

**Office of AIDS
Housing Opportunities for Persons
with AIDS (HOPWA) Program
Budget and Program Guidance
for
Fiscal Years 2011–2013**

Revised May 2012

Office of AIDS
Center for Infectious Diseases
California Department of Public Health
MS 7700
P.O. Box 997426
Sacramento, CA 95899-7426

[HOPWA Program Website](#)



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GENERAL APPLICATION INFORMATION

Introduction

The Housing Opportunities for Persons with AIDS (HOPWA) Program is funded through the U.S. Department of Housing and Urban Development (HUD) based on an annual formula allocation process. The California Department of Public Health (CDPH), Center for Infectious Diseases, Office of AIDS (OA) assumes the grant administration responsibilities as the State of California HOPWA Grantee (Grantee).

The program is designed to provide resources, incentives, and strategies to meet the various housing needs of persons living with HIV/AIDS (PLWH/A) who are homeless or at risk of becoming homeless. The goal of the HOPWA Program is to assist clients in maintaining housing stability and to improve their access to health care and supportive services. OA works toward these goals by funding local government agencies and non-profit community-based organizations to undertake HOPWA-eligible activities to meet the most urgent needs not being met by other available public and private resources.

OA allocates the State of California HOPWA grant on an annual basis to 40 counties that are not eligible to receive HOPWA funding directly from HUD. Funds are allocated to those counties through a non-competitive formula allocation process. OA has also assumed the grant responsibilities of two newly designated Eligible Metropolitan Statistical Areas (EMSAs) – Cities of Bakersfield and Fresno and allocates those grant allocations directly to those EMSAs. With the inclusion of Kern and Fresno Counties, OA serves a total of 42 counties.

Updates

- Beginning in fiscal year (FY) 2012, HUD requires as a condition of funding that Grantees ensure that each project sponsor agrees to either obtain a certificate of completion of HOPWA Financial Management Online Training ([see Resources section for link to website](#)) by at least one of its employees, or to demonstrate financial management capacity by the use of other credentials related to Federal requirements at Title 24, Code of Federal Regulations (CFR), Part 85.20, as specified in a HUD-approved plan. To ensure compliance, OA will require that at least one employee of each Contractor or sub-recipient has completed the online Financial Training prior to processing the first invoice for FY 2012 or no later than October 31, 2012, whichever comes first.
- With only a minor increase of \$2,131 from FY 2011-12, the HUD allocation for FY 2012-13 is considered “flat funded” and subsequently, the county base allocations are the same as FY 2011-12. In FY 2011-12, however, most Contractors received an infusion of prior year carryover funds to hold the Contractor harmless at 95 percent of their FY 2010-11 Allocation. Although carryover funds are available for FY 2012-13, the amount is not sufficient to hold Contractors harmless at the same level as FY 2011-12.

[Click here](#) to go to the Allocation Table by Contractor for the allocation amounts.

- The “Certification of Categorical Exclusion from Environmental Review” has been replaced with a “Level of Environmental Review” document. The Level of Environmental Review document does not require a signature from an authorized representative.
- Due to the time constraints imposed by HUD for the submittal of the Consolidated Annual Performance and Evaluation Report (CAPER), the FY 2011-12 Final HOPWA Progress Report (HPR) will be due July 15, 2012, instead of last year’s date of July 31, and will be due July 15 in subsequent years as well.

Resources

The HOPWA FY 2011-13 Program and Budget Guidance provide instructions for completing and submitting the HOPWA FY 2012-13 budget packet as well as general HOPWA Program information. A list of Contractor and service provider roles and responsibilities is attached as Appendix A.

In addition to the guidelines, the following resources are available on OA’s HOPWA website: [HOPWA](#) to assist project sponsors with program implementation and compliance:

The HOPWA Program is regulated under Title 24, CFR, Chapter V, Part 574. A copy of the regulations can be downloaded from the following website:
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 website:
www.whitehouse.gov/omb/circulars/index.html.

To assist grantees and projects sponsors in administering the HOPWA Program in accordance with HOPWA regulation and policy, HUD has published the HOPWA Grantee Oversight Resource Guide. The Guide can be downloaded from the following website: <http://hudhre.info/hopwa/index.cfm?do=viewHopwaGuide> as well as obtained from OA’s HOPWA website.

HOPWA Financial Management Online Training
<http://www.hudhre.info/index.cfm?do=viewHopwaFinancialTraining>

Eligible Applicants

To continue providing HOPWA services throughout the 42 counties under the jurisdiction of the CDPH HOPWA grant, OA is requesting all existing contractors submit the HOPWA FY 2012-13 budget packet. Contractors selecting new service providers to carry out HOPWA activities should solicit through a competitive process to ensure equal access to all community-based, faith-based, and grassroots organizations.

Budget Documents and Submittal Requirements

Due Date: All budget documents are to be submitted to OA no later than **June 15, 2012**.

All budget documents are available as a Microsoft Excel workbook file with a tab for each of the required documents. Contractors must prepare their budgets using the forms in this file. [Click here](#) to access the workbook.

Instructions and sample forms are included at the end of this document.

If your Request for Proposal/Request for Application process for subcontracting service providers prevents Forms E and E1 from being completed by the due date, please contact your HOPWA Program Coordinator for approval.

Contractors should mail a copy of the entire application with necessary signatures as instructed below, and e-mail the completed Microsoft Excel file to the HOPWA Housing Specialist.

U.S. Postal Service

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

Courier or Overnight Mail Service

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

Contacts

If applicants have any questions about the application forms, program requirements, or budget process, contact Shelley Vinson, HOPWA Housing Specialist, OA, at (916) 449-5958 or e-mail to: shelley.vinson@cdph.ca.gov.

ALLOCATIONS

The allocation table is included on subsequent pages to provide information regarding contractor allocations for FY 2012-13. In addition, [click here](#) for detailed information about the HOPWA Program allocation process.

HUD has released its allocations for FY 2012-13. OA has estimated the HOPWA county allocations based on HUD's allocation amount plus carryover funds to hold harmless all counties at 94.5 percent of their FY 2011-12 allocation.

INSTRUCTIONS FOR COMPLETING BUDGET DOCUMENTS

This section provides instructions on how to complete each document required as part of the HOPWA Application.

Definitions for Budget Documents

Please adhere to the following definitions when completing the Contractor and Subcontractor Budget Documents.

Term	Definition
Grantee	OA is the recipient or grantee of funding through HUD, HOPWA Program.
Project Sponsor	As defined by Title 24, CFR, Part 574.3, a “project sponsor” must be a non-profit organization or it must be a “governmental housing agency” which engages in housing activities as an established function of that agency. It has been established that most county health agencies, functioning as the Contractor, carry out sufficient housing related activities to qualify as a HOPWA “project sponsor.”
Contractor	The Contractor is the entity that has entered into a legal agreement with OA for the purpose of carrying out HOPWA activities as defined by HOPWA Regulations.
Subcontractor	An agency under contract with the HOPWA Contractor to provide an eligible HOPWA activity(ies).
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 (FTE) 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 Short-Term Rent, Mortgage, and Utility (STRMU) Assistance and Tenant-Based Rental Assistance (TBRA).
Facility-Based Housing Assistance	All HOPWA housing expenditures for the operating year to support housing facilities, including community residences, single-room occupancy dwellings, project-based units, hotel/motel leasing costs, and

Term	Definition
	other housing facilities approved by HUD. Housing may be emergency, transitional, or permanent housing facilities.
Beneficiary	A beneficiary is any individual who received HOPWA assistance during the contract period, and includes all members of the household receiving assistance.
Household	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.
Family	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.
Non-HOPWA Funding Sources	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 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).
Administrative Costs (not to exceed 7 percent of allocation)	<p>Title 24, CFR, Part 574.300(10)(ii) – Project sponsor may use up to 7 percent of the amounts received for administrative costs.</p> <p>Title 24, CFR, Part 574.3 – Administrative Costs are costs for general management, oversight, coordination, evaluation, and reporting on eligible activities.</p>

Term	Definition
	<p>Administrative Costs are the sum of Administrative Personnel, Administrative Operating Expenses, and Administrative Indirect Costs.</p>
<p>Activity Delivery Costs (10 percent of budgeted activity)</p>	<ul style="list-style-type: none"> • Title 24, CFR, Part 574.3 – costs directly related to carrying out eligible HOPWA activities. • Activity Delivery Costs are limited by OA to 10 percent of the eligible HOPWA service. They must be reasonable and must be documented expenses. • Activity Delivery Costs for direct housing services such as housing assistance payments, or hotel/motel voucher assistance may include the salaries, wages, and benefits of staff directly delivering the activity, travel related to delivery of the activity, and overhead (postage, office supplies, prorate office rent, etc.). • Activity Delivery costs for salary-based activities such as case management, or a housing information services coordinator, may include the salary and benefits of supervisory staff associated with the delivery of the service, travel related to delivery of the activity, and overhead. • 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 delivery cost. • Administrative Costs such as bookkeeping, and the compilation and reporting of data are not activity delivery costs.
<p>Lodging and Per Diem Rates</p>	<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. Click here to link to the per diem rates.</p>
<p>Administrative Personnel</p>	<p>Administrative Personnel Expenses are the total</p>

Term	Definition
Expenses	salaries, wages, and benefits, paid to the Contractor's staff for grant administration functions.
Administrative Operating Expenses	Administrative Operating Expenses are typically those costs that can be assigned to HOPWA grant administration. This might include travel to meetings, office supplies, postage, facilities, telephone, etc.
Administrative Indirect Costs	<ul style="list-style-type: none"> • Administrative Indirect Expenses are typically those costs that cannot be assigned to one program. Often this category is used when a contractor 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. • Indirect Expenses are limited to 15 percent of Administrative Personnel Expenses. Contractors may take up to 15 percent of their total Administrative Personnel.
Personnel Expenses	Contractor or subcontractor staff providing direct client services or delivery of a HOPWA activity. Personnel Costs are salary, wages, benefits, and travel costs associated with providing direct client services such as case management or housing counseling, or delivery of a HOPWA activity such as STRMU, TBRA, or other non-personnel activities.
Activity Delivery Operating Expenses	Overhead costs that can be associated with the delivery of a HOPWA activity provided by the contractor or subcontractor. This might include, office supplies, postage, facilities, telephone, etc.
Other Costs	<ul style="list-style-type: none"> • Subcontractors. • Non-personnel client services provided by contractor such as housing assistance payments, facility operation subsidies, hotel/motel voucher assistance, security deposit, credit checks, utility hook-up payments, food, or transportation vouchers.
Capital Expenses	Capital Expenses will not be an eligible HOPWA activity for FY 2012-13. When available, this category includes the acquisition and development of housing as well as the purchasing of furniture and equipment.

General Instructions

- Complete all applicable forms, including all check boxes;
- Include a street address if it differs from the mailing address;
- Round all figures to the nearest whole dollar; and
- Submit the forms to OA on or before **June 15, 2012**.

The following is a list of the documents included in the budget packet.

- Document Checklist;
- Contractor Contact Information;
- Level of Environmental Review;
- Form A - Five-line Item Budget;
- Form B - Budget Overview;
- Form C - Contractor Administrative Budget Summary;
- Form C1 - Contractor Administrative Service Personnel Detail;
- Form D - Contractor Housing and Other Services Budget Detail, if the Contractor is also a service provider;
- Form D1 – Contractor Housing and Other Services Personnel Detail, if the contractor is also a service provider.
- Form E - Subcontractor Housing and Other Services Budget Detail;
- Form E1 – Subcontractor Housing and Other Services Personnel Detail;
- Form F – Performance Goals;
- Form G - Estimated Leveraged Funds; and
- Form H – Housing Facility Annual Proposed Operating Budget, if applicable.

For a copy of the budget forms, please [Click Here](#).

Document Checklist

The *Document Checklist* is completed by the Contractor to certify that all required budget documents have been reviewed for accuracy and completed and submitted as indicated.

Contractor General Information

This form provides OA with the following information:

- a. Organization information required by HUD, such as DUNS and EIN or TIN numbers and congressional districts and organization type;
- b. Contractor staff member(s) responsible for daily programmatic and fiscal operations; and
- c. Authorized person to sign contracts and contract amendments.

Level of Environmental Review

In 2001, 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, OA is requesting that all Contractors provide a detailed description of the types of activities to be provided. HUD has determined that the following Categorical Exclusions are not subject to Part 58.5 since they would not alter any conditions that would require a review or compliance determination under Federal laws and authorities cited in Part 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 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 project-based rental assistance [PBRA]), should not be listed on the Level of Environmental Review 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; and
- 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 Part 58.47.

Complete the Level of Environmental Review Form in the Microsoft Excel workbook. Provide a description of all activities to be provided and check all boxes that apply.

Form A - Five Line Item Budget

- The Five Line Item Budget should be completed after Forms C, D, and E(s) are completed.
- The Five Line Item Budget provides direction to OA in processing contracts, amendments, and invoices.
- The sum of Administrative Personnel, Administrative Operating Expenses and Administrative Indirect costs cannot exceed 7 percent of the HOPWA allocation.
- The five line items are:
 - **Personnel Expenses**
Personnel Expenses are the sum of Form C1 Total Administrative Personnel and all personnel costs identified on Contractor's Form D or D1 if the Contractor is also a service provider.
 - **Operating Expenses**
Operating Expenses are the sum of Operating Expenses on Form C and all Operating Expenses listed on Contractor's Form D, if the Contractor is also a service provider.
 - **Capital Expenses**
Capital Expenses are not an eligible activity under HOPWA for FY 2012-13.
 - **Other Costs**
Other Costs are the sum of non-personnel client services on Contractor's Form D (e.g., STRMU less activity delivery, TBRA less activity delivery, Facility-Based Housing less activity delivery, any supportive service that is non-personnel based), and the total of all Subcontractor Housing and Other Services Budgets on Form(s) E.
 - **Indirect Expenses**
Indirect Expenses are the sum of Indirect Costs on Form C. Activity Delivery costs do not include operating expenses that cannot be directly associated with the service and subsequently will not include indirect costs.
- Contractors requesting a waiver of the 25 percent supportive service cap must submit their justification in this section of the application.

Form B - HOPWA Budget Overview

The Budget Overview indicates how the total allocation is distributed between the Contractor and subcontractor(s).

When completing the Budget Overview, please enter the name of the Contractor and/or subcontractors providing services and the budgeted amounts for: Contractor Administrative Costs, Contractor Housing and Other Services costs (from Form D) and Subcontractor Costs (Forms E).

NOTE: The Budget Overview Form must equal the total allocation.

Form C - Contractor Administrative Budget Detail

- The Contractor Administrative Budget Detail itemizes the Contractor's administrative expenses. When completing the Contractor Administrative Budget Detail, please:
 - Fill out the form completely, including marking all check boxes.
 - Complete the Administrative Personnel, Operating, and Indirect Expenses. See the Definitions for Budget Documents section for allowable costs, caps, and limitations.
 - 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 Administrative Personnel Expenses.

Ensure that the total Contractor administrative budget does not exceed 7 percent of the total allocation as instructed in the Definitions for Application Documents.

- Contractors who provide direct client services must also submit a Form D Housing and Other Services Budget Detail to describe the client services they provide and identify the associated costs.

Form C1 - Contractor Administrative Personnel Detail

Form C1 identifies personnel providing administrative services and their salaries, benefits, and travel costs funded with the allocation. When completing the Contractor Administrative Personnel Detail, please:

- Fill out the form completely.
- 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 the "Annual Salary" and the "FTE" row for each employee.
- Enter the fringe benefits, if any, for each employee.
- If there are more employees than position spaces provided, create a copy of the form by following the instructions provided in the Microsoft Excel workbook.

Form D - Contractor Housing and Other Services Budget Detail

This form must be completed if the HOPWA Contractor is providing direct client services.

Form D provides information regarding the direct client services, and the activity delivery costs associated with each activity provided by the Contractor.

The sum of personnel and operating expenses associated with the delivery of an eligible HOPWA activity cannot exceed 10 percent of the budgeted amount for that activity.

When completing Form D:

- Fill out the form completely for each client service the Contractor plans to provide.
- Activity Delivery Costs may include non-administrative personnel and operating expenses. Personnel costs must be identified on Form D1 as well.
- Below is the recommended methodology for calculating the 10 percent activity delivery fee:

Methodology	Example
Determine total budget for the Activity (e.g., STRMU, TBRA)	\$100,000
Subtract 10 percent from the total	<\$ 10,000>
Total Available for Activity	\$90,000

- Round all figures to the nearest whole dollar.

Form D1 – Contractor Housing and Other Services Personnel Detail(s)

Form D1 provides detailed information about Contractor staff involved in:

- Activity Delivery personnel costs as identified in the “Activity Delivery Salaries, Wages, and Benefits section of each HOPWA activity on Form D; and
- Client services such as, but not limited to, outreach, housing information and referral services, case management, life skills management, and resource identification activities.

When completing Form D1, please:

- Fill out the form completely.
- 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 one “position section” for each activity an employee will perform. There is a drop-down box from which you may select the appropriate activity(ies) to be performed by an employee.
- Use the State’s per diem reimbursement rates to estimate any travel expenses.
- Round all figures to the nearest whole dollar.
- Complete the “Annual Salary” and the “FTE” row for each employee.
- Enter the fringe benefits, if any, for each employee.
- If there are more employees or employee duties than position spaces available, create additional position spaces by following the instructions provided in the Microsoft Excel workbook.
- Total Personnel Costs on Form D1 must equal all Personnel Costs identified on Form D.

Form E – Subcontractor Housing and Other Services Budget Detail

- Form E is required for each service provider with whom the Contractor subcontracts. This form includes the same budget information as Form D – Contractor Housing and Other Services Budget Detail. See Form D instructions above.
- The sum of all Grand Totals of all Subcontractor Housing and Other Services Budgets must equal “Other Costs” under the Column Labeled “Form D” of the Five Line Item Budget.”

Form E1 – Subcontractor Housing and Other Services Personnel Detail

Form E1 is required for each service provider with whom the Contractor subcontracts.

This form includes the same personnel detail information as Form D1 – Contractor Housing and Other Services Personnel Detail. See Form D1 instructions above.

Form F – Performance Goals

Identify the estimated number of households to be assisted for each program activity proposed.

Performance Goals for STRMU and TBRA, Permanent Housing Placement Assistance, Housing Information Services and Supportive Service activities are self-explanatory.

The following relates to Facility-Based Housing activities:

- Facility-Based Housing – Leasing Costs for Hotel/Motel Voucher Assistance.
Estimate the number of households that will be assisted with hotel/motel vouchers.
- Transitional or Permanent Facility-Based Housing.
Contractors that own, lease, or operate housing units that are subsidized with HOPWA operating funds must estimate the number of households that will occupy those units during the program year.
- Facility-Based Housing – Stewardship Units.
This category only pertains to Contractors that received HOPWA funds in prior years to purchase or rehabilitate housing units, but do not receive ongoing operating subsidies. Identify the number of households that will occupy those housing units during the program year.

Form G - Estimated Leveraged Funds

- 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 Contractors 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 Ryan White Part B, AIDS Drug Assistance Program, or other OA-funded programs. This information provides a baseline from which OA can compare actual reported leveraged funds to estimated funds.
- Program Income generated from rental income from a housing facility or refunds from security deposits are reported as leveraged funds.
- Form G 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.

Form H - Proposed Annual Facility Operating Budget

This section is to be completed by Contractors requesting funds to subsidize the operation of a housing facility (transitional or permanent housing). The purpose of this budget is to ensure that Contractors or subcontractors 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 contractors requesting funds for PBRA.

The following information must be provided when completing the form:

- Identify the total number of units in the housing facility as well as the number of units that will be set-aside for PLWH/A.
- List all Income or revenue sources allocated to the facility including the HOPWA Operating Subsidy.
- List all estimated expenses associated with the operation of the facility.
- List all debt service or mortgages that must be paid. Note that HOPWA funds cannot pay for mortgages.
- Identify all required reserves. Note that reserves cannot be funded by HOPWA.
- The 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.
- Program income should be expended prior to drawing down HOPWA funds.
- This budget does not include on-site client services, such as case manager.

FY 2012-13 ALLOCATION TABLE BY CONTRACTOR

(Allocation Table begins on next page)

Non-Eligible Metropolitan Statistical Areas (Non-EMSA) Allocations

Contractor Name	Contract Number	County	County Allocation	Total HOPWA Allocation	HOPWA Program Coordinator
AIDS Housing Santa Barbara				\$72,671	
		Santa Barbara	\$ 72,671		
Caring Choices	10-10155			\$155,246	Shelley Vinson
		Butte	\$65,389		
		Colusa	\$1,006		
		Glenn	\$5,679		
		Shasta	\$41,245		
		Sutter	\$16,431		
		Tehama	\$9,854		
		Trinity	\$2,012		
		Yuba	\$13,630		
Central Coast HIV AIDS Services	10-10128			\$211,641	Shelley Vinson
		Monterey	\$211,641		
Community Care Management Corporation	10-10129			\$32,590	Shelley Vinson
		Lake	\$32,590		
Del Norte County	10-10130			\$11,053	Shelley Vinson
		Del Norte	\$11,053		
Face to Face/Sonoma County AIDS Network	10-10127			\$423,752	Shelley Vinson
		Sonoma	\$423,752		
Family Services of Tulare County				\$70,860	
		Tulare	\$70,860		
Humboldt County	10-10132			\$53,988	Shelley Vinson
		Humboldt	\$53,988		
Imperial County				\$63,821	Shelley Vinson
		Imperial	\$63,821		
Kings County	10-10135			\$64,759	Shelley Vinson
		Kings	\$64,759		
Madera County	10-10136			\$49,602	Shelley Vinson
		Madera	\$46,458		
		Mariposa	\$3,144		
Mendocino County AIDS Volunteer Network	10-10137			\$39,420	Shelley Vinson
		Mendocino	\$39,420		
Merced County Community Action Agency	10-10138			\$45,940	Shelley Vinson
		Merced	\$45,940		
Nevada County	10-10140			\$29,926	Shelley Vinson
		Nevada	\$29,926		

Pacific Pride Foundation, Inc.			\$97,675	Shelley Vinson
	Santa Barbara	\$97,675		
Planned Parenthood - Shasta Diablo			\$404,980	
	Solano	\$404,980		
Plumas County	10-10141		\$30,878	Shelley Vinson
	Lassen	\$17,433		
	Modoc	\$335		
	Plumas	\$2,815		
	Sierra	\$335		
	Siskiyou	\$9,960		
Queen of the Valley Medical Center			\$64,383	
	Napa	\$64,383		
San Joaquin County	10-10142		\$318,897	Shelley Vinson
	San Joaquin	\$318,897		
San Luis Obispo County AIDS Support Network			\$152,044	Shelley Vinson
	San Luis Obispo	\$152,044		
Santa Cruz Community Counseling Center			\$140,502	Shelley Vinson
	Santa Cruz	\$140,502		
Sierra Health Resources	10-10146		\$37,718	Shelley Vinson
	Alpine	\$0		
	Amador	\$12,465		
	Calaveras	\$5,274		
	Inyo	\$4,223		
	Mono	\$1,677		
	Tuolumne	\$14,079		
Stanislaus Community Assistance Project	10-10148		\$186,300	Shelley Vinson
	Stanislaus	\$186,300		
Ventura County	10-10150		\$271,280	Shelley Vinson
	Ventura	\$271,280		
Total Non-EMSA Allocations			\$3,029,926	

Eligible Metropolitan Statistical Area (EMSAs) Allocations

Contractor Name	Contract Number	County	County Allocation	Total HOPWA Allocation	HOPWA Program Coordinator
Fresno County	10-10131		Carryover	TBD	Shelley Vinson
TBD	TBD	Fresno		\$347,612	
Kern County	10-10134		\$347,612		
		Kern	\$373,333	\$373,333	Shelley Vinson
Total EMSA Allocations				\$720,945	

Grand Total HOPWA **\$3,750,871**

TBD=To Be Determined

APPENDIX A - ROLES AND RESPONSIBILITIES

The Contractor is responsible for meeting all contractual and programmatic requirements for the HOPWA Program including:

Contractor shall:

- Ensure that at least one employee complete and receive certification for the HOPWA Financial Management Online Training prior to submitting the first invoice request or by October 31, 2012, whichever occurs first;
- Enter into subcontract(s), when necessary, with housing and service agencies/providers for the provision of HOPWA-eligible services and housing assistance;
- Establish procedures and document selection criteria for housing and service providers to ensure compliance with all State and Federal requirements for those HOPWA activities that will be provided by subcontracting with service providers;
- Where required by HOPWA regulation, obtain the certification of the governing board in the jurisdiction where activities are to be carried out before entering into a contract with service providers;
- Conduct, update, or coordinate the preparation of a needs assessment specific to housing needs of PLWH/A and their families, and undertake activities that will meet the most urgent needs that are not being met by available public and private resources;
- 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 this part;
- Collaborate 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 eligible persons;
- Incorporate 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; and
- Maintain records for a four-year period to document compliance with the provisions of the HOPWA Program;

Contractor shall, or will ensure that any subcontracting agencies shall:

- Establish an application-based intake process to ensure eligible HOPWA recipients and their families will be served;
- Ensure that an assessment of need and a housing plan is completed for every client receiving HOPWA housing assistance;
- Provide assistance only to households who are homeless or at risk of homelessness, where at least one household member has been diagnosed with HIV disease or AIDS, and where the household is low income as defined by HUD;

- Make available appropriate supportive services to beneficiaries in HOPWA-assisted housing. The supportive services may be funded through HOPWA or any other funding resource;
- Charge no fee, except rent, to any eligible beneficiary for any housing or services provided with amounts under this program;
- Assure that all housing (except for the current residence of an eligible beneficiary seeking STRMU) meets the housing quality standards set forth in HOPWA regulations;
- Ensure that residents of rental housing assisted under the HOPWA Program pay as rent, including utilities, an amount not to exceed the higher of:
 - Thirty percent of the household's adjusted monthly income (adjusted for age, medical expenses, size of household, and child care expenses); or
 - Ten percent of the family's monthly gross income; or
 - 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.

EXCEPTION: The exception to the rule is residents receiving STRMU assistance payments, emergency shelter or hotel/motel vouchers, or permanent housing placement assistance.

- Establish a process to ensure the confidentiality of the beneficiaries served under this program;
- Establish client grievance and appeals procedures;
- Establish program termination policies in accordance with HOPWA regulation Title 24, CFR, Part 574.310(e);
- Maintain a waiting list of applicants for housing assistance based on date and time of application;
- Ensure that services will be provided in a setting that is accessible to low-income individuals with HIV disease;
- 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 disability, and maintaining 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;

- Adhere to and comply with all applicable environmental procedures and standards as required by Subpart D-Uses of Grant Funds, Part 574.510 Environmental procedures and standards of Title 24, CFR, Part 574;
- Adhere to and comply with all applicable lead-based paint hazard reduction requirements set forth in Title 24, CFR, Part 35, Subparts J, M, or K depending upon the HOPWA activities being performed;
- Comply with State and Federal Laws regarding smoke detectors in rental housing;
- Collect and report data necessary to complete the HOPWA activity progress form as required by HUD's Integrated Disbursement and Information System (IDIS) and the HUD CAPER;
- Collect and report financial and invoicing data necessary to complete the HOPWA IDIS fund disbursement process.
- Comply with Federal regulations regarding participation in the Homeless Management Information System (HMIS). Contractors targeting homeless persons and receiving HOPWA funds are required to participate;
- Comply with Federal Relocation laws in the event of tenant displacement from housing acquired or rehabilitated with HOPWA funds; and
- Comply with all other Federal requirements set forth in the HOPWA Regulations Title 24, CFR, Part 574.

APPENDIX B – SAMPLE FORMS

DOCUMENT CHECKLIST		
Applicant/Contractor Name:		Fiscal Year
Golden County		2012-13
Check Off	Documents Required for All Contractors	Office of AIDS Use Only
X	Contractor General Information	
X	Level of Environmental Review	
X	FORM A - Five Line Item Budget	
X	FORM B - Budget Overview	
X	FORM C - Contractor Administrative Budget Detail	
X	FORM C1 - Contractor Administrative Personnel Detail	
X	FORM D - Contractor Housing and Other Services Budget Detail	
X	FORM D1 - Contractor Housing and Other Services Personnel Detail	
	<i>In alphabetical order, attach a FORM E and E1 for each Subcontractor</i>	
X	FORM E- Subcontractor Housing and Other Services Budget Detail	
X	FORM E1 - Subcontractor Housing and Other Services Personnel Detail	
X	FORM F - Program Performance Goals	
X	FORM G - Estimated Leveraged Funds	
X	FORM H - Housing Facility Annual Proposed Operating Budget	
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 1, 2012</i>
Authorized Representative		Date
OFFICE OF AIDS FOR OFFICIAL USE ONLY		
FINAL BUDGET APPROVAL DATE BY THE OFFICE OF AIDS		
Name and Title of OA Representative Approving Budget		Signature of OA Representative

CONTRACTOR GENERAL INFORMATION	
Instructions: Complete the cells highlighted in light blue and the check boxes	
Contractor Information	
Contractor Agency Name	
Golden County	
Contact Person	Title
Bill Williams	Program Coordinator
Mailing Address	Telephone Number
2020 Oak Avenue, Redwood Grove, CA 98765	916-555-6761
E-Mail Address	Fax Number
bwilliams@goldencounty.org	916-555-6767
Website Address (if any)	Employer Identification Number (EIN) or Tax Identification Number (TIN)
www.goldencounty.org	00-0000000
DUN & Bradstreet Number (DUNS)	Central Contractor Registration (CCR): Is the Contractor's Status Currently active?
00-0000000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Congressional District of Business Location of Contractor	xxxxxxx
Congressional District(s) of Primary Service Area	xxxxxxx
Zip Code(s) of Primary Service Area(s)	xxxxxxx
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (Check one)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Type of Entity (Check all that apply)	
<input type="checkbox"/> City <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Grassroots Organization <input checked="" type="checkbox"/> County <input type="checkbox"/> For Profit Organization <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> Community Based Organization <input type="checkbox"/> State Agency <input type="checkbox"/> Faith Based Organization	

Program Contact

The **Program Contact** is the primary Contractor staff member responsible for program planning, policy matters, progress reports, and contract monitoring, etc. If this person is the same as the **Contact** above, enter "Same as above" in the **First and Last Name** box below.

First and Last Name	Title
Bill Williams	Program Coordinator
Mailing Address	Telephone Number
2020 Oak Avenue, Redwood Grove, CA 98765	916-555-6761
E-Mail Address	Fax Number
bwilliams@goldencounty.gov	916-555-6769

Invoicing Contact

The **Invoicing Contact** is the Contractor 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.

First and Last Name	Title
Same as above	
Mailing Address	Telephone Number
E-Mail Address	Fax Number

Agreement Signatory

The Agreement Signatory is the individual with authority to enter into a contract with the State of California (Note: For local health departments this may be the Chair of the County Board of Supervisors).

First and Last Name	Title
John Jones	Chair
Organization Name	Telephone Number
Golden County Board of Supervisors	555-555-5555
Mailing Address	Fax Number
130 East Avenue, Redwood Grove, 98765	555-555-5555
E-Mail Address	
john.jones@goldencounty.gov	

LEVEL OF ENVIRONMENTAL REVIEW

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

1. PROJECT DESCRIPTION

Contractor Name:	Golden County
Contract Number:	XX-XXXX
Subcontractor name(s)	Superior HIV/AIDS Housing and Supportive Service Agency
Business or Site Locations where housing is located or services are provided	2020 Oak Avenue, Redwood Grove, CA and Transitional Living Center, 1400 Cypress Street, Redwood Grove, CA
Geographic area served	Golden County
Detailed description of activities provided:	Contractor will carry out through direct services as well as through subcontracting agency, short term rent, mortgage and utility assistance, hotel/motel voucher assistance, tenant based rental assistance, continued operations of an existing transitional living center, case management, food assistance and transportation vouchers.

2. LEVEL OF ENVIRONMENTAL REVIEW DETERMINATION:

If the above mentioned project or program includes only those activities listed below, it may be determined to be a Categorically Excluded activity (not subject to 58.5) per 24 CFR 58.35(b).

(Check all that apply):

<input checked="" type="checkbox"/>	Tenant-based rental assistance;
<input checked="" type="checkbox"/>	Short-term payments for rent/mortgage/utility costs (STRMU)
<input checked="" type="checkbox"/>	Short term emergency housing assistance (includes hotel/motel assistance)
<input type="checkbox"/>	Permanent housing placement assistance (security deposits, 1 st month's rent, etc.)
<input checked="" type="checkbox"/>	Supportive services including, but not limited to, health care, housing information services, day care, nutritional services, and assistance in gaining access to local, State, and Federal government benefits and services;
<input checked="" type="checkbox"/>	Housing facility operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment and other incidental costs

3. FLOOD INSURANCE, AIRPORT CLEAR ZONE, AND COASTAL BARRIER RESOURCE COMPLIANCE (24 CFR 58.6)

Check the appropriate box	Yes	No
Will HOPWA funds be used to purchase, construct or rehabilitate insurable structures, buildings or mobile homes?		X
Will HOPWA funds be used to lease five or more housing units in a multi-family structure that is located in a FEMA-identified Special Flood Hazard Area?		X

If your project activity is not listed in Section 2 above or funds will be used to purchase, construct, rehabilitate, repair, or lease insurable structures, buildings or mobile homes, contact your HOPWA Advisor immediately for further instruction regarding the environmental review process before incurring any costs or performing any work.

FORM A - Five-Line Item Budget

Contractor and Contractor Number

Golden County 12-10000

Year 2

Fiscal Year

2012-13

To be completed after Forms C - E are completed

1	2 Form C <i>Contractor Admin Costs¹</i>	3 Form D <i>Contractor Housing and Other Services Budget and Personnel Detail</i>	4 Form E <i>Subcontractor Housing and Other Services Budget Detail</i>	5 Total Five Line Item Budget
1. Personnel Expenses¹	\$ 11,055	\$ 37,240		\$ 48,295
2. Operating Expenses¹	\$ 1,287	\$ 4,360		\$ 5,647
3. Capital Expenses²				\$ -
4. Other Costs		\$ 146,800	\$ 133,000	\$ 279,800
5. Indirect Expenses¹	\$ 1,658			\$ 1,658
Total Budget	\$ 14,000	\$ 188,400	\$ 133,000	\$ 335,400

¹Total Grant Administration Personnel, Operating Expenses and Indirect Costs may not exceed 7% of Total Allocation.

²Capital Expenditures is not an eligible HOPWA activity for FY 2012-13.

Request for waiver of 25% of total allocation cap for supportive services.

Proposals for supportive services in excess of the 25% cap must be submitted as part of this application with a clear and concise description of the service delivery plan and verification of how the service(s) will improve a client's housing stability. Provide your proposal below. Proposals with insufficient information may be denied.

No justification needed. Supportive Services do not exceed 25% cap.

FORM B - BUDGET OVERVIEW

Contractor Name:

Fiscal Year

Golden County

2012-13

Contractor Costs	Amount
Contractor Grant Administration Fee (not to exceed 7% of total allocation)	\$ 14,000.00
Service Provider Costs (enter individual Service Providers on separate lines below - including Contractor and subcontractors)	
Contractor (if applicable): Golden County	\$188,400
Subcontractor: Superior HIV/AIDS Housing and Supportive Service Agency	\$133,000
Subcontractor:	
Subcontractor:	
Subcontractor:	
Subcontractor:	
Total Budget	\$335,400

FORM C - CONTRACTOR ADMINISTRATIVE BUDGET DETAIL

Contractor Name: Golden County **Fiscal Year:** 2012-13

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

Expenses Category	Description	Budgeted Amount
Personnel	(Total From FORM C1) Total Administrative Personnel	\$11,055
Operating		\$500
		\$787
	Total Operating	\$1,287
Indirect		\$1,658
	Total Indirect	\$1,658
	Total Contractor Admin. Budget	\$14,000

FORM C1 - Contractor Administrative Personnel Detail

Contractor Name: Golden County Fiscal Year: 2012-13

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?		
Program Coordinator	Bill Williams			
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	FTE	Salary paid by this contract	
Grant management for HOPWA funds including program oversight, invoicing, progress reporting, and other grant management duties.	\$ 55,000	15%	\$ 8,250.00	
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
	\$ -	\$ 2,805	\$ 2,805.00	
	Subtotal			\$ 11,055.00
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	FTE	Salary paid by this contract	
	\$ -	0%	\$ -	
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
	\$ -	\$ -	\$ -	
	Subtotal			\$ -
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	FTE	Salary paid by this contract	
	\$ -	0%	\$ -	
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
	\$ -	\$ -	\$ -	
	Subtotal			\$ -
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	FTE	Salary paid by this contract	
	\$ -	0%	\$ -	
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
	\$ -	\$ -	\$ -	
	Subtotal			\$ -
Total Personnel Expenses (this page)			\$ 11,055.00	

FORM D - CONTRACTOR HOUSING AND OTHER SERVICES BUDGET DETAIL

Complete this section if you are a contractor providing direct HOPWA client services. Enter in blue highlighted cells only.

Contractor Name

Fiscal Year

Golden County

2012-13

A. HOUSING ASSISTANCE ACTIVITIES	B. NON-PERSONNEL CLIENT SERVICES	C. PERSONNEL COSTS	D. OPERATING COSTS	E. TOTAL BUDGET
Short term rent, mortgage, utility assistance (STRMU)				
-- Emergency rent	\$ 85,800.00			85,800.00
-- Utility Assistance	\$ 16,840.00			16,840.00
-- Mortgage Assistance	\$ 32,000.00			32,000.00
Subtotal STRMU	\$ 134,640.00	\$ -	\$ -	134,640.00
Activity Delivery Salaries & Benefits (no administrative staff)		\$ 11,000.00		11,000.00
Activity Delivery Operating Expenses			\$ 3,960.00	3,960.00
Subtotal STRMU Activity Delivery Costs	\$ -	\$ 11,000.00	\$ 3,960.00	14,960.00
Total STRMU	\$ 134,640.00	\$ 11,000.00	\$ 3,960.00	149,600.00
Tenant Based Rental Assistance (TBRA)				
Tenant Based Rental Assistance (Subtotal)				-
Activity Delivery-Salary, Wages & Benefits				-
Activity Delivery-Operating Expenses				-
Subtotal TBRA Activity delivery costs	\$ -	\$ -	\$ -	-
Total TBRA	\$ -	\$ -	\$ -	\$ -
Facility Based Housing Costs				
Project Based Rental Assistance (PBRA) (Subtotal)				
Activity Delivery Salaries & Benefits (no administrative staff)				-
Activity Delivery Operating Expenses				-
Subtotal PBRA Activity Delivery Costs	\$ -	\$ -	\$ -	-
Total PBRA Costs	\$ -	\$ -	\$ -	\$ -
Leasing Costs (e.g., Hotel/Motel Voucher Assistance)				
Activity Delivery Salaries & Benefits (no administrative staff)	\$ 11,160.00			11,160.00
Activity Delivery Operating Expenses		\$ 1,240.00		1,240.00
Subtotal Activity delivery costs	\$ -	\$ 1,240.00	\$ -	1,240.00
Total Leasing Costs	\$ 11,160.00	\$ 1,240.00	\$ -	\$ 12,400.00
Facility Operating Costs: (NAME OF FACILITY)				
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				-
Total Facility Operating Costs:	\$ -	\$ -	\$ -	\$ -
Facility Operating Costs: (NAME OF FACILITY)				
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				-
Total Facility Operating Costs:	\$ -	\$ -	\$ -	\$ -
<i>repeat this section for each facility receiving operating subsidies</i>				
Permanent Housing Placement Services				
Security Deposit Assistance				-
First Month's Rent, Credit Checks, Utility Hook-ups				-
Subtotal Total Housing Placement Assistance	\$ -	\$ -	\$ -	-
Activity Delivery Salary & Benefits				-
Activity Delivery Operating Expenses				-
Total Activity delivery costs	\$ -	\$ -	\$ -	-
Total Permanent Housing Placement	\$ -	\$ -	\$ -	\$ -

A. HOUSING INFORMATION SERVICES	B. NON-PERSONNEL CLIENT SERVICES	C. PERSONNEL COSTS	D. OPERATING COSTS	E. TOTAL BUDGET
Housing Information Services (housing counseling, referrals services, fair housing counseling, outreach)				
Housing Information Services (staff salaries & benefits)				-
Activity Delivery Salary & Benefits (e.g., program supervisor)				-
Activity Delivery Operating Expenses				-
Total Activity delivery costs	\$ -	\$ -	\$ -	\$ -
Total Housing Information Services	\$ -	\$ -	\$ -	\$ -
A. HOPWA SUPPORTIVE SERVICES	B. NON-PERSONNEL CLIENT SERVICES	C. PERSONNEL COSTS	D. OPERATING COSTS	E. TOTAL BUDGET
Adult Day Care and/or personal assistance				-
Alcohol & Drug abuse services				-
Housing Case Management/client advocacy/access to benefits		\$ 23,000.00		23,000.00
Child care and other child services				-
Education				-
Employment assistance and training				-
Legal Services				-
Life skills management				-
Meals/nutrition services	\$ 800.00			800.00
Transportation	\$ 200.00			200.00
Other - Basic Telephone Service				-
Subtotal Supportive Services	\$ 1,000.00	\$ 23,000.00	\$ -	\$ 24,000.00
Activity Delivery-Salaries & Benefits (e.g., case or clinical supervisory staff)		\$ 2,000.00		2,000.00
Activity Delivery-Operating Expenses			\$ 400.00	400.00
Subtotal Activity delivery costs	\$ -	\$ 2,000.00	\$ 400.00	\$ 2,400.00
Total Supportive Services	\$ 1,000.00	\$ 25,000.00	\$ 400.00	\$ 26,400.00
A. OTHER SERVICE CATEGORY	B. NON-PERSONNEL CLIENT SERVICES	C. PERSONNEL COSTS	D. OPERATING COSTS	E. TOTAL BUDGET
Resource Identification				
Resource Identification (typically salaries & benefits)				-
Activity Delivery-Salary & Benefits (no administrative staff)				-
Activity Delivery-Operating Expenses				-
Subtotal Activity delivery costs	\$ -	\$ -	\$ -	\$ -
Total Resource Identification	\$ -	\$ -	\$ -	\$ -
Grand Total Contractor Service Budget	\$ 146,800.00	\$ 37,240.00	\$ 4,360.00	\$ 188,400.00

Verification Worksheet

Total Activity Delivery Personnel Costs		\$ 14,240.00		\$ 14,240.00
Total Personnel for Client Services (e.g. case management)		\$ 23,000.00		\$ 23,000.00
Total Activity Delivery Operating Expenses			\$ 4,360.00	\$ 4,360.00
Total Non-Personnel Client Services (e.g., rent, food, transportation, Etc.)	\$ 146,800.00			\$ 146,800.00
Total	\$ 146,800.00	\$ 37,240.00	\$ 4,360.00	\$ 188,400.00

FORM D1 - Contractor Housing and Other Services Personnel Detail

Contractor Name Golden County **Fiscal Year** 2012-13

Instructions: Complete one Position Section for each HOPWA service category an individual employee will perform. Copy and paste more Position Sections at the bottom of the page as needed

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Socail Services Worker II	Smith, J		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	FTE	Salary paid by this contract
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 - \$11,000.	\$ 42,500	20%	\$ 8,500.00
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
	\$ 500	\$ 2,000	\$ 2,500.00
HOPWA Service Category	STRMU Activity Delivery	Subtotal	\$ 11,000.00
Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Social Services Worker II	Smith, J		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	FTE	Salary paid by this contract
Activity Delivery Costs associated with hotel/motel voucher assistance.	\$ 42,500	3%	\$ 1,275.00
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
	\$ -	\$ -	\$ -
HOPWA Service Category	Leasing Motel/Hotel Activity Delivery	Subtotal	\$ 1,275.00
Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Social Services Worker II	J Smith		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	FTE	Salary paid by this contract
The social services worker is the case manager for the HOPWA program. She is responsible for completing the client needs assessment and HOPWA application. She determines the client's needs and provides housing counseling and referrals to appropriate community agencies. She also provides ongoing case management to clients.	\$ 42,500	47%	\$ 19,975.00
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
	\$ -	\$ 2,990	\$ 2,990
HOPWA Service Category	Case Management/Client Advocacy/Bene	Subtotal	\$ 22,965.00
Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Social Services Worker III	R. Laughlin		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	FTE	Salary paid by this contract
Supervise Social Services Worker II that serves as the Housing Coordinator for HOPWA	\$ 55,000	4%	\$ 2,000.00
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
	\$ -	\$ -	\$ -
HOPWA Service Category	Supportive Services Activity Delivery	Subtotal	\$ 2,000.00
Total Personnel Expenses (this page)			\$37,240

FORM E - SUBCONTRACTOR HOUSING AND OTHER SERVICES BUDGET DETAIL

CONTRACTOR NAME

Fiscal Year

Golden County

2012-13

Instructions: Complete the applicable cells highlighted in light blue and the applicable check boxes

Subcontractor General Information

Subcontractor Agency Name	Bid Status (Check One)
Superior HIV/AIDS Housing and Supportive Service Agency	<input type="checkbox"/> Sole Source (Attach Justification) <input checked="" type="checkbox"/> Competitive Bid
Contact Person	Title
Shelby Vincent	Executive Director
Mailing Address	Telephone Number
1503 Sequoia Street, Redwood Grove, CA 98765	888-555-1234
E-Mail Address	Fax Number
svincent@superior.org	888-555-2345
Website Address (if any)	Employer Identification Number (EIN) or Tax Identification Number (TIN)
www.superiorHIV-AIDShousing.org	00-0000000
DUN & Bradstreet Number (DUNS)	Central Contractor Registration (CCR): Is the subcontractor's Status Currently active?
00-0000000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Congressional District of Business Location of Subcontractor	xxxxx
Congressional District(s) of Primary Service Area	xxxxx
Zip Code(s) of Primary Service Area(s)	xxxxx

Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (Check one)

Yes No

Type of Entity (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> City | <input checked="" type="checkbox"/> Nonprofit Organization | <input type="checkbox"/> Grassroots Organization |
| <input type="checkbox"/> County | <input type="checkbox"/> For Profit Organization | |
| <input type="checkbox"/> Other Political Subdivision | <input type="checkbox"/> Community Based Organization | |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Faith Based Organization | |

Subcontractor Budget Detail

A. HOUSING ASSISTANCE ACTIVITIES	B. NON- PERSONNEL CLIENT SERVICES	C. PERSONNEL COSTS	D. OPERATING COSTS	E. TOTAL BUDGET
Short term rent, mortgage, utility assistance (STRMU)				
-- Emergency rent				-
-- Utility Assistance				-
-- Mortgage Assistance				-
Subtotal STRMU	\$ -			-
Activity Delivery Salaries & Benefits (no administrative staff)				-
Activity Delivery Operating Expenses				-
Subtotal STRMU Activity Delivery Costs	\$ -	\$ -	\$ -	-
Total STRMU	\$ -	\$ -	\$ -	-
Tenant Based Rental Assistance (TBRA)				
Tenant Based Rental Assistance (Subtotal)	\$ 112,500.00			112,500.00
Activity Delivery-Salary, Wages & Benefits		\$ 12,000.00		12,000.00
Activity Delivery-Operating Expenses			\$ 500.00	500.00
Subtotal TBRA Activity delivery costs	\$ -	\$ 12,000.00	\$ 500.00	12,500.00
Total TBRA	\$ 112,500.00	\$ 12,000.00	\$ 500.00	\$ 125,000.00
Facility Based Housing Costs				
Project Based Rental Assistance (PBRA) (Subtotal)				-
Activity Delivery Salaries & Benefits (no administrative staff)				-
Activity Delivery Operating Expenses				-
Subtotal PBRA Activity Delivery Costs	\$ -	\$ -	\$ -	\$ -
Total PBRA Costs	\$ -	\$ -	\$ -	\$ -
Leasing Costs (e.g., Hotel/Motel Voucher Assistance)				-
Activity Delivery Salaries & Benefits (no administrative staff)				-
Activity Delivery Operating Expenses				-
Subtotal Activity delivery costs	\$ -	\$ -	\$ -	\$ -
Total Leasing Costs	\$ -	\$ -	\$ -	\$ -
Facility Operating Costs: (NAME OF FACILITY)	Transitional Living Center			
operations (property mgr, facility staffing, etc)				-
leasing costs (lease of facility)				-
insurance (hazard/fire, etc.)			\$ 2,000.00	2,000.00
utilities (water, sewer, garbage, etc.)			\$ 3,000.00	3,000.00
furnishings				-
equipment				-
supplies				-
maintenance and repairs			\$ 3,000.00	3,000.00
incidentals in providing housing to clients				-
Total Facility Operating Costs:	\$ -	\$ -	\$ 8,000.00	\$ 8,000.00
Facility Operating Costs: (NAME OF FACILITY)				
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				-
Total Facility Operating Costs:	\$ -	\$ -	\$ -	\$ -
Permanent Housing Placement Services				
Security Deposit Assistance				-
First Month's Rent, Credit Checks, Utility Hook-ups				-
Subtotal Total Housing Placement Assistance	\$ -	\$ -	\$ -	-
Activity Delivery Salary & Benefits				-
Activity Delivery Operating Expenses				-
Total Activity delivery costs	\$ -	\$ -	\$ -	\$ -
Total Permanent Housing Placement	\$ -	\$ -	\$ -	\$ -

A. HOUSING INFORMATION SERVICES	B. NON- PERSONNEL CLIENT SERVICES	C. PERSONNEL COSTS	D. OPERATING COSTS	E. TOTAL BUDGET
Housing Information Services (housing counseling, referrals services, fair housing counseling, outreach)				
Housing Information Services (staff salaries & benefits)				-
Activity Delivery Salary & Benefits (e.g., program supervisor)				-
Activity Delivery Operating Expenses				-
Total Activity delivery costs	\$ -	\$ -	\$ -	\$ -
Total Housing Information Services	\$ -	\$ -	\$ -	\$ -
HOPWA SUPPORTIVE SERVICES				
Adult Day Care and/or personal assistance				-
Alcohol & Drug abuse services				-
Housing Case Management/client advocacy/access to benefits				-
Child care and other child services				-
Education				-
Employment assistance and training				-
Legal Services				-
Life skills management				-
Meals/nutrition services				-
Transportation				-
Other - Basic Telephone Service				-
Subtotal Supportive Services	\$ -	\$ -	\$ -	\$ -
Activity Delivery-Salaries & Benefits (e.g., case or clinical supervisory staff)				-
Activity Delivery-Operating Expenses				-
Subtotal Activity delivery costs	\$ -	\$ -	\$ -	\$ -
Total Supportive Services	\$ -	\$ -	\$ -	\$ -
OTHER SERVICE CATEGORY				
Resource Identification				-
Resource Identification (typically salaries & benefits)				-
Activity Delivery-Salary & Benefits (no administrative staff)				-
Activity Delivery-Operating Expenses				-
Subtotal Activity delivery costs	\$ -	\$ -	\$ -	\$ -
Total Resource Identification	\$ -	\$ -	\$ -	\$ -
Grand Total Subcontractor Service Budget	\$ 112,500.00	\$ 12,000.00	\$ 8,500.00	\$ 133,000.00

Enter Grand Total Column E onto Form A, Column 4, Line 4.

Verification Worksheet

Total Activity Delivery Personnel Costs		\$ 12,000.00		\$ 12,000.00
Total Personnel for Client Services (e.g. case management)		\$ -		\$ -
Total Activity Delivery Operating Expenses			\$ 8,500.00	\$ 8,500.00
Total Non-Personnel Client Services (e.g., rent, food, transportation, Etc.)	\$ 112,500.00			\$ 112,500.00
Total (Enter total of Column E onto Form A)	\$ 112,500.00	\$ 12,000.00	\$ 8,500.00	\$ 133,000.00

FORM E1 - Subcontractor Housing and Other Services Personnel Detail

Subcontractor Name: Golden County Fiscal Year: 2012-13

Service Provider Information	
Service Provider Name	Contact Name and Title
Superior HIV/AIDS Housing and Supportive Service Agency	Shelby Vincent, Executive
Mailing Address	Telephone Number
1503 Sequoia Street, Redwood Grove, CA 98765	888-555-1234
E-Mail Address	Fax Number
svincent@superior.org	888-555-2345

Instructions: Complete one Position Section for each HOPWA service category an individual employee will perform. Copy and paste more Position Sections at the bottom of the page as needed

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Housing Specialist			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	FTE	Salary paid by this contract
Provide TBRA to clients. Estimated hours: 456	\$ 35,000	24%	\$ 8,467
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
	\$ -	\$ 3,533	\$ 3,533
HOPWA Service Category	TBRA Activity delivery	Subtotal	\$ 12,000.00
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	FTE	Salary paid by this contract
	\$ -	0%	\$ -
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
	\$ -	\$ -	\$ -
HOPWA Service Category	Choose One	Subtotal	\$ -
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	FTE	Salary paid by this contract
	\$ -	0%	\$ -
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
	\$ -	\$ -	\$ -
HOPWA Service Category	Choose One	Subtotal	\$ -
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	FTE	Salary paid by this contract
	\$ -	0%	\$ -
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
	\$ -	\$ -	\$ -
HOPWA Service Category	Choose One	Subtotal	\$ -
Total Personnel Expenses (this page)			\$ 12,000.00

FORM F - PERFORMANCE GOALS

Instruction: Enter estimated number of households to be assisted for proposed activities only.

Contractor Name: **Fiscal Year**
 Golden County **2012-13**

HOPWA Program Activity	Estimated # of Households to be Assisted with HOPWA
Short term Rent, Mortgage and/or Utility assistance (STRMU)	70
Tenant Based Rental Assistance (TBRA)	15
Facility Based Housing - Project Based Rental Assistance (PBRA)	0
Facility Based Housing - Leasing Costs for Hotel/Motel Assistance	15
Transitional Facility Based Housing - Operational Subsidies	10
Permanent Facility Based Housing - Operational Subsidies	0
Facility Based Housing - Stewardship Units (acquired or rehabbed with HOPWA but no ongoing subsidies being used)	0
Permanent Housing Placement Assistance (e.g., security deposits, first month's rent, utility hook-up fees, credit checks.)	0
Housing Information Services (housing counseling, referral, outreach)	0
Supportive Services	110

FORM G - ESTIMATED LEVERAGED FUNDS

Contractor Name:

Golden County

Fiscal Year

2012-13

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	4		
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 2012-13	
	Housing Assistance	Supportive Services and other non-direct housing costs
Program Income:		
Federal Government (please specify):		
Shelter Plus Care Contract	\$ 50,000.00	
State Government (please specify)		
Office of AIDS Care Program		\$ 75,000.00
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	\$ 75,000.00

FORM H- 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 agency administrative costs.

**PROPOSED ANNUAL OPERATING BUDGET
FISCAL YEAR 2012-13**

Name of Facility: Transitional Living Center

Total # of Units in Housing Facility	6
Total # of Units set aside for PLWH/A	6

Name of Responsible Agency:

Type of Facility (Permanent, Transitional, Emergency)	Transitional
--	---------------------

1 RENT REVENUE	
2 Tenant Rent Payments	\$ 16,200.00
3 Commercial Space or Parking Rent Payments	
4 Special Claims Revenue	
5 Other (Specify)	
6 GROSS POTENTIAL RENT (GR) (add lines 2-5)	\$ 16,200.00
LESS:	
7 Vacancy Rate - Residential (based on local market) 10%	\$ (1,620.00)
8 Vacancy Rate - Parking or Commercial	
9 Total Vacancies	\$ (1,620.00)
10 TOTAL FINANCIAL REVENUE (Line 6 minus line 9)	\$ 14,580.00
OTHER REVENUE:	
11 Laundry and Vending Machine Revenue	
12 NSF and Late Charges	
13 Damages and Cleaning Fees	\$ 1,000.00
14 Forfeited Tenant Security Deposits	\$ 500.00
15 Other Revenue	
16 Total Other Revenues (add Lines 11-15)	\$ 1,500.00
17 EFFECTIVE GROSS RENT (EGR) (Line 10 plus Line 16)	\$ 16,080.00
EXPENSES:	
18 Property Management Fee	\$0
19 Administrative Costs - (e.g., resident manager, onsite office salaries, legal, bookkeeping, telephone costs, bad debt expense, onsite office supplies, advertising)	\$18,000
20 Utility Expenses (Water, Sewer, Fuel Oil, Gas)	\$3,000
21 Operating and Maintenance Expenses (Janitorial and cleaning payroll, exterminating contract & supplies, heating/air conditioning maintenance and repairs, garbage/trash removal, repairs contract and materials, landscaping contract, etc.)	\$4,000
22 Taxes and Insurances (payroll, real estate, property ins., workers comp, fidelity bond, health ins/employee benefits, other)	\$2,000
23 Total Expenses (add lines 18-22)	\$24,000
24 NET OPERATING INCOME (NOI) (subtract line 23 from line 17)	\$ (7,920.00)
FINANCIAL EXPENSES	
25 First Lender	\$2,700
26 Second Lender	
27 Other (SPECIFY)	
28 Total Debt Service	\$2,700
FUNDED RESERVES	
29 Operating Reserves	
30 Replacement Reserves	
31 Total Reserves (add Lines 29-30)	\$0
ADDITIONAL REVENUE:	
32 HOPWA Facility Operating Subsidy (from Form D and/or Form E)	\$ 8,000.00
33 Section 8 Contract Rents	
34 Sponsor Contribution	\$ 2,620.00
35 Withdrawal from Reserves	
36 Other Revenue (Specify)	
37 Total Additional Revenue (add Lines 32-36)	\$10,620
38 Available Cash Flow	\$0

APPENDIX C – HOPWA PROGRAM AND ADMINISTRATIVE GUIDANCE

This section provides general information regarding implementation of the HOPWA Program activities as well as administrative processes. More detailed program guidance can be found in the HOPWA Grantee Oversight Resource Guide. The Guide can be downloaded from the following website:

http://www.hudhre.info/documents/HOPWAOversightGuide_Aug2010.pdf.

HOPWA Program Guidance

Eligible Beneficiaries

- At least one person in the household must have been diagnosed with HIV or AIDS; and
- The household must be 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. A family is defined as a household composed of two or more related persons, and includes other person or persons who are determined to be important to the care or well-being of PLWH/A.

Housing Needs Assessments and Plans

The housing assessment process includes gathering participant information about current finances, past rental history, behavioral history, and other service needs. The housing assessment is the foundation for the development of individualized housing and service plans. The sponsor should assess housing and supportive services needs at the point of intake or application and create plans for housing stability. The sponsor should update these plans at least annually.

Time Limitations

Time limitations on HOPWA assistance are specific to the type of assistance provided. The following summarizes HOPWA-required time limitations:

- STRMU assistance: 21 weeks out of any 52-week period;
- Emergency supportive housing (emergency shelter): 60 days out of any six-month period;
- Rental assistance in the form of tenant-based or project-based: no time limits; and
- Other HOPWA-assisted units: no time limits on assistance.

Prohibition Against Fees

Project Sponsor shall charge no fee, except rent, to any eligible person for any housing or services provided with HOPWA funds.

Maximum Rent Subsidies, Tenant Rent Payment, and Habitability Standards

The following standards apply to all HOPWA-funded or subsidized housing units including TBRA, PBRA, housing facilities supported with operating subsidies, or housing units that have been acquired, constructed, or rehabilitated with HOPWA funds:

- **Maximum Subsidy**

The amount of grant funds used to pay monthly assistance for an eligible person may not exceed the difference between:

- The lower of the rent standard or reasonable rent for the unit; and
- The resident's rent payment calculation [HOPWA Regulation Title 24, CFR, Part 574.310(d)].

- **Rent Standard**

- The rent standard to be utilized is the rent standards approved by each of the local public housing authorities for the area that the public housing authority serves.
- If the local housing authority rent standard is equivalent to HUD published Fair Market Rent, then, 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. Contractors must obtain approval from grantee prior to allowing the increase.

- **Rent Reasonableness**

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. Contractors must conduct a rent reasonableness assessment for all neighborhoods or areas within their county or counties.

- **Resident Rent Calculation**

Residents of rental housing assisted under the HOPWA Program must pay as rent, including utilities, an amount not to exceed the higher of:

- Thirty percent of the household's adjusted monthly income (adjusted for age, medical expenses, size of household, and child care expenses); or
- Ten percent of the family's monthly gross income; or

- 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.

- **Utility Allowance**

If the tenant is required to pay utilities, then a utility allowance based on the local public housing authority's current utility allowance schedule, must be deducted from the tenant's portion of the rent payment.

- **Shared Housing**

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 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.

- **Habitability Standards**

Units must meet all state and local housing codes as well as habitability standards set forth in HOPWA Regulation Title 24, CRF, Part 574.310(b)(2). This includes lead-based paint and smoke detector requirements.

Eligible Activities

Based on local HIV/AIDS housing and supportive service needs assessments, each locality will determine the HOPWA activities to be funded and the amount of funds from its allocation to be applied toward each selected activity. HOPWA Contractors should allocate funds to activities that will assist clients in overcoming the most significant barriers to housing in their community. The following includes a general description of each eligible activity and does not include all program requirements. Refer to the HOPWA Grantee Oversight Resource Guide for more detailed guidance.

- **STRMU**

A limited subsidy or payment subject to a limited time period to prevent the homelessness of a household with a least one PLWH/A.

- Rent payment and rent subsidy limitations as well as housing quality standard requirements *do not apply* to the STRMU program. (Note: If an assessment of the client's living situation reveals that the unit he/she occupies is substandard or unaffordable, it should be addressed in the client's housing plan.)

- Smoke Detectors. Client must self-certify that their housing unit has a working smoke detector or a home visit must be made to determine whether the unit has an operating smoke detector.
- Lead-based paint requirements apply. Specifically, lead-based paint rules apply when:
 1. Housing to be assisted was constructed before 1978;
 2. Residents will include a pregnant woman or a child six years of age or younger; and
 3. The rent or mortgage assistance payments will exceed 100 consecutive days.

All housing meeting the above criteria must receive a lead-based paint visual assessment before assistance may be provided.

Staff must complete an online training course before they are allowed to perform assessments. This training can be found at:

<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>.

- The household must be currently living in rented or mortgaged housing with written documentation verifying their tenancy.
- In accordance with Title 24, CFR, Part 574, STRMU assistance may be provided to eligible households for a period of 21 weeks out of any 52-week period.
 - OA has further defined the 52-week period based on the program year of July 1–June 30.
 - Agencies will track the 21 weeks using calendar days of assistance. There are 147 calendar days in a 21-week period.

Method of calculating days of assistance.

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.

- OA has established the following uniform guidelines for those counties wishing to impose caps on STRMU:
 - At a minimum, the annual per household amount for STRMU should be equivalent to at least one month's HUD Fair Market Rent for a one-bedroom unit for the jurisdiction in which the household resides.
 - A per household cap for utility assistance should not be less than the current Utility Allowances published by the local health jurisdiction's housing authority.
 - The household's on-going housing needs are assessed or will be assessed in connection with the development of an individual housing service plan for the household. The level of assistance is based on the assessed housing need.
 - The time limitation or cap on funds will be sufficient to avoid any continuing household housing crisis.
 - The assistance will be for actual costs.
 - Other resources, such as household income, are not reasonably available to address the unmet housing need.
 - Any process for waiving a cap or limitation must be expressed in writing and implemented in a uniform manner to all clients assisted.

- **TBRA**

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.

- Project sponsors are encouraged to establish a TBRA program if their HOPWA allocation is sufficient to operate this type of activity, and there is evidence of a need for rental subsidies in their HIV/AIDS community.
- Prior to establishing a program, OA must provide training or Contractor must receive training from its local housing authority on operating a TBRA program.
- Maximum rent subsidies, tenant rent payment calculations and habitability standards apply to TBRA.

- **Facility-Based Housing**

- PBRA – may be permanent or transitional housing;
 - 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.
 - Unit must pass a Housing Quality Standards inspection.
 - May require some level of environmental review.
 - Shared housing arrangements are allowable (e.g., when two or more households share a home).

- Rent and subsidy limitations apply to this category.
- Operating subsidies for HIV/AIDS supportive housing facilities
 - This activity pertains to all costs associated with the ongoing operations of a housing project that targets PLWH/A. The housing may be emergency-based, transitional, or permanent housing and includes licensed and unlicensed HIV/AIDS facilities.
 - Eligible 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.

NOTE: Supportive service costs associated with counseling programs, skills development, personal assistance, etc., are NOT counted under this category.

- Facility-based housing projects that meet any of the following criteria are categorized as a Community Residence under HOPWA Regulations [Title 24, CFR, Part 574.340 (a)]: 1) lower cost residential alternative to institutional care; 2) prevents or delays a participant's need for institutional care; 3) provides a permanent or transitional residential setting to enhance the quality of life for those who are unable to live independently; and 4) enables such persons to participate as fully as possible in the community.
 - A Contractor operating a Community Residence must certify to the following:
 - Contractor will, or has entered into a written agreement with a service provider that will, provide services as required by HOPWA Regulation Title 24, CFR, Part 574.310(a) to eligible persons in the community residence;
 - Contractor has analyzed the service level needed at the community residence, and Contractor, or its subcontracting service agency, will provide the needed services;
 - Contractor has provided a statement of how the services will be funded; and
 - Contractor, and/or its subcontracting service provider, is qualified to provide the services.
- Rent and subsidy limitations and habitability standards apply to transitional and permanent housing facilities.

- Short-term (emergency shelter) Supported Facility
 - Short-term facilities are intended to provide temporary shelter to eligible individuals to prevent homelessness and allow an opportunity to develop an individualized housing and service plan to guide the client's linkage to permanent housing.
 - Beneficiaries: These facilities provide temporary shelter to PLWH/A who are homeless.
 - Time Limits: "A short-term supportive housing facility may not provide residence for any individual for more than 60 days in any six-month period." Title 24, CFR, Part 574.330 (a).
 - Residency Limitation: "A short-term supported facility may not provide shelter or housing at any single time for more than 50 families or individuals." Title 24, CFR, Part 574.330 (b).
 - Case Management: "A program assisted under this section shall provide each assisted individual with an opportunity to receive case management services from the appropriate social services agencies." Title 24, CFR, Part 574.330 (e).
 - Placement in Permanent Housing: Each short-term facility must, to the maximum extent possible, offer individuals residing in such housing the opportunity for placement in permanent housing. Title 24, CFR, Part 574.330(c).

- Hotel/motel Voucher assistance
 - This type of assistance may be provided when other emergency shelter is not adequately available.
 - Homeless PLWH/A may be placed in a hotel or motel unit while being assisted through case management services to locate and establish the household into more suitable housing.

- ***Permanent Housing Placement Assistance.***
 - 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. Prior to using funds for security deposit assistance, Contractors must obtain 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.

- **Housing Information and Referral services**

Housing Information services include assistance with referrals to affordable housing resources, assistance in locating available, affordable, and appropriate housing units, working with property owners to secure units, homeless prevention, outreach, and other housing-related activities. It may also include fair housing counseling for people who have encountered discrimination on the basis of race, religion, sex, age, national origin, familial status, or handicap.

- **Supportive Services.**

- All households receiving HOPWA housing assistance must be provided with appropriate supportive services. Supportive services may be funded through other resources or through linkage to other programs. HOPWA funds may also be used but should be limited.
- OA policy requires that not more than 25 percent of a HOPWA Contractor’s annual HOPWA allocation can be used for supportive services. OA will allow a waiver of the 25 percent cap if an increase in supportive services will help clients overcome barriers to stable housing (e.g., more intense case management, mental health or alcohol and substance abuse treatment, consumer credit counseling, job training, etc.).
- The following are definitions of eligible supportive services:

Supportive Service Term	Definition
Adult Day Care and/or Personal Assistance	<ul style="list-style-type: none"> • Provision of community- or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of client. • Provision of services in the home by licensed health care workers, such as nurses. • 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. • 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

Supportive Service Term	Definition
	<p>facilities are NOT included.</p> <ul style="list-style-type: none"> The above services may be provided as a component of a supportive housing facility/community residence.
Alcohol and Drug Abuse Services	<ul style="list-style-type: none"> 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. 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).
Case Management Client Advocacy Coordination of Benefits	<p>Key case management duties include, but are not limited to:</p> <ul style="list-style-type: none"> Initial comprehensive assessment of the client's needs and personal support systems; Development of a comprehensive housing plan for HOPWA clients, including affordable, stable housing, supportive services, and medical care; Coordination of the services required to implement the comprehensive housing plan; Client monitoring to assess the progress and efficacy of the comprehensive housing plan; Periodic re-evaluation and revision of the plan as necessary; Client-specific advocacy; and Coordination of benefits.

Supportive Service Term	Definition
Basic Telephone Services	Phone service that is determined to be needed to assist the client/beneficiary in accessing services, such as maintaining consistent and accurate participation in medical treatment protocols, care or other essential supportive services.
Child Care	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.
Education, Training, and Employment Assistance	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.
Life Skills Management	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.
Mental Health Services	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

Supportive Service Term	Definition
	includes psychiatrists, psychologists, and licensed clinical social workers.
Meals/nutritional services	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. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item.
Transportation	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.

• **Resource Identification**

Activities under this category are specific to:

- identifying housing resources and does not include housing referral services;
- establishing, coordinating, and/or developing housing assistance resources for eligible persons;
- 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

Confidentiality

Establish and maintain a process to ensure the confidentiality of individuals. The sponsor’s confidentiality policy should, at a minimum, address:

- How staff will gather, record, and store confidential information;
- The consent process for the release of confidential information;
- Protocols for responding to breaches of confidentiality;

- Standards contained in relevant state and federal laws, including Health Insurance Portability and Accountability Act compliance (if applicable), and HIV confidentiality statutes; and
- Privacy standards related to data collection and use of participant information for program reporting, such as AIDS Regional Information and Evaluation System (ARIES) or HMIS.

Intake Process

Establish and implement an application-based client intake process to ensure that eligible HOPWA recipients and their families will be served.

Waiting Lists

Establish and maintain a waiting list of applicants for assistance based on date and time of application.

- For TBRA or Facility-Based Housing, the waiting list should be based on date and time of application.
- For STRMU, a waiting list may include clients that are “turned away” due to agency-imposed caps on STRMU due to insufficient resources.

Grievance and Appeals and Termination Policies

Sponsors must establish client grievance and appeals procedures as well as program termination policies, and ensure that clients are aware and acknowledge receipt of the procedures.

At a minimum termination procedures should include the following:

- Written notice to the participant containing a clear statement of the reasons for termination;
- Opportunity for a participant to a review of the decision, allowing them to confront opposing witnesses, present written objections, and be represented by their own counsel or representative, before a person other than the person (or a subordinate of that person) who made or approved the termination decision;
- Provide prompt written notification of the final decision to the participant; and
- The sponsor must also have a policy in place when termination of assistance is due to the death of the HOPWA-eligible participant and there are surviving family members. The organization should establish a reasonable grace period of continued assistance to surviving family members, not to exceed one year, measured from the date of death of the participant. OA recommends at least 60 days of assistance.

Administrative Guidance

Reporting Requirements

HUD reporting requirements

HUD is emphasizing grantee/sponsor performance and the use of client outcome measures in demonstrating program effectiveness. OA's HPR forms are designed to help project sponsors aggregate results from the use of HOPWA resources as follows: 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. The HPR reporting forms are available in Microsoft Excel format and will be transmitted by electronic mail to all HOPWA Contractors prior to the beginning of the program year (July 1).

For FY 2012-13, OA will require a cumulative semi-annual and final report as follows:

Report	Period	Due to OA
Semi-Annual	July 1 to December 31	January 31
Final Report	July 1 to June 30	July 15

*Submittal of the final HPR to OA by July 15 is critical for completion of the HUD-required CAPER.

The California Department of Housing and Community Development (HCD) is the lead agency for CAPER that must be submitted to HUD no later than 90 days after the end of the program year. Your HOPWA-related data must be compiled by OA and submitted to HCD for review and further compilation with four 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 the HOPWA data be met to be accurately and completely reported in CAPER.

ARIES

ARIES is a web-based client case management information system that coordinates and consolidates the data collection and reporting efforts for OA-funded programs. HOPWA intake and assessment screens are available in ARIES and HOPWA reporting capabilities were released in 2009 for testing by ARIES users. OA requires that all HOPWA Contractors and subcontractors utilize ARIES for HOPWA.

HMIS

Project sponsor organizations with a priority mission to serve homeless persons and receive HOPWA funding are required by Federal regulation to participate in their local HMIS. Project sponsor organizations with a priority mission to service PLWH/A and periodically assist clients that are homeless are encouraged to participate in their local HMIS.

Invoicing

Contractors may submit invoices and invoice expenditure detail forms either monthly or quarterly. Contractors must notify their HOPWA Program Coordinator whether invoices will be submitted for monthly or quarterly billing periods. After the execution of the contract, invoices are due 45 days following the end of the selected billing period.

Contractors will be required to submit a HOPWA Back-Up Expenditure Spreadsheet (back-up) with each HOPWA Invoice. The back-up provides detailed expenditure information necessary to create vouchers and drawdown funds from the HUD IDIS.

Budget Changes

Contractors have the ability to submit budget changes, if needed, as follows:

- **Line Item Shifts**

Subject to prior review and approval of OA, line item shifts of up to 15 percent of the annual contract total are allowed, so long as the annual agreement total neither increases nor decreases. Contractor must submit an In-House Revision Form, for approval, for line item shifts to OA. Please contact your HOPWA Program Coordinator or Fiscal Analyst for a copy of the In-House Revision Form.

- **Budget Revisions**

Revisions of dollar amounts or service categories among subcontractors are referred to as budget revisions. Because these dollar amounts are reported in the "Other Costs" line item, they are not considered line-item changes. Subcontractors must notify the Contractor of any budget shifts or changes in services or allocations. The Contractor must notify their HOPWA Program Coordinator, via e-mail, before the changes go into effect. The e-mail must include where funds/services are reduced and where the funds/services are increased.

- **Other Budget Changes**

If any other changes are need to previously approved budgets that are not described above, please contact your HOPWA Program Coordinator.

Record Keeping

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.

Affirmative Outreach

Adopt affirmative outreach procedures to ensure that all persons who qualify for assistance, regardless of race, color, religion, gender, age, national origin, familial status, sexual orientation, 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.

Compliance with Fair Housing Laws.

Comply with the fair housing requirements including all applicable provisions of the Americans with Disabilities Act (Title 42, United States Code Sections 12101–12213) and implementing regulations at Title 28, CFR, Part 35 (States and local government grantees) and Part 36 (public accommodations and requirements for certain types of short-term housing assistance).

Conflict of Interest

Comply with conflict of interest requirements.

Replacing Funds

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.

Additional Documents for Non-profit Community-Based Organizations

Contractors that are non-profit community-based organizations may be required to submit all or some of the documents described in this section.

Board of Directors List

A Contractor that is a non-profit organization 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

A Contractor that is a non-profit organization must submit an Authorization to Bind Corporation Letter when:

- The agency is a new Contractor;
- 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]

Insurance Requirements for Non-profit Community-Based Organizations

Prior to entering into a contract, Contractor shall comply with the following insurance requirements:

Commercial General Liability

- The Contractor must furnish to 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.

- 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.
- 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 insurers, but only with respect to work performed for the State of California under this agreement.
- 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.
- CDPH will not be responsible for any premiums, deductibles, or assessments on the insurance policy.

Evidence of Non-profit Status

Contractor must provide evidence of non-profit status.