

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
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* 3. Date Received: 06/07/2007	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

*** a. Legal Name:** Health Services Center, Inc

* b. Employer/Taxpayer Identification Number (EIN/TIN): 63-0993592	* c. Organizational DUNS: _____
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d. Address:

*** Street1:** PO Box 1347
Street2: _____
*** City:** Anniston
County: _____
*** State:** AL: Alabama
Province: _____
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 36202

e. Organizational Unit:

Department Name: _____	Division Name: _____
----------------------------------	--------------------------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ *** First Name:** Rita
Middle Name: _____
*** Last Name:** Flegel
Suffix: _____

Title: Housing Program Coordinator

Organizational Affiliation:

*** Telephone Number:** _____ **Fax Number:** 256-832-0327

*** Email:** _____

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9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.241

CFDA Title:

Housing Opportunities for Persons with AIDS

*** 12. Funding Opportunity Number:**

FR-5100-N-04

* Title:

Housing Opportunities for Persons with AIDS

13. Competition Identification Number:

HOPWA-04

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

An 11-county rural area of east central Alabama: Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, Dekalb, Etowah, Randolph, Talladega and Tallapoosa.

*** 15. Descriptive Title of Applicant's Project:**

Rural Housing Options for Persons with HIV/AIDS (RHOP): A program designed to address the gaps in rural AIDS housing through short and long-term housing options, with an emphasis on stability.

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="861,224.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="861,224.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input field]

Attachments

AdditionalCongressionalDistricts

File Name

Mime Type

AdditionalProjectTitle

File Name

Mime Type

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB

0348-0046

<p>1. * Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input checked="" type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. * Status of Federal Action:</p> <p><input checked="" type="checkbox"/> a. bid/offer/application</p> <p><input type="checkbox"/> b. initial award</p> <p><input type="checkbox"/> c. post-award</p>	<p>3. * Report Type:</p> <p><input checked="" type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p>For Material Change Only:</p> <p>year quarter</p> <p>date of last report</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee Tier if known:</p> <p>* Name: Health Services Center, inc</p> <p>* Address: 608 Martin Luther King Drive Anniston AL: Alabama 36201</p> <p>Congressional District, if known: 3 & 4</p>		<p>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</p>
<p>6. * Federal Department/Agency:</p> <p>Housing and Urban Development</p>	<p>7. * Federal Program Name/Description: Housing Opportunit-ies for Persons with AIDS</p> <p>CFDA Number, if applicable: 14.241</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p>	
<p>10. a. Name and Address of Lobbying Registrant (if individual, complete name):</p> <p>* Name: n/a n/a</p> <p>* Address:</p>	<p>b. Individual Performing Services (including address if different from No. 10a):</p> <p>* Name: n/a n/a</p>	
<p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>		<p>* Signature: Rita Flegel</p> <p>* Name: Rita</p> <p>Flegel</p> <p>Title: Housing Program Coordinator</p> <p>Telephone No.: XXXXXXXXXX</p>

	Date: 06-07-2007
Federal Use Only:	Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

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According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Health Services Center, Inc
Executive Summary

The Health Services Center (HSC) is applying for HUD funding under the HOPWA (Housing Opportunities for Persons with AIDS) category for a new Special Project of National Significance demonstration project. HSC has been a grassroots provider of HIV medical and supportive services since 1987.

Overview:

This project will utilize a unique delivery model for providing supportive housing assistance to Alabamians living with HIV within a rural, 11-county service area. HSC proposes to utilize funding to fill gaps within the existing continuum of housing for persons living with HIV in three ways with this project, called Rural Housing Options for Persons with HIV/AIDS (RHOP). *First*, HSC will offer long-term, tenant-based rental assistance to specific-need individuals that do not qualify for other resources such as HOPWA formula assistance. The HSC program will be distinctly different from the HOPWA formula assistance available through AIDS Alabama, and will offer a complement to the existing services rather than an overlap; for example, the HSC program will fill a housing gap by providing rental assistance for persons with no income, persons with ongoing substance use issues, and those who are leaving jail with no income or rental history. These are individuals in need of housing who traditionally do not qualify for the state HOPWA formula program. HSC proposes to fill that housing gap, and to move individuals into the HOPWA formula program for rental assistance after they have received adequate support and time in housing to meet the AIDS Alabama requirements for HOPWA formula assistance. *Second*, HSC intends to utilize funds toward the operating costs and support of an existing duplex apartment, to fill the gap for short-term supportive housing. The duplex, called "House of Care," is fully owned by HSC but has no operating or support

funds. The House of Care duplex is critically needed to offer short-term, facility-based housing as an option for persons who are immediately homeless, while more stable housing solutions are found. *Third*, Permanent Housing Placement funds will be requested to offer individuals an opportunity to make the move into independent permanent housing, a move that is often impeded by the lack of resources to pay first month's rent and deposits. For all areas of the proposed project, HSC will offer highly supportive services through intensive case management and transportation. Other crucial supports will be leveraged, including medical care and medication for all recipients, as well as mental health care and substance abuse treatment for those whose assessments show need for these services.

Grantee Name: Health Services Center, Inc

Contact Information: [REDACTED], Housing Program Coordinator
Health Services Center
PO Box 1347 – 608 Martin Luther King Drive
Anniston, AL 36202
Phone: [REDACTED] Fax: 256-832-0327
[REDACTED]

The House of Care duplex property address is [REDACTED]

[REDACTED] The property is located in [REDACTED] and is a confidential location. The RHOP program will require HOPWA funds for the House of Care for operating and supportive services as a short-term supportive housing facility; HSC intends to leverage the property toward the project. The long-term rental assistance component of RHOP will require rental costs for clients as well as utilities and highly supportive services, such as intensive case management and transportation assistance due to the rural environment served. The entire project will seek to serve individuals who are homeless and chronically homeless. It is anticipated that during the first year of the grant period, a total of 45 individuals will be served by RHOP with short-term facility-based housing, rental assistance and permanent housing placement.

Rating Factor 1 – Capacity of the Applicant and Relevant Organizational Experience

1.

a) The Health Services Center (HSC) was founded in 1987 as a grassroots service organization with the sole purpose of providing support for persons with HIV/AIDS in rural East Central Alabama. In 1990, the organization added an HIV- medical clinic staffed by volunteers and, in 1991, received Ryan White Title III funding to expand medical services. The organization is based in ██████████ and provides comprehensive primary care services to the HIV-infected clients at both the primary site and its five rural satellite locations across an 11-county service area. HSC has been the recipient of many grants to provide HIV-specific services, including three Special Projects of National Significance grants funded by HRSA (Health Resources and Services Administration). HSC has received several SAMHSA (Substance Abuse and Mental Health Services) grants, CDC (Centers for Disease Control) funding, and numerous state and local grants. Through Ryan White III, HRSA also funds a Hispanic program that includes extensive HIV-outreach efforts and a clinic for our Hispanic clients. In 2006, HSC was awarded two grants through SAMHSA to offer HIV-specific and homeless-specific substance abuse treatment. Our comprehensive Mental Health program includes a psychiatrist and mental health counselors at all clinic sites. Additionally, HSC provides HIV/AIDS education, counseling and testing, and prevention programs throughout our service area through CDC and foundation grants.

b) In 2004 and again in 2005, HSC received a Rural Housing and Economic Development (RHED) grant under the Capacity Building initiative to strengthen the HSC housing program by increasing housing staff levels and establishing relationships with community partners to assist in the efforts of AIDS housing. In 2005, HSC also applied for and received funding for a HOPWA Special Project of National Significance to deliver highly supportive transitional housing. Through this grant, facility-based transitional housing is offered with intensive supportive services. The

project, now in its second year, provides three units of transitional housing in [REDACTED] in a small apartment complex purchased and renovated by HSC using HOPWA funding; in addition, HOPWA funds are utilized to lease three units of transitional housing in another rural county. During the first year of operation, eleven households were assisted by this project; the goal of the project is to assist fifteen households over the three-year grant period. This means we reached 73% of our goal during the first year alone.

HSC contracts annually with AIDS Alabama, the formula grantee of record, as a provider for the HOPWA formula grant for the state. The formula funding managed by AIDS Alabama provides short-term rental and mortgage assistance (STRMU), long-term rental assistance (LTRA) and supplemental housing case management statewide. HSC and AIDS Alabama have worked closely in the development of this HOPWA proposal in an effort to fill gaps in housing for persons with AIDS while avoiding an overlap in services. In addition, AIDS Alabama has its own competitive HOPWA program called "ARAP" or the Alabama Rural Assistance Project; HSC has collaborated with AIDS Alabama on the ARAP project since its first funding in 1999, and will coordinate services with the ARAP project with this new rural initiative.

c) HSC has always met all established project goals and reporting requirements without difficulty for its multiple federal grants, including all phases of grant management, monitoring progress, evaluation and dissemination of results. The Quality Management (QM) Committee is responsible for continuous assessment of the efficacy of all these programs under the guidance of the QM Committee Chair, the Social Work and Supportive Services Coordinator. One objective of the QM committee is to ensure that funds are utilized to meet the purpose for which it was awarded. The agency's full-time Certified Public Accountant (CPA) provides quarterly updates for each project, showing expenditures and amounts remaining in each line item. In addition, the CPA holds quarterly finance meetings with all project coordinators, the agency director and a representative

from the board of directors. This meeting allows time for open interaction concerning reporting and expenditures to ensure that all parties are following procedures and ensuring funds are appropriately expended.

HSC has experience with multiple SPNS projects from HRSA and CDC; these projects have required extensive dissemination of information through publication of findings as well as presentation of findings at national, regional and local area conference events.

d) HSC's past experience with federal, state, and local resources is extensive, including funding from the Department of Housing and Urban Development (HUD) through RHED and HOPWA. Although each funder has a unique set of monitoring guidelines, reporting procedures and oversight, the staff at HSC has the capacity to manage varying accounting and programmatic requirements. HSC employs a full-time Certified Public Accountant (CPA) to monitor expenditures, provide financial statements on each project and lead quarterly finance meetings. In addition to the agency CPA responsible for fiscal management, an independent audit of the agency is conducted each year by an outside accounting firm.

2.

a) [REDACTED] was designated as the Housing Program Coordinator (HPC) for HSC in January 200[REDACTED]

[REDACTED]

[REDACTED] will serve as the project director for the proposed HOPWA project. [REDACTED] will direct the proposed project. Two case managers will provide intensive support for clients served by the proposed project, one working closely with the short-term residents of the House of Care, and the other devoting full time to the rural rental assistance participants. This intense level of case management

is critical to the success of each client in developing long-term housing stability. The case managers, [REDACTED] BSW and [REDACTED], both have more than 5 years experience working with persons who are HIV-infected, rural and impoverished. [REDACTED] has served as a housing case manager with HSC since 2002. [REDACTED] has more than ten years experience working with homeless shelters and substance abuse treatment programs. Both case managers will serve on the agency Housing Committee and the two Continuum of Care groups within the service area. The Housing Program Coordinator, [REDACTED] will directly supervise all positions.

b) As the only provider of HIV-specific medical care and supportive services in the 11-county service area, HSC has over 17 years of experience coordinating programs from multiple funding sources to provide a seamless model of service delivery to all clients. HSC partnered with [REDACTED] Habitat for Humanity to construct a duplex facility adjacent to our primary clinic site to provide housing for some of our terminally ill clients; the duplex opened in 2002 and is called "House of Care." HSC owns the land and duplex. In the past five years, the need for housing has changed in relation to the improvements in medication for HIV disease. Very few individuals now require the intensive end-of-life care first envisioned for the House of Care, while there is an increase in the need for short-term housing. Because of the severe shortage of short-term housing in the rural area served, HSC has begun using the House of Care for emergency short-term housing to meet this critical need; however, using the House of Care for short-term housing is very difficult as the facility currently has no funding for operating or supportive services. HSC has been the recipient of two RHED capacity-building grants, a one-year grant in 2004 and a three-year grant in 2005. These grants have provided the agency with full-time housing staff and a better understanding of the housing needs and potential resources to assist people living with AIDS. In 2005, HSC received HOPWA funding to begin operating a 6-unit transitional housing program; this program offers highly supportive services for transitionally-housed clients with linkages to

permanent housing. HSC has also collaborated with AIDS Alabama, the grantee of record for a HOPWA HUD-funded Special Project of National Significance (SPNS) known as ARAP (Alabama Rural Assistance Project). For their project, four housing units were purchased by AIDS Alabama for the purpose of permanent housing within the HSC service area, and HSC continues to provide referral, inspections and case management support for these four properties.

c) HSC is currently funded by a HOPWA SPNS initiative to provide highly supportive, facility-based transitional housing. The HOPWA transitional housing project was designed to acquire and renovate a three-unit apartment complex in [REDACTED] as well as lease three additional units in [REDACTED] providing transitional housing and intensely supportive services for all residents. This project includes six transitional housing units, and has provided housing for 11 unique families during the first year of operation. Of these, six families have moved from the transitional program into their own permanent housing. The output goals for this project included offering six housing units for up to 15 unique households over the three-year grant period. The property was acquired and renovated within appropriate time frames, and other units leased as committed. Housing and supportive services are being provided as committed in the grant proposal, and funds are being expended appropriately.

i. In managing its current HOPWA SPNS initiative, HSC has met benchmarks including housing residents in leased units as well as completing renovation within appropriate timeframes.

ii. HSC had a goal of providing supportive transitional housing for 3 households in year one of its currently-funded HOPWA project, with 15 households served by the end of year three. In year one, 11 households were provided with supportive transitional housing.

iii. HSC has submitted HUD-required reports, including the APR, appropriately completed.

iv. HSC has expended funds under the current HOPWA SPNS initiative as planned, with no audit or monitoring issues.

Rating Factor 2 – Need and Extent of the Problem.

a) AIDS Cases - The target population for this initiative includes the HIV infected population in an eleven county area of East Central Alabama, noted on the chart below.

County	
Calhoun	Chambers – site of rural satellite clinic
Cherokee	Clay
Cleburne	Coosa
Dekalb – site of rural satellite clinic	Etowah – site of rural satellite clinic
Randolph	Talladega – site of rural satellite clinic
Tallapoosa – site of rural satellite clinic	

b) Description of unmet housing need

The proposed 11-county geographical service area covers 6,928 square miles at the foothills of the Appalachian Mountains. This area is larger in square mileage than the states of Delaware and Rhode Island and the District of Columbia combined; rather than urbanized areas, it consists of a number of small, sparsely-populated communities separated by rural countryside. These small community governments lack a sufficient tax base to support a complex infrastructure capable of meeting diverse needs such as housing, employment training, healthcare, or public transportation.

Homelessness in rural areas is different than homelessness in urban populations. Our clients do not live under the interstate when they are homeless; they migrate from one friend or family member to another. They are, however, without a stable residence. Based on a 2007 Ryan White data report for the Department of Health and Human Resources 16% of HSC clients self-report being “not permanently house”. This homeless and high-risk population includes those who are often transient, the chronically homeless, as well as those who “double up” with different friends and family from week-to-week. The 2000 US Census data showed 956 individuals in the proposed service area who were residing in non-institutionalized group quarters (such as homeless shelters). Of course, this figure does not account for the remarkable number of individuals who do not have access to permanent housing (i.e., those who move from relative to friend to hospital emergency room.).

The two Continuum of Care groups in the HSC service area have completed annual Point-in-Time surveys to collect data on the homeless. The Alabama Rural Coalition for the Homeless (ARCH) conducted 48 interviews with the homeless in their coverage area. Of these, 10% disclosed HIV-positive status. The Homeless Coalition of Northeast Alabama (HCNEA) conducted 276 interviews with the homeless in their coverage area. Among those interviewed, 20 individuals, or about 7%, self-reported to be HIV-positive. The HCNEA Point-in-Time study found that the main cause indicated for homelessness by the homeless persons surveyed is substance abuse; HSC intends to address substance use issues by providing, by leveraged services, intensive outpatient treatment for residents in need.

According to service provider surveys by the two continuum of care groups, only 13 agencies provide homeless beds across the area, and half of these agencies target homelessness resulting from domestic violence or youth/runaways. Among all providers surveyed, only two beds of permanent supportive housing were identified for the entire service area.

The Alabama Department of Economic and Community Affairs (ADECA) completed the State of Alabama's 2005 - 2009 Consolidated Plan. Alabama's Consolidated Plan states several long-term objectives that HSC seeks to address with this proposal, including providing housing and supportive services for persons with HIV/AIDS. ADECA Officials reviewed the proposed HOPWA housing activities, and found the project to be within the scope of the plan. The proposed project, "Rural Housing Options for Persons with HIV/AIDS" (RHOP) will also serve the cities of Anniston and Gadsden, the only two cities in the area with populations large enough to have their own consolidated plans. Community Development staff from both Anniston and Gadsden serve on the HCNEA Continuum of Care, and have been active in developing the 10-year plan to end homelessness and other planning activities alongside HSC housing staff. Certifying officials from the Cities of Anniston and Gadsden have found the project to be consistent with their own consolidated plans. There is currently no HIV-specific housing in the 11-county area except for HSC's transitional housing.

Under its RHED program, HSC worked with Collaborative Solutions, Inc., (CSI), a HUD Technical Assistance provider in Alabama, to conduct focus group activities in 2005. These activities indicated a lack of housing resources within the service area, with limited emergency shelter and no specific HIV housing. Most recently, HSC has added to the inventory a total of six transitional housing units through its HOPWA grant, but this does not provide the short-term and permanent options that so many clients need.

The HCNEA Continuum of Care 2006 Plan indicated a lack of emergency homeless shelters. For two existing shelters, there is a charge of \$5 per resident per night. Even this small amount is beyond the reach of many homeless individuals. In addition, these shelters offer housing only at night and require residents to leave the facility from 8:00 a.m. until 5:00 p.m. daily. For disabled residents such as those with HIV, these shelters are inadequate. Medication regimens become impossible with no daytime shelter, and even among those with the required personal funds may be spent elsewhere due to untreated substance abuse and alcoholism. A 2004 consumer survey of HSC clients indicated that 60% suffer from active or recent substance abuse in addition to having HIV disease.

In a rural population that is already significantly impoverished, the very disenfranchised and disabled subpopulations, such as those with HIV infection, suffer disproportionately. During 2006, HSC served 434 HIV-positive individuals, and 253 (58%) were living at or below 100% of the federal poverty level. HSC agency studies completed for SAMHSA in 2004 showed that only 28% of HSC clients are employed, and 48% are disabled. Although only 4.25% indicate that they are unemployed and actively seeking employment, another 18% self-reported they are employable but reluctant to seek work because of concerns about confidentiality, such as the ability to leave work for medical issues related to HIV. Among the 434 HSC clients, all of whom are HIV-positive and from the proposed service area, 41 have no income and 80 have very low disability income

(1) Housing need not currently addressed by other projects or programs including HOPWA

The proposed service area covers 6,928 rural square miles, and in this area there is no existing program for short-term housing. In addition, there is no permanent supportive housing for individuals with HIV, for those who do not qualify for HOPWA formula assistance through AIDS Alabama. The limited housing services available in the mainstream include 13 providers of beds for emergency shelter, but more than half of these are domestic violence shelters and youth/runaway facilities. Only two beds of permanent supportive housing for the homeless have been identified in the entire service area. HSC is the contract provider of HOPWA services in the area for AIDS Alabama, the agency responsible for management of Alabama's HOPWA formula allocation. In Alabama, the HOPWA allocation funds are earmarked for Short-Term Rent, Mortgage and Utility (STRMU), Long-Term Rental Assistance (LTRA), and supplemental housing case management. These HOPWA formula programs are utilized to ensure housing can be maintained permanently during times of financial emergency or anticipated lack of resources long-term, but both programs require the client to be established in an appropriate housing unit. Many HIV-positive individuals in need of housing present to HSC with no address, no income and no housing history; these are the traditional requirements for formula STRMU and LTRA in Alabama. Of the 22 new clients presenting at HSC this year, one third have no income and would not qualify for formula assistance. Since so many clients need help to meet the HOPWA formula requirements at the time they present for assistance, HSC is proposing to fill the gap, and assist clients with housing and support; after assistance from HSC's proposed RHOP program, some of these clients will qualify for the AIDS Alabama formula funds or other permanent housing solutions.

The proposed program will complement the existing use of HOPWA funds by filling the gaps in housing for people living with HIV. The proposed project seeks to address the needs of HIV-infected individuals from the service area who have no income, are immediately homeless, have ongoing substance abuse issues, and/or who have no housing history. Due to the lack of shelter available in the area, many homeless individuals remain on the street or perilously housed

in inappropriate shelter. For people with HIV, such circumstances are life-threatening. Clients who receive short-term facility-based housing through RHOP will also receive the intense supportive services needed to move them from being homeless or perilously housed to permanent housing and more independent living. Unlike the few homeless emergency shelters in the area, RHOP will allow residency of up to 60 days with intensely supportive services focused on improving overall health, economic status, and ability to live independently. Clients will be allowed to stay on the property during the day, where they may access refrigeration for medication, a kitchen, bathing facilities, and laundry.

The RHOP program will meet the goals of the area consolidated plans by preventing homelessness and providing housing and supportive services for persons with AIDS. HSC partnered with ██████████ Habitat for Humanity to construct a duplex facility adjacent to our primary clinic site to provide housing for some of our terminally ill clients; the duplex opened in 2002 and is called "House of Care." HSC owns the land and duplex. In the past five years, the need for housing has changed in relation to the improvements in medication for HIV disease. Very few individuals now require the intensive end-of-life care first envisioned for the House of Care, while there is an increase in the need for short-term housing. Because of the severe shortage of short-term housing in the rural area served, HSC has begun using the House of Care for emergency short-term housing to meet this critical need; however, using the House of Care for short-term housing is very difficult as the facility currently has no funding for operating or supportive services

In addition to other permanent housing resources such as Public Housing, HOPWA STRUMU will be utilized to continue clients in permanent housing once they have moved. The project will enhance the community by providing a source of affordable housing and direct access to related mainstream services such as medical care and supportive services for HOPWA-eligible persons.

(1) *The Alabama Consolidated Plan is available at the ADECA website: <http://www.adeca.state.al.us>*

(2) *SAMHSA/CSAP funded 2006 Needs Assessment Report for Health Services Center*

Rating Factor 3 – Soundness of approach

a. Responsiveness, Coordination and Public Policy Priorities

1. Responsiveness: Through RHOP (Rural Housing Options for Persons with HIV/AIDS), HSC intends to provide short-term facility based housing and long-term rental assistance with an intense level of support services for low-income HIV-infected individuals through this proposed project, including identified high need populations: the HIV-infected who are homeless, chronically homeless, those with no income or rental histories.

- Projected number of persons to be served: HSC anticipates providing short-term supportive housing for at least 10 individuals during year one in a duplex apartment owned by HSC. This property will provide housing for ten individuals each year for year two and three. Over the three-year project it is anticipated that 30 individuals will receive short-term supportive housing. HSC will offer long-term rental assistance for permanent housing for at least 22 households in year; these households will be eligible to continue over the three-year project term. In addition, 10 households will be assisted with Permanent Housing Placement in year one, with a total of 30 households assisted over the three-year project.

- Projected number of housing units: The short-term housing facility will offer a total of **four** sleeping rooms in two apartments. A total of 8 beds will be offered, or four beds in each unit.

- Organizations: HSC is the only HIV-specific services provider in the 11-county area, and will be the provider of housing as well as many of the mainstream services proposed under the project. HSC is a grassroots provider of HIV services, funded through multiple sources to provide HIV primary medical care including laboratory and medication services, nutritional counseling and support, mental health services, and substance abuse treatment. HOPWA housing and related supportive services will be available to HIV-infected low-income individuals in the service area, even if the client is enrolled in medical care elsewhere. The case managers proposed for the RHOP project will ensure collaboration between other agencies providing services to clients. Supportive services

will be delivered in the facility-based units as well as HSC's medical offices and on site at Family Services Center of Anniston, a provider of various social and support services. The Family Services center has agreed to accept referrals for our housing clients that include GED Classes, homemaking skills, and budgeting assistance. HSC has established specific written agreements for this project with Family Services Center, Greater Gadsden Housing Authority, Anniston Housing Authority, and the City of Gadsden. HSC and AIDS Alabama have developed a specific Memorandum of Agreement to collaborate on the RHOP project. The Anniston Housing Authority and the Greater Gadsden Housing Authority have both written agreements to work with HSC staff in relocating clients to permanent housing. AIDS Alabama is the HOPWA formula lead agency for the State of Alabama. AIDS Alabama has agreed to provide consideration for HOPWA STRMU and LTRA for clients leaving the short-term program to help them remain in permanent housing once established. AIDS Alabama is also the recipient of a HOPWA SPNS project, "ARAP" which provides outreach and permanent housing in rural areas statewide; through this project, four housing units are available through AIDS Alabama for the purpose of permanent housing within the HSC service area.

a. Housing activities: HSC's RHOP project will assist HIV-infected low-income patients by offering three housing options based on need, (1) facility-based short-term supportive housing (2) long-term rental assistance with supportive services for no-income clients or others who do not qualify for HOPWA formula assistance and (3) permanent housing placement. Clients will be carefully screened to evaluate need as well as eligibility for other assistance, including HOPWA formula assistance and other resources outside of RHOP. All the housing options will provide residents the intense supportive services required to create housing stability and independence.

(i) Access to permanent supportive housing: Eligible individuals will include persons living with HIV disease who are low-income, particularly targeting those who are homeless. The Case Managers (CM) will assess each client to determine if permanent housing is an immediate option through AIDS Alabama's HOPWA formula funding or thorough RHOP; permanent housing will be sought first

whenever possible in developing a housing plan for each client. The CM will utilize resources including local Public Housing Authorities, AIDS Alabama, and RHOP for provision of permanent housing resources for those leaving short-term housing. Recipients of RHOP rental assistance will be eligible to utilize this assistance long-term to maintain permanent housing if the need continues, based on individual assessment, and if no other permanent housing options can be accessed.

(ii) Permanent Housing Placement: Funds are requested for permanent housing placement services to facilitate movement into permanent housing by the end of 60 days for residents of short-term facility-based housing, as well as those who need adequate housing to obtain RHOP or to begin receiving HOPWA formula assistance; these funds include application fees, deposits, and first months rent which may be required. Thirty individuals will be assisted with these funds.

(iii) Description of housing site: HSC owns the duplex apartment known as “House of Care” which was built to accessibility standards including wide doorways, ramps, and accessible kitchen features. The property is near stores, churches, the local trolley service and a park. All applicants for long-term rental assistance through RHOP will undergo a housing inspection to ensure safety and livability standards are met in the client’s current permanent housing placement; if the housing is found to be inadequate, the CM’s and HPC will assist the client in locating more appropriate housing utilizing permanent housing placement funds.

(iv) Development and Operations plan: HSC proposes funds for the operation of a facility for short-term housing, long-term rental assistance and permanent housing placement based on the needs of the individual. HSC owns the short-term facility, known as “House of Care,” which requires minor maintenance, such as replacing locks and screen doors, plus new furnishings to become operational. In addition, ongoing operations funding is needed for utilities, security and insurance. HSC will leverage the property, plus medical services needed to provide a full range of housing and supportive services. Quality Assurance will also be leveraged toward administration of the project.

(v) Operational procedures: HSC currently provides outreach in the area through CDC-funded programs as well as a SAMHSA-funded outreach program. HSC serves over 430 clients and continues to seek others in need of services through these comprehensive outreach activities.

HSC intends to utilize medical case managers to make referrals for clients for all forms of housing assistance, including RHOP. The referred clients will be assessed for the best option for placement into the RHOP program, or placement into HOPWA formula assistance programs or Public Housing if the client is eligible. Clients enrolling into RHOP will receive HSC-provided medical services including primary care for HIV, laboratory services and pharmaceutical assistance, mental health care, substance abuse assessment and treatment, as well as referrals for other services.

The CM's will work with each client to develop a housing plan, which will be assessed quarterly. The CM's will participate in monthly client staffings; these meetings are mandatory for all care providers including physicians, nurses, counselors, psychiatrist and case managers to coordinate care.

Description of client flow through the proposed housing program: The HPC provides the HSC staff with information about the housing program. The HPC also markets the program to clients with brochures, posters and CAB meetings.

Example - Client "M" presents to clinic stating to a medical case manager that she has been living in an abandoned vehicle. The medical case manager contacts the RHOP case manager immediately for an initial meeting with M. The RHOP case manager completes a comprehensive assessment for M, including income, health history, housing history, and substance use history. The RHOP case manager determines M requires short-term housing in the House of Care to allow a safe, immediate placement and time for planning. The RHOP case manager accompanies M to the House of Care and assists her with the appropriate paperwork, including signing a housing agreement. Within two days the HSC substance abuse treatment staff conducts a substance abuse assessment; the assessment confirms that M also suffers from active substance abuse disorder. Over the next few weeks, the RHOP case manager and M develop a housing plan, and M receives supportive services including budgeting classes, registering for food stamps and intensive outpatient substance abuse treatment. M already receives social security disability payments of \$600 per month, but has difficulty paying rent, utilities and living expenses on such a small income. After three weeks in short-term housing, M follows her housing plan by moving into a private apartment, utilizing permanent placement funding for first month's rent. She receives ongoing case management from the rural RHOP case manager. After the first month M receives rental assistance through RHOP for ten months. After ten months, the rural RHOP case manager assesses that M has

adequate income, housing, and “clean time” to utilize HOPWA formula rental assistance through AIDS Alabama. The case manager assists M with the application and M begins assistance through AIDS Alabama. Medical care and supportive services continue through HSC’s Ryan White program.

The RHOP case managers will utilize a screening instrument for each client that will collect basic information about living situation, income, and homelessness. Clients who are homeless will receive immediate services whenever possible, and receive priority when a waiting list exists for placement. This policy is in place for HSC housing as approved by the HSC Housing Committee. Permanent housing will be available to chronically homeless persons by rental assistance; up to 2 chronically homeless persons per year will be served by RHOP.

b. Supportive Services Activities: Most of the supportive services for this program are leveraged by HSC, including primary medical care, specialty medical care, mental health services including services of a psychiatrist, nutritional counseling and support, substance abuse treatment and medication adherence. These activities will improve overall health and stability, leading to the resident’s ability to obtain and maintain permanent housing.

(i) HSC is the provider of mainstream HIV services in the area proposed for service under this project. As such, HSC is providing a letter indicating medical care and other supportive services to be leveraged to fully complement the spectrum of services required for supportive housing. Family Services Center has provided a written agreement for the mainstream social services they provide.

(ii) HSC has been a service provider for people living with HIV for more than 17 years. To be successful in the provision of care for this unique rural area, HSC has worked closely with clients to gain input into the operation of the agency. Clients participate in consumer advisory boards (CAB), frequent satisfaction surveys and focus groups. In addition, five of the current eleven members of the HSC Board of Directors are consumers, including the board president. Two consumers participate in the HSC Housing Committee, the group responsible for policy development related to housing.

(iii) HSC is a grassroots provider of HIV services with a history of seeking the components needed to create a full complement of care for clients. HSC will offer its full spectrum of mainstream services to clients served by the proposed program. Additional supportive services, such as GED classes and budgeting classes, are offered by referral to Family Services Center.

c. Additional Activities: HSC intends to utilize the majority of the requested funding for expenses related directly to housing including rental assistance and operation of a facility to provide housing. A portion of the HPC salary is also requested; the HPC position will provide housing information services and marketing, as well as assisting with identification of permanent housing placement for clients, and establishing agency links with permanent housing partners.

Funds are also requested for permanent housing placement services to assist clients with eligible expenses related to moving into permanent housing. The 3% allowable for administrative expenses will be utilized for data collection and expenses related to program evaluation and results dissemination.

2. Coordination: Although HSC is the only HIV-specific service provider in the proposed project area, the agency is committed to coordinating its services with other mainstream providers in the area in order to maximize resources and avoid duplication.

a) Written agreements are in place for the program with several agencies and housing providers. The Family Services Center, an area provider of social service programs, has agreed to assist clients with multiple services including independent living skills and budgeting classes. In addition, agreements for the program are in place with both the Anniston Housing Authority and the Greater Gadsden Housing Authority to accept client referrals for permanent housing placement. The City of Gadsden and the Homeless Coalition of Northeast Alabama have agreed to continue provision of an HMIS system. AIDS Alabama, the HOPWA formula grantee for the state of Alabama, has also offered an agreement to provide consideration for STRMU and LTRA for HSC clients leaving program and established in permanent housing. The proposed program is a complement to the

existing HOPWA and other housing programs, by collaborating with AIDS Alabama, the HOPWA formula provider, to fill housing gaps while avoiding duplication of programs and services. HSC and AIDS Alabama have developed a “Memorandum of Understanding” to show the collaboration between AIDS Alabama as the HOPWA formula provider and HSC’s RHOP program.

b) HSC hosts a Ryan White Consumer Advisory Board (CAB). HSC has also participated actively in the two Continuums of Care for the Homeless within the proposed service area, including assisting with Point-in-Time Homeless survey data, planning, and priority setting. The HPC, who will serve as project coordinator for the proposed HOPWA project, is a member of the board of directors and a member of the 10-year plan committee for the ARCH Continuum of Care; she is also the Secretary and a member of the 10-year plan committee for the HCNEA Continuum of Care. HSC is committed to remain actively involved as a leader in the Continuum process to ensure community-wide access to adequate homeless services and long-term planning for housing. The proposed RHOP project fits into the scope of planning for both Continuums. HSC has implemented HMIS to ensure to coordinate benefits for homeless clients.

c) HSC has obtained written agreements from AIDS Alabama, the HOPWA formula grantee for the state, the Greater Gadsden Housing Authority and the Anniston Housing Authority to secure housing options for clients, which will maximize HOPWA resources.

d) HSC has been funded through Ryan White Title III since 1991 to provide primary medical care and HIV-specialty care. As a rural provider, we have not only sought out additional mainstream services, but created services in house to provide a full spectrum of HIV care where services did not exist previously, such as HIV-specific mental health care and substance abuse treatment. For the proposed RHOP program, HSC’s strategy is to ensure services include leveraging its own resources, and also coordination with another multi-service provider, Family Services Center, to offer its unique social services including job and homemaking skills, budgeting assistance and GED classes.

3. Public Policy Priorities

a) As a provider of medical services, HSC recognizes the need for facilities to be barrier-free and provide easy mobility and independence. Individuals living with HIV present a broad variety of physical needs. The House of Care duplex will be utilized for facility-based short-term housing. This facility was constructed by Habitat for Humanity in 2000 to meet accessibility standards including widened doorways and halls, accessible toilet and sinks, accessible shower stall and wheelchair accessible ramps.

b) HSC is a grassroots, non-profit agency with 501(c)3 status. Verification will be faxed.

c) HSC commits to follow ENERGY STAR-standards during facility operation.

4. Economic Opportunities

Low and very-low income residents will be assisted with obtaining benefits for which they are eligible, as well as job training as indicated in the individual housing plan, to improve income levels. Competitive bids will be sought for purchasing and services, with priority placed on conducting business with local companies from the economically depressed areas served by the project.

b. Model Qualities

1) Policy priorities: The proposed project will address HUD's stated policy priorities by decreasing chronic homelessness for persons living with HIV/AIDS and improving communities. HSC will target the chronically homeless population with this program but will also serve homeless individuals, families and those at risk. HSC is already affiliated with the area Continuum of Care groups ARCH and HCNEA. The director of the proposed project serves in leadership roles in both Continuums, including as a member of both committees for the 10-year plan to end homelessness. By working closely with both Continuum groups, HSC will ensure that permanent housing resources are maximized for the chronically homeless population served. An HMIS system is already in use.

2) Project management and oversight: The Health Services Center is governed by an 11-member volunteer Board of Directors that is charged with the ultimate responsibility for the control and operation of the agency. The Director of HSC supervises the Housing Program Coordinator

(HPC) [REDACTED] who will serve as Project Director for the proposed project. The HPC will be responsible for management and oversight, staffing, program evaluation, dissemination of results and sustainability planning. The Project/Facilities Manager (PFM) will be responsible for carrying out contracts management, inspections and ongoing facilities management. The Social Work and Supportive Services Director, [REDACTED] will provide Quality Assurance (QA) leadership and evaluation for this project in [REDACTED] role as Chair of HSC's QA Committee. The agency employs a Certified Public Accountant (CPA), [REDACTED] for fiscal management. An independent audit of the agency is conducted each year by an outside accounting firm.

3) Evaluation Plan

Outputs: HSC projects that the proposed project will provide facility-based short-term supportive housing to a total of 30 unique low-income households during the three years of the project, long-term rental assistance to 22 low-income households during the three years of the project, and permanent housing placement to 30 low-income households during the three years of the project.

Outcomes: HSC projects that the proposed project will benefit 85 unique low-income individuals living with HIV/AIDS. At least 22 households will obtain or remain in permanent housing through the RHOP rental assistance program, 30 will be assisted through Permanent housing placement, 30 through facility-based short-term assistance, and 13 will receive housing through formula assistance coordinated by RHOP assessment and collaborative efforts.

Measurement of output and outcome goals will be conducted on an ongoing basis using HMIS and client housing charts, at the direction of the HPC. Should progress fall below stated goals, the QA committee chair will assist in developing appropriate QA audits. These audit results will guide the Director and HPC in making adjustments to the program. The programs success and lessons learned will first be shared with the HSC staff and board at the board annual meeting; annual meeting reports are utilized in developing future program activities. Progress and results will also be

presented at area meetings; such as the Continuum of Care group annual meetings. HSC is working as a partner with Collaborative Solutions, Inc. on a Rural Housing and Economic Development proposal to disseminate information in a housing network for rural housing providers, specifically providers for disabled housing.

4) Model Features

HSC's RHOP will be a unique project designed to meet the unique housing needs of **rural** people with HIV, a group often overlooked by traditional service delivery design. This project was designed after consultation with AIDS Alabama, the HOPWA formula grantee for the state, to avoid duplicating any service that is already available. After evaluating needs assessment data from Collaborative Solutions, Inc, the two Continuum of Care groups, and AIDS Alabama, gaps were identified in the housing continuum for persons with AIDS. Homeless persons only have limited facilities available, and these allow nighttime stays only, and may charge up to \$5 per night; this does not meet the housing need for homeless persons with AIDS. Many HIV-positive individuals in need of housing present to HSC with no address, no income and no housing history; these are the traditional requirements for formula STRMU and LTRA in Alabama. Of the 22 new clients presenting at HSC this year, one third have no income and would not qualify for formula assistance. Since so many clients need help to meet the HOPWA formula requirements at the time they present for assistance, HSC is proposing to fill that gap, along with the gap for short-term housing and permanent housing placement. After assistance from HSC's proposed RHOP program, some of these clients will qualify for the AIDS Alabama formula funds or other permanent housing solutions. This is a unique model that offers options for persons with AIDS from the rural service area, where many gaps exist in the housing continuum. In addition, client care and support services will be coordinated within HSC and with outside agencies to ensure total support for each individual based on his or her own needs.

5) **Budget forms are a separate attachment on the "Attachments" form**

Rating Factor 4 – Leveraging Resources and Sustainability

HSC intends to commit [REDACTED] by leveraging resources to this project. All leveraging committed to this project is non-cash, but will be required for the project to function. The majority of leveraged resources are supportive services. The House of Care facility, owned by HSC, is also being leveraged for facility-based short-term supportive housing.

Name and address of organization committing leveraging as indicated below:

Health Services Center, Inc.
 PO Box 1347
 Anniston, AL 36202

Type of commitment	Dollar Value	Date of letter	Source of funding	Organization's contact for leveraging
Property – House of Care for short-term housing	[REDACTED]	May 21, 2007	Owned by HSC	[REDACTED] Housing Program Coordinator
Case Management Staff time (screening)	\$7,200	May 21, 2007	Federal (Ryan White, SAMHSA)	Barbara J. Hanna, MD Director
Medical Care for clients (Physician, labs, etc)	\$98,250	May 21, 2007	Federal (Ryan White)	Barbara J. Hanna, MD Director
HIV Medications	\$295,200	May 21, 2007	Federal (Ryan White)	Barbara J. Hanna, MD Director
Medication Adherence	\$24,600	May 21, 2007	Federal (Ryan White)	Barbara J. Hanna, MD Director
Food -Nutrition Support	[REDACTED]	May 21, 2007	Private foundation [REDACTED]	Barbara J. Hanna, MD Director
Substance Abuse Assessments / screens	\$44,600	May 21, 2007	Federal (SAMHSA)	Barbara J. Hanna, MD Director
Substance Abuse Treatment (up to 22 clients)	\$143,000	May 21, 2007	Federal (SAMHSA)	Barbara J. Hanna, MD Director
Mental Health Assessments	\$12,500	May 21, 2007	Federal (SAMHSA)	Barbara J. Hanna, MD Director
Mental Health Treatment (up to 10 clients, includes Psychiatrist treatment)	\$65,000	May 21, 2007	Federal (SAMHSA)	Barbara J. Hanna, MD Director
Administrative staff time	\$24,000	May 21, 2007	Federal (Ryan White, CDC)	Barbara J. Hanna, MD Director
Office Supplies	[REDACTED]	May 21, 2007	General fund donations	Barbara J. Hanna, MD Director
Office rent for HPC	\$7,200	May 21, 2007	Federal (SAMHSA)	Barbara J. Hanna, MD Director
Office Manager and QM staff	\$24,000	May 21, 2007	Federal (CDC and Ryan White)	Barbara J. Hanna, MD Director
TOTAL	[REDACTED]			

HSC is the recipient for the area's Ryan White CARE Act Title III funding for the provision of medical care, the sole contract provider for Ryan White CARE Act Title II funds for medical support services, and other federal grants through SAMHSA for the provision of HIV-specific mental health and substance abuse treatment. All of these mainstream HIV resources will be committed as leverage to the clients who will benefit from the proposed HOPWA housing program, and are anticipated to continue beyond the three-year time frame of the HOPWA project.

Sustainability: HSC is already working with local governmental groups to evaluate the potential of ESG (emergency shelter grant) funding to allow the short-term housing program to continue. HSC will continue to coordinate services with AIDS Alabama, referring all eligible clients to them for HOPWA formula assistance. The Rural Housing Options for Persons with HIV/AIDS program (RHOP) will work collaboratively with AIDS Alabama's formula assistance to fill gaps in the housing continuum, and transferring residents to formula assistance as they become eligible. HOPWA formula funding will continue to assist eligible persons with housing after the three-year period of RHOP. In addition to these resources, HSC will continue to seek client rents based on 30% of adjusted gross income.

As a non-profit agency, HSC participates in numerous fundraising activities throughout the year. The Board of Directors' ongoing Fundraising Committee plans various activities which provide community support for the agency general fund. These funds will also be available to offset some operation costs for the housing program when HUD funding is completed in three years.

During the final year of the project the Director, Social Work and Supportive Services Director and HPC will develop a plan to include training and duty assignments for the case management staff that will be working with housing clients in the future.

Component Name:

0

Evaluation Tools

7

Accountability

A. Tools for Measurement

Mgt. Info. System-automated

Mgt. Info. System-manual

Plans

Program specific form(s)

B. Where Data Maintained

Agency database

Individual case records

C. Source of Data

Lease agreements

HMIS

Inspection results

Placements

Progress reports

D. Frequency of Collection

Weekly

E. Processing of Data

Computer spreadsheets

Manual tallies

Component Name:

0

Evaluation Tools

7

Accountability

ousing and Urban Development
535-0114 exp. 09/30/2007

Component Name:

0

Evaluation Tools

7

Accountability

Rating Factor 5 – Achieving Results and Program Evaluation

OUTPUTS

HSC will operate 8 new beds of facility-based short-term housing upon funding of this project, offer 22 “slots” of rental assistance for at least 22 households, and assist 30 households with permanent housing placement. At least 15 additional households will be assisted by referral.

HSC projects that the proposed project will provide housing to a total of 85 unique low-income households during the three years of the project. During project year one, 45 eligible households will benefit from the program; during project year two, 45 eligible households will benefit from the program; during year three, 45 eligible households will benefit from the program. This number includes some households that continue from one year to the next with long-term assistance, as well as households that receive short-term assistance more than once during the three years of the project.

OUTCOMES

HSC will increase the amount of housing assistance provided to eligible persons who are very low-income or no-income and living with HIV by providing facility-based short-term supportive housing, rental assistance and permanent housing placement; all persons assisted will also receive highly intensive supportive services. Housing stability will be achieved by reducing homelessness, increasing skills and improving health. Healthcare access will be improved by close coordination of care by case managers. HSC projects that the 85 clients served by the RHOP program will miss fewer appointments for HIV medical care after entry to the program.

ACTIVITIES – Planned activities for the project that will require evaluation include the operation of an existing property as a short-term housing facility. Rental assistance will be provided, which will require housing inspections and verification of permanent housing through a signed lease. Intense case management services will be required to ensure that services are

accessible and that plans are made for permanent housing solutions. Housing information services will include the marketing of the project to eligible individuals as well as developing contacts and referrals for future placements of clients.

BENCHMARKS – For each activity, a goal is established and benchmarks will be evaluated regularly as part of the ongoing Quality Management (QM) program of the agency. The QM process will follow every aspect of the project, from operations to sustainability. When benchmark measures are not met, a QM audit will be implemented to establish where the program may need adjustment to meet output and outcome goals.

MEASUREMENT – Measurement of output and outcome goals will be conducted on an ongoing basis at the direction of the HPC, and in coordination with the QM committee.

Measurement tools will include number of leases verified, housing inspections completed, number of persons receiving rental assistance, maintenance records of short-term facility, HMIS data, client charts and forms, referrals to other programs including HOPWA formula assistance, and HOPWA-provided reporting tools such as APR. HSC will measure actual progress of the project using outcomes and outputs from the initial proposal, and evaluate the progress to date. All projects in the agency report measured progress at regular QM meetings and at the annual meeting of the Board of Directors.

PERFORMANCE INDICATORS WITH TIMELINES:

Activity	Performance Indicator	Timeline
Operation Of existing structure	Structure is ready for short-term residents; Security in place, utilities established, maintenance issues resolved quickly	Within first month of funding
Rental Assistance is paid to eligible clients	22 persons assisted by rental assistance as part of long-term housing plan	Payments begin within first month of funding

Case management, short-term and rural	Staff hired, housing plans on file, case notes indicate activity weekly, with housing plans in place for each client, benefits applied for, referrals made, transportation provided	Within first month of funding
Permanent Housing Placement	Clients assisted by Permanent Housing Placement funding, including payment of first month rent and other eligible costs to move eligible persons to permanent housing	Within first month of funding
Housing information	Program marketed with posters and brochures, staff trained to assist with program referrals and marketing, additional resources for permanent housing established	Within first month of funding

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: January 28, 2003

Person to Contact:

Ms. Benson #31-07273
Contact Representative

Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:
513-263-3756

Federal Identification Number:
63-0993592

Health Services Center, Inc.
P.O. Box 1392
Anniston, AL 36202

Dear Madam:

This letter is in response to your correspondence dated January 7, 2003, requesting verification of your organization's tax exempt status. We have also updated our records to reflect the name change of your organization from Aids Services Center, Inc. to the name shown above.

Our records indicate that a determination letter issued in March 1990, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Health Services Center, Inc.
63-0993592

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

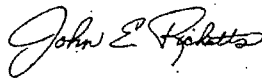
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services



Facsimile Transmittal

U. S. Department of Housing and Urban Development
Office of Department Grants Management and Oversight

OMB Approval No. 2525-0118
exp. Date (04/30/2005)

1178727212 - 3920

* Name of Document Transmitting: Letters and Support Docs

1. Applicant Information:

* Legal Name: Health Services Center, Inc
* Address:
* Street1: PO Box 1347
Street2:
* City: Anniston
County:
* State: AL: Alabama
* Zip Code: 36202 * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: [redacted] CFDA No.: 14.241
Title: Housing Opportunities for Persons with AIDS
Program Component:

3. Facsimile Contact Information:

Department:
Division:

4. Name and telephone number of person to be contacted on matters involving this facsimile.

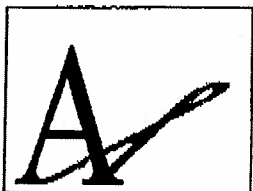
Prefix: * First Name: Rita
Middle Name:
* Last Name: Flegel
Suffix:
* Phone Number:
Fax Number: 256-832-0327

* 5. Email: [redacted]

* 6. What is your Transmittal? (Check one box per fax)

a. Certification b. Document c. Match/Leverage Letter d. Other

* 7. How many pages (including cover) are being faxed? 11



AIDS Alabama

AIDS Alabama devotes its energy and resources statewide to helping people with HIV/AIDS live healthy, independent lives and works to prevent the spread of HIV.

Kathie M. Hiers
CEO

Post Office Box 55703
Birmingham, AL 35255
3321 7th Avenue South 35222
Phone: (205) 324-9822
Fax: (205) 324-9311
www.aidsalabama.org

Confidential Help Line
(205) 324-9308 (Local)
(800) 592-2437 (Statewide)

**Memorandum of Understanding
Between AIDS Alabama
And
Health Services Center, Inc.**

Upon the receipt of HOPWA competitive funding for the proposed "RHOP" Project, AIDS Alabama and the Health Services Center (HSC) have agreed to the following:

AIDS Alabama will:

- * Provide supplemental supportive services for clients receiving rental assistance through HSC in rural areas also served by AIDS Alabama through ARAP (Alabama Rural AIDS Project); these services will be provided as a back-up during emergency situations or times when the HSC case manager assigned to the RHOP project is serving in another area or a client elsewhere in the 6,928 square mile rural service area.
- * Provide assistance with permanent housing location and placement for clients receiving rental assistance through HSC in rural areas served by ARAP, as a supplement to the HSC case manager assigned to the project.
- * Collaborate with HSC staff to ensure all HOPWA resources are utilized to the maximum potential for stabilizing housing for clients without duplication of services.

Health Services Center will:

- * Collaborate closely with AIDS Alabama's ARAP program to ensure comprehensive supportive services are available to all clients served by HSC rental assistance; arrange for back-up for case manager assigned to these clients as well as request assistance for clients to locate permanent housing in ARAP's rural counties.
- * Assess clients to determine eligibility for AIDS Alabama rental assistance programs; assist clients with HOPWA applications for HSC or AIDS Alabama, based on each agency's program guidelines.
- * Collaborate with AIDS Alabama staff to ensure all HOPWA resources are utilized to the maximum potential for stabilizing housing for clients without duplication of services.

Kathie M. Hiers
Chief Executive Office
Coordinator
AIDS Alabama

Housing Program

Health Services Center





13 E. 11th Street
P.O. Box 2649
Anniston, AL 36202

Barbara J. Hanna, MD, Director
Health Services Center, Inc.
PO Box 1392
Anniston, AL 36202

April 24, 2007

Dr. Hanna:

I am writing to offer my support for the Health Services Center's application to obtain federal funding for a Housing Opportunities for Persons with AIDS (HOPWA) Special Project of National Significance demonstration project. As the provider of various social and support services, the Family Services Center is aware there is a lack of supportive housing for people living with HIV disease. I am pleased to know your agency is seeking to explore ways to fill the gap in services.

Should the Health Services Center receive HOPWA funding for their proposed project, the Family Services Center will offer services clients served by the project; this will assist them in self-sufficiency as they move toward permanent housing. We will offer access to GED training, homemaking skills, budgeting assistance, parenting/survival skills classes, emergency resource assistance and counseling for victims of violent crimes.

As a long-time recipient of numerous federal grants for the delivery of healthcare services, I am confident that the Health Services Center has the ability to manage the HOPWA funds appropriately and deliver quality services while meeting the goals for the proposal.

If my office can be of further assistance, please feel free to contact me at 256-231-2240.

Sincerely,

Donald W. Walton
Executive Director



SAM JONES, JR.
Executive Director

April 23, 2007

Barbara J. Hanna, MD, Director
Health Services Center, Inc.
P.O. Box 1392
Anniston, AL 36202

Dear Dr. Hanna:

I am writing to offer my support for the Health Services Center's application to obtain federal funding for a Housing Opportunities for Persons with AIDS (HOPWA) Special Project of National Significance Demonstration Project. There is a lack of supportive housing in this area for people living with HIV disease, and I am pleased to know your agency is seeking to explore ways to fill the gap in services. I understand that you are requesting funds to provide long-term rental assistance as well as operating cost for an existing short-term facility.

The Anniston Housing Authority accepts applications on a daily basis from eligible applicants for public housing. Currently, we have a waiting list of 182 applicants to public housing. The housing authority does not afford preferences for individuals with disability at this time. We will be happy to work with Health Services Center, Inc., in attempting to provide permanent housing for its clientele.

As a long-time recipient of numerous federal grants for the delivery of healthcare services, I am confident that the Health Services Center has the ability to manage the HOPWA funds appropriately and deliver quality services while meeting the goals for the proposal.

If any further information is needed, please feel free to contact this office.

Sincerely,



Sam Jones, Jr.
Executive Director

SJ:c

THE GREATER GADSDEN HOUSING AUTHORITY
422 CHESTNUT STREET P. O. BOX 1219
GADSDEN, AL 35902-1219

Telephone (256) 547-2501
E-mail: weast@ggha.org

Fax (256) 549-1626

April 20, 2007

[REDACTED]
Health Services Center
P. O. Box 1392
Anniston, AL 36202

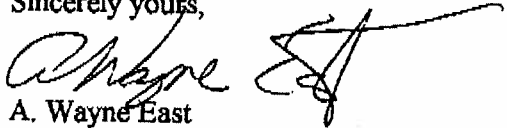
Dear [REDACTED]

SUBJECT: Support Letter for Health Service Center's application for funding for Housing Opportunities for Persons with AIDS (HOPWA) Special Project of National Significance demonstration project

The Greater Gadsden Housing Authority (GGHA) is pleased to support Health Service Center's application for funding for the subject program. The GGHA manages seven (7) public housing developments with a total of 1,002 units. These public housing developments are located within the city limits of Gadsden, Alabama and the residents are low-income individuals and families. The GGHA will work with representatives of Health Service Center to provide permanent low-income housing to their clients. As of April 20, 2007, the GGHA had a total of 12 vacancies, which could be utilized by individuals and families that qualify for low-income housing. We average approximately 30 units per month becoming vacant and as a result the waiting time for housing in a 2, 3 or 4 bedroom unit is approximately one month. However, we do have a number of individuals waiting for a one bedroom unit and it takes approximately four months before an individual can be housed in a one bedroom unit.

If you have any questions concerning this letter of support, please call me at (256) 547-2501.

Sincerely yours,


A. Wayne East
Executive Director



City of
GADSDEN
Community & Economic
Development

P.O. Box 267
Gadsden, Alabama 35902-0267
Phone: (256)549-4532
Fax: (256)549-4689

April 30, 2007

Barbara J. Hanna, MD, Director
Health Services Center
P. O. Box 1392
Anniston, AL 36202

Dr. Hanna:

This letter is to offer support for the Health Services Center's proposal to obtain federal funding for a Housing Opportunities for Persons with AIDS (HOPWA) Special Project of National Significance. I understand that you are seeking funds to provide housing with enhanced supportive services, and that some of the clients served will be homeless or chronically homeless. Housing for this population is much needed within the City of Gadsden and we are extremely pleased that Health Services is filling this gap.

The City of Gadsden in conjunction with the Homeless Coalition of Northeast Alabama (HCNEA) received grant funds for a Homeless Management Information System (HMIS) in the 2004 and 2005 funding cycle. HCNEA will apply in May 2007 for additional funding in order to allow more services agencies to access HMIS.

HCNEA partnered with the Continuums of Birmingham, Huntsville, Florence and Tuscaloosa in a multi-implementation of the HMIS. There are currently thirteen agencies on line and using the system. Several other agencies will be added before the end of the year.

Health Services is a very active member of HCNEA and was included in the first implementation of HMIS for our Continuum. They are currently entering information into the system and have access to all data.

If you have any questions or need additional information, please contact me at (256)549-4532.

Sincerely,

Becky Henson
Community Development Projects Coordinator
HMIS Grant Coordinator/HCNEA

VAUGHN STEWART II

ATTORNEY

House of care
Bruce Street
Original deed
in safe
Deposit box

STATE OF ALABAMA
CALHOUN COUNTY

XXXXXXXXXXXXXXXXXXXX
Arthur C. Murray
Judge of Probate
Calhoun County, Alabama

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, that in consideration of TEN AND NO/100 DOLLARS (\$10.00) to The AIDS Services Center, Incorporated, Grantor, in hand paid by Health Services Center, Inc., Grantee, the receipt of which is hereby acknowledged, the said Grantor does by these presents grant, bargain, sell and convey unto the said Grantee, the following described real estate, situated in Calhoun County, Alabama, to wit:

See Exhibit "A" attached hereto and incorporated herein by reference.

Subject to taxes for current year, outstanding mineral or mining rights, easements of record, restrictions of record, flood easements and easements as located, if any.

GRANTEE'S ADDRESS: P.O. Box 1347
Anniston, Al 36202

TO HAVE AND TO HOLD to the said Grantee, its successors and/or assigns, forever.

And said Grantor, does for itself, its successors and assigns, covenant with said Grantee, its heirs and assigns, that it is lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise stated above; that it has a good right to sell and convey the same as aforesaid; that it will, and its heirs, executors and administrators shall warrant and defend the same to the said Grantee, his successors and assigns, forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, the said Grantor, by its member, who is authorized to execute this conveyance, has hereto set its signature and seal this 21 day of December, 2006.

The AIDS Services Center, Incorporated

By: Barbara J. Hammers

It's: Director



Belle Reve New Orleans

Vicki G. Weeks
Executive Director

J. Leslie Williams, M. S. W.
Director of Social Services

Board of Directors Executive Committee

Billy Henry
President

Jacqui B. Rankins
Secretary

Treasurer

BOARD MEMBERS

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Steve A. Buddington, PhD

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Coral Maher

David Mesler

M. Carmen Palazzo, M. D., PhD

Louise M. McFarland, MPH, M. D.
Board Member Emeritus

*Amber Bethel

* Board Intern

April 10, 2006

Gayle Wood, LPC
Mental Health Project Director
Health Services Center, Inc.
P.O. Box 1392
Anniston, Alabama 36202-1392
Phone: (256) 832-0100
Fax: (256) 832-0327

Dear Gayle:

I am writing this letter in support of Health Services Center in Anniston, Alabama. I am the Executive Director of Shelter Resources, Inc. d.b.a. Belle Reve New Orleans. We are an assisted-living facility that provides housing and supportive services to individuals and families living with HIV and/or AIDS.

Unfortunately, due to Hurricane Katrina I had to evacuate my residents from New Orleans, LA to a location in the Southeastern part of the United States. We were very blessed that [REDACTED], Housing Coordinator for Health Services Center answered our call and provided desperately needed housing and support services for our evacuated residents.

I cannot begin to tell you how thankful we were and are for all they have done for our residents. After being there and watching all they do, we are truly amazed at what a wonderful organization they are. They not only provide some of the best medical treatment in the country, to the HIV population, from an outstanding physician, Dr. Barbara J. Hanna; but they also met each and every need of each of our residents, and there were many. From medical treatment, to case management, to mental health therapy, to substance abuse treatment, they truly set the example of "helping those in need". I cannot say enough about their dedication, loyalty, and professionalism. I am blessed to have had the opportunity to get to know some of the people that work for HSC. This organization is truly a one-stop shop for the HIV population.

I will always have a very special place in my heart for every single person that works with Health Services Center. I wish them only the best in all they do.

Securing a home and supportive services for our residents, I remain

Sincerely,
Vicki G. Weeks
Executive Director
Belle Reve New Orleans
(504) 942-2670 (office)
(504) 439-2670 (cell)

Shelter Resources, Inc. d.b.a. Belle Reve New Orleans
P.O. Box 3305 / New Orleans, LA 70177
(504) 945-9455 / Fax (504) 942-2660
Website: www.bellereve.org
E-Mail: bellereve@bellsouth.net

Internal Revenue Service**Department of the Treasury****P. O. Box 2508
Cincinnati, OH 45201****Date: January 28, 2003****Person to Contact:****Ms. Benson #31-07273
Contact Representative****Toll Free Telephone Number:****8:00 a.m. to 6:30 p.m. EST
877-829-5500****Fax Number:****513-283-3756****Federal Identification Number:****63-0993592****Health Services Center, Inc.
P.O. Box 1392
Anniston, AL 36202****Dear Madam:**

This letter is in response to your correspondence dated January 7, 2003, requesting verification of your organization's tax exempt status. We have also updated our records to reflect the name change of your organization from Aids Services Center, Inc. to the name shown above.

Our records indicate that a determination letter issued in March 1980, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

-2-

Health Services Center, Inc.
63-0993592

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

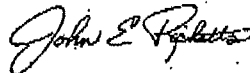
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services



HEALTH SERVICES CENTER

P.O. Box 1347 • Anniston, Alabama 36202

Health Services Center Code of Conduct

The Health Services Center Code of Conduct operates in compliance with agency policy 8, *Conflict of Interest*, concerning outside business interests, gifts, gratuities, and personal beliefs. A copy of this policy is attached. The Code of Conduct and Conflict of Interest policy apply to officers, employees and agents of the Health Services Center.

All staff and officers are provided a copy of this information upon entering employment or service with the agency as evidenced by a "Receipt of Policy Manual" statement which is maintained on file.

Contact Information:

Barbara J. Hanna, MD, Agency Director
[REDACTED] Housing Program Coordinator
Health Services Center
PO Box 1392
Anniston, AL 36202

Phone: 256-832-0100
Fax: 256-832-0327





Facsimile Transmittal

U. S. Department of Housing
and Urban Development
Office of Department Grants
Management and Oversight

OMB Approval No. 2525-0118
exp. Date (04/30/2005)

1178727212 - 3920

* Name of Document Transmitting: Certificates of Consistency with Consolidated Plan

1. Applicant Information:

* Legal Name: Health Services Center, Inc
* Address:
* Street1: PO Box 1347
Street2:
* City: Anniston
County:
* State: AL: Alabama
* Zip Code: 36202 * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: [Redacted] CFDA No.: 14.241
Title: Housing Opportunities for Persons with AIDS
Program Component:

3. Facsimile Contact Information:

Department:
Division:

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: * First Name: Rita
Middle Name:
* Last Name: Flegel
Suffix:
* Phone Number:
Fax Number: 256-832-0327

* 5. Email: [Redacted]

6. What is your Transmittal? (Check one box per fax)

a. Certification b. Document c. Match/Leverage Letter d. Other

* 7. How many pages (including cover) are being faxed? 4

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Health Services Center, Inc.

Project Name: Rural Housing Options for Persons with AIDS (RHOP)

Location of the Project: Based in Hobson City, Alabama, serving residents of an 11-county
rural area of East Central Alabama including the city of Anniston.

Name of the Federal
Program to which the
applicant is applying: HUD- Housing Opportunities for Persons with AIDS (Competitive)

Name of
Certifying Jurisdiction: City of Anniston Alabama

Certifying Official
of the Jurisdiction
Name: Boyr W. Howell, Mayor

Title: Mayor

Signature: *Boyr W. Howell*

Date: 4-23-07

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Health Services Center, Inc.

Project Name: Rural Housing Options for Persons with AIDS (RHOP)

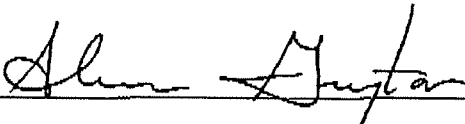
Location of the Project: Based in Hobson City, Alabama, serving residents of an 11-county rural area of East Central Alabama including the city of Gadsden.

Name of the Federal Program to which the applicant is applying: HUD- Housing Opportunities for Persons with AIDS (Competitive)

Name of Certifying Jurisdiction: City of Gadsden

Certifying Official of the Jurisdiction Name: Sherman Guyton

Title: Mayor

Signature: 

Date: 4/30/07

OFFICE OF THE GOVERNOR

BOB RILEY
GOVERNOR



ALABAMA DEPARTMENT OF ECONOMIC
AND COMMUNITY AFFAIRS

Bill JOHNSON
DIRECTOR

STATE OF ALABAMA

CERTIFICATION OF CONSISTENCY
WITH
STATE OF ALABAMA CONSOLIDATED PLAN

I certify that the proposed activities/projects in the application are consistent with the State of Alabama's current, approved Consolidated Plan.

Applicant Name: Health Services Center, Inc.
Project Name: Rural Housing Options for Persons with AIDS (RHOP)
Project Location: Hobson City, Alabama
(Serving residents of an 11-County Rural Area of East Central Alabama)

Name of Federal Program to which the applicant is applying:
HUD Housing Opportunities for Persons With Aids (Competitive)

Name of Certifying Jurisdiction:
State of Alabama

Certifying Official of Jurisdiction:

Name: Bill Johnson
Title: Director
Alabama Department of Economic and Community Affairs

Signature: _____

Date: April 30, 2007

**Applicant/Recipient
Disclosure/Update Report**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011
(exp. 12/31/2006)

Applicant/Recipient Information * Duns Number: [REDACTED] * Report Type: INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):

* Applicant Name:

Health Services Center, Inc

* Street1: PO Box 1347

Street2:

* City: Anniston

County:

* State: AL: Alabama

* Zip Code: 36202

* Country: USA: UNITED STATES

* Phone: [REDACTED]

2. Social Security Number or Employer ID Number: 63-0993592

* 3. HUD Program Name:

Housing Opportunities for Persons with AIDS

* 4. Amount of HUD Assistance Requested/Received: \$ 861,224.00

5. State the name and location (street address, City and State) of the project or activity:

* Project Name: Health Services Center, Inc - RHOP

* Street1: 608 Martin Luther King Drive

Street2:

* City: Anniston

County:

* State: AL: Alabama

* Zip Code: 36201

* Country: USA: UNITED STATES

Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

Yes No

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9

Yes No

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

NONE anticipated

Government Agency Address:

* Street1: N/A

Street2:

* City: N/A

County:

* State: AL: Alabama

* Zip Code: N/A

* Country: USA: UNITED STATES

* Type of Assistance: N/A

* Amount Requested/Provided: \$ 0.00

* Expected Uses of the Funds:

N/A

Department/State/Local Agency Name:

* Government Agency Name:

N/A

Government Agency Address:

* Street1: N/A

Street2:

* City: N/A

County:

* State: AL: Alabama

* Zip Code: N/A

* Country: USA: UNITED STATES

* Type of Assistance: N/A

* Amount Requested/Provided: \$ 0.00

* Expected Uses of the Funds:

N/A

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
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<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation. I certify that this information is true and complete.

* Signature:

Rita Flegel

* Date: (mm/dd/yyyy)

06/07/2007

Attachments

AdditionalInfo_attDataGroup0
File Name

Mime Type

AdditionalInfo1_attDataGroup0
File Name

Mime Type

SuperNOFA HOPWA COMPETITIVE GRANT FORMS

Sponsored by the
U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Office of HIV/AIDS Housing

OMB Number 2506-0133 Expiration Date 07/31/2007

The information collection requirements contained in this notice of funding availability will be used to rate applications, determine eligibility, and establish grant amounts. Selection of applications for funding under the HOPWA Program is based on the rating factors for this program listed in the SuperNOFA for Housing and Community Development Programs. Public reporting burden for the collection of information for the HOPWA Program is estimated to average 60 hours for this application, including 38 hours on completing the attached forms per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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)

Formatted

Application Budget Summary (all applicants)

Applicant Name	Health Services Center, Inc	Number of Project Sponsors	1-Grantee only	Plan dates for grant agreement and activities	Anticipated 11/1/07-10/31/10 (mo./yr.)
-----------------------	-----------------------------	-----------------------------------	----------------	--	---

A.	Eligible Activity	HOPWA Request				E. Match & Other Leveraged Funds
		A. Year 1	B. Year 2	C. Year 3	D. Total Request	
Facilities in Development (new applications only)	1. Acquisition	0	0	0	0	0
	2. Rehabilitation, Repair & Conversion	0	0	0	0	0
	3. New Construction (for Community Residences and SRO dwellings only)	0	0	0	0	0
Facility Operations	4. Operating Costs for Housing Facility	33,920	33,920	33,920	101,760	
	5. Lease of Housing Facility	0	0	0	0	0
	6. Other Housing Costs (please specify in narrative; requires HUD approval)	0	0	0	0	0
TBRA	7. Tenant-based Rental Assistance	99,000	99,000	99,000	297,000	0
STRMU	8. Short-term Rent, Mortgage, and Utility Payments to Prevent Homelessness	0	0	0	0	0
Other Program Expenses	9. Housing Information Services	13,420	13,420	13,420	40,260	
	10. Supportive Services	108,600	83,600	83,600	275,800	
	11. Permanent Housing Placement Services	40,440	40,440	40,440	121,320	0
12. Total Program Costs: (total of lines 1-11)					836,140	
Administrative Expenses	13. Grantee's Administrative Costs (not to exceed 3% of Line 12)					
	14. Project Sponsor's Administrative Costs (not to exceed 7% of Line 12)				0	
15. Total HOPWA Request (total of lines 12-14)						

Detailed Project Budget and Housing Outputs (each organization)

Name of organization:	Health Services Center, Inc	Zip code for project location	36201
Type:	Grantee: <input checked="" type="checkbox"/> ; Project Sponsor: <input type="checkbox"/>	If applicable:	Faith based: <input type="checkbox"/> ; Grassroots: <input checked="" type="checkbox"/>

B.	Eligible Activity	HOPWA Request				Totals:
		Yr. 1	Yr. 2	Yr. 3		
Facilities in Development (new applications only)	1. Acquisition Description:	Budget	0	0	0	0
		# of Units	0	0	0	0
	2. Rehabilitation/Repair/Conversion Description:	Budget	0	0	0	0
		# of Units	0	0	0	0
	3. New Construction (Community Residences and SRO dwellings only) Description:	Budget	0	0	0	0
		# of Units	0	0	0	0
Type of Facility: Short-term shelter <input type="checkbox"/> ; transitional housing <input type="checkbox"/> ; Community residence <input type="checkbox"/> ; SRO dwelling <input type="checkbox"/> ; or other permanent supportive housing <input type="checkbox"/>						
Facility Operations	4. Operating Costs Description: Will include basic maintenance and repairs for existing property, utilities, insurance, security, and furnishings beginning in month one of year one for facility-based short term housing to benefit 10 homeless HIV+ persons per year; will include 0.5 FTE of Project/Facility manager for property inspections, property management duties, and upkeep of 2-unit/8-bed facility to assist 10 homeless HIV+ persons per year.	Budget	33,920	33,920	33,920	101,760
		# of Units	2 units/ 8 beds	2 units / 8 beds	2 units / 8 beds	2 units/ 8 beds
	5. Leasing Description:	Budget	0	0	0	0
		# of Units	0	0	0	0
	6. Other Housing Costs Description:	Budget	0	0	0	0
		# of Units	0	0	0	0
TBRA	7. Tenant-Based Rental Assistance Description: Will provide rental assistance and utility support for permanent housing to fill the housing gap for no-income and very-low income HIV+ persons who do not qualify for other assistance, to establish housing history and stabilize housing for 22 HIV+ homeless persons and households at high risk based on \$375 per month.	Budget	99,000	99,000	99,000	297,000
		# of Households	22	22	22	22
STRMU	8. Short-Term Rent, Mortgage and Utility Payments to Prevent Homelessness Description:	Budget	0	0	0	0
		# of Households	0	0	0	0
Other Program Expenses	9. Housing Information Services Description: .25 FTE of Housing Program Coordinator for program outreach, marketing, and training for a total of 85 households served	Budget	13,420	13,420	13,420	40,260
		# of Households	45	45	45	85
	10. Supportive Services Description: Case management at 2.0 FTE, transportation and care coordination to assist 85 HIV+ homeless persons and households at high risk with moving toward self-sufficiency by achieving safe and stable permanent housing. Vehicle, maintenance, insurance and fuel expenses for transporting up to 85 residents for care.	Budget	108,600	83,600	83,600	275,800
		# of Households	45	45	45	85

	11. Permanent Housing Placement Services Description: First month rent, security checks and deposits for moving 30 very low-income or no-income HIV+ clients into permanent housing based on \$750 per client; staff support in assisting clients with securing adequate, safe housing and permanent lease.	Budget	40,440	40,440	40,440	121,320
		# of Households	10	10	10	30
		Budget	8,360	8,362	8,362	25,084
Administrative Expenses	13. Grantee's Administrative Costs Description: Staff time for data collection, reporting, dissemination efforts	Budget	0	0	0	0
	14. Project Sponsor's Administrative Costs Description:	Budget				

15. Total HOPWA Request for this Organization

861,224

HOPWA Applicant Certifications

These certified statements are required by law.

The Applicant hereby assures and certifies that:

1. **Fair Housing.** Within the HOPWA eligible population, it will comply with Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d and 24 C.F.R. Part 1; Fair Housing Act, 42 U.S.C. 3601-3619, which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, the transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

(b) It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR Part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, handicap, familial status or national origin, and administer its programs and activities relating to housing in a manner to affirmatively further fair housing. For Indian tribes, it will comply with the Indian Civil Rights Act (25 U.S.C. 1301 *et seq.*), instead of Title VI and the Fair Housing Act and their implementing regulations.

(c) It will comply with the Americans with Disabilities Act, 42 U.S.C. 12101 *et seq.*, and Title IX of the Education Amendments Act of 1972 (20 U.S.C. 1681 *et seq.*).

(d) It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

(e) It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

(f) It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

(g) It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on handicap in Federally-assisted programs and activities.

(h) It will comply with the accessibility requirements of Section 504 of the Rehabilitation Act of 1973, and where applicable, the design and construction requirements of the Fair Housing Act.

(i) It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

(j) It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

(k) If persons of any particular race, color religion, sex, age, national origin, familial status, or handicap who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

2. Environmental Requirements. The grantee, its project sponsors and their contractors may not acquire, rehabilitate, convert, lease, repair, dispose of, demolish, or construct property for a project, or commit or expend HUD or local funds for such eligible activities, until the responsible entity (as defined in §58.2) has completed the environmental review procedures required by 24 CFR part 58 and the environmental certification and HUD approval of form HUD-7015.15, "Request for Release of Funds and Certification" (RROF) of compliance with the National Environmental Policy Act and implementing regulations at 24 CFR part 58 (Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities). HUD will not release grant funds if the recipient or any other party commits grant funds (i.e., incurs any costs or expenditures to be paid or reimbursed with such funds) before the recipient submits and HUD approves its RROF (where such submission is required).

3. HOPWA Facility Use Period Requirement. Any building or structure assisted with amounts under this part will be maintained as a facility to provide assistance for eligible persons: (i) for not less than 10 years in the case of assistance involving new construction, substantial rehabilitation or acquisition of a building or structure; and (ii) for not less than three years in cases involving non-substantial rehabilitation or repair of a building or structure.

HOPWA Applicant Certifications

Name with Signature of Authorized Certifying Official & Date

Title

Housing Program Coordinator

Name of Applicant

Health Services Center, Inc.

Survey on Ensuring Equal Opportunity for Applicants

OMB NO. 1890-0014 EXP. 2/28/2009

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name:

Health Services Center, Inc

Applicant's DUNS Name:

Federal Program:

Housing Opportunities for Persons with AIDS

CFDA Number:

14.241

- | | |
|--|--|
| 1. Has the applicant ever received a grant or contract from the Federal government?
<input checked="" type="radio"/> Yes <input type="radio"/> No | 5. Is the applicant a local affiliate of a national organization?
<input type="radio"/> Yes <input checked="" type="radio"/> No |
| 2. Is the applicant a faith-based organization?
<input type="radio"/> Yes <input checked="" type="radio"/> No | 6. How many full-time equivalent employees does the applicant have? (Check only one box).
<input type="radio"/> 3 or Fewer <input checked="" type="radio"/> 15 - 50
<input type="radio"/> 4 -5 <input type="radio"/> 51 - 100
<input type="radio"/> 6 -14 <input type="radio"/> Over 1000 |
| 3. Is the applicant a secular organization?
<input checked="" type="radio"/> Yes <input type="radio"/> No | 7. What is the size of the applicant's annual budget? (Check only one box.)
<input checked="" type="radio"/> Less Than \$150,000
<input type="radio"/> \$150,000 - \$299,999
<input type="radio"/> \$300,000 - \$499,999
<input type="radio"/> \$500,000 - \$999,999
<input type="radio"/> \$1,000,000 - \$4,999,999
<input type="radio"/> \$5,000,000 or more |
| 4. Does the applicant have 501(c)(3) status?
<input checked="" type="radio"/> Yes <input type="radio"/> No | |

Survey on Ensuring Equal Opportunity for Applicants

OMB NO. 1890-0014 EXP. 2/28/2009

Provide the applicant's (organization) name and number and the grant name and CFDA number.

1. Self-explanatory.

2. Self-identify.

3. Self-identify.

4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.

5. Self-explanatory.

6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1890-0014**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: The Agency Contact listed in this grant application package.