Coordination of Benefits	<p>Provision of advice and assistance in obtaining medical, social, community, legal, financial, housing and other needed services. Non-medical case management does not involve coordination and follow-up on medical treatments, as medical case management does.</p> <p>Key case management duties include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Initial comprehensive assessment of the client's needs and personal support systems;</li> </ul>

Supportive Service Category	Definition
Child Care and Other Children Services	<ul style="list-style-type: none"> <li>• Development of a comprehensive housing plan for HOPWA clients, including affordable, stable housing, supportive services, and medical care;</li> <li>• Coordination of the services required to implement the comprehensive housing plan;</li> <li>• Client monitoring to assess the progress and efficacy of the comprehensive housing plan;</li> <li>• Periodic re-evaluation and revision of the plan as necessary;</li> <li>• Client-specific advocacy; and</li> <li>• Coordination of benefits.</li> </ul> <ul style="list-style-type: none"> <li>• Child care services are the provision of care for the children of clients who are HIV positive while the clients attend medical or other appointments or HOPWA or Ryan White Program-related meetings, groups, or training. NOTE: This does not include child care while a client is at work.</li> <li>• Family preservation/unification, foster care, parenting education, and other child welfare services. Services designed to prevent the break up of a family and to reunite family members. Foster care assistance to place children under the age of 21 years, whose parents are unable to care for them, in temporary or permanent homes and to sponsor programs for foster families. Other services related to juvenile court proceedings, liaison to child protective services, involvement with child abuse and neglect investigations and proceedings, or actions to terminate parents' rights. Presentation or distribution of information to biological, foster, and adoptive parents, future parents, and/or caretakers of HIV-positive children about risks and complications, care-giving needs, and developmental and emotional needs of children.</li> </ul>
Education, Training, and Employment Assistance	<ul style="list-style-type: none"> <li>• A range of client-centered services and training to assist clients build their employment and job readiness skills, such as assessment of skill levels, aptitudes, abilities, and support service needs; assistance with securing course tuition and on the job training materials; access to data banks of resumes and job postings, facilitating proper matches of workers with appropriate job openings; and placement assistance.</li> </ul>

Supportive Service Category	Definition
<p>Hotel/Motel Vouchers (This category is exempt from the 25 percent cap on supportive service funding.)</p>	<ul style="list-style-type: none"> <li>• An emergency, short-term supportive service to place homeless clients in a hotel or motel unit while being assisted through case management services to locate and establish the household into more suitable housing.</li> </ul>
<p>Life Skills Management</p>	<ul style="list-style-type: none"> <li>• A range of client-centered services and training to assist clients build skills to better manage their lives. Examples include, but are not limited to: psychosocial and interpersonal skills; anger management and conflict resolution; communication skills; budgeting and money management; maintaining and operating a home (nutrition, cooking cleaning etc.); self-evaluation skills, and the ability to set goals, etc.</li> </ul>
<p>Mental Health Services</p>	<ul style="list-style-type: none"> <li>• Mental health services are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the state to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.</li> </ul>
<p>Meals/nutritional services</p>	<ul style="list-style-type: none"> <li>• Food bank/home-delivered meals include the provision of actual food, meals, or nutritional supplements. It does not include financial assistance directly to clients to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item.</li> </ul>
<p>Outreach</p>	<ul style="list-style-type: none"> <li>• Programs that have, as their principal purpose, identification of persons with HIV/AIDS that are homeless or in unstable living situations and providing linkages to appropriate housing and supportive services.</li> </ul>
<p>Transportation</p>	<ul style="list-style-type: none"> <li>• Transportation services include conveyance services provided directly by agency vehicles, or through gas or taxi vouchers or bus tickets to a client so that he or she may access health care services or housing.</li> </ul>

## Technical Assistance and Resource Identification

Service Category	Definition
Technical Assistance	<p>These costs must pertain to the establishment and operation of a community residence (as defined in Title 24, CFR, Part 574.3). The activities include planning costs, community outreach and educational activities regarding AIDS or related diseases for persons residing in proximity to the proposed residence; development of long-term planning documents, and development of AIDS housing needs assessments.</p>
Resource Identification	<p>Activities under this category are specific to:</p> <ul style="list-style-type: none"> <li>• identifying housing resources and do not include housing referral services;</li> <li>• establishing, coordinating, and/or developing housing assistance resources for eligible persons;</li> <li>• hiring staff or consultants to develop housing finance package for a specific housing project; conducting preliminary research; determining feasibility of specific housing-related initiatives; and market studies.</li> </ul>

## Required Application Documents

The documents described in this section must be submitted as part of every fiscal agent's application packet.

Those fiscal agents that are CBOs are required to submit additional documents. These documents are discussed on page 49.

A complete application must be submitted to CDPH/OA on or before June 13, 2008.

Please submit by electronic mail a copy of the Microsoft Excel application file to [shelley.vinson@cdph.ca.gov](mailto:shelley.vinson@cdph.ca.gov). In addition, mail a hard copy with original signatures to the following address:

### Address for U.S. Mail

Shelley Vinson  
Housing Specialist  
CARE Section  
Office of AIDS  
California Department of Public Health  
MS 7700 (Required)  
P.O. Box 997426  
Sacramento, CA 95899-7426

### Address for Commercial Couriers

Shelley Vinson  
Housing Specialist  
CARE Section  
Office of AIDS  
California Department of Public Health  
MS 7700 (Required)  
1616 Capitol Avenue, Suite 616  
Sacramento, CA 95814

## Document Checklist

The Document Checklist serves as a guide to ensure that the application is complete and that the required documents are organized in the correct order. The fiscal agent must sign and date the bottom of the Document Checklist.

A sample of the Document Checklist can be found on page 34.

## Proof of Insurance

- Fiscal agents must submit proof of insurance with their application.
- Fiscal agents that are county government agencies must submit a letter certifying that their agency possesses, or will obtain, self-insurance in an amount that is sufficient to cover bodily injury and property damage liability combined that might arise under the HOPWA contract for FY 2008-09. Self-insurance coverage shall include coverage for liabilities arising out of premises, operations, independent contractors, products, completed operations, personal injury, and other applicable liability that may arise under the HOPWA contract. The liability insurance shall apply separately to each insured against whom a claim is made or a suit is brought subject to the fiscal agent's limit of liability.

- Fiscal agents that are CBOs must submit a certificate of insurance with their application. The specific insurance requirements for CBOs are discussed on page 58.

### **Environmental Review Certification**

In 2001, CDPH/OA received authorization from HUD to perform the environmental review for proposed HOPWA projects in accordance with Title 24, CFR, Part 58. To comply with those requirements, CDPH/OA is requesting that all fiscal agents certify that they are carrying out activities not subject to environmental review. HUD has determined that the following Categorical Exclusions are not subject to Section 58.5 since they would not alter any conditions that would require a review or compliance determination under Federal laws and authorities cited in Section 58.5, unless there are extraordinary circumstances.

If you are carrying out an activity that is not listed below, then a more detailed level of review may need to be completed and you must contact CDPH/OA prior to carrying out those activities (e.g., minor rehabilitation of housing units, property acquisition or lease). Activities NOT listed below (e.g., minor rehabilitation of housing units or master leasing), should not be listed on the Environmental Review Certification Form of this application.

- TBRA;
- Supportive services including but not limited to: health care, housing services, permanent housing placement, day care, nutritional services, STRMU, and assistance in gaining access to local, State, and Federal government benefits and services;
- Housing facility operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment, and other incidental costs;
- 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;
- Activities to assist homebuyers to purchase existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buy downs, and similar activities that result in the transfer of title;
- 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;
- 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 Section 58.47.

## **Fiscal Agent Organization**

The application must include the fiscal agency's current organizational chart. The chart should include the names and titles of the staff members identified on the Fiscal Agent Personnel Detail form.

## **Fiscal Agent Contacts**

The Fiscal Agent Contacts form provides CDPH/OA with contact information for:

- The fiscal agent staff member(s) responsible for daily programmatic and fiscal operations.
- The official with board authority to enter into an agreement with the State of California.
- A sample of the Fiscal Agent Contacts can be found on page 34.

## **Five-Line Item Budget**

The Five-Line Item Budget provides direction to CDPH/OA's Contracts and Grants Unit for paying invoices. It uses four lines to document the way the fiscal agent bills its administrative reimbursement and one line to document the costs associated with client services. When completing the Five-Line Item Budget, please:

- Ensure that the fiscal agent's Administrative Costs (the sum of lines 1, 2, 3, and 5) do not exceed 7 percent of the total allocation.
- Ensure that the Other Costs (line 4) equals the total of all subcontractors' budgets.
- A sample of the Five-Line Item Budget can be found on page 36.

## **HOPWA Budget Overview**

The Budget Overview indicates how the total allocation is distributed between the fiscal agent and their subcontractor(s). When completing the Budget Overview, please:

- Enter the budgeted amounts for the fiscal agent's Administrative Costs, and all subcontractors.
- If the fiscal agent is also providing direct client services, those costs must be listed as a "Subcontractor."
- For each Subcontractor, include the address, city, ZIP code, program director, title, phone number, fax number; and e-mail address.
- Check the box indicating ownership/legal status.
- Check the box indicating contract type.
- Check the box indicating the contract selection process used.

A sample of the HOPWA Budget Overview can be found on page 37.

### **Fiscal Agent Administrative Budget Detail**

The Fiscal Agent Administrative Budget Detail identifies the fiscal agent and itemizes their expenses. When completing the Fiscal Agent Administrative Budget Detail, please:

- Fill out the form completely, including marking all check boxes.
- Complete the Administrative Personnel, Operating, Capital, and Indirect Expenses as instructed in the Definitions of Fiscal Agent Documents on page 14.
- Round all figures to the nearest whole dollar.
- Itemize any Indirect or Operating Expenses.
- Ensure that Indirect Expenses do not exceed 15 percent of the total Personnel Expenses.
- Ensure that the total fiscal agent administrative budget does not exceed 7 percent of the total allocation as instructed in the Definitions of Fiscal Agent Documents (page 14).
- Those fiscal agents who provide direct client services must also submit a Housing and Other Services Budget Detail to describe the client services they provide and identify the associated costs.

A sample of the Fiscal Agent Administrative Budget Detail can be found on page 38.

### **Fiscal Agent Administrative Personnel Detail**

The Fiscal Agent Administrative Personnel Detail identifies the personnel providing administrative services and their salaries funded with the allocation. When completing the Fiscal Agent Personnel Detail, please:

- Fill out the form completely, including marking all check boxes.
- Describe the duties of each employee receiving a salary from this allocation.
- Make sure to include details about job-required travel for any employee who must travel as part of their job.
- Round all figures to the nearest whole dollar.
- Complete either the “Annual Salary” or “Hourly Salary” row for each employee.
- Enter the fringe benefits, if any, for each employee.
- Use additional copies of this form if there are more than three employees.
- Those fiscal agents who provide direct client services must also submit a Housing and Other Services Personnel Detail to identify the personnel providing direct client services and the associated costs.

A sample of the Fiscal Agent Personnel Detail can be found on page 39.

### **Housing and Other Services Budget Detail(s) and Goals**

The Housing and Other Services Budget Detail provides information regarding the estimated number of clients/households to be served, the direct client services, and the activity delivery costs associated with each activity. A Housing and Other Services Budget Detail is required for each service provider with which the fiscal agent subcontracts. If the fiscal agent also provides direct client services, the fiscal agent must complete a Housing and Other Services Budget Detail to describe the services that they are providing and the associated costs.

When completing the Housing and Other Services Budget Detail, please:

- Fill out the form completely, including listing the estimated number of households to be served using HOPWA resources.
- Itemize Activity Delivery Costs in the Budget Methodology Column of each activity.
- Round all figures to the nearest whole dollar.
- Describe the methodology(ies) used to calculate the budgeted activities.

A sample of the Housing and Other Services Budget Detail can be found on page 40.

### **Housing and Other Services Personnel Detail(s)**

The Housing and Other Services Personnel Detail provides detailed information about staff involved in: 1) Activity Delivery as identified on the “Activity Delivery Costs” section of the Housing and Other Services Budget Detail; and 2) the provision of direct client services as described in the “Housing and Assistance and Services” sections of the Housing and Other Services Budget Detail.

A Housing and Other Services Personnel Detail is required for each service provider with which the fiscal agent subcontracts. If the fiscal agent provides direct client services, the fiscal agent must complete a Housing and Other Services Personnel Detail to identify the personnel providing direct client services and the associated costs.

When completing the Housing and Other Services Personnel Detail, please:

- Fill out the form completely, including marking all check boxes.
- Describe the duties of each employee receiving a salary from this allocation.
- Make sure to include details about job-required travel for any employee who must travel as part of his/her job.
- Complete two position sections for any staff whose duties are split between activity delivery of a specific housing assistance activity and direct client supportive service.
- Use the State’s per diem reimbursement rates to estimate any travel expenses (see page 16).

- Round all figures to the nearest whole dollar.
- Complete either the “Annual Salary” or “Hourly Salary” row for each employee.
- Enter the fringe benefits, if any, for each employee.
- Use additional copies of this form if there are more than three employees.

A sample of the Housing and Other Services Personnel Detail can be found on page 43.

### **HOPWA Program Implementation Plan**

- The purpose of this section is to provide CDPH/OA with a program implementation plan that addresses HOPWA regulatory requirements including:
- Assessing need and using HOPWA funds in a manner that meets the most urgent and unmet housing needs of PLWH/A in the fiscal agent’s service area;
- Ensuring the availability of appropriate services to all clients receiving HOPWA housing assistance;
- Collaborative efforts made with other private and governmental agencies serving the same population;
- A description of the fiscal agent’s data collection and tracking system to ensure accurate data is captured and duplication of services and data is avoided;
- Compliance with HUD Guidance for operating a STRMU assistance program; and
- For non-exempt counties, a description of how 15 percent of the allocation will be used for permanent housing solutions.
- A sample of the HOPWA Program Implementation Plan can be found on page 44.

### **Estimated Leveraged Funds**

CDPH/OA is required to report in its CAPER to HUD all non-HOPWA resources used in the delivery or operation of HOPWA activities. The purpose of this exercise is to encourage fiscal agents to evaluate the type and amount of other resources they may be using to assist HOPWA clients such as a Shelter Plus Care contract or CSP, EIP, AIDS Drug Assistance Program, Community Based Care, or other CDPH-OA-funded programs. This information provides a baseline from which CDPH/OA can compare actual reported leveraged funds to estimated funds.

It also provides a section to estimate the number of households that may be served in addition to households anticipated to be served using HOPWA funds.

A sample of the HOPWA Program Estimated Leveraged Funds form can be found on page 46.

## Proposed Annual Facility Operating Budget

This section must only be completed by applicants requesting funds to subsidize the operation of a housing facility (transitional or permanent housing). The purpose of this exercise is to ensure that applicants do not request more or less HOPWA funds than necessary to sustain housing operations during the program year. One budget is completed for each facility being funded.

This form does not have to be completed by applicants requesting funds for master leasing or PBRA.

The following information must be provided when completing the form:

- List all Income or revenue sources allocated to the facility;
- List all estimated expenses associated with the operation of the facility;
- List all debt service or mortgages that must be paid (HOPWA funds cannot pay for mortgages);
- Identify all required reserves;
- Total of all income less expenses, reserves, and debt service will equal net income or available cash flow. **The project should not generate cash flow if it receives a HOPWA operating subsidy.**
- This budget does not include on-site client services, such as case manager, and does not include the agency's administrative overhead.
- A sample of the Proposed Housing Facility Annual Operating Budget form can be found on page 48.

## **Samples of Required Application Documents**

## DOCUMENT CHECKLIST

**Fiscal Agent and Contract Number**  
Golden County - 07-89101, A1

**Fiscal Year**  
2008-2009

Check Off	Documents Required for All Fiscal Agents	Office of AIDS Use Only
<input checked="" type="checkbox"/> or N/A		comments
X	Document Checklist	
X	Fiscal Agent Organizational Chart (Attach to Application)	
X	Proof of Insurance (Attach to Application)	
X	FORM A- Environmental Review Certification	
X	FORM B- Fiscal Agent Contact Information	
X	FORM C- Five-Line Item Budget	
X	FORM D - HOPWA Budget Overview	
X	FORM E, Part 1 - Fiscal Agent Administrative Budget Detail	
X	FORM E, Part 2 - Fiscal Agent Administrative Personnel Detail	
	<b>Attach the following for each subcontractor (or if fiscal agent is providing direct services):</b>	
X	FORM F, Part 1 - Housing and Other Services Budget Detail(s) and Goals	
X	FORM F, Part 2 - Housing and Other Services Personnel Detail(s)	
X	FORM G - HOPWA Program Implementation Plan	
X	FORM H - Estimated Leveraged Funds	
	FORM I - Proposed Annual Facility Operating Budget	

Check Off	Additional Documents Required for Fiscal Agents that are Community-Based Organizations	comments
<input type="checkbox"/> or N/A		
N/A	Board of Directors List	
N/A	Authorization to Bind Corporation (only if there are changes)	
N/A	Payee Data Record (only if there are changes)	
N/A	Request for Advance Payment Letter (only if requested)	
N/A	– Bank Verification Letter (only if requesting Advance Payment)	
N/A	– Signature Cards (only if requesting Advance Payment)	

### Certification

I certify that all documents are completed and attached as indicated. Budget documents have been reviewed for accuracy. I understand this application may be rejected due to budget errors. If rejected, I understand that the contract may be delayed until corrected documents are received. I understand delayed contracts could result in delayed invoice processing.

<i>BILL WILLIAMS</i>	<i>May 15, 2008</i>
Fiscal Agent Signature	Date
OFFICE OF AIDS FOR OFFICIAL USE ONLY	
FINAL BUDGET APPROVAL DATE BY THE OFFICE OF AIDS	6/30/2008
Jane Smith, HOPWA Program Coordinator	<i>Jane Smith</i>
Name and Title of OA Representative Approving Budget	Signature of OA Representative

**Certification of Categorical Exclusion (not subject to 58.5)**

Determination of activities listed at 24 CFR 58.35(b)  
May be subject to provisions of Sec 58.6, as applicable

Fiscal Agent (Contractor): Golden County  
Project Sponsor (Subrecipient): Superior HIV/AIDS Housing and Supportive Services Agency  
Project Name: Housing Opportunities for Persons with AIDS/HIV (HOPWA)  
Project Description (Include all actions which are either geographically or functionally related):  
Fiscal Agent will carry out, through its subrecipient, short term rent, mortgage and utility assistance and housing information services for clients in Golden County

Location: Activities will be throughout golden county, but service offices are located in Redwood Grove.

Funding Source: State HOPWA grant

Funding Amount: \$200,000 Contract Number: 07-89101

I hereby certify that the abovementioned project has been reviewed and determined to be a Categorical Excluded activity (not subject to 58.5) per 24 CFR 58.35(b) as follows:

	1. Tenant-based rental assistance;
X	2. 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;
	3. Operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment and other incidental costs;
	4. 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;
	5. Activities to assist homebuyers to purchase existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buy downs, and similar activities that result in the transfer of title.
	6. 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.
	7. 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 Sec. 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 Categorical 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.

Bill Williams, Program Coordinator

Fiscal Agent Certifying Official Name and Title (Printed)

DPH Responsible Entity Certifying Official Name & Title

Bill Williams

May 15, 2008

(Signature)

(Date)

(Signature)

(Date)

## FISCAL AGENT CONTACT INFORMATION

This form provides information about the appropriate program contacts in the applicant's organization. If any of the following information changes during the term of the contract, please notify the the Contract Monitor. COMPLETE CELLS HIGHLIGHTED IN LIGHT BLUE.

**Fiscal Agent and Contract Number**
**Fiscal Year**

Golden County - 07-89101, A1

2008-2009

### Agency Information

Website Address (If any)	Federal Taxpayer Identification Number

### Program Contact

The **Program Contact** is the primary fiscal agent staff member responsible for program planning, policy matters, progress reports, and contract monitoring, etc.

<b>First and Last Name</b>	<b>Title</b>
Bill Williams	Program Coordinator
<b>Mailing Address</b>	<b>Telephone Number</b>
2020 Oak Avenue, Redwood Grove, CA 98765	(916) 555-6761
<b>E-Mail Address</b>	<b>Fax Number</b>
bwilliams@co.golden.ca.us	(916) 555-6767

### Invoicing Contact

The **Invoicing Contact** is the primary fiscal agent staff member responsible for invoicing, budgets revisions, etc. If this person is the same as the **Program Contact** enter "Same as above" in the **First and Last Name** box below.

<b>First and Last Name</b>	<b>Title</b>
Jessica Martin	Accountant
<b>Mailing Address</b>	<b>Telephone Number</b>
2020 Oak Avenue, Redwood Grove, CA 98765	(916) 555-6762
<b>E-Mail Address</b>	<b>Fax Number</b>
jmartin@co.golden.ca.us	(916) 555-6769

### Contract Signatory

The **Contract Signatory** is the individual with board authority to enter into a contract with the State of California. In most cases, this will be the Chair of the County Board of Supervisors.

<b>First and Last Name</b>	<b>Title</b>
Ramona Ramirez	Chair
<b>Organization Name</b>	<b>Telephone Number</b>
Golden County Board of Supervisors	(916) 555-7573
<b>Address</b>	<b>Fax Number</b>
987 Civic Circle, Redwood Grove, CA 98765	(916) 555-3333

**FIVE LINE-ITEM BUDGET****Fiscal Agent and Contract Number**

Golden County - 07-89101, A1

**Fiscal Year**

2008-2009

Budget Period: July 1, 2008 – June 30, 2009

Line Item	HOPWA
1. PERSONNEL <sup>1</sup> (Fiscal Agent Salaries, wages, and benefits)	\$ 11,055
2. OPERATING EXPENSES <sup>1</sup> (Fiscal Agent)	\$ 1,287
3. CAPITAL EXPENDITURES <sup>1</sup> (Fiscal Agent)	\$ -
4. OTHER COSTS <sup>2</sup> (Subcontractors expenses)	\$ 186,000
5. INDIRECT COSTS <sup>1</sup> (Fiscal Agent Maximum of 15% of Personnel)	\$ 1,658
TOTAL BUDGET <sup>3</sup>	\$ 200,000

<sup>1</sup> The total of these expenses is for the fiscal agent operations and cannot exceed 7% of the total HOPWA allocation. These do not represent direct service funds or those expenses incurred as a result of delivery of services.

<sup>2</sup> These expenses are used to provide direct housing and supportive services to PLWA and families. They must represent at least 93% of contractor funds.

<sup>3</sup> The total HOPWA allocation to the contractor as determined by the Office of AIDS.

## HOPWA BUDGET OVERVIEW

**Fiscal Agent and Contract Number**

Golden County - 07-89101, A1

**Fiscal Year**

2008-2009

<b>FISCAL AGENT ADMINISTRATION REIMBURSEMENT (7% max. of allocation)</b>		
(From Fiscal Agent Administrative Budget Detail on FORM F, Part 1)		<b>\$ 14,000.00</b>
<b>HOPWA SUBCONTRACTOR INFORMATION</b>		
(If Fiscal Agent provides housing/other services, state the Fiscal Agent name instead of the Subcontractor Name. Identify budget information for the services to be provided.)		
<b>1. SUBCONTRACTOR NAME:</b>	Superior HIV/AIDS Housing and Supportive Service Agency	<b>\$186,000</b>
ADDRESS, CITY, ZIP:	1503 Sequoia Street, Redwood Grove, CA 98765	
PROGRAM DIRECTOR NAME:	Shelby Vincent	
TITLE:	Executive Director	
E-MAIL ADDRESS:	svincent@housingagency.org	
PHONE NO.	(888) 555-1234	FAX No. (888) 555-2345
Ownership Status	<input type="checkbox"/> Private/for profit <input checked="" type="checkbox"/> Private/nonprofit <input type="checkbox"/> Incorporated <input type="checkbox"/> Public /local <input type="checkbox"/> Public/state <input type="checkbox"/> Public/federal <input type="checkbox"/> Grassroots <input type="checkbox"/> Faith Based <input checked="" type="checkbox"/> Minority owned	
CONTRACT TYPE (check one) <input type="checkbox"/> Direct Service <input type="checkbox"/> Consultant		
SELECTION TYPE (check one) <input checked="" type="checkbox"/> Competitive Bid <input type="checkbox"/> Sole Source		
<b>2. SUBCONTRACTOR NAME:</b>		
ADDRESS, CITY, ZIP:		
PROGRAM DIRECTOR NAME:		
TITLE:		
E-MAIL ADDRESS:		
PHONE NO.		FAX No.
Ownership Status	<input type="checkbox"/> Private/for profit <input type="checkbox"/> Private/nonprofit <input type="checkbox"/> Incorporated <input type="checkbox"/> Public /local <input type="checkbox"/> Public/state <input type="checkbox"/> Public/federal <input type="checkbox"/> Grassroots <input type="checkbox"/> Faith Based <input type="checkbox"/> Minority owned	
CONTRACT TYPE (check one) <input type="checkbox"/> Direct Service <input type="checkbox"/> Consultant		
SELECTION TYPE (check one) <input type="checkbox"/> Competitive Bid <input type="checkbox"/> Sole Source		
<b>3. SUBCONTRACTOR NAME:</b>		
ADDRESS, CITY, ZIP:		
PROGRAM DIRECTOR NAME:		
TITLE:		
E-MAIL ADDRESS:		
PHONE NO.		FAX No.
Ownership Status	<input type="checkbox"/> Private/for profit <input type="checkbox"/> Private/nonprofit <input type="checkbox"/> Incorporated <input type="checkbox"/> Public /local <input type="checkbox"/> Public/state <input type="checkbox"/> Public/federal <input type="checkbox"/> Grassroots <input type="checkbox"/> Faith Based <input type="checkbox"/> Minority owned	
CONTRACT TYPE (check one) <input type="checkbox"/> Direct Service <input type="checkbox"/> Consultant		
SELECTION TYPE (check one) <input type="checkbox"/> Competitive Bid <input type="checkbox"/> Sole Source		
<b>Grand total Subcontractor Budgets</b>		<b>\$186,000</b>
<b>TOTAL FISCAL AGENT AND SUBCONTRACTOR BUDGETS</b>		<b>\$200,000</b>

### FISCAL AGENT ADMINISTRATIVE BUDGET DETAIL

**Fiscal Agent and Contract Number**  
Golden County - 07-89101, A1

**Fiscal Year**  
2008-2009

List all Administrative Expenditures. Total Administrative costs cannot exceed 7% of total allocation. Indirect Costs cannot exceed 15% of Administrative Personnel Costs.

Expenses Category	Description	Budgeted Amount
<b>Indirect</b>		\$1,658
	<b>Total Indirect:</b>	
<b>Operating</b>	Travel	\$500
	postage, office supplies, photo copying	\$787
	<b>Total Operating</b>	
<b>Capital</b>		
	<b>Total Capital</b>	<b>\$0</b>
<b>Personnel</b>	<b>(Total From FORM F, Part 2) Total Administrative Personnel</b>	<b>\$11,055</b>
<b>Total Fiscal Agent Budget:</b>		<b>\$14,000</b>

**FISCAL AGENT ADMINISTRATIVE PERSONNEL DETAIL**

Fiscal Agent and Contract Number

Fiscal Year

Golden County - 07-89101, A1

2008-2009

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	
Program Coordinator	Williams, B		
Describe Duties (include purpose and destination of any job-related travel) Grant management for HOPWA funds including program oversight, invoicing, progress reporting, and other grant management duties	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	\$55,000	15%	\$8,250
	Hourly Salary	Estimated hours performing these duties	Salary paid by this contract
	Is travel required?		Benefits
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$2,805

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	Hourly Salary	Estimated hours performing these duties	Salary paid by this contract
	Is travel required?		Benefits
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	Hourly Salary	Estimated hours performing these duties	Salary paid by this contract
	Is travel required?		Benefits
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	Hourly Salary	Estimated hours performing these duties	Salary paid by this contract
	Is travel required?		Benefits
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Total Personnel Expenses (this page)</b>	<b>\$11,055</b>
---------------------------------------------	-----------------

## HOUSING AND OTHER SERVICES BUDGET DETAIL AND GOALS

**Fiscal Agent and Contract Number**

Golden County - 07-89101, A1

**Fiscal Year**

2008-2009

**NAME OF AGENCY PROVIDING SERVICES:** Superior HIV/AIDS Housing and Supportive Service Agency

(Note: Include One Expenditure Plan for each agency providing services. Also, complete one if Fiscal Agent provides direct services)

HOUSING ASSISTANCE CATEGORY	HOUSING ASSISTANCE (COMPLETE CELLS HIGHLIGHTED IN BLUE IF APPLICABLE)		
	Households to be served with HOPWA Assistance	HOPWA BUDGET	METHODOLOGY USED FOR DETERMINING BUDGET
<b>Short term rent, mortgage, utility assistance (21 weeks out of 52 weeks) (STRMU)</b>			
-- Emergency rent	38	\$ 85,800.00	Avg FMR \$850 X 2 months = \$1700 per household X 50 households
--Utility Assistance	30	\$ 18,200.00	Avg \$50 X 30 households x 12 months
--Mortgage Assistance	8	\$ 32,000.00	\$1,000 month X 4 months X 8 households
Activity delivery costs (Itemize in methodology column)		\$ 13,600.00	Housing Coordinator Salary/Benefits \$10,000 and overhead (supplies, postage, copies, travel) - \$3,600
<b>Total STRMU</b>	<b>38</b>	<b>\$ 149,600.00</b>	
<b>Tenant Based Rental Assistance (TBRA)</b>			
Activity delivery costs (Itemize in methodology column)			
<b>Total TBRA</b>		\$ -	
<b>Facilities Supported with Operating Subsidy</b>			
<b>Project Based Rental Assistance (PBRA)</b>			
Leasing Costs (e.g., Master Leasing)	4	\$ 27,000.00	2 br unit @ \$600 mo subsidy X 12 = \$7,200 per unit X 4 units
Activity delivery costs (Itemize in methodology column)		\$ 3,000.00	Housing Coordinator Salaries/benefits
<b>Total PBRA/LEASING</b>		<b>\$ 30,000.00</b>	
<b>Facility Operating Costs:</b>	<b>Facility Name:</b>		
operations (property mgr, facility staffing, etc)			
leasing costs (lease of facility)			
insurance (hazard/fire, etc.)			
utilities (water, sewer, garbage, etc.)			
furnishings			
equipment			
supplies			
maintenance and repairs			
incidentals in providing housing to clients			
<b>Total Facility Operating Costs:</b>		\$ -	

*repeat this section for each facility receiving operating subsidies*

## HOUSING AND OTHER SERVICES BUDGET DETAIL

**NAME OF AGENCY PROVIDING SERVICES:** Superior HIV/AIDS Housing and Supportive Service Agency

SERVICE CATEGORY	<b>HOUSING PLACEMENT ASSISTANCE</b> (COMPLETE CELLS HIGHLIGHTED IN BLUE IF APPLICABLE)		
	Households served with HOPWA Assistance	HOPWA BUDGET	METHODOLOGY USED FOR DETERMINING BUDGET
<b>Permanent Housing Placement Services</b>			
Security Deposits (not to exceed 2 month's rent costs)			
credit checks, utility hook-ups			
Activity delivery costs (Itemize in methodology column)			
<b>Subtotal Permanent Housing Placement</b>		\$ -	
<b>Housing Information:</b>			
1) Housing Counseling		\$ 6,400.00	Housing Coordinator Salaries/benefits
2) Information Services:			
3) Referral Services to assist an eligible person to acquire, finance, and/or maintain housing			
4) Fair Housing Counseling for people who encounter discrimination:			
Activity delivery costs (Itemize in methodology column)			
<b>Subtotal Housing Information Services</b>	20	\$ 6,400.00	
SERVICE CATEGORY	<b>SUPPORTIVE SERVICES</b> (COMPLETE CELLS HIGHLIGHTED IN BLUE IF APPLICABLE)		
	Households served with HOPWA Assistance	HOPWA BUDGET	METHODOLOGY USED FOR DETERMINING BUDGET
Adult Day Care and/or personal assistance			
Alcohol & Drug abuse services			
Case Management/client advocacy/access to benefits & services			
Child care and other child services			
Education			
Employment assistance and training			
Legal Services			
Life skills management			
Meals/nutrition services			
Outreach			
Transportation			
Other - Hotel/Motel Vouchers			
Activity delivery costs (Itemize in methodology column)			
<b>Subtotal Supportive Services</b>		\$ -	

## HOUSING AND OTHER SERVICES BUDGET DETAIL

**NAME OF AGENCY PROVIDING SERVICES:** Superior HIV/AIDS Housing and Supportive Service Agency

SERVICE CATEGORY	RESOURCE IDENTIFICATION & TECHNICAL ASSISTANCE		
		HOPWA BUDGET	METHODOLOGY USED FOR DETERMINING BUDGET
<b>Technical Assistance</b>			
Activity delivery costs (Itemize in methodology column)			
<b>Subtotal Technical Assistance</b>		\$ -	
<b>Resource Identification</b>			
Activity delivery costs (Itemize in methodology column)			
<b>Subtotal Resource Identification</b>		\$ -	
<b>CAPITAL DEVELOPMENT COSTS</b>			
<b>DEVELOPMENT ACTIVITIES (CONSULT THE OA PRIOR TO USING FUNDS FOR THESE ACTIVITIES - ENVIRONMENTAL REVIEW AND USE AGREEMENTS REQUIRED)</b>	<b>Housing Units with HOPWA funding</b>	<b>HOPWA BUDGET</b>	<b>METHODOLOGY USED FOR DETERMINING BUDGET</b>
Property Acquisition - land, single family unit, apartment, duplex, SRO hotels, condominium			
Rehabilitation			
New Construction (SRO or Community Residence only)			
Activity delivery costs (Itemize in methodology column)			
<b>Total Capital Development Costs</b>		\$ -	
<b>Grand total this agency/contractor</b>		\$ 186,000.00	

**HOUSING AND OTHER SERVICES PERSONNEL DETAIL**

Fiscal Agent and Contract Number

Golden County - 07-89101, A1

Fiscal Year

2008-2009

Complete this information for each subcontracting agency or for any services provided by the fiscal agent staff. (Example: Case Managers, Benefits Counselors, Housing Information Services Coordinator, Resource Identification, House Manager, Relief Manager, Support Staff, etc.)

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Housing Coordinator	Smith, J.	July 1, 2008	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel) Activity Delivery Costs associated with short term rent, mortgage and utility assistance, but not limited to, completing client intake and housing plans, processing subsidy requests, collecting required documentation from clients, working with landlords, making home visits if necessary - \$10,000 Activity Delivery Costs associated with master leasing program: \$3,000 includes, but not limited to, developing program forms and guidelines, preparing client intake documents, negotiating leases with landlords, inspecting units, assisting clients in completing rental agreements, assisting clients with move-in/move-out requirements, preparing reports and payment requests.	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	\$42,500	25%	\$10,625
	Hourly Salary	Estimated hours performing these duties	Salary paid by this contract
	Is travel required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Travel Expense	Benefits
		\$500	\$2,375

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Housing Coordinator	Smith, J		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel) Provide housing counseling to clients in need of housing.	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	\$42,500	12%	\$4,990
	Hourly Salary	Estimated hours performing these duties	Salary paid by this contract
	Is travel required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Estimated Travel Expense	Benefits
			\$1,410

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	Hourly Salary	Estimated hours performing these duties	Salary paid by this contract
	Is travel required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Travel Expense	Benefits

<b>Total Personnel Expenses (this page)</b>	<b>\$19,400</b>
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## HOPWA PROGRAM IMPLEMENTATION PLAN

Fiscal Agent Name and Contract Number	Fiscal Year
Golden County - 07-89101, A1	2008-2009

1 Describe how the fiscal agent's needs assessment and fund allocation process ensures that HOPWA funds are used to assist clients with services not adequately covered by other private or public agencies in the service area.

In March 2005, Golden County completed a Comprehensive HIV/AIDS Housing Plan that identified housing needs in the county and included recommendations to increase housing opportunities for persons living with HIV/AIDS. Golden County's allocation process incorporates the recommendations when determining the amount of funds to allocate annually towards HOPWA activities. Client's individual housing plans were also assessed to determine whether the existing HOPWA activities were enabling clients to maintain stable housing and improve access to care and support.

2 Describe how supportive services are made available to households receiving HOPWA housing assistance (i.e., a brief service delivery plan)

Through a Request for Applications process, Golden County selected one service provider to carry out HOPWA activities for Golden County. That service agency provides a comprehensive range of non-medical HIV/AIDS related services including client advocacy and case management. At intake client is assessed to determine all of its needs including housing. The service agency links the client to all the services in-house as well as primary medical care and makes referrals to other service agencies (such as mental health or substance abuse agencies). A client is provided with housing assistance if needed or referrals are made to link the client with housing assistance. The client is assessed periodically to ensure that it is receiving the appropriate services.

3 Describe any changes to how data is collected and tabulated, who will be responsible for data collection and reporting, and how often data collection activities will occur.

Golden County requires that its service provider has established a database sufficient to collect all data elements required to completed the HOPWA Progress Report. The service agency submits the progress reports to the County for review and submittal to the Office of AIDS. Golden County plans to access ARIES for HOPWA once it is available.

4 Describe any changes to coordination with the other services providers in the service area(s) and delineate how duplication of services is to be avoided.

Only one agency provides HOPWA assistance. Consequently, duplication of services does not occur.

5 Effective July 1, 2009, all HOPWA contractors must use the same begin date for client's accessing Short Term Rent, Mortgage and Utility Assistance (STRMU). The begin date shall be a set standard annual period of July 1 through June 30. A) Identify whether your agency currently uses this begin date. B) If your agency uses a *different* begin date, such as the first date the client's receive assistance, explain how you plan to transition from your current method to the set standard annual period of July 1 through June 30 by Fiscal Year 2009-2010 beginning July 1, 2009.

A. Golden County currently uses the first date a client receives STRMU assistance as the begin date of the 52 week period.

B. Golden County will notify all enrolled clients that the 52 week begin period for STRMU assistance is being changed from the date assistance first begins to a set standard annual period of July 1, through June 30. All new clients will have a begin date of July 1. By July 1, 2009 all existing or continuing clients will have been changed to the set standard annual period.

**HOPWA PROGRAM IMPLEMENTATION PLAN**

<b>Fiscal Agent Name and Contract Number</b>	<b>Fiscal Year</b>
Golden County - 07-89101, A1	2008-2009

**THIS SECTION COMPLETED BY NON-EXEMPT COUNTIES ONLY**

**List Subcontracting Agency(ies) providing longer term housing assistance:**  
 Superior HIV/AIDS Housing and Supportive Services Agency

Allocation Amount (from Attachment A - Allocation Table)	\$ 200,000.00
Total allocation X 15% = Longer term housing set-aside	\$ 30,000.00
Amount of Funds actually budgeted for longer term housing	\$ 30,000.00
Estimated Number of Households to be assisted	4

*Instructions: The Fiscal Agent shall fully describe how the minimum of fifteen percent of formula allocation will be expended for longer term housing activities. Provide detailed information regarding the following:*

1 Describe the proposed activity or activities (e.g., tenant based rental assistance, project-based, master leasing, facility  
 Master Lease of four apartment units. 2 one-bedroom and 2 two-bedroom.

2 Define the term of the assistance that will be provided and how clients will be informed of funding or time limitations.  
 The units are transitional housing units with a maximum stay of two years during which time the tenants must establish life goals that will assist them in obtaining other affordable housing (e.g., get on waiting lists for rent subsidy and subsidized housing, job training, education, substance abuse counseling, budget management). Tenants will be informed of the time limitation through a contract with HHSSA. The contract will also inform the tenants that availability of the units is dependant upon annual funding through HUD.

3 Describe how HOPWA requirements including, but not limited to, National Environmental Protection Agency (NEPA) environmental reviews, housing quality standard inspections, lead-based paint inspections, tenant rent calculations, rent subsidy calculations,

HHSSA has negotiated a five-year lease with a local landlord for four apartment units. HHSSA will sublet those housing units to clients and provide supportive services to ensure the clients can remain in their housing unit. Those services include case management, and linkage to mainstreams services such as mental health counseling and substance abuse treatment and job training agencies. The unit lease between the landlord and HHSSA shall not exceed the HUD Fair Market Rent (including a utility allowance), and the unit must meet Housing Quality Standards. The Golden County Housing Department has agreed to prepare any necessary Environmental Reviews for the leased units. Those reviews will be submitted to the Office of AIDS for review and approval.

HHSSA will negotiate the subletting of the units with the landlord and will include the subletting of the units as a lease rider to the lease agreement.

4 If this is a new program activity, what is the estimated date that the first housing unit will be occupied by an eligible household?

The units will be available for occupancy on August 1, 2009.

## HOPWA PROGRAM IMPLEMENTATION PLAN

Fiscal Agent Name and Contract Number	Fiscal Year
Golden County - 07-89101, A1	2008-2009

5 When implementing a longer-term housing program, the fiscal agent is responsible for ensuring that all housing and service agencies providing assistance to a client have a mutual understanding of the roles and responsibilities of each agency serving the client. This understanding may be accomplished through a Memorandum of Understanding or other agreement that delineates the roles and responsibilities of staff and the agencies. Additionally, the fiscal agent must ensure that service providers partnering with the housing assistance provider are educated in the requirements of the longer-term housing activity.

Describe how the fiscal agent will ensure that these requirements are met.

HHSSA will hire a housing coordinator to negotiate the leases with the landlords, qualify households, conduct unit inspections, and calculate tenant rent and complete rental agreements with the clients. HHSSA is a one-stop service provider for persons living with HIV/AIDS, and will provide all tenants with case management. It will enter into Memorandums of Understanding with other HIV/AIDS service agencies as well as other local agencies providing mainstream services such as mental health counseling and substance abuse services. The Memorandum of Understanding will identify HHSSA as the lead agency providing housing assistance and case management to the clients. It will also include the roles and responsibilities of each agency that has agreed to provide services to clients as applicable. HHSSA will provide all agencies with the program guidelines including client eligibility criteria. Biannual meetings will be held with all agencies to review the program accomplishments and discuss barriers and methods to improve the program.

**ESTIMATED LEVERAGED FUNDS****Fiscal Agent and Contract Number**

Golden County - 07-89101, A1

**Fiscal Year**

2008-2009

**A. Estimate the number of ADDITIONAL households supported with leveraged funds. NOTE: Do not identify households that may also be receiving HOPWA Housing Assistance.**

Housing Outputs	Tenant-based Rental Assistance	Facility Based Housing Assistance	Short Term Rent ,Mortgage and Utility Assistance
Total Additional Households	5		
Total Additional Units			

**B. Estimated Sources of Leveraging by Purpose. Identify potential leveraged funding sources and amounts that will be used in the delivery and operation of HOPWA activities.**

Sources of Leveraging (cash resources)	Estimated Amount of Leveraged Dollars for FY 2008-2009	
	Housing Assistance	Supportive Services and other non-direct housing costs
Program Income:		
Federal Government (please specify):		
Shelter Plus Care Contract	\$ 50,000.00	
Office of AIDS Early Intervention Program		\$ 150,000.00
Office of AIDS Care Services Program		\$ 75,000.00
State Government (please specify)		
Local Government (please specify)		
Foundations and other private cash resources (please specify)		
Resident rent payments in facilities and/or rental units	\$ 16,200.00	
Project Sponsor Cash		
Totals	\$ 66,200.00	\$ 225,000.00

## PROPOSED ANNUAL FACILITY OPERATING BUDGET

Complete a Proposed Operating Budget for each facility receiving HOPWA Facility Operating Subsidies. Do not include direct client service costs or administrative overhead costs.

PROPOSED ANNUAL OPERATING BUDGET	
FISCAL YEAR 2008-2009	
<b>Name of Facility:</b> Transitional Living Center	
<b>Number of Units in Facility</b>	6
<b>Name of Responsible Agency:</b> Compassionate Care Program	
	<b>Annual</b>
<b>INCOME:</b>	
Tenant Rent Payments	\$ 16,200.00
Rent/Operating Subsidy (e.g. HOPWA)	\$ 32,510.00
Rent/Operating Subsidy (e.g. Sec 8)	
Other Income	
<b>GROSS SCHEDULED INCOME</b>	<b>\$ 48,710.00</b>
<b>LESS:</b>	
Vacancy Rate - residential (based on local market or 5%)	\$ (810.00)
<b>EFFECTIVE GROSS INCOME</b>	<b>\$ 47,900.00</b>
<b>EXPENSES:</b>	
Lease payment	\$6,000
General Operating (office supplies, copier, postage, etc.)	\$1,000
Property Management Fee	\$900
Utilities	\$3,600
Payroll / Payroll Taxes	\$35,000
Insurance	\$2,000
Maintenance	\$3,000
Water/Sewer	\$900
Other: (Homeowners Association)	
Other: (SPECIFY)	
Property Taxes and Assessments	\$500
Replacement Reserve Deposits	\$1,000
Operating Reserve Deposits	
<b>Total Operating Expenses and Reserve Deposits</b>	<b>\$47,900</b>
<b>NET OPERATING INCOME (Income less Expenses &amp; Reserves)</b>	<b>\$0</b>
<b>REQUIRED DEBT SERVICE</b>	
First Lender	
Second Lender	
Other (SPECIFY)	
<b>Total Debt Service</b>	<b>\$0</b>
<b>Available Cash Flow</b>	<b>\$0</b>

## Additional Documents for CBOs

Those fiscal agents that are CBOs may be required to submit all or some of the documents described in this section.

### Board of Directors List

All CBOs acting as fiscal agent must provide a list of their Board of Directors. The list should include the name, title, address, and phone number for each board member. There are no format requirements for the list.

### Authorization to Bind Corporation Letter

All CBOs acting as fiscal agents must submit an Authorization to Bind Corporation Letter when:

- The agency is a new fiscal agent;
- The agency has changed its name;
- There is a change in the authorization to sign monthly invoices; or
- There is a new Board Chairperson.

**Do not submit** new letters for bank accounts established in previous applications.

Authorization to Bind Corporation Letters must be written on the agency's letterhead and contain the following language:

The Board of Directors of the [Corporation Name] in a duly executed meeting held [Date] and where a quorum was present resolved to authorize [Name and Title] to sign and negotiate the HOPWA Program Allocation and any contract that may result. In addition, we authorize the following person(s) to sign monthly invoices: [Names and Titles as appropriate].

The undersigned hereby affirms that the statements contained in this application are true and complete to the best of the applicant's knowledge and accepts as a condition of Contract/Allocation Award, the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations. The undersigned recognized that this is a public document and open to public inspections.

[Typed Name of Board Chairperson, Signature, and Date]

## Payee Data Record (STD 204)

The Payee Data Record provides tax information to the State. A new Payee Data Record must be submitted when there have been changes to the:

- Fiscal agent;
- Business name;
- Entity type;
- Taxpayer identification number;
- Residency state;
- Authorized vendor representative.

If these items have not changed since last year, **do not submit** a new Payee Data Record.

A Microsoft Word version of the Payee Data Record can be obtained online at [www.cdph.ca.gov/programs/AIDS](http://www.cdph.ca.gov/programs/AIDS). **When completing the Payee Data Record, be sure to include all the information for Box 6 as it appears on the sample on page 51.**

## Payee Data Record Sample

State of California—Department of Health Services

### PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)  
STD. 204 (Rev. 6-2003)

<b>1</b>	<b>INSTRUCTIONS:</b> Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. <b>NOTE:</b> Governmental entities, federal, state, and local (including school districts), are not required to submit this form.																					
<b>2</b>	<b>PAYEE'S LEGAL BUSINESS NAME (Type or Print)</b> Superior HIV/AIDS Housing and Supportive Services Provider																					
	<b>SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</b> Shelby Vincent	<b>E-MAIL ADDRESS</b> svincent@housingagency.org																				
	<b>MAILING ADDRESS</b> 1503 Sequoia Street	<b>BUSINESS ADDRESS</b> 1503 Sequoia Street																				
	<b>CITY, STATE, ZIP CODE</b> Redwood Grove, CA 98765	<b>CITY, STATE, ZIP CODE</b> Redwood Grove, CA 98765																				
<b>3</b>	<b>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):</b> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; text-align: center;">7</td> <td style="border: 1px solid black; width: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; text-align: center;">9</td> </tr> </table>		1	2	-	3	4	5	6	7	8	9	<b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.									
1	2	-	3	4	5	6	7	8	9													
PAYEE ENTITY TYPE  CHECK ONE BOX ONLY	<input type="checkbox"/> PARTNERSHIP  <input type="checkbox"/> ESTATE OR TRUST  <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																					
	<b>CORPORATION:</b> <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input checked="" type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS																					
<b>4</b>	<b>PAYEE RESIDENCY TYPE</b> <input checked="" type="checkbox"/> California resident—qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side)—Payments to nonresidents for services may be subject to State income tax withholding. <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.																					
<b>5</b>	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.																					
	<b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</b> Shelby Vincent	<b>TITLE</b> Executive Director																				
	<b>SIGNATURE</b>	<b>DATE</b> May 9, 2006	<b>TELEPHONE</b> (888) 555-1234																			
<b>6</b>	<b>Please return completed form to:</b>  <b>Department/Office:</b> California Department of Public Health, Office of AIDS  <b>Unit/Section:</b> Care Service Section, HOPWA Program, Attention: Shelley Vinson  <b>Mailing Address:</b> MS 7700, P.O. Box 997426  <b>City/State/ZIP:</b> Sacramento, CA 95899-7426  <b>Telephone:</b> (916) 449-5958 <b>FAX:</b> (916) 449-5959  <b>E-Mail Address:</b> svinson@dhs.ca.gov																					

## Request for Advance Payment Letter

CBOs acting as fiscal agents may request an advance payment of up to 25 percent of their total allocation during Year Two and Three of this three-year contract. Advance payments are only available once after funds are appropriated by the Legislature and prior to the full certification of the contract.

To request an advance payment, write a request on agency letterhead with the following information:

- Contract number;
- Contractor name(s);
- County name(s);
- Amount of advance being requested;
- Bank account number; and
- Name and address of bank.

Include the Request for Advance Payment Letter with the application packet.

## Bank Verification Letter

Bank Verification Letters provide information to CDPH/OA about the financial institution, fund withdrawal procedures, and provide assurances to CDPH/OA that funds will be withheld upon notification. The advance payment must be deposited in an account that is:

- Managed by a bank or financial institution that is a member of the Federal Deposit Insurance Corporation (FDIC);
- Interest bearing; and
- Separate from other fund accounts of the fiscal agent.

Bank Verification Letters are **only required** for CBOs acting as fiscal agents that are requesting advance payment. Bank Verification Letters must be written on the bank's letterhead and contain the following language:

Reference: [Contract Number];

[Bank Account Number]; and

[Name of Bank] is an existing member of FDIC. We are aware that the above referenced account is of a special nature emanating from an agreement between CDPH and [Fiscal Agent's Full Legal Name]. The special nature of the above-referenced account is as follows:

- The above-referenced account is intended only to receive and disburse moneys advanced by CDPH to [Fiscal Agent's Full Legal Name] for the contract period ending June 30, 2008;

- [Fiscal Agent's Full Legal Name] shall make withdrawals only by check;
- The account is interest bearing;
- [Name of Bank] is aware of the default provisions in the agreement between CDPH and [Fiscal Agent's Full Legal Name], and herewith gives its assurances that those provisions are understood, particularly in regard to the bank's responsibilities there under, and specifically upon the happening of any event of default;
- To withhold further withdrawals from the account by [Fiscal Agent's Full Legal Name] upon written notification from CDPH; and
- To allow CDPH to withdraw all or any part of the balance in the above-referenced account by check payable to the "California Department of Public Health," upon notice from CDPH, that such a check should be issued.

### **Bank Signature Cards**

Bank signature cards identify who can withdraw funds from the HOPWA account. Fiscal agents requesting advance payment must forward one set of bank signature cards for this account to their HOPWA coordinator (see page 54). The bank signature cards must:

- Have original signature(s) of one or more persons in the fiscal agent's organization who are authorized to withdraw funds.
- Indicate that fiscal agent withdrawals shall be by check only. Fiscal agent withdrawals do not require countersignature by CDPH.
- Indicate that CDPH withdrawals shall be accompanied by a written CDPH directive and be issued by check only and made payable to the California Department of Public Health.
- Said written directive from CDPH shall indicate that the fiscal agent is in default of their contractual obligations or indicate that cancellation or termination of the agreement is imminent or has been initiated.
- CDPH withdrawals do not require countersignature by the fiscal agent.

Bank signature cards are only required for CBOs acting as fiscal agents that are requesting advance payment and that:

- Have changed banks in the last year; or
- Have changed fiscal agent signatories in the last year.

## APPENDIX

### HOPWA Program Coordinator Assignments by County

Shelley Vinson Housing Specialist (916) 449-5958 <a href="mailto:shelley.vinson@cdph.ca.gov">shelley.vinson@cdph.ca.gov</a>	Vacant HOPWA Program Coordinator (916) 449-5952 Contact Shelley Vinson until further notice
Butte Colusa Kern Fresno Glenn Imperial Kings Monterey San Joaquin San Luis Obispo Santa Barbara Santa Cruz Shasta Solano Sonoma Stanislaus Sutter Tehama Trinity Ventura Yuba	Alpine Amador Calaveras Del Norte Humboldt Inyo Lake Lassen Madera Mariposa Mendocino Merced Modoc Mono Napa Nevada Plumas Sierra Siskiyou Tulare Tuolumne

#### Address for U.S. Mail

Shelley Vinson  
 Housing Specialist  
 CARE Section  
 Office of AIDS  
 California Department of Public Health  
 MS 7700 (Required)  
 P.O. Box 997426  
 Sacramento, CA 95899-7426

#### Address for Commercial Couriers

Shelley Vinson  
 Housing Specialist  
 CARE Section  
 Office of AIDS  
 California Department of Public Health  
 MS 7700 (Required)  
 1616 Capitol Avenue, Suite 616  
 Sacramento, CA 95814

HOPWA YEAR 17 FUNDING ALLOCATIONS (FY 2008-2009) - revised 5-14-08

CONTRACT NUMBER	COUNTY	HOPWA FISCAL AGENT/CONTRACTOR (*=Non-Exempt Counties)	ALLOCATION FROM 2008 HOPWA GRANT	AUGMENTATION FROM PRIOR YEAR UNSPENT FUNDS	TOTAL ALLOCATION
07-65524, A1	Fresno	Fresno County*	\$268,139	\$65,102	\$333,241
07-65526, A1	Imperial	Imperial Valley Housing Authority	\$40,823	\$9,911	\$50,734
07-65529, A1	Kings	Kings County	\$52,425		\$52,425
07-65523, A1	Lake	Community Care Management Corporation	\$26,642	\$6,468	\$33,110
07-65531, A1	Mendocino	Mendocino County AIDS Volunteer Network	\$31,369	\$7,616	\$38,985
07-65532, A1	Merced	Merced County Community Action Agency	\$30,080	\$7,303	\$37,383
07-65527, A1	Monterey	John XXIII AIDS Ministry*	\$167,157	\$40,584	\$207,741
07-65533, A1	Napa	Napa County	\$34,807	\$8,451	\$43,258
07-65534, A1	Nevada	Nevada County	\$24,494	\$5,947	\$30,441
07-65536, A1	San Joaquin	San Joaquin County*	\$219,582	\$53,312	\$272,894
07-65537, A1	San Luis Obispo	San Luis Obispo County*	\$118,600	\$28,795	\$147,395
07-65538, A1	Santa Barbara	Santa Barbara County*	\$131,921	\$32,029	\$163,950
07-65539, A1	Santa Cruz	Santa Cruz County*	\$100,123	\$24,309	\$124,432
07-65541, A1	Solano	Solano County*	\$312,829	\$75,952	\$388,781
07-65542, A1	Sonoma	Sonoma County*	\$340,331	\$82,629	\$422,960
07-65543, A1	Stanislaus	Stanislaus Community Assistance Project*	\$132,351	\$32,134	\$164,485
07-65544, A1	Tulare	Tulare County	\$56,292	\$13,667	\$69,959
07-65545, A1	Ventura	Ventura County*	\$189,932	\$46,114	\$236,046
07-65522, A1	<b>Group 1</b>	<b>Caring Choices</b>			
	Butte		\$50,706	\$12,311	\$63,017
	Colusa		\$430	\$104	\$534
	Glenn		\$4,727	\$1,148	\$5,875
	Shasta		\$19,766	\$4,799	\$24,565
	Sutter		\$7,305	\$1,774	\$9,079
	Tehama		\$7,305	\$1,774	\$9,079
	Trinity		\$1,289	\$313	\$1,602
	Yuba		\$11,172	\$2,713	\$13,885
	<b>SUBTOTAL</b>	Caring Choices	<b>\$102,700</b>	<b>\$ 24,936</b>	<b>\$127,636</b>
07-65525, A1	<b>Group 2</b>	<b>Humboldt County</b>			
	Del Norte		\$9,024	\$2,191	\$11,215
	Humboldt		\$39,963	\$9,703	\$49,666
	<b>SUBTOTAL</b>	Humboldt County	<b>\$48,987</b>	<b>\$11,894</b>	<b>\$60,881</b>
07-65535, A1	<b>Group 3</b>	<b>Plumas County</b>			
	Lassen		\$14,180	\$3,443	\$17,623
	Modoc		\$0	\$0	\$0
	Plumas		\$2,149	\$522	\$2,671
	Sierra		\$0	\$0	\$0
	Siskiyou		\$8,165	\$1,982	\$10,147
	<b>SUBTOTAL</b>	Plumas County	<b>\$24,494</b>	<b>\$5,947</b>	<b>\$30,441</b>
07-65530, A1	<b>Group 4</b>	<b>Madera County</b>			
	Madera		\$35,666	\$8,659	\$44,325
	Mariposa		\$2,578	\$626	\$3,204
	<b>SUBTOTAL</b>	Madera County	<b>\$38,244</b>	<b>\$9,285</b>	<b>\$47,529</b>
07-65540, A1	<b>Group 5</b>	<b>Sierra Health Resources</b>			
	Alpine		\$0	\$0	\$0
	Amador		\$11,172	\$2,713	\$13,885
	Calaveras		\$4,727	\$1,148	\$5,875
	Inyo		\$2,578	\$626	\$3,204
	Mono		\$859	\$209	\$1,068
	Tuolumne		\$12,032	\$2,920	\$14,952
	<b>SUBTOTAL</b>	Sierra Health Resources	<b>\$31,368</b>	<b>\$7,616</b>	<b>\$38,984</b>
	<b>TOTAL</b>		<b>\$2,523,690</b>	<b>\$600,000</b>	<b>\$3,123,690</b>

07-65528, A1	Kern	Kern County	\$313,310	To be determined (see pg 57 of guidelines)	\$ 313,310
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## Allocation Formula

### General

The HOPWA Program is funded on an annual basis through HUD and administered by CDPH/OA. The goal of the HOPWA Program is to ensure that through the use of HOPWA and other resources, clients and their families are able to maintain stable housing and better access to HIV/AIDS health care and support. CDPH/OA works towards these goals by funding local government agencies and nonprofit CBOs to undertake HOPWA eligible activities that will meet the most urgent needs that are not being met by available public or private resources.

CDPH/OA allocates the funds annually on a non-competitive basis to eligible designated jurisdictions.

Allocations are based on the number of PLWA “case index,” as reported by the county health departments to CDPH/OA’s HIV/AIDS Case Registry data from December 31 of the prior year.

In addition to the new HUD grant for FY 2008-09, CDPH/OA has available unspent funds from previous year grants. CDPH/OA has included a \$600,000 augmentation in the formula allocation. Contractors that have demonstrated a historical need for the additional funding were included in the augmentation formula. The augmentation formula is based on the number of PLWA “case index” as reported by the county health departments to CDPH/OA’s HIV/AIDS Case Registry as of December 31 of the prior year.

All funding criteria defined in this guidance apply to the entire allocation.

### Non-Exempt Counties

Since 1997, to promote housing development opportunities, counties with 100 or more reported cases of AIDS have been required to spend a percentage of their allocation for housing development activities. At that time, those counties were described as non-exempt from housing development activities. For FY 2008-09 HOPWA formula application, CDPH/OA has determined that counties reporting more than 100 AIDS cases as of December 31 of the prior year and are receiving a HOPWA allocation of \$100,000 or more will be required to use HOPWA funds for longer term housing assistance activities.

The following counties are considered non-exempt: Fresno, Kern, Monterey, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura.

Fiscal agents that meet the *non-exempt* criteria but serve a multi-county region are considered *exempt*.

CDPH/OA strongly recommends that non-exempt counties use at least 15 percent of their annual formula HOPWA allocation for longer term housing activities. Longer term housing activities may include the following: capital development, TBRA,

PBRA/leasing, and facility operating costs, and HIV/AIDS supportive services in exchange for dedication of housing units in a larger supportive housing project.

### **Exempt Counties**

Although they may choose to do so, all other counties are not required to expend a percentage of their HOPWA funds on long-term housing activities.

### **City of Bakersfield Eligible Metropolitan Statistical Area (EMSA), a Newly Designated HOPWA Grantee**

HUD recently designated the City of Bakersfield as an eligible HOPWA Grantee, which means that the City of Bakersfield can receive HOPWA funds directly from HUD for the purpose of providing HOPWA services in the Kern County area. The City of Bakersfield has exercised its right to request the State assume the responsibilities as the Grantee for these funds. CDPH/OA has accepted the responsibility to administer the City of Bakersfield grant allocation.

Due to the change in designation, CDPH/OA will allocate funds to Kern County based on HUD's direct allocation amount for the City of Bakersfield EMSA, rather than include Kern County in CDPH/OA's annual formula allocation. The Kern County Department of Public Health will remain the fiscal agent for FY 2008-09. The City of Bakersfield EMSA allocation is \$323,000 of which CDPH/OA retains the HUD allowable 3 percent administrative fee for HOPWA grantee. In addition to the allocation of \$313,310 (allocation less administration fee), CDPH/OA may augment the Kern County contract budget for FY 2008-09 by an amount equivalent to any unspent FY 2007-08 funds under the Kern County contract at the end of FY 2007-08.

With the exception of the formula allocation, all funding criteria defined in this guidance apply to the Kern County Contractor.

## Insurance Requirements for CBOs

Contractor shall comply with the following insurance requirements:

A) Commercial General Liability

The Contractor must furnish to CDPH/OA a certificate of insurance stating that commercial general liability insurance of not less than \$1 million per occurrence for bodily injury and property damage liability combined is presently in effect for the Contractor. The commercial general liability insurance policy shall include coverage for liabilities arising out of premises, operations, independent contractors, products, completed operations, personal and advertising injury, and liability assumed under an insured agreement. The commercial general liability insurance shall apply separately to each insured against whom claim is made or suit is brought subject to the Contractor's limit of liability.

B) The certificate of insurance must be issued by an insurance company acceptable to the California Department of General Services (DGS), Office of Risk and Insurance Management or be provided through partial or total self-insurance acceptable to DGS.

C) The certificate of insurance must include the following provisions:

- 1) The insurer will not cancel the insured's coverage without giving 30-days prior written notice to CDPH; and
- 2) The State of California, its officers, agents, employees, and servants are included as additional insureds, but only with respect to work performed for the State of California under this agreement.

D) The Contractor agrees that the insurance required herein will remain in effect at all times during the term of the agreement. In the event said insurance coverage expires at any time or times during the term of this agreement, the Contractor agrees to provide, at least 30 calendar days before said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for one year. New certificates of insurance are subject to the approval of DGS, and the Contractor agrees that no work or services shall be performed prior to such approval. CDPH may, in addition to any other remedies it may have, terminate this agreement on the occurrence of such event.

E) CDPH will not be responsible for any premiums, deductibles, or assessments on the insurance policy.