# HOPWA

# Competitive Application &

# Renewal of Permanent Supportive Housing Project

## Budget Summary

## U.S. Department of Housing and Urban Development

**Office of Community Planning and Development**

**Office of HIV/AIDS Housing**

The information collection requirements pertain to grant application submission requirements which will be used to rate applications, determine eligibility, and establish grant amounts. Selections of applications for funding under the HOPWA Programare based on the criteria established in the published Notice of Funding Availability (NOFA) for new competitions or annual HOPWA renewal notice for grantees seeking renewal funding for eligible permanent supportive housing projects.

The public reporting burden for the collection of information for a HOPWA Renewal Application (including this form, narratives, and other requirements listed in the renewal notice) is estimated at 15 hours. The public reporting burden for the collection of information for a new HOPWA Competitive Application (including this form, narratives, and other requirements listed in the applicable NOFA) is estimated at 45 hours. The information collected on this form is required to obtain a benefit. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a currently valid OMB control number. **OMB Approval No. 2506-0133** (Expiration Date: XX/XX/XXXX)

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

 (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

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| **Application Budget Summary (all applicants)** |

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| **Applicant Name** |       | Number of Project Sponsors |       | **Plan dates for grant agreement and activities** |       **(mo./yr.)**  |

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|  A. |  **Eligible Activity** | **HOPWA Request** | **Leveraged Funds** |
|  |   | **A. Year 1** | **B. Year 2**  | **C. Year 3** | **D. Total**  |
| **Facility Development (new applications only)** | 1. Acquisition  |       |       |       |       |       |
| 2. Rehabilitation, Repair & Conversion |       |       |       |       |       |
| 3. New Construction (for Community Residences and SRO dwellings only) |       |       |       |       |       |
| **Facility Operations** | 4. Operating Costs for Housing Facility |       |       |       |       |       |
| 5. Leasing  |       |       |       |       |       |
| **TBRA** | 6. Tenant-based Rental Assistance |       |       |       |       |       |
| **STRMU** | 7. Short-term Rent, Mortgage, & Utility Payments to Prevent Homelessness |       |       |       |       |       |
| **Support****Services** | 8. Supportive Services |       |       |       |       |       |
| **Other Program Expenses** | 9. Housing Information Services  |       |       |       |       |       |
| 10. Permanent Housing Placement  |       |       |       |       |       |
| 11. Resource Identification to Establish, Coordinate & Develop Housing Assistance |       |       |       |       |       |
| 12. Other Housing Activity (Approved by HUD) |       |       |       |       |       |
|  |  **13. Total Program Costs:** **(total of lines 1-12)** |   |       |  |
|  |  |
| **Administrative Expenses** | 14. Grantee’s Administrative  |  |  |  |       |  |
| 15. Project Sponsor’s Administrative Costs  |  |  |  |       |  |
|   |   |  |  |  |  |  |
|   | **16. Total HOPWA Request** **(total of lines 13-15)** |  |  |  |       |  |

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| **Detailed Project Budget & Housing Outputs (each organization)** |

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| **Name of organization:** |        |
| **Type:** | Grantee: [ ] ; Project Sponsor: [ ]  | If applicable: | Faith based: [ ]  | Grassroots: [ ]  |

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|  **B.** |  **Eligible Activity**  |  **HOPWA Request** |
|  |  | **Yr. 1** | **Yr. 2** | **Yr. 3** | **Totals:** |
| **Facility Development** **(new applications only)** | 1. Acquisition Description:       | Budget |       |       |       |       |
| # of Units |       |       |       |       |
| 2. Rehabilitation/Repair/Conversion Description:       | Budget |       |       |       |       |
| # of Units |       |       |       |       |
| 3. New Construction (Community Residences & SRO dwellings only) Description:        | Budget |       |       |       |       |
| # of Units |       |       |       |       |
| Type of Facility: Short-term shelter [ ] ; Transitional housing [ ] ; Community residence [ ] ; SRO dwelling [ ] ; or other permanent supportive housing [ ]   |
| **Facility Operations** | 4. Operating Costs for Housing Facility Description:       | Budget |       |       |       |       |
| # of Units |       |       |       |       |
| 5. Leasing Description:       | Budget |       |       |       |       |
| # of Units |       |       |       |       |
| **TBRA** | 6. Tenant-Based Rental Assistance Payments Description:       | Budget |       |       |       |       |
| # of Households  |       |       |       |       |
| **STRMU** | 7. Short-Term Rent, Mortgage & Utility Payments to Prevent Homelessness Description:        | Budget |       |       |       |       |
| # of Households  |       |       |       |       |
| **Support Services** | 8. Supportive Services Costs Description:       | Budget |       |       |       |       |
| # of Households |       |       |       |       |
| **Other Program Expenses** | 9. Housing Information Services Description:       | Budget |       |       |       |       |
| # of Households  |       |       |       |       |
| 10. Permanent Housing Placement Services Description:       | Budget |       |       |       |       |
| # of Households |       |       |       |       |
| 11. Resource Identification to Establish, Coordinate, & Develop Housing AssistanceDescription:       | Budget |  |  |  |  |
| 12. Other Housing Activity (Approved by HUD) Description:       | Budget |       |       |       |       |
| # of Units |       |       |       |       |
|   |
| **Administrative Expenses** | 13. Grantee's Administrative Costs Description:       | Budget |       |       |       |       |
| 14. Project Sponsor's Administrative Costs Description:       | Budget |       |       |       |       |
|  |  |
|  | **15. Total HOPWA Request for this Organization** |  |  |  |  |       |

**Note: Activity/Service delivery costs such as salary and overhead costs directly relating to carrying out a particular eligible activity in a budget line item should be represented in the funding amount requested for that particular budget line item**.