February 10, 2017

HOUSING OPPORTUNITIES for PERSONS WITH AIDS/HIV GRANT (HOPWA)
Request for Applications (RFA)

The City of Fresno invites interested organizations to submit an application for funding under the FY 2017-2018 Housing Opportunities For Persons With AIDS/HIV (HOPWA) Program. Applications are being accepted for community, housing and economic development projects/programs that benefit low and moderate income residents of Fresno. This RFA seeks projects that meet the priorities outlined in the City's Consolidated Plan:

- Tenant Based Rental Assistance (TBRA)
- Short-term Rent, Mortgage and Utility Assistance (STRMU)
- Supportive Services
- Housing Information Referral Services
- Program Administration

The City has prepared the FY 2017-2018 Information Guide on Applying for Funds to assist interested persons and/or agencies in preparing applications. Carefully review the Information Guide to determine if your activity is an eligible use of HOPWA funds. Only eligible projects will continue through the funding process.

<table>
<thead>
<tr>
<th>HOPWA Application Deadline:</th>
<th>Friday, March 36, 2017 by 4:00 p.m.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Postmarks will not be accepted</td>
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</tbody>
</table>

Contact Person: Dannye Casey, (559) 621-8469
dannye.casey@fresno.gov

Application Delivery:
Development and Resource Management
Department/Housing Division
2600 Fresno Street, Room 3070
Fresno, CA 93721
Request for Applications

Introduction

The City of Fresno Housing and Community Development Division announces a Request for Applications (RFA) for Housing Opportunities for Persons With AIDS/HIV (HOPWA) Program funding. The HOPWA program provides funding to meet the following objectives: 1) tenant based rental assistance (TBRA); 2) short-term rental, mortgage and utility assistance to persons with AIDS/HIV; 3) assistance to housing information referral services; 4) provide supportive services to households for people with AIDS/HIV; and 5) relate grant administration (up to 3% of award).

The City proposes to allocate $751,342 for twelve (12) months of service through this RFA.

The proposal process will begin on February 9, 2017 and end on Friday, March 36, 2017. Interested nonprofits are invited to submit applications for the period July 1, 2017 through June 30, 2018. Eligible applicants are members of the Fresno Madera Continuum of Care and participants of the Coordinated Access system.

A hard-copy of the HOPWA application is available at the Housing and Community Development Division, 2600 Fresno Street, Room 3065. An electronic version is available on the City’s website at www.fresno.gov/housing Please note submission of an application does not guarantee funding for a project.

The Division’s preliminary application(s) selection will be reviewed by City staff and a representative of the FMCoC Executive Committee. Funding recommendations will be presented to the Housing and Community Development Commission on February 8, 2017 and to the City Council for authorization on March 16, 2017.

Applicants seeking technical assistance should contact Thomas Morgan, Housing Manager, (559) 621-8064, or by e-mail at thomas.morgan@fresno.gov.

Thank You,

Thomas Morgan, Manager
Development and Resource Management Department
**Program Description**

The Housing Opportunities for Persons With AIDS/HIV (HOPWA) program is designed to identify sheltered and unsheltered persons with AIDS/HIV, as well as those at risk of homelessness, and provide the services necessary to help those persons quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness.

The City of Fresno receives an annual allocation of HOPWA funding. All funded agencies are required to follow federal guidelines in the implementation of the HOPWA. The City of Fresno has written policies and procedures to facilitate the agencies in implementing the HOPWA guidelines as set by the U.S. Department of Housing and Urban Development.

Subrecipient agencies will provide assistance related to housing of persons at risk of becoming homeless and housing persons that are currently homeless, as well as provide housing relocation and stabilization services.

**Target Population**

The funds under this program are intended to target two populations of persons facing housing instability: 1) individuals and families who are experiencing homelessness (residing in emergency or transitional shelters or on the street) and need temporary assistance in order to obtain housing and retain it, and 2) individuals and families who are currently in housing but are at risk of becoming homeless and need temporary rent or utility assistance to prevent them from becoming homeless or assistance to move to another unit.
### Summary of HOPWA Eligible Project Components:

<table>
<thead>
<tr>
<th>Project Component</th>
<th>Main Eligible Activities</th>
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<tbody>
<tr>
<td><strong>TBRA</strong></td>
<td>Rent subsidy, rent standards and rent reasonableness with respect to shared housing arrangements for the assisted family or individual shall be voluntary to the rules as described at HUD 24 CFR 574.300, .310, .320.</td>
</tr>
<tr>
<td><strong>STRMU</strong></td>
<td>Short-term rent, mortgage, and utility payments to prevent the homelessness of the tenant or mortgagor of a dwelling. Short-term supported housing includes facilities to provide temporary shelter to eligible individuals as well as rent, mortgage, and utilities payments to enable eligible individuals to remain in their own dwellings. Rent, mortgage, and utilities payments to prevent the homelessness of the tenant or mortgagor of a dwelling may not be provided over a period of more than 21 weeks in any 52 week period, as described at HUD 24 CFR 574.300,.330(a).</td>
</tr>
<tr>
<td><strong>Supportive Services</strong></td>
<td>Supportive services including, but not limited to, health, mental health, assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State and Federal government benefits as described at HUD 24 CFR 574.300(b)(7).</td>
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<tr>
<td><strong>Housing Information Services</strong></td>
<td>Housing information services including, but not limited to, counseling, information, and referral services to assist an eligible person to locate, acquire, finance, and maintain housing, as described at HUD 24 CFR 574.300(1)</td>
</tr>
<tr>
<td><strong>Administration</strong></td>
<td>Eligible costs of overall program management, coordination, monitoring and evaluation. Salaries, wages, and related costs of the staff of subrecipients, or other staff engaged in program administration, as specified at HUD 24 CFR 576.108.</td>
</tr>
</tbody>
</table>

See HUD’s [HOPWA Program Components Quick Reference](https://...) for more information.
At Risk of Homeless Definitions

At risk of homelessness means: (1) An individual or family who:

(i) Has an annual income below 30 percent of median family income for the area, as determined by HUD;

(ii) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “homeless” definition in this section; and

(iii) Meets one of the following conditions:

(A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

(B) Is living in the home of another because of economic hardship;

(C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;

(D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;

(E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;

(F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan;

Conditions

The City of Fresno Housing and Community Development Division (HCDD) reserves the right to determine which funding source will be used to fund specific applications, negotiate and award contracts to multiple applicants, and request additional information from applicants. By the act of submitting a proposal, applicants acknowledge and agree to the terms and conditions of this RFA and to the accuracy of the information they submit in response. HCDD reserves the right to reject any and all submittals, waive any irregularities in the submittal requirements. All submittal packages become the property of HCDD.

All requirements of the HOPWA Program apply under this RFA. The HEARTH Act
significantly revised the HOPWA Programs regulations at 24 CFR Part 574 and established new requirements for the HOPWA Program. HCD recommends that all organizations applying for funding review HOPWA Program eligibility criteria carefully.

Submission Requirements

Complete each section of the funding application starting on page 12. Ensure that sufficient information is provided and use the check list attached to the application.

Selection Criteria

The selection will be based on the following:

- Thoroughness and clarity of the application;
- Ability and experience with the proposed project;
- Demonstrated ability to perform;
- History of successful completion of similar projects;
- Ability to meet projected deadlines within budget;
- Previous work performance;
- Key personnel working experience with the type of project proposed.

Selection Process

Representatives from the Housing and Community Development Division, Development and Resource Management Department, the Fresno Madera Continuum of Care (FMCoC) will review applications and make award recommendations. The evaluation team may, at its discretion, interview applicant(s), contact references, investigate previous projects and current commitments, and conduct any further inquiry and investigation necessary to determine the most feasible project(s). The evaluation team will recommend projects for further consideration to the Housing and Community Development Commission (HCDC). Final project selection is subject to approval by the Fresno City Council.

Submission Instructions

Two original hard copies of the application must be received no later than 4:00 p.m. on Friday, March 36, 2017. Applications received after the 4:00 p.m. deadline will not be accepted.

Applications shall be sent via U.S. mail, Federal Express, or may be hand-delivered to:

Housing and Community Development Division
Attn: Susie Williams
2600 Fresno Street, Room 3070
Fresno, CA 93721
Technical Assistance

Dannye Casey, Project Manager
Housing and Community Development
Division 2600 Fresno Street, Room 3070
Fresno, CA 93721
Telephone: (559) 621-8469
E-Mail: dannye.casey@fresno.gov

Applicants and/or their consultants shall not contact any City official/representative regarding this RFA other than the Housing and Community Development Division staff specified above, during this RFA application process.

Terms and Conditions

The City of Fresno reserves the right to:

- Reject any and all applications, and to waive minor irregularities in any application submitted for funding consideration.
- Request clarification of the information submitted, and request additional information from any applicant responding to this RFA.
- Award funds to the next most feasible project, if the successful applicant does not execute an Agreement within the applicable timeframe after selection and notification of a successful application.
- Reject any application that does not address the items listed in the application.
- Negotiate with applicants.
- Reject any and all applications submitted at its sole and absolute discretion.
- Accept application(s) that it considers to be in the interest of the City, with or without negotiation.
- Waive any informality or minor irregularity when in the best interest of City.
- Reject incomplete or irregular applications.
- Have no obligation to enter into an agreement with any party responding to this RFA.

Selection Notification

Applicants will be notified of the City's selection on or about March 17, 2017.
There is no appeal process.

City of Fresno Insurance Requirements

Selected applicants are required to comply with the City's insurance and indemnity obligations. If your organization cannot comply with the City's insurance requirements, your application will not be considered.

The following insurance language is included in the City's standard HOPWA contracts: Coverage shall be at least as broad as:
1. The most current version of Insurance Services Office (ISO) Commercial General Liability Coverage Form CG 00 01, providing liability coverage arising out of your business operations. The Commercial General Liability policy shall be written on an occurrence form and shall provide coverage for "bodily injury," "property damage" and "personal and advertising injury" with coverage for premises and operations (including the use of owned and non-owned equipment), products and completed operations, and contractual liability (including, without limitation, indemnity obligations under the Agreement) with limits of liability not less than those set forth under "Minimum Limits of Insurance."

2. The most current version of ISO Commercial Auto Coverage Form CA 00 01, providing liability coverage arising out of the ownership, maintenance or use of automobiles in the course of your business operations. The Automobile Policy shall be written on an occurrence form and shall provide coverage for all owned, hired, and non-owned automobiles or other licensed vehicles (Code 1- Any Auto). If personal automobile coverage is used, the CITY, its officers, officials, employees, agents and volunteers are to be listed as additional insured.

3. Workers’ Compensation insurance as required by the State of California and Employer's Liability Insurance.

4. Professional Liability (Errors and Omissions) insurance appropriate to CONSULTANT'S profession. Architect's and engineer's coverage is to be endorsed to include contractual liability.

MINIMUM LIMITS OF INSURANCE

CONSULTANT, or any party the CONSULTANT subcontracts with, shall maintain limits of liability of not less than those set forth below. However, insurance limits available to CITY, its officers, officials, employees, agents and volunteers as additional insured, shall be the greater of the minimum limits specified herein or the full limit of any insurance proceeds available to the named insured:

1. COMMERCIAL GENERAL LIABILITY:
   
   (i) $1,000,000 per occurrence for bodily injury and property damage;
   
   (ii) $1,000,000 per occurrence for personal and advertising injury;
   
   (iii) $2,000,000 aggregate for products and completed operations;
   
   (iv) $2,000,000 general aggregate applying separately to the work
performed under the Agreement.

2. **COMMERCIAL AUTOMOBILE LIABILITY:**

$1,000,000 per accident for bodily injury and property damage. OR*

**PERSONAL AUTOMOBILE LIABILITY** insurance with limits of liability not less than:

(i) $100,000 per person;
(ii) $300,000 per accident for bodily injury; and,
(iii) $50,000 per accident for property damage.

3. **WORKERS’ COMPENSATION INSURANCE** as required by the State of California with statutory limits.

4. **EMPLOYER’S LIABILITY:**

(i) $1,000,000 each accident for bodily injury;
(ii) $1,000,000 disease each employee; and,

(iii) $1,000,000 disease policy limit.

5. **PROFESSIONAL LIABILITY** (Errors and Omissions):

(i) $1,000,000 per claim/occurrence; and,
(ii) $2,000,000 policy aggregate.

**UMBRELLA OR EXCESS INSURANCE**

In the event CONSULTANT purchases an Umbrella or Excess insurance policy(ies) to meet the "Minimum Limits of Insurance," this insurance policy(ies) shall "follow form" and afford no less coverage than the primary insurance policy(ies). In addition, such Umbrella or Excess insurance policy(ies) shall also apply on a primary and non-contributory basis for the benefit of the CITY, its officers, officials, employees, agents and volunteers.

**DEDUCTIBLES AND SELF-INSURED RETENTIONS**

CONSULTANT shall be responsible for payment of any deductibles contained in
any insurance policy(ies) required herein and CONSULTANT shall also be responsible for payment of any self-insured retentions. Any deductibles or self-insured retentions must be declared on the Certificate of Insurance, and approved by, the CITY’S Risk Manager or his/her designee. At the option of the CITY’S Risk Manager or his/her designee, either:

(i) The insurer shall reduce or eliminate such deductibles or self-insured retentions as respects CITY, its officers, officials, employees, agents and volunteers; or
(ii) CONSULTANT shall provide a financial guarantee, satisfactory to CITY’S Risk Manager or his/her designee, guaranteeing payment of losses and related investigations, claim administration and defense expenses. At no time shall CITY be responsible for the payment of any deductibles or self-insured retentions.

**OTHER INSURANCE PROVISIONS/ENDORSEMENTS**

The General Liability and Automobile Liability insurance policies are to contain, or be endorsed to contain, the following provisions:

1. CITY, its officers, officials, employees, agents and volunteers are to be covered as additional insured. CONSULTANT shall establish additional insured status for the City and for all ongoing and completed operations by use of ISO Form CG 20 10 11 85 or both CG 20 10 10 01 and CG 20 37 10 01 or by an executed manuscript insurance company endorsement providing additional insured status as broad as that contained in ISO Form CG 20 10 11 85.

2. The coverage shall contain no special limitations on the scope of protection afforded to CITY, its officers, officials, employees, agents and volunteers. Any available insurance proceeds in excess of the specified minimum limits and coverage shall be available to the Additional Insured.

3. For any claims related to this Agreement, CONSULTANT’S insurance coverage shall be primary insurance with respect to the CITY, its officers, officials, employees, agents and volunteers. Any insurance or self- insurance maintained by the CITY, its officers, officials, employees, agents and volunteers shall be excess of CONSULTANT’S insurance and shall not contribute with it. CONSULTANT shall establish primary and non-contributory status by using ISO Form CG 20 01 04 13 or by an executed manuscript insurance company endorsement that provides primary and non-contributory status as broad as that contained in ISO Form CG 20 01 0413.
The Workers' Compensation insurance policy is to contain, or be endorsed to contain, the following provision: CONSULTANT and its insurer shall waive any right of subrogation against CITY, its officers, officials, employees, agents and volunteers.

If the Professional Liability (Errors and Omissions) insurance policy is written on a claims-made form:

1. The retroactive date must be shown, and must be before the effective date of the Agreement or the commencement of work by CONSULTANT.

2. Insurance must be maintained and evidence of insurance must be provided for at least five (5) years after completion of the Agreement work or termination of the Agreement, whichever occurs first, or, in the alternative, the policy shall be endorsed to provide not less than a five (5) year discovery period.

3. If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a retroactive date prior to the effective date of the Agreement or the commencement of work by CONSULTANT, CONSULTANT must purchase "extended reporting" coverage for a minimum of five (5) years after completion of the Agreement work or termination of the Agreement, whichever occurs first.

4. A copy of the claims reporting requirements must be submitted to CITY for review.

5. These requirements shall survive expiration or termination of the Agreement.

All policies of insurance required herein shall be endorsed to provide that the coverage shall not be cancelled, non-renewed, reduced in coverage or in limits except after thirty (30) calendar day’s written notice by certified mail, return receipt requested, has been given to CITY. CONSULTANT is also responsible for providing written notice to the CITY under the same terms and conditions. Upon issuance by the insurer, broker, or agent of a notice of cancellation, non-renewal, or reduction in coverage or in limits, CONSULTANT shall furnish CITY with a new certificate and applicable endorsements for such policy(ies). In the event any policy is due to expire during the work to be performed for CITY, CONSULTANT shall provide a new certificate, and applicable endorsements, evidencing renewal of such policy not less than fifteen (15) calendar days prior to the expiration date of the expiring policy.

**VERIFICATION OF COVERAGE**
CONSULTANT shall furnish CITY with all certificate(s) and applicable endorsements effecting coverage required hereunder. All certificates and applicable endorsements are to be received and approved by the CITY’S Risk Manager or his/her designee prior to CITY’S execution of the Agreement and before work commences. All non-ISO endorsements amending policy coverage shall be executed by a licensed and authorized agent or broker. Upon request of CITY, CONSULTANT shall immediately furnish City with a complete copy of any insurance policy required under this Agreement, including all endorsements, with said copy certified by the underwriter to be a true and correct copy of the original policy. This requirement shall survive expiration or termination of this Agreement.

HOPWA Program Funding Application

<table>
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<tr>
<th>Section</th>
<th>Section Heading</th>
<th>Attachment Documents</th>
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<tbody>
<tr>
<td>*</td>
<td>Acknowledge review of insurance requirements</td>
<td>n/a</td>
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<tr>
<td>1</td>
<td>Project Summary</td>
<td>Form (one page)</td>
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<tr>
<td>2</td>
<td>Project Description</td>
<td>Narrative (two pages)</td>
</tr>
<tr>
<td>3</td>
<td>Meeting Program Priorities</td>
<td>Narrative (two pages)</td>
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<tr>
<td>4</td>
<td>Project Schedule</td>
<td>Narrative (one page)</td>
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<tr>
<td>5</td>
<td>Experience of Applicant(s)</td>
<td>Narrative (two pages)</td>
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<tr>
<td>6</td>
<td>Current and Completed Projects</td>
<td>Narrative (one page)</td>
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<tr>
<td>7</td>
<td>Acknowledge Consistency with Federal/Local Funding Requirements</td>
<td>n/a</td>
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<tr>
<td>8</td>
<td>Budget</td>
<td>Form (two pages)</td>
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</table>

DO NOT INCLUDE A COVER LETTER
SECTION 1 • PROJECT SUMMARY FORM

Organization Name: _____________________________________________________

Address: _______________________________________________________________

Federal Tax I.D. Number: ________________________________________________

Organization Type (check all that apply):

☐ State certified non-profit entity
☐ Public agency qualified to receive HOPWA funds under applicable federal rules

Executive Director Name: ________________________________________________

Phone: ___________________________  E-mail:  ____________________________

Project Contact Name: ___________________________________________________

Contact Organization: ______________________________ ______________________

Address:  ________________________________________________ _______________

Phone: ___________________________  E-mail:___________________________

Application Contact Name (if different from Project Contact above):  ___________

Contact Organization: ___________________________ _________________________

Address:  _______________________________________________________________

Phone: ___________________________  E-mail:____________________________

Original Signature of Authorized Official (attached Board/company Resolution)

Signature: _____________________________________________________________

Title: __________________________________________________________________

Name: ________________________________________________________________

Date: _________________________ ________________________________________
SECTION 2 - PROJECT DESCRIPTION

(Limit narrative to two pages)

Please describe the project in detail including eligible activities, target populations, services to be provided, number of participants to be served, timelines and project schedule, and program outcomes.

SECTION 3 - MEETING PROGRAM POLICIES AND PRIORITIES

(Limit narrative to two pages)

Describe how the project will meet the program policies and priorities. The primary target populations for HOPWA services are individuals and families who are defined as homeless by the Department of Housing and Urban Development (HUD) 24 CFR Parts 91, 582, and 583 regulations. Under HUD regulations, the four homeless categories are: those that are literally homeless; at imminent risk of homelessness; homeless under other Federal statutes; and those fleeing/attempting to flee domestic violence.

Within the HUD defined homeless categories, the City of Fresno has determined the following sub-populations are a high priority for HOPWA services:

- Unsheltered homeless persons who are living outdoors or in other places not intended for human habitation;
- Chronically homeless persons;
- Homeless veterans; and
- Other homeless persons who have been identified as highly vulnerable.

In addition, the following populations are also a priority for HOPWA services in the City of Fresno

- Unaccompanied youth under the age of 18;
- Youth aging out of the foster care system;
- Victims of domestic violence; and
- Households with children.

Applications to serve these populations will be given priority for funding.
SECTION 4 - PROJECT SCHEDULE
(Limit narrative to one page)

Describe how the agency will perform the tasks described within the six month timeline. Show how the agency anticipates expending and requesting reimbursement for each month of the subrecipient agreement.

SECTION 5 - EXPERIENCE OF AGENCY
(Limit narrative to two pages)

The applicant must demonstrate that the skills and experience of the agency are appropriate for the scope of the proposed project.

- Describe your organization's experience and capacity to provide the types of service and/or housing proposed.
- Describe the applicant's experience with the utilization of HOPWA funds or other public-private developments.
- List key staff, their role in the project and their qualifications.
- Identify the person or persons with the authority to represent and make legal binding commitments on behalf of the applicant.
- Identify any legal action, bankruptcies, or lawsuits currently involving your organization that would prevent the agency from completing the proposed project.

SECTION 6 - CURRENT AND COMPLETED PROJECTS
(Limit narrative to one page)

List five (5) current or completed projects. Include a summary of the scope of the program, dates of program, and number of homeless served.

SECTION 7 - CONSISTENCY WITH LOCAL/FEDERAL FUNDING REQUIREMENTS

Selected subrecipients must certify compliance with 24 CFR Part 574, as amended and related implementing regulations. Subrecipients must participate in HMIS, the local CAHM system, and the Fresno Madera Continuum of Care.
Please use this form to prepare a proposed budget for twelve (12) months of program expenditures during the period July 1, 2017 thru June 30, 2018. Provide line item budget detail below and use the budget narrative to explain proposed budget items.

The budget should show total costs for this program during a twelve-month period. If a portion of program costs during the period July 1, 2017 thru June 30, 2018 will be covered by HOPWA funding previously awarded by the City or County of Fresno or if the applicant expects to request HOPWA funding from Fresno County, please use the appropriate columns to show these amounts. If City or County HOPWA funds will be used for costs that are not included in this budget, please use the space below to explain.

(continued on next page)
<table>
<thead>
<tr>
<th>HOPWA Activity</th>
<th>TOTAL BUDGET For this program</th>
<th>CITY HOPWA Funds Proposed</th>
<th>CITY HOPWA Funds Previously Awarded for This program</th>
<th>COUNTY HOPWA funds (Awarded, Requested, or Expected) for This program</th>
<th>Matching Funds for This Program</th>
<th>Source(s) Of Matching Funds for This Program</th>
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<tbody>
<tr>
<td>Street Outreach / Emergency Shelter</td>
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<td>TOTAL Street Outreach / Emergency Shelter</td>
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<td>Homelessness Prevention</td>
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<td>Homelessness Prevention- Housing Relocation &amp; Stabilization</td>
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<td>Homelessness Prevention-Tenant Based Rental Assistance</td>
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<td>Rapid Re-Housing</td>
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<td>Rapid Re-Housing- Housing Relocation &amp; Stabilization</td>
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<td>Rapid Re-Housing - Tenant- Based Rental Assistance</td>
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<td>TOTAL rapid re-Housing</td>
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<td>Administrative costs up to 2.5% of HOPWA Funds requested for Program Activities</td>
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<td>TOTAL ALL HOPWA Activities in this BUDGET</td>
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EXPLANATION OF OTHER HOPWA FUNDS

If your organization has been awarded HOPWA funds from the City or County of Fresno for activities that will be implemented during the period July 1, 2017 thru June 30, 2018, please explain how those funds will be used to pay for costs associated with this program (shown above), or for other program costs during this period:

If your organization has requested or expects to apply for HOPWA funds from the County of Fresno for activities that will be implemented during the period July 1, 2017 thru June 30, 2018, please explain how those funds will be used to pay for costs associated with this program (shown above), or for other program costs:

EXPLANATION OF MATCHING FUNDS

Please describe the sources and used of matching funds. If matching funds will be used to pay for costs that are not included in the budget above, please clearly describe the costs and activities that will be supported with those matching funds:

The undersigned certifies the information contained herein is true, correct and complete to the best of his/her knowledge and belief. The applicant further understands that the application is a request and there is no guarantee, expressed or implied, that funds will be provided to the applicant. All organizations awarded federal funds will be subject to federal and local regulatory compliance.

Signature of Authorized Official Date
E. PROGRAM BUDGET LIMITATIONS

Limitations to the use of HOPWA funds – Prior to completing the Activity Budget Summary Form, review the following limitations to the use of HOPWA funds.

- HOPWA funds may not be used for acquisition of property used for primarily religious purposes or to promote religious interests regardless of the use of the property.
- Requests for acquisition of property must include a purchase agreement with the owner.
- HOPWA funds may be used for acquisition of a public facility if the entity undertaking the purchase takes title to the property.
- A request for property acquisition should identify the proposed site and sale price, as well as the estimated value based upon comparable market values.
- HOPWA funds may not be used solely for lease or rent payments, without other allowable operating costs.
- Requests for funds to undertake capital improvements to real property or open space development must include proof of legal ownership or authorization from the owner to perform the improvements.
- Renovation costs may include equipment provided that the equipment is fixed and permanent and is not moveable.
- Religious organizations or organizations that have religious affiliation may use HOPWA funds only for minor repairs of a facility that is used exclusively for non-religious purposes and where HOPWA funds are providing operating costs.
- A request for capital improvements should be supported by cost estimates, preferably from at least three (3) sources.
- A proposal budget that includes construction and/or acquisition AND service costs should identify those costs separately.
- Lease or rental of capital equipment is generally advised as all assets acquired by a third-party vendor with HOPWA funds must, upon termination of the contract, be transferred to the City or the contractor must reimburse the HOPWA Program at the current per unit fair market value less the amount of depreciation previously agreed upon with the City.
- Indirect and overhead costs directly related to carrying out eligible activities, are allowed, as such costs are included as an integral part of implementing an activity funded through the City of Fresno HOPWA Program. Documentation of the Indirect Cost Rate must accompany all requests for overhead and indirect costs.
- AGENCIES shall comply with audit requirements of the Office of Management and Budget, OMB Circular A-110 ("Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations") and OMB Circular A-133 ("Audits of States, Local Governments and Non-Profit Organizations")
- City HOPWA funds may be used to pay for that portion of the total cost of any audit required by OMB A-133 that represents the amount of City HOPWA funds audited as a percentage of total funds audited.

The following costs are unallowable: bad debts; contingencies; contributions and donations; entertainment costs (including meals for social events and awards/graduation banquets); gifts or incentive awards to individuals; fines and penalties resulting from violations of or non-compliance with Federal, State, and Local laws; interest on borrowed capital; fundraising; investment management.
**G. BUDGET SUMMARY**

Provide the federal employer identification number for the applying agency. Prepare a line item budget with a brief description of the expense.

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<thead>
<tr>
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<tbody>
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<td>Expenditures &amp; Brief Description</td>
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<tr>
<td>Total Expenditures</td>
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</table>
## H. ACQUISITION/REHABILITATION/IMPROVEMENTS BUDGET SUMMARY

<table>
<thead>
<tr>
<th>Total Development Costs</th>
<th>Funding Sources</th>
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<tbody>
<tr>
<td></td>
<td>Source</td>
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<tr>
<td>Acquisition Costs:</td>
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<tr>
<td>Purchase Price</td>
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<td>Liens</td>
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<tr>
<td>Closing, Title &amp; Recording Costs</td>
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<tr>
<td>Extension Payment</td>
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<tr>
<td>Other: __________________</td>
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<tr>
<td><strong>SUBTOTAL</strong></td>
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<tr>
<td>Construction</td>
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<tr>
<td>Basic Construction Contract</td>
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<tr>
<td>Bond Premium</td>
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<tr>
<td>Infrastructure Improvements</td>
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<td>Hazardous Abate. &amp; Monitoring</td>
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<tr>
<td>Construction Contingency ( %)</td>
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<tr>
<td>Sales Taxes</td>
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<td>Other Construction</td>
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<tr>
<td>Other Construction</td>
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<tr>
<td><strong>SUBTOTAL</strong></td>
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<tr>
<td>Development</td>
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<tr>
<td>Appraisal</td>
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<tr>
<td>Architect/Engineer</td>
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<tr>
<td>Environmental Assessment</td>
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<tr>
<td>Geotechnical Study</td>
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<td>Boundary &amp; Topographic Survey</td>
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<tr>
<td>Legal</td>
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<td>Developer Fee</td>
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<tr>
<td>Project Management</td>
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<tr>
<td>Technical Assistance</td>
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<tr>
<td>Other</td>
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<td>Other:__________________</td>
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<tr>
<td><strong>SUBTOTAL</strong></td>
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<td>Other Development</td>
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<tr>
<td>Real Estate Tax</td>
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<td>Insurance</td>
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<td>Relocation</td>
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<td>Bidding Costs</td>
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<td>Permits, Fees &amp; Hookups</td>
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<td>Impact/Mitigation Fees</td>
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<tr>
<td>Development Period Utilities</td>
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<td>Construction Loan Fees</td>
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<tr>
<td>Construction Interest</td>
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<tr>
<td>Other Loan Fees (State HF, etc.)</td>
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<tr>
<td>Accounting/Audit</td>
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<tr>
<td>Marketing/Leasing Expenses</td>
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<tr>
<td>Operating Reserves</td>
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<tr>
<td>Replacement Reserves:</td>
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<tr>
<td><strong>SUBTOTAL</strong></td>
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<tr>
<td>Total Development Costs</td>
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</tbody>
</table>
I. ORGANIZATIONAL AND FUNCTIONAL CAPACITY

Identify key management and program staff and years of experience.

<table>
<thead>
<tr>
<th>Staff Name</th>
<th>Title</th>
<th>Years of Experience</th>
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<tbody>
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<td>5)</td>
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</tbody>
</table>

Functional Management

1) Has an audit been performed on the proposing organization’s accounting procedures within the last two years?
   - Yes
   - No
   If yes, name of auditor: ________________________________

2) Is the agency audited every year?
   - Yes
   - No

3) Were any management letters issued as a result of the last audit? If yes, explain.

4) Provide the name of staff responsible for your agency’s accounting system
   - Name: ________________________________
   - Title: ________________________________
   - Phone/Email: __________________________

Board of Directors

How often does your Board of Directors meet?
List current Board of Directors

1)       6)       10)
2)       7)       10)
3)       8)       10)
4)       9)       10)
5)       10)      10)

J. NARRATIVES

Narrative statements are limited to five (5) typewritten pages on 8½ x 11 inch paper, with a minimum 10-point font. Narratives not meeting the standard will not be considered. Please answer all questions in order and identify, by number, the question being answered.

1. Introduction (limit to half-page)
   - Brief history of organization, including date of inception.
   - Mission statement

2. Project Description and Need
• Define the problem or the need and describe the opportunity your agency has to address the need with the program; include the implementation plan.
• Describe the population/target group the activity proposes to serve.
• How will the program meet the needs and not duplicate services by other providers.
• Describe collaboration with other programs and services.
• Describe how your agency will continue to implement the program after the contract period (if awarded).
• Approximate the number of low income and moderate income persons the program expects to serve. See the Information Guide for the HUD Annual Income Limits. How will income information be documented?

3. **Proposed Outcome Measures**
   • Describe the performance measures for the activity.
   • How will the agency assess/evaluate the program for effectiveness?
   • Describe how the proposed activity addresses the priority needs as set forth in the Consolidated Plan (see Information Guide).
   • The number of low/moderate income residents to benefit in relation to the amount of funds being requested and the type of service provided.
   • Who are the clients being served and who is providing the service?
   • Specify measurable goals and objectives the activity hopes to accomplish. Identify expected outcomes and benefits of the project.

4. **Capacity**
   • Describe the agency’s past experience and documented results in providing the proposed activity.
   • Describe the fiscal and organizational capacity to implement the activity.
   • Describe staff expertise.
   • Describe how long you have been providing this type of activity and the results.

5. **Activity Budget**
   • Describe how the agency plans to leverage other sources.
   • Describe how the funding request is realistic and unit costs are reasonable.

6. **Awards/ Best Practices**
   • Describe any recognition or best practices the program has received.

7. **Relationship to City priorities**
   • Describe how the proposed activity relates to existing City services, policies, and priorities as detailed in the Consolidated Plan, General Plan, Housing Element, and/or Mayor appointed commissions and committees.
   • Discuss how your proposed project is consistent with the Consolidated Plan, its priorities, and the national objective to benefit low to moderate income persons.

**Additional Supplemental Information**

8. **Letters of Support**
   • Only two (2) letters of support will be permitted.

9. **Pictures**
   • Pictures will only be accepted for rehabilitation activities (limit 1 page).