

HOPWA FY 2024 Request for Applications

Introduction

* 1. Legal Name of Organization

* 2. Organization UEI #:

* 3. Organization Federal ID #:

* 4. Please provide your organization's contact information

Street Address/ P.O.

Box

City

State

Zip Code

Phone Number

* 5. Please provide information about your organization's CEO or Executive Director.

Name

Email Address

* 6. Will the CEO or Executive Director specified above also be the individual signing your contract?

Yes

No

* 7. If the answer to the above question is "No", please specify the full name and email address of the individual signing your award contract.

Full Name of
Individual Signing
Contract

Title/Role at
Organization

Email Address

* 8. Please provide information about at least one main HOPWA Program Contacts at your organization.

Name of HOPWA
Contact #1

Title

Email

9. If you have another HOPWA Contact at your organization that needs to be included in emails about your FY 2024 award, please include their information here.

Name of HOPWA
Contact #2

Title

Email

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Threshold Requirement Questions

The criteria listed below must be met to be considered for the HOPWA award. Please answer the questions accordingly.

Please note that for questions 1, 3, 4, and 5, you're expected to provide documentation that verifies your answers. These documents will be attached on page 7 of this application.

* 10. Is your organization a private, nonprofit organization (defined as a tax exempt secular or religious organization described in Section 501 ©3 of the Internal Revenue Code)?

* 11. Does your organization have any unresolved findings from IHCDA or HUD?

Please explain the nature of your unresolved finding(s), if any.

* 12. Did a Staff or Board Member affiliated with your organization attend Regional Planning Council on the Homeless meetings in the previous calendar year?

* 13. Is your organization a Care Coordination site with the Indiana Department of Health (IDOH)?

* 14. Can you provide documentation of your Certificate of Consistency with the State of Indiana Consolidation Plan areas that your program covers?

* 15. Does your organization have standards of financial accountability that conform to 2 CFR 200.302, 'Financial Management' and 2 CFR 200.303, 'Internal Controls', which includes systems and software that allow for effective control over, and accountability for, all funds, property, and other assets?

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Experience

* 16. Please provide a brief description of your organization's mission and services.

* 17. How long has your organization served persons living with HIV/AIDS? *Please provide answer in number of years.*

* 18. What is your organization's experience in administering HOPWA funds?

* 19. Discuss your experience with HMIS. What technical issues have you experienced with HMIS reporting? Does your organization need HMIS technical assistance or training?

* 20. What partnerships or relationships does your organization have with Permanent Supportive Housing (PSH) programs in your HOPWA area (s)? If there is no MOU for each HOPWA region that your program covers, please explain below.

* 21. What considerations does/will your organization provide for unprotected classes of individuals including but not limited to the LGBT community?

* 22. What measures does your organization have in place to serve clients with limited English proficiency?

* 23. How does your organization implement low-barrier, Housing First approaches in administering HOPWA assistance?

* 24. Is your organization an active member of any regional/local HOPWA planning or community planning committees OTHER than your regional continuum of care/regional planning council on the homeless? Please list below:

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Staff and Board of Directors

* 25. How many members sit on your Board of Directors?

* 26. How often does your Board of Directors meet?

- Monthly
- Quarterly
- Annually
- Other (please specify)

* 27. Please list the primary responsibilities of each Board Member.

* 28. Does the Board include a committee to provide fiscal oversight?

- Yes
- No

* 29. What are the responsibilities and governing policies of this fiscal oversight committee?

* 30. What training or continuing education has program staff attended in the last year that related related to the administration of HOPWA or otherwise related to assisting persons living with HIV/AIDs? *If none, please specify.*

* 31. Have any members of your staff or region received training/education on Social Security income/Social Security Disability Income Access, Outreach, Recovery Program (SOAR)?

- Yes
- No

* 32. How often does your HOPWA staff undergo training related to confidentiality protections?

- Monthly
- Quarterly
- Annually
- Other (please specify)

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Financial Information

* 33. Does your organization perform its own financial accounting?

Yes

No

34. If the answer to the previous question is "No", please provide information on the person or entity that does your financial accounting and their email and phone number.

* 35. In the agency's financial accounting system, which of the following Books of Account are used?

General Ledger

Cash Disbursements/Check Register

Cash Receipts/Deposits Received

Fixed Asset

* 36. Are financial records maintained using electronic software?

Yes

No

37. If "Yes" to Question 37, what software package is used?

38. If "No" to Question 37, explain when will the use of electronic software be implemented.

* 39. Who has access to your organization accounting records?

* 40. What measures are in place to ensure security of accounting records?

* 41. Are these records subject to automatic back-up?

- Yes
- No

42. If "Yes" to Question 42, is this backup located off-site?

- Yes
- No

* 43. Please list the names and titles of individuals responsible for the following:

Opening Mail	<input type="text"/>
Making Deposits	<input type="text"/>
Reconciling accounting records with bank records	<input type="text"/>
Posting cash receipts	<input type="text"/>

* 44. Do organization checks require more than one signature?

- Yes
- No

* 45. Please list the names and titles of all individuals with the authority to disperse organization funds and sign checks.

* 46. Are the individuals mentioned in Question 46 bonded?

- Yes
- No

* 47. Are regular audits conducted by an independent accounting firm?

- Yes
- No

* 48. If "Yes" to Question 48, please select the frequency of these audits.

- Semi-Annually
- Annually
- Bi-Annually
- Other (please specify)

49. If "No" to Question 48, what methods are used to ensure financial accountability?

* 50. In the past 5 years, has your organization received and administered federal funds other than the HOPWA grant?

Yes

No

* 51. If "yes" please list other funds administered.

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HOPWA FY 2024 Line Item Budget

* 52. Grand Total of HOPWA FY 2024 Funding Requested:

* 53. By signing your name here, you understand that alongside your application via SurveyMonkey, you must submit your RFA Workbook to communityservices@ihcda.in.gov to be considered for HOPWA FY 2024 funding. The RFA Workbook can be found on IHCDA's HOPWA webpage.

* 54. By signing your name here, you verify that your proposed FY 2024 budget as highlighted in your RFA Workbook meets all spending percentage requirements highlighted in the RFA.

* 55. By signing your name here, you verify that your RFA Workbook, which includes your proposed FY 2024 budget, will be submitted to IHCDA Community Services by no later than 5pm EST on June 24, 2024.

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Attachments

As referenced in the RFA, there are a list of required attachments that need to be submitted. Please upload each of these documents here.

* 56. Proof of 501(c)(3) non-profit organization (defined as tax exempt secular or religious organization described in Section 501© of the Internal Revenue Code) status

Choose File

Choose File

No file chosen

* 57. Updated UEI Number for SAM.gov

Choose File

Choose File

No file chosen

* 58. Award letter or agreement showing that the agency is a care coordination site with Indiana Department of Health (IDOH)

Choose File

Choose File

No file chosen

* 59. Signed Certificate of Consistency Form. Link to form can be accessed on IHCD website.

Choose File

Choose File

No file chosen

* 60. Signed Certificate of Attendance at Regional Planning Council on Homelessness. Link to form can be accessed on IHCD website.

Choose File

Choose File

No file chosen

* 61. Financial management policies and procedures, including claims submission process.

Choose File

Choose File

No file chosen

* 62. Confidentiality Policies and Procedures

Choose File

Choose File

No file chosen

* 63. Updated Certificate of completion from HUD Exchange's HOPWA Financial Management Module (updated link is on IHCD website)

Choose File

Choose File

No file chosen

* 64. List of agency's current Board of Directors: including names, affiliating organization(s), email address, and phone number.

Choose File

Choose File

No file chosen

* 65. Staffing/organization chart of HOPWA staff, including FTE employees

Choose File

Choose File

No file chosen

* 66. Current Policy by which HOPWA clients are selected and approved, without documentation for current HOPWA recipients.

Choose File

Choose File

No file chosen

* 67. Blank Housing Plan or Outline

Choose File

Choose File

No file chosen

* 68. Tracking Sheet of 75% served at or below 50% AMI

Choose File

Choose File

No file chosen

69. One MOU with a PSH in the area of each Region that your organization covers (if PSH is available in the area)

Choose File

Choose File

No file chosen

* 70. Grievance/dispute policy

Choose File

Choose File

No file chosen

* 71. Termination of HOPWA Assistance Policy

Choose File

Choose File

No file chosen

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Certification and Signature

*** 72. Certification Statement and Signature:**

In order for your agency to be considered to receive funding through this application, the following certification statement must be signed by the individual affiliated with your agency who is authorized (by your organization's by-laws) to sign your agreement. 18 USC § 1001, "Fraud and False Statements," provides that, among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States of America, anyone who knowingly and willfully (1) falsifies, conceals, or covers up, by any trick, scheme, or device, a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representations; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years.

This certification must be submitted with all proposal materials.

I have read the request for proposal materials and understand the intent, limitations, and requirements of services purchased through this proposal and the contractual requirements of IHCD.

I hereby certify that all program information in the program proposal forms are true, correct, and accurately reflect the agency's program. I understand and will comply with the programmatic contractual requirements placed upon this agency if we are awarded funding for this application.

I hereby certify that the fiscal year 2023-2024 projected financial narratives are true and accurately reflect the agency's projected cost for the year of service delivery.

Name/Signature

Title

Agency Legal Name

Date

*** 73. Preparer Information:** Please complete this section for contact purposes in the event there are any questions regarding your organization's response to this RFA.

Prepared By:

Title of Preparer:

Email Address

Phone Number