

**CITY OF WORCESTER FISCAL YEAR 2026  
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS  
(HOPWA) PROGRAM**



## **REQUEST FOR PROPOSALS**

*The City of Worcester's Executive Office of Economic Development  
Requests proposals for the Housing Opportunities for Persons with AIDS (HOPWA)  
program for the period of July 1, 2025, through June 30, 2026*

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# I. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

## INTRODUCTION

The City of Worcester's Housing Opportunities for Persons with AIDS (HOPWA) Grant Program assists low and moderate-income individuals diagnosed with HIV/AIDS and their family members living with them. The long-term goal of the program is to maximize the investment of HOPWA funds in the development of permanent housing and the provision of housing related services.

The U.S. Department of Housing and Urban Development (HUD) funds the Program with HOPWA entitlement funds annually awarded to the City. In FY2026, the City of Worcester anticipates approximately \$793,198 to serve populations within the Worcester EMSA (see Exhibit A).

All activities must comply with applicable HOPWA regulations, which are found in 24 CFR 574. The program is designed to:

- provide a stable living environment in housing that is safe, decent and sanitary and reduces the risks of homelessness for persons with HIV/AIDS; and improves access to HIV treatment and other health care services for the program participants
- serve low- and moderate-income persons diagnosed with HIV/AIDS and their family members living with them by providing HOPWA-eligible housing and services
- serve low- and moderate-income Persons Living With HIV/AIDS (PLWHA) within the Worcester, MA Eligible Metropolitan Statistical Area (EMSA)
- award funding for housing and supportive service programs to nonprofit agencies to serve eligible client populations, who have provided housing and services for individuals with HIV/AIDS or households containing persons who have HIV/AIDS for at least one year
- develop and maintain a continuum of affordable housing assistance programs to prevent homelessness, serve the homeless, and provide other permanent housing opportunities and related supportive services for HOPWA-eligible clients
- work primarily with existing housing resources
- provide services to program participants based on need
- provide one year of funding for approved projects

### **The City seeks applications that will:**

- Increase affordable housing options for low and moderate income PLWHA in the Worcester EMSA including low threshold "housing first" programs, Rental Assistance (RA), Short-Term Rent/Mortgage/Utility (STRMU) assistance, facility-based units, family housing, Single Room Occupancy (SRO) housing, community residences, mobility impaired units, assisted living and scattered site units
- Maintain and expand access to supportive services including supportive services to address particular and changing service needs of the population, permanent housing placement activities to ensure PLWHA have access to housing and

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resources, access to transportation, nutritional assistance and vocational/educational training, addressing the needs of an aging population of PLWHA

- Encourage collaboration and linkages including the fostering of partnerships among a network of providers by encouraging shared access to resources and information (through trainings, meetings, and other forms of communication), between HIV/AIDS housing and other “mainstream” housing systems including local housing authorities or Community Development Corporations (CDC), working with the local Housing Authority to ascertain what resources may be available to PLWHA and ensuring access to available resources for persons with criminal histories, advocating of the establishment of preferences for PLWHA for those housing units being developed by CDC’s or private developers using subsidized funding, maximizing existing resources by establishing formal linkages between HIV/AIDS, mental health, substance abuse, elderly housing and homeless programs

### **CRITERIA FOR HOPWA-FUNDED PROJECTS**

Although the feasibility of a HOPWA-funded project relies on many factors, the eligibility of a project depends on compliance with basic criteria and the provision of adequate information to properly evaluate a proposed project. These are prerequisites for consideration for funding and are explained in more detail later in this section.

1. The applicant must be a HOPWA eligible project sponsor, a nonprofit organization that has provided housing and services for PLWHA for at least one year
2. The proposed projects must include only HOPWA-eligible activities per 24 CFR 574.and no ineligible activities per HOPWA regulations.
3. The projects may serve only HOPWA eligible program participants, who are low-to moderate income individuals diagnosed with acquired immunodeficiency syndrome or related diseases (HIV/AIDS) and the person's family members who live in the Worcester MA ESMA– see Appendix A.
4. Projects must address the goals of the program described above.
5. If an application proposes housing construction and rehabilitation, the projects must comply with the requirements for housing construction and rehabilitation found in 24 CFR 574.
6. If the application requests funding for a rental assistance program, it must follow the requirements for rental assistance found in 24 CFR 574 when rental programs are developed.
7. If the application requests funding for STRMU assistance, it must follow the requirements for such assistance found in 24 CFR 574.
8. Other requirements affecting all projects must be taken into consideration when designing / developing a HOPWA project.

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## ELIGIBLE ACTIVITIES

There are a number of HOPWA-eligible activities to help meet the housing needs to low-income persons with HIV/AIDS and their families. See 24 CFR 574 for complete information.

*\*\*Activities noted with asterisks are considered priority funding activities for this RFP and will be scored highly advantageous over other proposed activities. These priorities are based on recommendations from the HOPWA Review Committee and Continuum of Care provider networks.*

- **Housing Information Services** include housing counseling, fair housing information, housing advocacy activities, housing information and referral, and housing search and assistance.
- **Resource Identification** includes outreach and relationship building with landlords, costs involved in creating brochures and web resources as well as staff time to locate and identify affordable housing vacancies.
- **\*Rental assistance** includes payment of rent, including utilities, for housing, which meets local housing codes / quality standards, HUD's Metro Fair Market Rent Area (FMR) limits, and rent reasonableness requirements. Persons that receive rental assistance under this program must pay a portion of their rent and utilities as dictated by HUD guidelines described below on page seven. Rental assistance may include project or tenant based rental assistance but **does not** include short-term supportive housing or short-term rent, mortgage, and utility assistance described below. Rental assistance is not emergency assistance but helps individuals' access permanent housing.
- **\*Short-Term Rent, Mortgage, and Utility Assistance** provides payments to prevent the homelessness of a tenant or mortgagor of a dwelling for costs accruing over a period of no more than 21 weeks during any 52-week period. While HUD does not require compliance with Fair Market Rent guidelines, the City's guidelines specify that no rent will be paid that is higher than the applicable FMR. Neither local housing codes and housing quality standards, nor rent reasonableness requirements apply to STRMU. However, the City expects the assistance to be reasonable and to be used in emergencies in order to prevent homelessness. Short-term rent, mortgage and utility assistance are not appropriate as on-going assistance when less expensive, more appropriate housing should be obtained to ensure a client remains housed. All short-term rent, mortgage and utility assistance programs must comply with the guidelines dictated by the City and the HOPWA Steering Committee.

Housing assisted with STRMU may have been secured prior to any HOPWA-assistance to the client. Alternatively, the funds may be used to pay emergency rent and utilities to clients that have obtained short-term housing through the HOPWA program with deposits and first month's rent being paid through Housing Placement activity funding.

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- **Acquisition, rehabilitation, conversion, lease and repair of housing** provides housing with or without on-site supportive services; it may include independent apartments or shared residences; rehabilitation must bring the facility up to current ADA standards; this may include master leasing of an existing facility. All housing eligible under this activity must meet local housing codes and quality standards; rent reasonableness criteria, HUD Fair Market rent standards, and HUD's rent guidelines.
- **New Construction of Housing** is limited to building single room occupancy (SRO) facilities or community residences. This activity provides funding for construction of housing, which will include multi-unit dwellings that meet local housing codes and quality standards; HUD Fair Market rent standards, rent reasonableness requirements and HUD's rent guidelines. HOPWA funds may be used to pay the costs of a percentage of units in an SRO or community residence as long as that percentage of units is used to house persons with HIV/AIDS.
- **\*Operating Costs for Housing** include costs of property maintenance and upkeep, security measures, insurance, utility costs, furnishings and equipment, operating supplies and other incidental expenses. This category includes costs associated with the operation of Short-Term Supported Housing like emergency and transitional shelters
- **\*Permanent Housing Placement** is a supportive housing activity that helps establish the household in a housing unit and may including reasonable costs of security deposits and first month's rent for homeless persons. This shall not exceed two months of rent costs.
- **\*Supportive Services** include the costs of providing a wide range of supportive services like health, mental health, assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, housing case management and other services necessary to ensure the housing stability of the program participant. Although supportive services not directly related to the provision of housing are eligible for HOPWA funding, housing-related activities will be considered a higher priority for funding.

**Administrative Costs** - Each project sponsor receiving a HOPWA grant may use no more than seven percent (7%) of the amount received for administrative costs. A lump sum is not provided, and costs may include only costs for general management, oversight, coordination, evaluation and reporting on eligible activities. Such costs do not include costs directly related to carrying out eligible activities, since those costs are eligible as part of the activity delivery costs of such activities.

**\*\* Administrative Costs Under NICRA:** If the Subrecipient requests reimbursement for indirect costs, it shall have developed an indirect cost allocation plan that is acceptable to the City to determine the appropriate Subrecipient's share

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of administrative costs. Said plan shall have been submitted to the City for consideration as part of the Subrecipient's application for funding. If Subrecipient has a Negotiated Indirect Cost Rate Agreement (NICRA) with the federal government, that NICRA will need to be made available to the City and submitted as part of the Subrecipient's application for funding no matter the federal funding source. Failure to submit a NICRA as part of the application will result in the Subrecipient being subject to only the allowable administrative and indirect cost rate per the federal regulations of the funding source being utilized.

## **INELIGIBLE ACTIVITIES and LIMITATIONS**

A number of limitations are placed on activities in the HOPWA regulations. They include but are not limited to the following:

- Funds may be used only for activities that are included in the eligible activities described above and listed as eligible for HOPWA-funding in 24 CFR 574.
- Activities are ineligible if they do not serve low- or moderate- income persons with HIV/AIDS and their family members.
- Activities are ineligible if they do not serve persons living in the Worcester EMSA— see Appendix A.
- Short-term rent, mortgage, and utility assistance to prevent homelessness may not be used to make deposits and pay first month's rent and utilities for homeless persons. (However, Permanent Housing Placement funds may be used for costs not to exceed two months' rent.)
- Short-term rent, mortgage, and utility assistance may not be provided for costs accruing for a period of more than 21 weeks in any 52-week period.
- A short-term supported housing facility may not provide residence to any individual for more than 60 days during any six-month period.
- HOPWA funds may not be used to pay rental assistance for housing units that do not meet local housing codes / quality standards.
- HOPWA funds may not be used to provide rental or utility assistance that exceeds HUD's Fair Market Rent guidelines—see Appendix B.
- HOPWA funds may not be used to pay rents that are not comparable for similar or like apartments on the local market. (i.e., rents may not exceed HUD's Fair Market Rents for the area.) HOPWA funds may be used to pay only reasonable, customary deposits and may not be used to pay extraordinary deposits or fees required by owners because the population is viewed as one with special needs.
- HOPWA funds may not be awarded to a primarily religious organization unless the organization agrees to provide all services free from religious influences and in accordance with principles spelled out at 24 CFR 574.30 (c) ( 1 ).
- Funds may be used to rehabilitate or convert a structure owned by a primarily religious organization only under certain conditions spelled out at 24 CFR 574.300(c)(2). Otherwise, funds may not be used to rehabilitate a facility owned by a church/primarily religious organization.

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## **ELIGIBLE PROGRAM PARTICIPANTS**

Eligible person means a person with HIV/AIDS or related diseases who is a low-income or moderate-income individual, as defined by HUD, and the person's family. Documentation of the person's diagnosis of AIDS must be submitted and be from a reliable source.

Low income or moderate income means persons or households with incomes at or below 80% of the Metropolitan Area Median Income. The income limits for the Worcester, MA HUD Metro Area, the Eastern Worcester County, MA HUD Metro Area, the Fitchburg-Leominster, MA HUD Metro Area, the Western Worcester County, MA HUD Metro Area, and CT Windham County are included in the information are provided in Appendix B. Income must be documented.

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 wellbeing, 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. Agencies will be required to document the AIDS diagnosis and income of project participants.

## **REQUIREMENTS FOR CONSTRUCTION OR REHABILITATION PROJECTS**

All projects that request funds for construction, rehabilitation or conversion of a structure or housing units must comply with the following requirements.

1. **Proof of Site Control**  
Proof of site control in the form of a deed, purchase contract or an option should be submitted if improvements are to be made to a building owned by or to be purchased by the applicant. The expiration date of the contract or option must be included. Applications that propose improvements to a leased facility must include a copy of a long-term lease between the applicant and the owner.
2. **Site Information, Present Zoning and Adjoining Land Uses**  
Site information must include a complete legal description of the property. The present zoning of the property must be indicated as well as any required re-zoning or special use permits required for the proposed use. The adjoining land uses must also be described.
3. **Construction Estimates**  
The proposed construction costs should be based on estimates made by a contractor, engineer, or architect familiar with the project. The City will review these for feasibility.
4. **Design of Improvements**  
The new construction or rehabilitation / conversion improvements must be designed by a licensed architect who will also play an integral part in the public bidding of the project, ensure compliance with all applicable codes and zoning ordinances (including zoning and handicapped accessibility), and oversee construction and verify draw requests.

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5. **Competitive Selection of Architects, Engineers & Construction Contractors**  
All HOPWA-funded contracts for architectural and engineering services and construction must be awarded in a competitive manner. Methods of bidding and contract award may vary with the approval of the City.
6. **Treatment of Existing Lead-Based Paint and Asbestos**  
Elimination or encapsulation of lead-based paint and asbestos in a shelter may be required under certain conditions. Construction estimates should include these costs. Additionally, costs should include a survey of existing lead-based paint and asbestos to be performed prior to construction by qualified entities.
7. **Displacement of Residents or Businesses**  
No projects will be funded that result in the displacement of individuals, families or businesses from the site proposed for a shelter.
8. **Compliance with Federal Historic Preservation Guidelines**  
If the building to be rehabilitated is a historically significant structure, the construction work must be undertaken in compliance with Federal Preservation guidelines as interpreted by the local Historical Commission and the State Historic Preservation Office. This may require use of specific materials that should be considered in the construction budget
9. **Minimum Use Requirements**  
Any building assisted with HOPWA funds must be maintained as a facility to provide housing or assistance for individuals with AIDS or related diseases: a) for a period of not less than ten (10) years in the case of assistance provided as "Acquisition, rehabilitation, conversion, lease, and repair of facilities" or "New Construction" that involve new construction, substantial rehabilitation or acquisition of a building or structure; b) for a period of not less than three (3) years in cases involving non-substantial rehabilitation or repair of a building or structure. Substantial rehabilitation is defined as rehabilitation that involves costs in excess of 75 percent of the value of the building after rehabilitation. The applicant must also submit a description of how it plans to manage/operate the rehabilitated structure for the required period of use.
10. **Compliance with Local Codes and State Laws**  
Any housing constructed, renovated or operated with HOPWA funds must meet all applicable local construction, housing, and other applicable codes. These include but are not limited to use and occupancy, zoning, fire and safety, as well as health and sanitation standards. Estimated costs of complying with codes should be included in construction costs. Construction permits are required for renovation. If the shelter requires licensing under local or State law, the agency must obtain and keep proper licensure to receive HOPWA funds. No exceptions are made.
11. **Insurance and Bonding Requirements for Construction**  
Bidders and Contractors will be required to meet bonding requirements established by HUD.
12. **Davis-Bacon Wage Rates**  
Davis-Bacon Wage Rates do NOT apply to HOPWA-funded construction unless they are combined with funds from other Federal programs that are subject to the Act.

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## **REQUIREMENTS FOR RENTAL ASSISTANCE PROJECTS**

Rental assistance (not short-term rent, mortgage and utilities) may be provided to make housing more affordable for low-income persons with HIV/AIDS and their family members. All housing units supported by rental assistance must comply with local housing codes and quality standards. Rents may not exceed HUD's Fair Market Rent guidelines found in Appendix B.

Consistent with HUD regulations for the HOPWA grant program, the rent amount for each unit will be determined to be reasonable using a rent reasonableness survey that compares similar units, utility costs and amenities in the same neighborhood. Program participants are expected to contribute 30 % of their income towards rent. HOPWA funded recipients shall use the local Housing Choice Voucher Payment standard, which per HUD regulations is a standard between 90%-110% of FMR. The City may increase the amounts on the HOPWA rent standard by up to 10% for up to 20% of the units assisted. Agency must submit local Housing Authority information with application.

HOPWA-funded rental assistance programs pay the difference between HUD's Fair Market Rent and an amount that is the higher of the following

- if the family is receiving payments for welfare assistance from a public agency and a part of the payments, adjusted in accordance with the family's actual housing costs, is specifically designated by the agency to meet the family's housing costs.

Tenant based rental assistance operates in a manner similar to Section 8 and is tied to the eligible tenant, not the housing unit. The tenant is encouraged to find a housing unit, which, if located in City of Worcester, MA, the City will inspect for compliance with housing codes and housing quality standards. The tenant enters into a lease with the property owner and, unless the utilities are included in the rent, is responsible for paying utility costs.

Project based rental assistance is tied to a particular project or housing development. The project / development must comply with local housing codes and quality standards. In addition, program participants assisted through this program cannot receive rental assistance except in the units associated with the project.

Leases are required for persons receiving either tenant or project based rental assistance. Leases are typically limited to a one-year period.

## **SHORT TERM RENT, MORTGAGE, AND UTILITY ASSISTANCE**

**Purpose:** The purpose of STRMU is to assist households facing a housing emergency or crisis that could result in their displacement from their current housing or in homelessness. This activity may use HOPWA funds to provide short-term rent, mortgage and utility assistance to low-income persons diagnosed with HIV/AIDS to forestall eviction, foreclosure, or un-inhabitability of the residence.

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STRMU is suitable for persons who experience episodic problems with paying rent, mortgage and utility costs and is not suitable for individuals with chronic problems paying these costs. The funding is not suitable as a long-term solution for households that require on-going financial assistance to remain in their homes.

STRMU does not address the needs of people who are homeless. STRMU funds cannot be used to provide first month's rent or security deposits for a person moving into a new housing unit.

STRMU assistance is limited to helping the individual remain in the housing where they reside at the time they seek assistance. The assistance is needs based and is not an entitlement. All STRMU assistance must be provided as part of a housing care plan developed for the client by the HOPWA-funded project sponsor following the limits set in these Policies and Procedures and based on assessed need to the person with AIDS.

- **Area to be Served**

Worcester, MA EMSA (see Appendix A)

- **General Requirements**

STRMU may be paid only by project sponsors approved for funding through the competitive application process for HOPWA funds awarded to the City of Worcester, MA for the Worcester, MA EMSA and that have an existing HOPWA-funded contract that lists STRMU as a budget line.

- **21 Week Limit**

Rent, mortgage and utility assistance are limited to a maximum of 21 weeks in a 52- week period. The process for counting the 52-week period is based on the client's year (when the client's assistance begins) not on the fiscal year of the project sponsor. The 21 weeks do not have to be consecutive during the 52-week period. (Project sponsors should not advertise the guaranteed availability of 21 weeks of assistance although the full 21 weeks is eligible for funding under the Worcester STRMU program. Instead, project sponsors should develop rental assistance programs for clients that require full assistance or help the client find affordable housing, which will not require STRMU assistance for the long term)

- **Caps on Assistance**

An eligible client cannot receive a monthly rental payment that exceeds the area's HUD Fair Market Rent adjusted by unit size and family / household size.

- **Utility Payments**

STRMU will pay utilities including arrearages with no cap on the amount. However, payment of utility arrearages must achieve two goals:

- the full amount of utility arrearages is paid
- the person will be able to resume normal monthly utility payments and, consequently, remain stably housed.

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When utility arrearages are paid, the 21 weeks begins on the date the bill is due (not on the date when utilities are first provided).

- **Survivor Benefits**

Survivor benefits in the form of STRMU will be provided for no more than ninety (90) days after death of the HOPWA-eligible person

- **Eligible Recipients of Payments**

Eligible recipients of STRMU payments are limited to third parties i.e., the owner or management company of a rental housing unit, the holder of the mortgage, or the utility company to which utility costs are due. No check can be provided to an INDIVIDUAL without a tax identification number whether or not this results in the homelessness of the client.

- **Shared Housing**

STRMU assistance may be provided for shared housing situations as long as the client has a lease for the housing and when the project sponsor determines that such assistance is necessary as part of the client's housing care plan.

- **Roommates**

STRMU assistance may be provided for roommates that are both eligible for assistance as long as both roommates are listed on the lease or mortgage.

- **Declaration of Family**

When two individuals apply for STRMU, they must declare as a family or as roommates at the initial assessment. Changes in this declaration, which affects whether two individuals are living as a couple, are not allowed. The declaration affects the size of apartment / amount of assistance that the client is eligible to receive. (i.e., if two people are living as a couple and have no other members of the household, STRMU assistance is capped at the FMR for one bedroom. However, if two people are living as roommates and there are no other members of the family, STRMU assistance will be capped at the FMR for a two-bedroom unit.)

- **1099 Forms**

Project sponsors administering STRMU are responsible for submitting an IRS 1099 form to all entities that receive STRMU payments.

- **Habitability Standards**

Project sponsors administering STRMU are responsible for ensuring that a unit receiving more than 16 weeks of STRMU assistance meets HUD's habitability standards.

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## **OTHER REQUIREMENTS AFFECTING ALL PROJECTS**

The following requirements apply to HOPWA-funded projects.

### **1. Fees for Services**

The project sponsor may charge no fee, except rent, of any eligible person for any housing or services provided with amounts from a HOPWA-funded grant.

### **2. Disbursement of Funds**

Grant funds are not awarded in one lump sum. They are paid on a monthly or a quarterly basis to agencies on a reimbursement basis for eligible costs incurred. Agencies awarded HOPWA funds for operating / maintenance, rental assistance and other non-construction activities are expected to have adequate cash flow to pay project costs and then request reimbursement from the City.

Funds for construction or rehabilitation will be paid when costs have been incurred. These construction-related payments are not reimbursements, and an agency is not expected to have adequate cash flow to pay for construction costs. No funds will be used to reimburse costs incurred before the beginning of the grant cycle of July 1, 2025, or before the award of the grant, environmental clearance of the project by the City, and execution of the contract between the City and the applicant agency.

### **3. Federal Administrative Requirements**

The use of HOPWA funds is subject to applicable City and State laws and regulations in addition to HUD regulations. These laws include procurement policies and the State's Prevailing Wage rates. Other Federal, State and local requirements may apply, including but not limited to: Equal Employment Opportunity; anti-kickback rules; Davis-Bacon Act (prevailing wages for construction projects in excess of \$2,000 or housing of 8 units or more); accounting records; bonding and insurance; and environmental laws.

Non-profit organizations that receive HOPWA funding for HOPWA-eligible activities are also subject to 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, also referred to as the Super Circular. The Super Circular supersedes federal guidance and regulations formally found in OMB Circular A-122, Cost Principles, OMB Circular A-133, Audits, OMB Circular A-87, and OMB Circular A-110, Uniform Administrative Requirements.

No funding will be disbursed to a HOPWA grant sub-recipient unless there is a grant contract in place between the City of Worcester and the respective sub-recipient. Contracts will stipulate regular performance-based reporting requirements to include grant activity goals and metrics required before grant drawn down or reimbursement requests can be approved by the City of Worcester.

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Grant sub-recipients are expected to be monitored by the City of Worcester during the grant funded activity's project term and grant sub-recipient monitoring expectations may vary based on pre-contract risk assessment analyses completed by the City of Worcester.

**4. Allocation of Costs**

Costs of activities / projects funded by several sources must be allocated appropriately. When an agency receives funding from several sources for the same activity or project, the costs must be allocated among the sources in an acceptable manner. The City must approve the allocation plan.

**5. Liability Insurance**

Liability insurance is required for all HOPWA grants. All agencies awarded grants will be required to obtain the following liability coverages:

- General liability insurance in the amount of One Million Dollars (\$1,000,000.00)
- Automobile liability insurance in the amount of One Million Dollars (\$1,000,000.00)
- Worker's Compensation insurance for agencies with five (5) or more employees.

**6. Handicapped Accessibility**

All projects must be accessible to persons with disabilities. Programs, information, participation, communication and services must be accessible to persons with disabilities. Agencies must comply with Section 504 of the Rehabilitation Act of 1974 and Americans with Disabilities Act (ADA).

**7. Nondiscrimination**

All agencies must ensure nondiscrimination. This applies to employment and contracting as well as to marketing and selection of program participants. Discrimination is not allowed on grounds of race, color, national origin, religion, sex, age, or disability. Fair Housing laws prohibit discrimination based on the above and on familial status. Disability includes persons living with AIDS.

**8. Formal Termination Policy**

Agencies awarded funds must develop a formal Termination policy that clearly describes a process by which clients' services may be terminated if program requirements are violated.

**9. Supportive Assistance**

Agencies awarded funds must assure that persons with AIDS are given assistance in obtaining appropriate supportive services including permanent housing, mental health treatment, medical health treatment, counseling, case management, supervision, and other services essential for achieving independent living. Additionally, agencies must assure that the persons with HIV/AIDS are assisted in obtaining other Federal, State, local and private assistance available for such persons. This will include individually assisting clients to identify, apply for and obtain benefits under each of the following mainstream health and social services programs for which they are eligible: TANF, Medicaid, SSI, SSDI, Food Stamps, Workforce Investment Act, and Veterans Health Care Programs.

**10. Confidentiality**

Agencies / project sponsors must ensure the confidentiality of both the name of any individual assisted by HOPWA and any other information regarding individuals receiving assistance through this program per 24 CFR 574.625.

**11. Other Federal Regulations**

Agencies awarded funds must agree to comply with all applicable Federal regulations. All agencies awarded funding will be required to comply with the regulations listed in the SCIF application Exhibit III: Application Certifications. Please review this carefully. Exceptions are not made.

## II. APPLICATION SELECTION PROCESS

### SUBMISSION & THRESHOLD REQUIREMENTS

**Applications are due to the City of Worcester's Executive Office of Economic Development no later than Tuesday, February 11, 2025, at 4:00 pm.** A staff member will be present on the 4<sup>th</sup> Floor to accept RFPs from 8:30 AM to 4:00 PM. Applications submitted after the deadline may not be considered. Once submitted, no proposal may be amended, unless the amendment has been requested by the City.

**One (1) signed original of the entire application package along with a PDF version of the package must be emailed to Susann Ferraro @ [Ferraros@worcesterma.gov](mailto:Ferraros@worcesterma.gov) by 4:00 p.m.**

All proposals submitted by the deadline will be reviewed by the staff of the City Manager's Executive Office of Economic Development (EOED) for technical completeness and adherence to the format required in this HOPWA Request for Proposals (RFP). The City may request information to correct technical deficiencies, which do not include budgets or other information that will improve the quality of the

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application. However, if an applicant does not submit the requested information within the time provided, the City will reject that application. The applicant will be informed of the rejection by letter. Applications submitted after the deadline will be rejected, also.

Technically complete applications will be reviewed by City staff to determine applicant eligibility and project eligibility.

1. **Applicant Eligibility** – EOED staff will review information required in this RFP to determine whether the agency is eligible for HOPWA funding. If the City determines these standards are not met, the project will be rejected and the applicant agency notified by letter. If the applicant is found to be eligible, the application will be reviewed for project eligibility.
2. **Project Eligibility** – EOED staff will review the HOPWA Program Application to determine whether the proposed activities are eligible for HOPWA funding. If activities are not eligible, the application will be rejected and the applicant agency notified by letter. Applications proposing services to ineligible participants will be rejected. If the activities are found to be eligible, the application will be submitted to the review committee for consideration.

All qualifying applications will be reviewed by the HOPWA Advisory Committee in consultation with staff from the Executive Office of Economic Development.

The Executive Office of Economic Development will hold two Funding Overview and Technical Assistance Workshops. Workshop # 1 – General RFP Overview will be on Tuesday, January 21, 2025, at 2:30 p.m. Workshop # 2 – Public Facilities RFP Overview will be on Tuesday, January 28, 2025, at 3:30 p.m. Both workshops will be held at City Hall in the Levi Lincoln Room (309) 455 Main Street Worcester.

**Individual, technical questions regarding the RFP process and requirements may be submitted to [development@worcesterma.gov](mailto:development@worcesterma.gov) and answers will be provided to all attendees at the MA. Staff may not answer any questions outside of the HOPWA public review process.**

## **GRANT AWARD AND IMPLEMENTATION PROCESS**

As soon as projects are approved, the City will contact agencies by letter to announce the awards and to begin negotiation of the funding agreements. If agency awards are less than original requests, the agency will be asked to provide a revised scope of services, revised budget and measurable goals for the contract. The City will make its best efforts to complete environmental and other reviews and contract execution so that project funding will be effective July 1, 2025.



## **PROJECT COMPLETION AND EXPENDITURE OF FUNDS**

The City must ensure that all HOPWA funds awarded through this process are expended within three (3) years of the date HUD awards the City funds (i.e., all funds must be expended by June 30, 2026).

It is imperative that the City receives timely monthly request for reimbursements, failure to do so may jeopardize funding.

Most contracts will be for a one-year period from July 1, 2025, through June 30, 2026. **The City reserves the right to reallocate HOPWA funds if a project is not operational and funds are not being spent in a timely manner by January 2026.**

### III. HOPWA GRANT PROGRAM APPLICATION PROJECT INFORMATION

\*\*Activities noted with asterisks are considered priority-funding activities for this RFP and will be scored highly advantageous over other proposed activities. These priorities are based on recommendations from the HOPWA Review Committee and Continuum of Care provider networks.

#### SECTION I - AGENCY INFORMATION

<b>Organization/Agency Name:</b>		<b>Employer Federal I.D. Number:</b>	
<b>Website:</b>		<b>UEI Number:</b>	
<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b>	<b>Fax:</b>	<b>Faith Based Organization?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Has this program received HOPWA funding in the past?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Executive Director	Project Administrator	Finance Officer
<b>Name:</b>			
<b>Title:</b>			
<b>Address:</b>			
<b>Phone:</b>			
<b>Fax:</b>			
<b>E-Mail:</b>			

#### SECTION II - PROJECT INFORMATION

<b>Name of Project:</b>	
<b>Location of Project:</b>	

#### SECTION III - PROJECT FUNDING

#### SECTION IV - HOPWA CATEGORY

<b>REQUESTING</b>	\$	<b>Activity Category</b>	<b>Activity Category</b>
<b>OTHER FEDERAL</b>	\$	<input type="checkbox"/> Housing Info Services	<input type="checkbox"/> New Construction of Housing
<b>OTHER CITY FUNDS</b>	\$	<input type="checkbox"/> Resource Identification	<input type="checkbox"/> * Operating Costs of Housing
<b>STATE FUNDS</b>	\$	<input type="checkbox"/> * Rental Assistance	<input type="checkbox"/> * Permanent Housing Placement
<b>PRIVATE FUNDS</b>	\$	<input type="checkbox"/> * Short-Term Rent, Mortgage and Utility (STRMU)	<input type="checkbox"/> * Supportive Services
<b>OTHER</b>	\$	<input type="checkbox"/> Acquisition, Rehab, Conversion, Lease and Repair of Housing	<input type="checkbox"/> Administration
<b>TOTAL</b>	\$		

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**SECTION V – PROJECT FUNDING BREAKDOWN**

PLEASE REFER TO ATTACHMENT A FOR A SAMPLE BUDGET. ELECTRONIC TEMPLATES ARE AVAILABLE AT [HTTP://WWW.WORCESTERMA.GOV/E-SERVICES/DOCUMENT-CENTER/NEIGHBORHOOD-DEVELOPMENT](http://www.worcesterma.gov/e-services/document-center/neighborhood-development). APPLICATIONS THAT DO NOT INCLUDE A COMPLETED BUDGET WILL BE DEEMED INCOMPLETE AND THEREFORE DISQUALIFIED.

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**Budget Explanation:**

*Please provide an explanation of the HOPWA funds requested. Supply appropriate details including explanation of other expenses, details of staffing costs for the program and the source(s) and status of other funding. Note: a detailed proposed program budget including all expenses and funding sources must be submitted with this application.*

**SECTION VI – PROJECT NARRATIVE AND DESCRIPTION.**

PLEASE RESPOND TO THE FOLLOWING QUESTIONS. PLEASE LIMIT YOUR RESPONSE TO 200 WORDS.

**1. Introduction.** *Briefly state your organization’s mission. List the services and programs that your organization provides, the number of individuals served by your agency for the last grant period (if awarded) and the geographic area you serve. How is your agency complying with the Housing First Model, if applicable to this application*

**2. Project Need/ Demonstration of Need.** *Provide a description of the need the proposal is intended to address and describe the extent of the need and its impact on the target population and the community. Include the number of persons served and the characteristics of the affected population.*

**3. Organizational Capacity and Capability.** Describe your organization's qualifications for performing the proposed work. Describe the agencies past experience in administering programs to primarily low and moderate-income recipients. List your organizational Board Members, their places of employment, and a description of the Board's rule and duties.

**4. Description of Program and Services.** Provide a general description of the proposed program or service for which HOPWA funds will be used, the population targeted as recipients of the services to be provided, and the estimated number of clients to be served by the project in a one-year period.

**5. Demonstration of Funding Need.** Describe other revenue sources for the organization. Describe why HOPWA funds are critical to the implementation of the proposal, including a discussion of other funds that have been researched and applied for, and the ability of HOPWA to leverage other funds. Include previous HOPWA funding awards to your organization, years, and funding amounts.

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**6. Collaboration.** Describe how other services that your organization or other agencies provide in conjunction with the service described in your proposal. Please provide a list of collaborations that directly relate to ongoing services that support or enhance care for your target population. Describe the services provided through the collaboration.

**7. Fiscal Management.** Describe the agency's fiscal management structure. Please list specific procedures and processes, detail of personnel, type of software

**8. Measurable Outcomes.** Please demonstrate how your program and the awarded funding accomplished the result sought with previous years funding award. Please address Outcomes & Equity in this section as well.

**9. Provide the method for tracking clients.** This will be done by recording data by individual client or household. Provide the unduplicated number of families/ persons who will benefit from the activity (output) and the cost to provide the service. Include an assessment of the outcomes for the HOPWA project, tracking, and follow-up services. The evaluation plan should measure the agency's progress in achieving the performance goal.

**10. Results and Evaluation.** Describe how the project will address the problem statement/demonstration of need described above. Include anticipated results, previous results if the program is ongoing. What proportion of the identified need will be addressed by the project and what measurable results will be achieved?

**11. Delivery.** Describe your service delivery plans, including your hours of operation, intake system, outreach and referral procedures, number of clients you expect to serve, and other major program features.

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**12. Policy.** Describe the policies and procedures for termination of services to clients or graduation from program and/or subsequent referrals that reflect a continuum of care, and that appropriate support services have been provided. See 24 CFR 574.310(e). Describe the organization's plan or ability to maintain this program if HOPWA funds are decreased or eliminated.

**13. Sustainability.** Please use the space below to briefly describe your organization's sustainability plans. Be sure to address such strategies as fees for service, annual fund campaigns, major gift programs, corporate sponsorships, etc.



- 14. Consolidated Plan Consistency.** Describe how the proposed service will be integrated and/or reduce the gap or barriers in the City's Consolidated Plan (2020-2025). The Plan is available at <https://www.worcesterma.gov/housing-neighborhood-development/community-development-block-grants/policies-procedures>
- 15. Applicants may reference consistencies between the proposed service and the strategies identified in the Consolidated Plan, including but limited to the following sections: NA40 – Homeless Needs Assessment; MA-30 Homeless Facilities and Services; SP-25 Priority Needs; and SP-60 Homelessness Strategy.**

## STATEMENT OF APPLICANT

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The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable.
2. That this request may be forwarded for consideration under other budget processes if it is determined that alternative sources may be appropriate.
3. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
4. That the City of Worcester may request or require changes in the information submitted and may substitute its own figures that it deems reasonable for any or all figures provided. That the applicant will participate in required interview for project assessment and cooperatively assist in the review process.
5. That, if the project(s) is recommended and approved by City Council, the city reserves the right to reduce and/or cancel the allocation if federal entitlements are cancelled, reduced, or rescinded.
6. The City of Worcester reserves the right not to fund any submittals received.
7. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
8. That, if the project(s) is funded, the organization agrees to abide by the city's locally established policies and guidelines
9. That past program and financial performance will be considered in reviewing this application.
10. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the city.
11. That, if the project(s) is funded, the city or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
12. That, if the project(s) is funded, the city will perform an environmental review prior to the obligation of funds.
13. That, if the project(s) is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the city.
14. That a project's funding does not guarantee its continuation in subsequent action plans.
15. That proof of insurance (general comprehensive public liability insurance with a company licensed to do business in Massachusetts, and taken together naming the City, its employees and agents as additional insures) will be submitted to the city prior to receiving funds.
16. Agrees to comply with the following: Fair Housing Act, Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990.

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**PENALTY FOR FALSE OR FRAUDULENT STATEMENT**

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

By signature below, the applicant acknowledges the above on this \_\_\_\_ day of \_\_\_\_\_ 202\_.

---

**Certifying Representative**

**Title**

**Organization**

**Signature**

*Note: "Certifying Representative," means the individual who may legally submit proposals for the agency and enter into agreements with the City of Worcester, i.e. the Chairman of the Board of a social service agency. You may identify a different "contact person."*

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**Preparer's Signature**

**Title**

**Organization**

**APPENDIX A - WORCESTER ELIGIBLE METROPOLITAN STATISTICAL  
AREA (EMSA)  
COMMUNITIES & ZIP CODES**

***Worcester County, MA***

<u>Community</u>	<u>Zip Code</u>	<u>Community</u>	<u>Zip Code</u>	<u>Community</u>	<u>Zip Code</u>
Ashburnham	01430	Lunenburg	01462	Templeton	01468
Athol	01331	Manchaug	01526	Upton	01590
Auburn	01501	Mendon	01756	Uxbridge	01569
Baldwinville	01436	Milford	01757	Warren	01083
Barre	01005	Millbury	01527	Webster	01570
Berlin	01503	Millbury	01586	West Boylston	01583
Blackstone	01504	Millville	01529	West Brookfield	01585
Bolton	01740	New Braintree	01531	West Millbury	01586
Boylston	01505	North Brookfield	01535	West Warren	01092
Brookfield	01506	North Grafton	01536	Westborough	01580
Charlton	01507	North Oxford	01537	Westborough	01581
Charlton Depot	01508	North Uxbridge	01538	Westminster	01441
Cherry Valley	01611	Northborough	01532	Westminster	01473
Clinton	01510	Oakham	01068	Wheelwright	01094
Douglas	01516	Oxford	01540	Whitinsville	01588
Dudley	01571	Paxton	01612	Wilkinsonville	01590
Dudley Hill	01570	Petersham	01366	Winchendon	01475
East Brookfield	01515	Philipston	01331	Winchendon Springs	01477
East Princeton	01517	Princeton	01541	Wilkinsonville	01590
East Templeton	01438	Rochdale	01542	Worcester	01601
Fayville	01745	Royalston	01368	Worcester	01602
Fiskdale	01518	Rutland	01543	Worcester	01603
Fitchburg	01420	Shrewsbury	01545	Worcester	01604
Gardner	01440	Shrewsbury	01546	Worcester	01605
Gilbertville	01031	South Barre	01074	Worcester	01606
Grafton	01519	South Grafton	01560	Worcester	01607
Hardwick	01037	South Lancaster	01561	Worcester	01608
Harvard	01451	South Royalston	01368	Worcester	01609
Holden	01520	Southborough	01745	Worcester	01610
Hopedale	01747	Southborough	01772	Worcester	01612
Hubbardston	01452	Spencer	01562	Worcester	01613
Jefferson	01522	Sterling	01564	Worcester	01614
Lancaster	01523	Still River	01467	Worcester	01615
Leicester	01524	Sturbridge	01518	Worcester	01653
Leominster	01453	Sturbridge	01566	Worcester	01654
Linwood	01525	Sutton	01590	Worcester	01655

***Windham County, CT***

<u>Community</u>	<u>Zip Code</u>	<u>Community</u>	<u>Zip Code</u>	<u>Community</u>	<u>Zip Code</u>
Abington	06230	Grosvenor Dale	06246	Rogers	06263
Ashford	06278	Hampton	06247	Scotland	06264
Ballouville	06233	Killingly	06239	South Killingly	06265
Brooklyn	06234	Killingly	06241	South Windham	06266
Canterbury	06331	Killingly	06243	South Woodstock	06267
Chaplin	06235	Moosup	06354	Staffordville	06077
Danielson	06239	North Grosvenor Dale	06255	Sterling	06377
Dayville	06241	Oneco	06373	Thompson	06277
East Brooklyn	06234	Plainfield	06374	Wauregan	06387
East Killingly	06243	Pomfret	06258	Willimantic	06226
East Punam	06260	Putnam	06260	Windham	06226
Eastford	06242	Putnam Heights	06260	Woodstock	06281
Fabayan	06245	Quinebaug	06262		

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## APPENDIX B

### CURRENT INCOME LIMITS (Effective 04/01/2024) Worcester, MA HUD Metro Area

Applicable Communities: Auburn town, Barre town, Boylston town, Brookfield town, Charlton town, Clinton town, Douglas town, Dudley town, East Brookfield town, Grafton town, Holden town, Leicester town, Millbury town, Northborough town, Northbridge town, North Brookfield town, Oakham town, Oxford town, Paxton town, Princeton town, Rutland town, Shrewsbury town, Southbridge Town city, Spencer town, Sterling town, Sturbridge town, Sutton town, Uxbridge town, Webster town, Westborough town, West Boylston town, West Brookfield town, Worcester city

<b>FAMILY SIZE</b>	<b>80% Median Family Income</b>	<b>50% Median Family Income</b>	<b>30% Median Family Income</b>
1 PERSON	\$ 68,500	\$ 45,000	\$ 27,050
2 PEOPLE	\$ 78,250	\$ 51,450	\$ 30,900
3 PEOPLE	\$ 88,050	\$ 57,900	\$ 34,750
4 PEOPLE	\$ 97,800	\$ 64,330	\$ 38,600
5 PEOPLE	\$ 105,650	\$ 69,500	\$ 41,700
6 PEOPLE	\$ 113,450	\$ 74,650	\$ 44,850
7 PEOPLE	\$ 121,300	\$ 79,800	\$ 47,900
8 PEOPLE	\$129,100	\$ 84,950	\$ 52,720

(Updated 12/11/2024)

**APPENDIX B (Continued)**

**CURRENT INCOME LIMITS  
(Effective 04/01/2024)**

**Eastern Worcester County, MA HUD Metro Area**

Applicable Communities: Berlin town, Blackstone town, Bolton town, Harvard town, Hopedale town, Lancaster town, Mendon town, Milford town, Millville town, Southborough town, Upton town

<b>FAMILY SIZE</b>	<b>80% Median Family Income</b>	<b>50% Median Family Income</b>	<b>30% Median Family Income</b>
1 PERSON	\$ 68,500	\$ 51,600	\$ 30,950
2 PEOPLE	\$ 78,250	\$ 59,000	\$ 35,400
3 PEOPLE	\$ 88,050	\$ 66,350	\$ 39,800
4 PEOPLE	\$ 97,800	\$ 73,700	\$ 44,200
5 PEOPLE	\$105,650	\$ 79,600	\$ 47,750
6 PEOPLE	\$113,450	\$ 85,500	\$ 51,300
7 PEOPLE	\$121,300	\$ 91,400	\$ 54,850
8 PEOPLE	\$129,100	\$ 97,300	\$ 58,350

*(Updated 12/11/2024)*

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**APPENDIX B (Continued)**

**CURRENT INCOME LIMITS  
(Effective 04/01/2024)**

**Fitchburg-Leominster, MA HUD Metro Area**

Applicable Communities: Ashburnham town, Fitchburg city, Gardner city, Leominster city, Lunenburg town, Templeton town, Westminster town, Winchendon town

FAMILY SIZE	80% Median Family Income	50% Median Family Income	30% Median Family Income
1 PERSON	\$ 65,300	\$ 40,850	\$ 24,500
2 PEOPLE	\$ 74,650	\$ 46,650	\$ 28,000
3 PEOPLE	\$ 84,000	\$ 52,500	\$ 31,500
4 PEOPLE	\$ 93,000	\$ 58,350	\$ 35,000
5 PEOPLE	\$100,800	\$ 63,000	\$ 37,800
6 PEOPLE	\$108,250	\$ 67,700	\$ 40,600
7 PEOPLE	\$115,700	\$ 72,350	\$ 43,400
8 PEOPLE	\$123,200	\$ 77,050	\$ 46,200

*(Updated 12/11/2024)*

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**APPENDIX B (Continued)**

**CURRENT INCOME LIMITS  
(Effective 04/01/2024)**

**Western Worcester County, MA HUD Metro Area**

Applicable Communities: Athol town, Hardwick town, Hubbardston town, New Braintree town, Petersham town, Phillipston town, Royalston town, Warren town

<b>FAMILY SIZE</b>	<b>80% Median Family Income</b>	<b>50% Median Family Income</b>	<b>30% Median Family Income</b>
1 PERSON	\$ 63,650	\$ 39,800	\$ 23,900
2 PEOPLE	\$ 72,800	\$ 45,500	\$ 27,300
3 PEOPLE	\$ 81,850	\$ 51,200	\$ 30,700
4 PEOPLE	\$ 90,950	\$ 56,850	\$ 34,100
5 PEOPLE	\$ 98,250	\$ 61,400	\$ 36,850
6 PEOPLE	\$105,500	\$ 65,950	\$ 39,600
7 PEOPLE	\$112,800	\$ 70,500	\$ 42,300
8 PEOPLE	\$120,100	\$ 75,050	\$ 45,050

*Updated 12/22/2024*



**CURRENT HUD INCOME LIMITS (effective of 04/29/2024)**

***Windham County, CT Income Limits***

Applicable Communities: Ashford, Brooklyn, Canterbury, Chaplin, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Windham, Woodstock

<b>FAMILY SIZE</b>	<b>80% Median Family Income</b>	<b>50% Median Family Income</b>	<b>30% Median Family Income</b>
1 PERSON	\$ 63,950	\$ 40,000	\$ 24,000
2 PEOPLE	\$ 73,100	\$ 45,700	\$ 27,400
3 PEOPLE	\$ 82,250	\$ 51,400	\$ 30,850
4 PEOPLE	\$ 91,350	\$ 57,100	\$34,250
5 PEOPLE	\$ 98,700	\$ 61,700	\$ 37,000
6 PEOPLE	\$106,000	\$ 66,250	\$ 39,750
7 PEOPLE	\$113,300	\$ 70,850	\$ 42,500
8 PEOPLE	\$120,600	\$ 75,400	\$ 45,250

*Updated 12/11/2024*

**APPENDIX B (Continued)**

**CURRENT FAIR MARKET RENTS (FMR) TO BE SUPPLIED BY APPLICANT FROM  
LOCAL HOUSING AUTHORITY FOR LOCATION PROGRAMS TO OCCUR.  
CURRENT FMRs MUST BE OBTAINED BY LOCAL HOUSING AUTHORITY FOR  
CURRENT PRIOR TO ANY CONTRACT BE EXECUTED.**

## Attachment A

### HOPWA Budget Guidelines

This appendix is a guide to accurately completing the Project Budget for all HOPWA Programs.

**Note: “Allocated Program Expenses” must include the proportionate share of the agency’s total expenses that are related specifically to the program that is being applied for.**

#### Section A. Administrative

Eligible Administrative expenses include salary/wage and fringe benefit expenses of employees who work directly on HOPWA programs.

The “Details” section of the Budget form must include the following information:

- Position title of employee(s) working directly on the program
- Anticipated percentage of time the employee(s) will be working on the program

The “Amount” section of the Budget form must include the following information:

- Dollar amount of employee(s) annual salary/wages and/or fringe benefits working directly on the program
  - The amount should be calculated as the annual dollar value of the employees’ annual salary/wages and/or fringe benefits multiplied by the anticipated percentage of time they will work directly on the program

The “% HOPWA” section of the Budget form must include the following information:

- The percentage of the “Amount” requested to be funded with HOPWA funds

The “HOPWA” section of the Budget form must include the following information:

- The dollar value of the “% HOPWA” requested
  - The dollar value should be calculated as “% HOPWA” \* “Amount”

The “% Other Funding Sources” section of the Budget form must include the following information:

- The percentage of funds that will be applied to the remaining value of funding needed to operate the program
  - The percentage should be calculated as 100% - “% HOPWA”

The “Other Funding Sources” section of the Budget form must include the following information:

- The dollar value of funds that will be applied to the remaining value of funding needed to operate the program
  - The dollar value should be calculated as “% Other Funding Sources” \* “Amount”

The “Other Funding Details” section of the Budget form must include the following information:

- The source(s) of other funding being applied to the operation of the program
  - If there are multiple other funding sources being applied to line items, please include an attachment clearly defining each additional funding source used to fund this program

Example:

City of Worcester, MA							
Budget for HOPWA Client Service Programs							
Agency Name: _____							
Program Name: _____		Program Location: _____					
Allocated Program Expenses (0)	Details	Amount	% HOPWA	HOPWA	% Other Funding Sources	Other Funding Sources	Other Funding Details
<b>A. Administrative</b>							
Salaries	50% Program Manager, 20% Intake Worker	70,000.00	20%	14,000.00	80%	56,000.00	Private Grants
Fringe Benefits	50% Program Manager, 20% Intake Worker	17,000.00	20%	3,400.00	80%	13,600.00	Private Grants
<b>Total Administrative</b>		<b>87,000.00</b>	<b>20%</b>	<b>17,400.00</b>	<b>80%</b>	<b>69,600.00</b>	
<b>B. Operating Expenses</b>							
Rent/Mortgage				-	100%	-	
Telephones				-	100%	-	
Electricity				-	100%	-	
Gas/Heating Fuel				-	100%	-	
Postage				-	100%	-	
Supplies				-	100%	-	
Insurance				-	100%	-	
Annual Audit				-	100%	-	
Other				-	100%	-	
<b>Total Operating Expenses</b>		<b>-</b>	<b>0%</b>	<b>-</b>	<b>100%</b>	<b>-</b>	
<b>C. Direct Program Expenses</b>							
Consultant Services			50%	-	50%	-	
Financial Assistance			75%	-	25%	-	
Furnishings & Equipment			0%	-	100%	-	
Maintenance			100%	-	0%	-	
Shelter Costs			100%	-	0%	-	
Other			0%	-	100%	-	
<b>Total Direct Program Expenses</b>		<b>-</b>	<b>54%</b>	<b>-</b>	<b>46%</b>	<b>-</b>	
<b>Total Program Expenses</b>		<b>87,000.00</b>	<b>20%</b>	<b>17,400.00</b>	<b>80%</b>	<b>69,600.00</b>	
<b>Notes:</b>							
(1) Allocated Program Expenses are the proportionate share of total agency expenses related to the operation of this specific program.							

## Section B. Operating Expenses

Eligible Operating Expenses include various operational expenses that are directly associated with HOPWA programs.

The “Details” section of the Budget form must include the following information:

- A description of the expenses associated with the operation of the program

The “Amount” section of the Budget form must include the following information:

- Dollar amount of expenses directly associated with the operation of the program
  - The amount should be calculated as the dollar value of the proportionate share of the total annual expense
    - Example: Program X accounts for 50% of agency operations. Annual mortgage amount is \$10,000.00. The proportionate share of the annual mortgage for Program X is \$10,000 \* 50% = \$5,000.00

The “% HOPWA” section of the Budget form must include the following information:

- The percentage of the “Amount” requested to be funded with HOPWA funds

The “HOPWA” section of the Budget form must include the following information:

- The dollar value of the “% HOPWA” requested

The “% Other Funding Sources” section of the Budget form must include the following information:

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- The percentage of funds that will be applied to the remaining value of funding needed to operate the program
  - The percentage should be calculated as 100% - “% HOPWA”

The “Other Funding Sources” section of the Budget form must include the following information:

- The dollar value of funds that will be applied to the remaining value of funding needed to operate the program
  - The dollar value should be calculated as “% Other Funding Sources” \* “Amount”

The “Other Funding Details” section of the Budget form must include the following information:

- The source(s) of other funding being applied to the operation of the program
  - If there are multiple other funding sources being applied to line items, please include an attachment clearly defining each additional funding source used to fund this program

Example:

City of Worcester, MA							
Budget for HOPWA Client Service Programs							
Agency Name: _____		Program Location: _____					
Program Name: _____		Program Location: _____					
Allocated Program Expenses (1)	Details	Amount	% HOPWA	HOPWA	% Other Funding Sources	Other Funding Sources	Other Funding Details
<b>A. Administrative</b>							
Salaries	50% Program Manager, 20% Intake Worker	70,000.00	20%	14,000.00	80%	56,000.00	Private Grants
Fringe Benefits	50% Program Manager, 20% Intake Worker	17,000.00	20%	3,400.00	80%	13,600.00	Private Grants
<b>Total Administrative</b>		<b>87,000.00</b>	<b>20%</b>	<b>17,400.00</b>	<b>80%</b>	<b>69,600.00</b>	
<b>B. Operating Expenses</b>							
Rent/Mortgage	Proportionate Share of Total Annual Expense	20,000.00	30%	6,000.00	70%	14,000.00	Private Grants
Telephones	Proportionate Share of Total Annual Expense	2,500.00	10%	250.00	90%	2,250.00	Private Grants
Electricity	Proportionate Share of Total Annual Expense	8,000.00	50%	4,000.00	50%	4,000.00	Donations
Gas/Heating Fuel	Proportionate Share of Total Annual Expense	12,000.00	75%	9,000.00	25%	3,000.00	Donations
Postage	Proportionate Share of Total Annual Expense	500.00	50%	250.00	50%	250.00	Donations
Supplies	All Supplies Associated with Program	15,000.00	100%	15,000.00	0%	-	Donations
Insurance	Proportionate Share of Total GL Insurance	3,000.00	50%	1,500.00	50%	1,500.00	Donations
Annual Audit	Proportionate Share of Total Annual Expense	700.00	0%	-	100%	700.00	Donations
Other		-	0%	-	100%	-	
<b>Total Operating Expenses</b>		<b>61,700.00</b>	<b>41%</b>	<b>36,000.00</b>	<b>59%</b>	<b>25,700.00</b>	
<b>C. Direct Program Expenses</b>							
Consultant Services		-		-	100%	-	
Financial Assistance		-		-	100%	-	
Furnishings & Equipment		-		-	100%	-	
Maintenance		-		-	100%	-	
Shelter Costs		-		-	100%	-	
Other		-		-	100%	-	
<b>Total Direct Program Expenses</b>		<b>-</b>	<b>0%</b>	<b>-</b>	<b>100%</b>	<b>-</b>	
<b>Total Program Expenses</b>		<b>148,700.00</b>	<b>36%</b>	<b>53,400.00</b>	<b>64%</b>	<b>95,300.00</b>	
<b>Notes:</b>							
(1) Allocated Program Expenses are the proportionate share of total agency expenses related to the operation of this specific program.							

## Section C. Direct Program Expenses

Eligible Direct Program Expenses include various operational expenses that are directly associated with HOPWA programs.

The “Details” section of the Budget form must include the following information:

- A description of the direct expenses associated with the operation of the program

The “Amount” section of the Budget form must include the following information:

- Dollar amount of expenses directly associated with the operation of the program

The “% HOPWA” section of the Budget form must include the following information:

- The percentage of the “Amount” requested to be funded with HOPWA funds

The “HOPWA” section of the Budget form must include the following information:

- The dollar value of the “% HOPWA” requested

The “% Other Funding Sources” section of the Budget form must include the following information:

- The percentage of funds that will be applied to the remaining value of funding needed to operate the program
  - The percentage should be calculated as  $100\% - \text{“\% HOPWA”}$

The “Other Funding Sources” section of the Budget form must include the following information:

- The dollar value of funds that will be applied to the remaining value of funding needed to operate the program
  - The dollar value should be calculated as  $\text{“\% Other Funding Sources”} * \text{“Amount”}$

The “Other Funding Details” section of the Budget form must include the following information:

- The source(s) of other funding being applied to the operation of the program
  - If there are multiple other funding sources being applied to line items, please include an attachment clearly defining each additional funding source used to fund this program

Example:

City of Worcester, MA							
Budget for HOPWA Client Service Programs							
Agency Name: _____							
Program Name: _____		Program Location: _____					
Allocated Program Expenses (1)	Details	Amount	% HOPWA	HOPWA	% Other Funding Sources	Other Funding Sources	Other Funding Details
<b>A. Administrative</b>							
Salaries	50% Program Manager, 20% Intake Worker	70,000.00	20%	14,000.00	80%	56,000.00	Private Grants
Fringe Benefits	50% Program Manager, 20% Intake Worker	17,000.00	20%	3,400.00	80%	13,600.00	Private Grants
<b>Total Administrative</b>		<b>87,000.00</b>	<b>20%</b>	<b>17,400.00</b>	<b>80%</b>	<b>69,600.00</b>	
<b>B. Operating Expenses</b>							
Rent/Mortgage	Proportionate Share of Total Annual Expense	20,000.00	30%	6,000.00	70%	14,000.00	Private Grants
Telephones	Proportionate Share of Total Annual Expense	2,500.00	10%	250.00	90%	2,250.00	Private Grants
Electricity	Proportionate Share of Total Annual Expense	8,000.00	50%	4,000.00	50%	4,000.00	Donations
Gas/Heating Fuel	Proportionate Share of Total Annual Expense	12,000.00	75%	9,000.00	25%	3,000.00	Donations
Postage	Proportionate Share of Total Annual Expense	500.00	50%	250.00	50%	250.00	Donations
Supplies	All Supplies Associated with Program	15,000.00	100%	15,000.00	0%	-	Donations
Insurance	Proportionate Share of Total GL Insurance	3,000.00	50%	1,500.00	50%	1,500.00	Donations
Annual Audit	Proportionate Share of Total Annual Expense	700.00	0%	-	100%	700.00	Donations
Other		-	0%	-	100%	-	
<b>Total Operating Expenses</b>		<b>61,700.00</b>	<b>41%</b>	<b>36,000.00</b>	<b>59%</b>	<b>25,700.00</b>	
<b>C. Direct Program Expenses</b>							
Consultant Services	Counseling Services	30,000.00	50%	15,000.00	50%	15,000.00	Private Grants
Financial Assistance	Client Rental Assistance	30,000.00	75%	22,500.00	25%	7,500.00	Private Grants
Furnishings & Equipment	Client Furnishings & Equipment	10,000.00	0%	-	100%	10,000.00	
Maintenance	Expenses associated with client housing	5,000.00	100%	5,000.00	0%	-	
Shelter Costs	Short-term Shelter Placement	7,500.00	100%	7,500.00	0%	-	
Other		-	0%	-	100%	-	
<b>Total Direct Program Expenses</b>		<b>82,500.00</b>	<b>54%</b>	<b>50,000.00</b>	<b>46%</b>	<b>32,500.00</b>	
<b>Total Program Expenses</b>		<b>231,200.00</b>	<b>45%</b>	<b>103,400.00</b>	<b>55%</b>	<b>127,800.00</b>	
<b>Notes:</b>							
(1) Allocated Program Expenses are the proportionate share of total agency expenses related to the operation of this specific program.							


## Section D. Total Program Expenses

The “Total Program Expenses” section of the Budget form is the total of Section A. Administrative, Section B. Operating Expenses and Section C. Direct Program Expenses.

The “% HOPWA” section of the Budget form should be calculated as “HOPWA” / “Amount”.

The “% Other Funding Sources” section of the Budget form should be calculated as “Other Funding Sources” / “Amount”.

Example:

 <b>City of Worcester, MA</b> <b>Budget for HOPWA</b> <b>Client Service Programs</b>							
Agency Name:		_____					
Program Name:		Program Location:		_____			
Allocated Program Expenses (1)	Details	Amount	% HOPWA	HOPWA	% Other Funding Sources	Other Funding Sources	Other Funding Details
<b>A. Administrative</b>							
Salaries	50% Program Manager, 20% Intake Worker	70,000.00	20%	14,000.00	80%	56,000.00	Private Grants
Fringe Benefits	50% Program Manager, 20% Intake Worker	17,000.00	20%	3,400.00	80%	13,600.00	Private Grants
<b>Total Administrative</b>		<b>87,000.00</b>	<b>20%</b>	<b>17,400.00</b>	<b>80%</b>	<b>69,600.00</b>	
<b>B. Operating Expenses</b>							
Rent/Mortgage	Proportionate Share of Total Annual Expense	20,000.00	30%	6,000.00	70%	14,000.00	Private Grants
Telephones	Proportionate Share of Total Annual Expense	2,500.00	10%	250.00	90%	2,250.00	Private Grants
Electricity	Proportionate Share of Total Annual Expense	8,000.00	50%	4,000.00	50%	4,000.00	Donations
Gas/Heating Fuel	Proportionate Share of Total Annual Expense	12,000.00	75%	9,000.00	25%	3,000.00	Donations
Postage	Proportionate Share of Total Annual Expense	500.00	50%	250.00	50%	250.00	Donations
Supplies	All Supplies Associated with Program	15,000.00	100%	15,000.00	0%	-	Donations
Insurance	Proportionate Share of Total GL Insurance	3,000.00	50%	1,500.00	50%	1,500.00	Donations
Annual Audit	Proportionate Share of Total Annual Expense	700.00	0%	-	100%	700.00	Donations
Other		-	0%	-	100%	-	
<b>Total Operating Expenses</b>		<b>61,700.00</b>	<b>41%</b>	<b>36,000.00</b>	<b>59%</b>	<b>25,700.00</b>	
<b>C. Direct Program Expenses</b>							
Consultant Services	Counseling Services	30,000.00	50%	15,000.00	50%	15,000.00	Private Grants
Financial Assistance	Client Rental Assistance	30,000.00	75%	22,500.00	25%	7,500.00	Private Grants
Furnishings & Equipment	Client Furnishings & Equipment	10,000.00	0%	-	100%	10,000.00	
Maintenance	Expenses associated with client housing	5,000.00	100%	5,000.00	0%	-	
Shelter Costs	Short-term Shelter Placement	7,500.00	100%	7,500.00	0%	-	
Other		-	0%	-	100%	-	
<b>Total Direct Program Expenses</b>		<b>82,500.00</b>	<b>54%</b>	<b>50,000.00</b>	<b>46%</b>	<b>32,500.00</b>	
<b>Total Program Expenses</b>		<b>231,200.00</b>	<b>45%</b>	<b>103,400.00</b>	<b>55%</b>	<b>127,800.00</b>	
<b>Notes:</b>							
(1) Allocated Program Expenses are the proportionate share of total agency expenses related to the operation of this specific program.							

## Section E. Total Unduplicated Clients

The “Total Unduplicated Clients” section of the Budget form is the total number of unduplicated clients that will participate in the program annually.

The “Amount” section of the Budget form must include the following information:

- Number of estimated unduplicated clients participating in the program annually

The “% HOPWA” section of the Budget form must include the following information:

- The percentage listed in this section must equal the percentage listed in the “Total Program Expenses, % HOPWA” section

The “HOPWA” section of the Budget form must include the following information:

- The total number of unduplicated clients \* percentage listed in the “% HOPWA” section

The “% Other Funding Sources” section of the Budget form must include the following information:

- The percentage listed in this section must equal the percentage listed in the “Total Program Expenses, % Other Funding Sources” section

The “Other Funding Sources” section of the Budget form must include the following information:

- The total number of unduplicated clients \* percentage listed in the “% Other Funding Sources” section


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Example:


 <b>City of Worcester, MA</b> <b>Budget for HOPWA</b> <b>Client Service Programs</b>							
Agency Name:		_____					
Program Name:		Program Location:		_____			
Allocated Program Expenses (0)	Details	Amount	% HOPWA	HOPWA	% Other Funding Sources	Other Funding Sources	Other Funding Details
<b>A. Administrative</b>							
Salaries	50% Program Manager, 20% Intake Worker	70,000.00	20%	14,000.00	80%	56,000.00	Private Grants
Fringe Benefits	50% Program Manager, 20% Intake Worker	17,000.00	20%	3,400.00	80%	13,600.00	Private Grants
<b>Total Administrative</b>		<b>87,000.00</b>	<b>20%</b>	<b>17,400.00</b>	<b>80%</b>	<b>69,600.00</b>	
<b>B. Operating Expenses</b>							
Rent/Mortgage	Proportionate Share of Total Annual Expense	20,000.00	30%	6,000.00	70%	14,000.00	Private Grants
Telephones	Proportionate Share of Total Annual Expense	2,500.00	10%	250.00	90%	2,250.00	Private Grants
Electricity	Proportionate Share of Total Annual Expense	8,000.00	50%	4,000.00	50%	4,000.00	Donations
Gas/Heating Fuel	Proportionate Share of Total Annual Expense	12,000.00	75%	9,000.00	25%	3,000.00	Donations
Postage	Proportionate Share of Total Annual Expense	500.00	50%	250.00	50%	250.00	Donations
Supplies	All Supplies Associated with Program	15,000.00	100%	15,000.00	0%	-	Donations
Insurance	Proportionate Share of Total GL Insurance	3,000.00	50%	1,500.00	50%	1,500.00	Donations
Annual Audit	Proportionate Share of Total Annual Expense	700.00	0%	-	100%	700.00	Donations
Other		-	0%	-	100%	-	
<b>Total Operating Expenses</b>		<b>61,700.00</b>	<b>41%</b>	<b>36,000.00</b>	<b>59%</b>	<b>25,700.00</b>	
<b>C. Direct Program Expenses</b>							
Consultant Services	Counseling Services	30,000.00	50%	15,000.00	50%	15,000.00	Private Grants
Financial Assistance	Client Rental Assistance	30,000.00	75%	22,500.00	25%	7,500.00	Private Grants
Furnishings & Equipment	Client Furnishings & Equipment	10,000.00	0%	-	100%	10,000.00	
Maintenance	Expenses associated with client housing	5,000.00	100%	5,000.00	0%	-	
Shelter Costs	Short-term Shelter Placement	7,500.00	100%	7,500.00	0%	-	
Other		-	0%	-	100%	-	
<b>Total Direct Program Expenses</b>		<b>82,500.00</b>	<b>54%</b>	<b>50,000.00</b>	<b>46%</b>	<b>32,500.00</b>	
<b>Total Program Expenses</b>		<b>231,200.00</b>	<b>45%</b>	<b>103,400.00</b>	<b>55%</b>	<b>127,800.00</b>	
<b>Unduplicated Clients</b>		<b>125</b>	<b>45%</b>	<b>56</b>	<b>55%</b>	<b>69</b>	
<b>Cost Per Unit</b>		<b>1,849.60</b>		<b>1,849.60</b>		<b>1,849.60</b>	
<b>Notes:</b>							
(1) Allocated Program Expenses are the proportionate share of total agency expenses related to the operation of this specific program.							

## Section F. Cost Per Unit

The “Cost Per Unit” section of the Budget form is the cost per unduplicated client to run the program. The “Cost Per Unit” should be calculated as:

$$\text{“Total Program Expenses”} / \text{“Total Unduplicated Clients”}$$

Example:

 <b>City of Worcester, MA</b> <b>Budget for HOPWA</b> <b>Client Service Programs</b>							
Agency Name:		_____					
Program Name:		_____		Program Location: _____			
Allocated Program Expenses (1)	Details	Amount	% HOPWA	HOPWA	% Other Funding Sources	Other Funding Sources	Other Funding Details
<b>A. Administrative</b>							
Salaries	50% Program Manager, 20% Intake Worker	70,000.00	20%	14,000.00	80%	56,000.00	Private Grants
Fringe Benefits	50% Program Manager, 20% Intake Worker	17,000.00	20%	3,400.00	80%	13,600.00	Private Grants
<b>Total Administrative</b>		<b>87,000.00</b>	<b>20%</b>	<b>17,400.00</b>	<b>80%</b>	<b>69,600.00</b>	
<b>B. Operating Expenses</b>							
Rent/Mortgage	Proportionate Share of Total Annual Expense	20,000.00	30%	6,000.00	70%	14,000.00	Private Grants
Telephones	Proportionate Share of Total Annual Expense	2,500.00	10%	250.00	90%	2,250.00	Private Grants
Electricity	Proportionate Share of Total Annual Expense	8,000.00	50%	4,000.00	50%	4,000.00	Donations
Gas/Heating Fuel	Proportionate Share of Total Annual Expense	12,000.00	75%	9,000.00	25%	3,000.00	Donations
Postage	Proportionate Share of Total Annual Expense	500.00	50%	250.00	50%	250.00	Donations
Supplies	All Supplies Associated with Program	15,000.00	100%	15,000.00	0%	-	Donations
Insurance	Proportionate Share of Total GL Insurance	3,000.00	50%	1,500.00	50%	1,500.00	Donations
Annual Audit	Proportionate Share of Total Annual Expense	700.00	0%	-	100%	700.00	Donations
Other		-	0%	-	100%	-	
<b>Total Operating Expenses</b>		<b>61,700.00</b>	<b>41%</b>	<b>36,000.00</b>	<b>59%</b>	<b>25,700.00</b>	
<b>C. Direct Program Expenses</b>							
Consultant Services	Counseling Services	30,000.00	50%	15,000.00	50%	15,000.00	Private Grants
Financial Assistance	Client Rental Assistance	30,000.00	75%	22,500.00	25%	7,500.00	Private Grants
Furnishings & Equipment	Client Furnishings & Equipment	10,000.00	0%	-	100%	10,000.00	
Maintenance	Expenses associated with client housing	5,000.00	100%	5,000.00	0%	-	
Shelter Costs	Short-term Shelter Placement	7,500.00	100%	7,500.00	0%	-	
Other		-	0%	-	100%	-	
<b>Total Direct Program Expenses</b>		<b>82,500.00</b>	<b>54%</b>	<b>50,000.00</b>	<b>46%</b>	<b>32,500.00</b>	
<b>Total Program Expenses</b>		<b>231,200.00</b>	<b>45%</b>	<b>103,400.00</b>	<b>55%</b>	<b>127,800.00</b>	
<b>Unduplicated Clients</b>		<b>125</b>	<b>45%</b>	<b>56</b>	<b>55%</b>	<b>69</b>	
<b>Cost Per Unit</b>		<b>1,849.60</b>		<b>1,849.60</b>		<b>1,849.60</b>	
<b>Notes:</b>							
(1) Allocated Program Expenses are the proportionate share of total agency expenses related to the operation of this specific program.							



<b>Table 2. Project Implementation Table</b>				
Description of Activities as Per Table 1	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter

For each phase of the activity, place an “X” in the column indicating when the activity will begin and an “X” in the column indicating when the activity will be complete. (The term “quarter” refers to a quarter of the project year rather than a calendar year.)

# ATTACHMENT C: APPLICATION CHECKLIST FOR REQUIRED DOCUMENTS

## IS YOUR APPLICATION COMPLETE?

**ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION.** The following documents in compliance with City, State and Federal regulations must be submitted as part of your application package. Please use this checklist as a guide to complete your proposal. Place a checkmark by the items included in the proposal. If you feel the item does not apply to your proposal, please indicate with "N/A" and provide additional justification within the comment section.

**PLEASE SUBMIT** One (1) signed original of the entire application package and send a PDF of the entire application package, by **4 p.m. on Tuesday February 11, 2025, to Susann Ferraro @ Ferraros@worcesterma.gov**

*to the Executive Office of Economic Development, City Hall, 455 Main Street, 4<sup>th</sup> Floor, Worcester, MA 01608.*

DESCRIPTION	Yes	No	COMMENTS
1. Application Completed & Signed Certification	<input type="checkbox"/>	<input type="checkbox"/>	
2. Articles of Incorporation and Bylaws	<input type="checkbox"/>	<input type="checkbox"/>	
3. State and Federal Tax Exemption Determination Letters	<input type="checkbox"/>	<input type="checkbox"/>	
4. Federal Employment Identification Numbers	<input type="checkbox"/>	<input type="checkbox"/>	
5. UEI (Unique Entity Identifier) 9-Digit Number & Certification: Data Universal Numbering System/SAM.GOV	<input type="checkbox"/>	<input type="checkbox"/>	
6. List of Board of Directors, their Titles and Contact Information	<input type="checkbox"/>	<input type="checkbox"/>	
7. Most Recent Organization Chart	<input type="checkbox"/>	<input type="checkbox"/>	
8. Job Description of Each HOPWA Program Salaried Position	<input type="checkbox"/>	<input type="checkbox"/>	
9. Resume of Chief Fiscal Officer	<input type="checkbox"/>	<input type="checkbox"/>	
10. Financial Statement and Most Recent Audit Report	<input type="checkbox"/>	<input type="checkbox"/>	
11. Matching Funds Commitments Documentation, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	
12. List of Collaborative Partners and their Role	<input type="checkbox"/>	<input type="checkbox"/>	
13. 504 Self Evaluation Plan (Americans with Disabilities Act) Agencies with 15 Employees or More	<input type="checkbox"/>	<input type="checkbox"/>	
14. Employee Handbook	<input type="checkbox"/>	<input type="checkbox"/>	
15. Grievance Procedure/Policy (Clients)	<input type="checkbox"/>	<input type="checkbox"/>	
16. Project Implementation Timeline & Additional Outcome Objectives	<input type="checkbox"/>	<input type="checkbox"/>	
17. Program Income Plan	<input type="checkbox"/>	<input type="checkbox"/>	
18. Certificate of Authority	<input type="checkbox"/>	<input type="checkbox"/>	
19. Certificate of Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
20. Tax Certification	<input type="checkbox"/>	<input type="checkbox"/>	
21. Anti-discriminatory policy. Include hard copy	<input type="checkbox"/>	<input type="checkbox"/>	
22. Fair Market Rents from local Housing Authority	<input type="checkbox"/>	<input type="checkbox"/>	

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