

**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. The proposed project includes ROI (Return on Investment). HSC has been a grassroots provider of HIV medical and supportive services since 1987.

**Overview:**

The proposed project, called "Permanent Housing Plus" (PH+), will provide permanent supportive housing to Alabamians living with HIV within a rural, 11-county service area; HSC proposes to utilize funding to purchase three units of housing toward this purpose. In addition, three units of housing already owned by HSC will be converted from transitional to permanent supportive housing, for a total of six permanent supportive housing units in the project. HSC also seeks funds for short-term rent, mortgage and utility assistance (STRMU) to prevent homelessness, in response to dramatic increases in energy costs our communities are experiencing, which has limited the funds available from the state formula program.

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Project sites include [REDACTED], which is already owned by HSC but will be converted from transitional to permanent supportive housing. In addition, three units of scattered-site housing in Anniston and Gadsden will be purchased. One of these sites, [REDACTED] A [REDACTED], is currently leased by HSC for transitional housing. A new site, [REDACTED] [REDACTED] in Anniston will also be purchased (two units). All six units are within 5 miles of an

HSC clinic site; units were chosen based on proximity to HSC services, including leveraged medical care, mental health care, and substance abuse treatment, as well as community services such as stores, pay phones, schools and churches. Supportive services, including the full menu of leveraged services, must be easily accessible for those receiving permanent supportive housing through the PH+ program. All sites will be confidential locations. The PH+ program will require HOPWA funds for operating costs for all six permanent housing units, plus funds for case management and increased housing assessments. HSC also requests funding for STRMU, to assist persons in need who are already permanently housed but experiencing a crisis.

During the first year of the grant period, a total of 26 individuals will be assisted by PH+. Six low-income persons living with HIV will receive highly-supportive permanent housing. An additional 20 low-income persons who are HIV-infected will receive short-term assistance with rent, mortgage or utility payments in order to remain permanently housed.

HSC was the recipient of a 2005 HOPWA grant which only allowed for transitional housing. As this project is expiring, we propose to shift properties from transitional to permanent housing to meet the need of our resident population. Where clients are already housed transitionally, with this grant project we will be able to transfer several residents who need supportive permanent housing without physically moving them. In the original grant, HSC proposed a cost analysis to determine the costs of leasing versus acquisition for the purpose of transitional housing. While final results are pending completion of the grant, both options appear to be similar in costs when the acquisition and rehab costs are amortized over the 10-year use period. However, the acquired units have added site-control benefits including assurance of continued occupancy of a specific unit without risk of increased rental costs or fees. Currently, appropriate rental properties are more difficult to locate due to increase in renting versus buying in the local economy.

## **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 care and support for persons with HIV/AIDS in rural East Central Alabama. The organization provides comprehensive primary care services to 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 Ryan White Title C and 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) substance abuse prevention and treatment grants, all of which have targeted either HIV-infected individuals, their sex and drug-using partners, and those at high risk of HIV infection. Currently, our comprehensive HIV-specific Mental Health program includes a psychiatrist and mental health counselors at all clinic sites.

b) In 2005, HSC received funding for a HOPWA Special Project of National Significance to provide transitional housing. Through this grant, facility-based transitional housing is offered with supportive services. The project, now in its third year, provides three units of transitional housing in a small apartment complex purchased and renovated during year one of the project; in addition, HOPWA funds are utilized to lease three units of transitional housing. In 2007 HSC received a HOPWA award for a project called “Rural Housing Options for Persons with HIV/AIDS” (RHOP) to provide long-term rental assistance (LTRA) in collaboration with the efforts already in place through the state formula grantee, AIDS Alabama. The RHOP program also includes a short-term shelter to provide an opportunity to stabilize persons in homeless or crisis situations. HSC has also received Rural Housing and Economic Development (RHED) Capacity Building funding to strengthen the HSC housing program by increasing housing staff and establishing relationships with community partners to assist in the effort of AIDS housing. HSC

contracts annually with AIDS Alabama, the formula grantee, as a provider for the HOPWA formula grant for the state. AIDS Alabama's formula funds provide short-term rental and mortgage assistance (STRMU) and LTRA statewide. Due to increasing costs of rents and utilities, formula funding has been stretched thin in Alabama, requiring caps on both STRMU and LTRA formula programs. AIDS Alabama has worked closely with HSC in the development of this HOPWA proposal in an effort to fill gaps in housing for persons with AIDS while avoiding an overlap with formula-funded services.

c) HSC has always met all established project goals and reporting requirements without difficulty for its multiple federal grants including HRSA, HOPWA and RHED programs. HSC staff has extensive experience in grants management, progress monitoring, evaluation and dissemination of results including housing-specific programs. 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. HSC has experience with dissemination of information through publication of findings as well as presentations at national, regional and local venues.

d) HSC's experience with federal, state, and local resources is extensive, including funding 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. An independent audit of the agency is conducted each year by an outside accounting firm. One objective of the QM committee is to ensure that funds are utilized to meet the purpose awarded. The agency's 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. These meetings allow time for interaction concerning reporting and expenditures to ensure that all parties are following procedures and ensuring funds are appropriately expended.

2. a) [REDACTED] was designated as the Housing Program Coordinator (HPC) for HSC in January 2005. She has been employed by the Health Services Center since 1995 in various roles, including Ryan White Program Coordinator and agency Assistant Director from 1999 until December 2004. She has been the Project Coordinator for two RHED grant projects since that time as well as two HOPWA SPNS programs, devoting 100% of her time to management of the HSC housing office and developing improved housing opportunities for People living with HIV/AIDS. [REDACTED] will direct the proposed project. Two case managers will provide intensive support for clients served by the proposed project. Comprehensive case management will include in-depth assessment of individual client housing needs and assuring successful referrals to programs that will most likely lead to the individual's success in housing. The case managers, [REDACTED] BSW and [REDACTED] LBSW, each have more than 7 years experience working with persons who are HIV-infected, rural and impoverished. [REDACTED] has served as a housing case manager with HSC since 2002, currently working with the transitional housing program. [REDACTED] is a housing case manager with experience working with rural Hispanic populations and the homeless. Both case managers will serve on the agency Housing Committee and the two Continuum of Care groups within the service area. [REDACTED] will continue part-time as the Facilities Manager, providing direct maintenance and teaching residents basic home management skills. [REDACTED] has extensive maintenance experience, as well as three years experience working with the Anniston Salvation Army homeless shelter. The Housing Program Coordinator, [REDACTED], will 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 18 years of experience coordinating programs from multiple funding sources to provide a seamless model of service delivery to clients. HSC has received two RHED capacity-building grants which provided the agency with its first 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 supportive services for transitionally housed clients and linkages to permanent housing. Like the proposed PH+ project, the transitional housing project involved acquisition and rehabilitation of property as well as intensive case management; HSC has been successful in operating the transitional housing program, which is set to expire in the coming year. In 2007 HSC received HOPWA funds for its "RHOP" project to provide long-term rental assistance (LTRA) in collaboration with the efforts already in place through the state formula grantee, AIDS Alabama. The RHOP program also includes operating costs for a short-term shelter to provide an opportunity to stabilize health and other factors for persons in homeless crises situations.

c) HSC is currently funded by two HOPWA SPNS initiatives. The first initiative is now in its third year of operation. The HOPWA transitional housing project was designed to acquire and renovate a three-unit apartment complex in Calhoun County as well as lease three additional units throughout Etowah County, providing transitional housing and supportive services for all residents. This project includes six transitional housing units, and has provided housing for 19 unique families since it began operation. The output goals for this project included offering six housing units for up to 15 unique households over the three-year grant period. Of those who have left transitional housing to date, approximately 75% moved from the transitional program into their own stable housing arrangement. Housing and supportive services are being provided as

committed in the grant proposal, and funds are being expended appropriately. The second initiative, “Rural Housing Options for Persons with HIV/AIDS” (RHOP) is in its first year of operation. The RHOP program was designed to convert an existing HSC-owned property into short-term housing, as well as offer long-term rental assistance vouchers to persons who did not qualify for the state formula program. RHOP became operational within weeks of funding, and has provided short-term shelter for 3 persons during its first few months of operation; six individuals currently receive LTRA through RHOP.

i. In managing its current HOPWA SPNS initiatives, HSC has met benchmarks including site control of property and renovation within appropriate timeframes and outcome/output goals.

ii. For the HOPWA transitional housing project, HSC has a goal of providing supportive transitional housing for 15 households by the end of year three. To date, 19 households have been provided with transitional housing. For the RHOP project, which is still within its first year of operating, HSC has a goal of providing LTRA for 22 people during the project, and short-term shelter for 30 people. To date, 6 households are receiving LTRA and three have been assisted with short-term shelter.

iii. HSC has submitted HUD-required reports, including the APR, appropriately completed to reflect outcomes such as stable housing, in a timely manner. A six-month brief status report was filed for RHOP; this program is still in year one and has not yet required an APR.

iv. HSC has expended funds under the current HOPWA SPNS initiatives 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.

<b>County</b>	
Calhoun – main clinic site	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**

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

The proposed service area covers 11 rural counties, and in this area housing resources for persons with HIV is limited, despite overwhelming need. HSC and AIDS Alabama, the HOPWA formula grantee for the State, both offer long-term rental assistance (LTRA) to help pay a portion of rent monthly for low-income persons; however, people who qualify for LTRA must be able to lease an appropriate housing unit, pay utility bills as well as their own portion of rent, and succeed with a moderate level of case management. While LTRA is very beneficial to many people in our area through the HSC and AIDS Alabama programs, there is a lack of facility-based permanent housing for individuals who suffer from issues related to extreme poverty, substance abuse, and poor housing or credit histories. AIDS Alabama is the recipient of a HOPWA SPNS project, “ARAP” which has been successful in providing eight family housing units in extremely rural areas statewide for permanent housing; this small number of units statewide does not fulfill the need for permanent supportive housing for persons living with HIV.

HSC case managers routinely assess individuals for housing needs; for those with very low to no income or special needs, long-term rental assistance does not provide them enough

support to help them sustain housing long-term. For people with these intense needs, facility-based permanent supportive housing offers an ideal solution to help the most vulnerable members of the target population remain stably housed.

Based on 2007 and 2008 point-in-time surveys conducted by the two Continua of Care groups in the service area, there are 14 beds of permanent supportive housing available in the area, but these are designated for persons with Severe Mental Illness (SMI).

The proposed “Permanent Housing Plus” (PH+) 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 1) have very low or no income 2) have histories of chronic homelessness and/or “revolving door” utilization of programs 3) have ongoing substance abuse or other exacerbating health issues, and/or 4) are not able to obtain a lease in their own name due to poor credit or housing histories. Individuals with any combination of these needs require a very high level of support in order to maintain stable housing. While HSC has several residents in its current transitional housing program who exhibit this high level of need, there is no program available to serve them with stable supportive housing after the project ends.

In March 2008 HSC conducted an interagency survey related to housing costs, living expenses and income levels; the survey was conducted for Quality Management Committee review. The survey data shows the average household median income for HSC clients at \$940 per month, while average median housing expenses total \$455 per month. This shows that, on average, HSC clients are expending 48% of household income on housing costs. This exceeds the HUD definition of “affordable housing” of 30% of household income applied toward housing expenses. In addition, the survey showed that only 60% have a vehicle and car insurance while

40% have no reliable means of transportation; this lack of transportation can have debilitating implications in a rural area. Only 15% of those surveyed reported having health insurance, with average health insurance payments for those individuals at \$119 per month.

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 a SAMHSA report 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. Of the 24 new HIV-positive clients at HSC since January 2008, 11 have no income and 13 are low income.

The 2000 US Census data showed 956 individuals in the proposed service area who were residing in non-institutionalized group quarters (such as 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 Continua of Care in the HSC service area have completed recent Point-in-Time surveys to collect data on the homeless. In 2007 the Alabama Rural Coalition for the Homeless (ARCH) found that 10% of homeless persons interviewed disclosed HIV-positive status. In January of 2008 The Homeless Coalition of Northeast Alabama (HCNEA) conducted interviews with homeless persons in their coverage area. Among those interviewed about 3%, self-reported

to be HIV-positive. Both of the continua's point-in-time data show HIV infection rates among the homeless to be much higher than general population.

In the proposed 11-county service area, many housing resources are lacking that exist in more densely populated areas. For example, neither of two the continua covering the area has received funding from HUD's Homeless Assistance program to provide homeless services, although both have made efforts annually to obtain this assistance.

The HCNEA 2008 Point-in-Time study found that the main cause indicated for homelessness by the persons surveyed is substance abuse at 36% of all responses. A 2004 consumer survey of HSC clients indicated that 60% suffer from active or recent substance abuse in addition to having HIV disease. HSC intends to address substance use issues among persons who are also HIV-positive by providing direct linkage to free intensive outpatient treatment for substance abuse for permanent supportive housing residents as a leveraged service. The proposed project, "PH+" will provide housing to clients from an 11-county area by offering STRMU to prevent homelessness; facility-based housing will be offered within the cities of Anniston and Gadsden, the only two cities in the area with populations large enough to have their own consolidated plans; other rural areas to be served are included in the Alabama Department of Economic and Community Affairs (ADECA) consolidated plan. 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, as well as ADECA, have found PH+ to be consistent with their consolidated plans.

The City of Gadsden's FY2005-2009 Consolidated Plan states, "Future resources will be focused on vulnerable families, long-term support rather than short-term, teenage parents, those

who are extremely poor, and those who have incapacitating circumstances such as substance abuse problems, mental illness, foster care, or domestic violence.” (2)

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. (3)

The City of Anniston’s Consolidated Plan has listed as a priority to, “Identify and secure funding resources for permanent housing programs.” (4)

The PH+ program will meet the goals of the area consolidated plans by preventing homelessness and providing permanent housing and supportive services for persons with AIDS. 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 who are traditionally the highest-need population and have the most difficulty achieving housing stability.

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

(2) The City of Gadsden, Alabama Consolidated Plan FY 2005-2009

(3) The Alabama Consolidated Plan FY 2005-2009 is available at the ADECA website:

<http://www.adeca.state.al.us>

(4) The City of Anniston, Alabama Consolidated Plan FY 2005-2009

### **Rating Factor 3 – Soundness of approach**

#### ***a. Responsiveness, Coordination and Public Policy Priorities***

##### **1. Responsiveness:**

- **Projected number of persons to be served:** HSC will provide permanent supportive housing for 6 households during year one in 6 units of facility-based housing. These 6 units of housing will provide housing for 8 households annually for years two and three. Over the three-year grant period it is projected that 10 unique households will receive permanent supportive housing, as it is anticipated that some residents will become self-sufficient to a level that will allow them to select out of the permanent housing program. HSC will offer STRMU for clients who are already permanently housed for at least 20 households per year in years one, two and three of the project for a total of 60 households assisted during the project term. Of the 60 households served, it is anticipated that 50 will be unique households, understanding that a small number of households may require assistance during more than one year. HSC will also offer housing information services to at least 50 households per year, for a total of 150 households reached.

- **Projected number of housing units:** An apartment complex already owned by HSC will offer a total of three two-bedroom apartments (3 units of housing). Scattered-site properties will offer an additional three units of housing (one efficiency, one two-bedroom, and one three-bedroom) for a total of 6 units of housing proposed for permanent supportive housing beginning in year one.

- **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.

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 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, HSC's housing office, and on site at partnering agencies, including Family Services Center of Anniston, which has agreed to accept clients by referral for supportive services such as budgeting and GED classes.

a. Housing activities: HSC's PH+ project will assist HIV-infected low-income patients by offering two options to help individuals and families obtain and maintain permanent housing based on their unique needs. First, facility-based permanent supportive housing will be available for clients assessed as needing a high level of supportive services to maintain housing (e.g. those with very low incomes, substance abuse issues, and lack of social support). Second, STRMU will assist those clients who are already residing in a permanent housing situation but experiencing a crisis that would likely lead to loss of housing. Applicants will be carefully screened and receive in-depth assessments to evaluate need as well as eligibility for other assistance, including HOPWA formula assistance and other resources outside of PH+. Referrals will be made where appropriate.

(i) Access to permanent supportive housing: Eligible individuals will include persons living with HIV disease who are low-income, targeting those who are homeless and chronically homeless. Clients for the proposed PH+ project will come from short-term shelter as well as direct referrals from the HSC clinic case managers or other agencies. The Housing Case Managers (HCM) will assess each client to determine if permanent housing is an immediate option through any resource. For clients who are assessed to have higher needs, a referral will be made to PH+ for facility-based permanent supportive housing. Clients assessed as appropriate for permanent supportive housing will require more case management time than other clients; for example, residents of permanent supportive housing will likely have lower incomes, substance abuse issues, or poor housing history that would make it unlikely for them to succeed without a high level of case management and related supportive services. This intense level of case management is critical to the success of each client in developing long-term housing stability.

For clients who are already permanently housed but present to HSC during a time of crisis such as loss of income or unexpected bills due to an illness, STRMU will be available to help them maintain the permanent housing.

(iii) Description of housing site: HSC owns the apartment complex at [REDACTED] that will be converted from transitional to permanent supportive housing. These units, which are situated near stores and churches, will require minor rehab to improve entry access for wheelchairs. The two properties HSC is proposing to purchase are located at [REDACTED] in [REDACTED] (2 units) and [REDACTED] in [REDACTED]. HSC has carefully selected properties that are within 5 miles of HSC facilities for easy access to supportive services, as well as near community amenities. We feel this is critical to the operation of the type of permanent supportive housing proposed, as most residents lack their own transportation and cannot survive in more remote locations where stores and services are miles away and public transportation does not exist. Living near HSC and community amenities will enhance the lives of persons living in permanent supportive housing, including improved access to care and employment opportunities. These types of properties are scarce in the rural communities served by HSC. We are anticipating great success with these locations. Contracts are in place for their purchase.

(iv) Development and Operations plan: HSC proposes funds for the acquisition of three units for short-term housing as well as operating costs for an existing three-unit apartment complex. HSC owns the apartment complex located at [REDACTED] which requires only minor adjustment to improve accessibility. In addition, HSC proposes to purchase property at [REDACTED] Street in [REDACTED] and [REDACTED] in [REDACTED]. These properties are in excellent condition but will also require minor renovations, primarily to address accessibility and energy star issues. All six units will be used for permanent supportive housing. The HSC staff is prepared to secure the acquired properties quickly; contracts are already in place for both properties to be purchased immediately upon release of grant funding. Acquisition costs for these three units of housing are less than average for homes in the areas served. HSC has provided earnest money as the initial investment. The Salvation

Army of Anniston has agreed to leverage a portion of the required materials and furnishings for the new units proposed. Additional resources toward development and operating include Quality Management oversight of the acquisition process. Other leveraged resources include the extensive supportive services offered for residents.

PLAN TO ADDRESS SECTION 3 REQUIREMENTS (additional page):

- (a) *Quantify the opportunity* – the HSC Facilities Manager, who will be paid in part from the PH+ project, will personally manage the proposed minor rehabilitation of the proposed project; however, the Facilities Manager will require some assistance in building accessible ramps and making minor adjustments for the proposed properties. Two temporary contract workers will be hired to assist with this minor rehabilitation.
- (b) *Establish a schedule/elements* – HSC will make efforts, to the greatest extent possible, to ensure the contract workers meet the Section 3 Requirement of being low-income or very-low income. Preference will be given to those who qualify. HSC will post the proposed contract position at the local Salvation Army Shelter, the Calhoun County Sheriff's Rehab Center and other appropriate venues.
- (c) *Plan to track and report* – HSC anticipates that both contract workers (100%) will meet the Section 3 requirements. Each contract worker will sign a contract agreement and verification that he/she meets the Section 3 requirement. These will be maintained on file, along with work records and payment information of the workers, to verify that the work was contracted and completed in compliance with Section 3. The work should be completed and reported in year one.
- (v) Operational procedures: HSC serves over 430 HIV- positive clients and continues to seek others in need of services through comprehensive outreach activities which are funded by the CDC and SAMHSA. All clients enrolled in care at HSC receive case management services, with a minimum of annual updates of records that include income verification and needs assessment.

HSC's medical case managers are trained to make in-house referrals for clients for all forms of housing assistance, and will receive training in the new PH+ program. In addition, the HSC housing office accepts referrals from outside agencies such as homeless shelters. All referred clients are assessed for the best option for placement or assistance depending on need; HSC has a strong assessment program but intends to improve this process further with PH+ funding which will allow housing staff to conduct a more in-depth assessment. As additionally discussed under plans for tracking Return on Investment (ROI), housing case managers will complete an Addictions Severity Index (ASI) with all program clients at program intake and every six-months that clients are in the program. The ASI is a standardized and widely used instrument that provides measures of functioning in the domains of: Housing, Employment, Legal Issues, Family/Social Support, Drug and Alcohol Use, Mental Health Issues, and Physical Health Issues. Use of this type of in-depth individual assessments will allow housing case managers to individually determine the most appropriate assistance for each client, including those already in place at HSC, such as short-term shelter or LTRA. Importantly, this assessment approach also will allow case managers to track progress across not only housing issues but also other domains assumed to be improved by attainment of stable housing, such as mental and physical health issues. Periodic tracking of client progress across multiple life domains also will enable case managers to quickly identify and assist in remediation of issues that might threaten an individual's housing stability. Eligible clients who are assessed as needing a higher level of supportive housing will enroll into PH+ permanent supportive housing; these residents will receive HSC-provided medical services including primary care for HIV, laboratory services and pharmaceutical assistance, mental health assessment and treatment, substance abuse assessment and treatment, as well as paid referrals for other services such as dental and specialty care. For clients who are already permanently housed, the referral and assessment may determine that STRMU through PH+ will prevent the loss of housing without the need for more intensive and costly forms of assistance.

The Housing Case Managers (HCM) will work with each client to develop a housing plan, which will be assessed and updated quarterly. The HCM 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. In the event that a referred client is enrolled in medical care outside of HSC, the HCM will assist in coordination of care and services from the chosen provider.

Description of client flow through the proposed housing program: The HSC staff is trained in all aspects of the HSC housing program and other community housing resources. The HPC markets the program to clients with brochures, posters and informal waiting-room meetings.

**Example - Client "C"** presents to her regular clinic appointment stating to a medical case manager that she has been living in an abandoned house. The medical case manager conducts an initial intake form and refers C to the HSC Housing Office. The HCM then completes a comprehensive assessment for C, including income, health history, housing history, mental health and substance use history and the ASI. The HCM determines C requires emergency housing at HSC's short-term facility to allow a safe, immediate placement and time for planning. The HCM accompanies C to the short-term facility and assists her with the appropriate paperwork. Within two days the HSC substance abuse treatment staff conducts a substance abuse assessment; the assessment confirms that C also suffers from active substance abuse disorder. Over the next week, the HCM and C develop a housing plan, and C begins supportive services including intensive outpatient substance abuse treatment. Assessments also reveals that C receives social security disability payments of \$640 per month, but has difficulty paying rent, utilities and living expenses on such a small income. She has no family support, and a history of chronic homelessness. After three weeks in short-term housing, C follows her housing plan by moving into permanent supportive housing through PH+. She receives ongoing case management from the HCM, and substance abuse treatment through HSC's intensive outpatient program. Medical care and related supportive services continue through HSC's Ryan White program. C is assessed quarterly to ensure she is on track with the goals of her housing plan. C will remain housed through PH+ long-term, ending the cycle of homelessness, or until she is able to live independently and self-selects out of permanent supportive housing.

The HCM will utilize screening instruments for each client that will collect detailed assessment information. Clients who present to HSC homeless receive immediate services whenever possible, and receive priority when a waiting list exists for placement. Permanent supportive housing will be available to chronically homeless persons; up to 3 chronically homeless persons per year will be served by PH+.

b. Supportive Services Activities: Most of the supportive services for this program are leveraged activities that will improve overall health and stability, leading to the resident's ability to obtain and

maintain permanent housing. HSC requests funding for two Housing Case Managers to provide in-depth housing assessments of referred clients to ensure appropriate placements, ongoing intensive case management for PH+ clients, and management of the STRMU assistance program.

(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 works closely with clients to gain input into the operation of the agency. Clients participate in frequent satisfaction surveys and focus groups. 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 leverage its full spectrum of mainstream services to clients served by the proposed program. Additional supportive services are offered by referral to Family Services Center, a provider of multiple supportive services.

c. Additional Activities: HSC intends to utilize the majority of the requested funding for expenses related directly to housing including permanent supportive housing and STRMU. Housing information funding will allow housing outreach and marketing; Resource Identification funding will increase resources available for clients, and establish agency links with housing partners. The 3% of funds allowed for administrative expenses will be utilized for data collection, membership dues for collaborative organizations, and expenses related to evaluation.

c. Other Activities: HSC proposes to utilize funding for the Return on Investment (ROI).

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

a) HSC has developed the proposed program in coordination with several agencies and housing providers. The proposed program complements existing HOPWA 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 met prior to submission of this project to solidify collaboration on the project. The Homeless Coalition of Northeast Alabama has agreed to provide HMIS that will be utilized in the PH+ project.

b) HSC has 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 PH+ 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. The HPC is also a member of the newly-formed Low-Income Housing Coalition of Alabama and a board member of the Alabama Alliance to End Homelessness. The proposed PH+ project fits into the scope of planning for these groups dedicated to serving the needs of the homeless and low-income residents of Alabama. HSC has implemented HMIS to ensure to coordinate benefits for homeless clients. HSC routinely gathers input from Ryan White consumers via survey instruments and focus groups in determining future directions for the area Ryan White programs.

c) HSC has coordinated development of the proposed project with AIDS Alabama, the HOPWA formula grantee for the state. HSC has standing agreements with the Greater Gadsden Housing Authority and the Anniston Housing Authority to secure housing options for clients to maximize HOPWA resources.

d) HSC has been funded through Ryan White Title III since 1991 to provide HIV-specialty care. As a rural provider, we have not only sought out additional mainstream services, but created services 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 PH+ program, HSC's strategy is to ensure services by 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) (i) 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. (ii) A total of six units of housing will be utilized for permanent supportive housing, and each will be fitted with ramps, support bars and other features to ensure visitability.

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

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

### 4. Chronically Homeless

The project will not exclusively serve the chronically homeless, as families will be served and this does not meet the definition. However, HSC anticipates that some of the individuals served by PH+ will be chronically homeless.

#### ***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 the unique model of permanent supportive housing proposed, but will also serve homeless families and those at immediate risk. With the model proposed, chronically homeless persons may enter the PH+ permanent supportive housing directly on intake. This project will utilize comprehensive assessment tools to evaluate need and develop appropriate plans for assistance. For clients who are assessed as appropriate for permanent supportive housing, ongoing and intensive service coordination will assist them in remaining stably housed.

2) Project management and oversight: The Health Services Center is governed by an 11-member volunteer Board of Directors that is charged with the general oversight of the agency. The Director of HSC, [REDACTED], MD, supervises the Housing Program Coordinator (HPC), [REDACTED], who will serve as Project Director for the proposed project. The HPC will be responsible for program management, staffing, program evaluation, and dissemination of results. The Social Work and Supportive Services Director, [REDACTED], LCSW, will provide leveraged Quality Management (QM) leadership and evaluation for the operations of this project as Chair of HSC's QM 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 during the three years of the proposed project, we will provide permanent supportive housing to 10 unique low-income households, STRMU assistance to 50 unique low-income households, and Housing Information to 150 unique households.

Outcomes: At least 10 households will obtain housing stability through permanent supportive housing, 50 households will maintain their own stable permanent housing through STRMU assistance, and 150 households will gain information to assist them in permanent housing plans.

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. Additionally, progress of all enrollees will be tracked from baseline every six months across major life domains, including housing, using the ASI, a standardized, widely used measure of psychosocial functioning. This will allow for measurement of program successes at both the individual and the group level. Should progress fall below stated goals, the QM committee chair will assist in developing appropriate QM audits. These audit results will guide the Director and HPC in making adjustments to the program. The program's 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 a partner with Collaborative Solutions, Inc. on a Rural Housing and Economic Development project that shares information in a housing network for rural housing providers.

#### 4) Model Features

The proposed PH+ will be a unique project designed to meet the unique permanent housing needs of rural people with HIV, particularly those who are homeless; this is a group often overlooked by traditional service delivery design. Many HIV-positive individuals in need of housing present to HSC with little or no reliable income, a history of legal problems, or a poor housing history and credit score; these are typical minimum requirements for individuals seeking to rent housing through the local market. In order to receive LTRA, which is available through HSC and AIDS Alabama, individuals must be able to rent housing with his or her own name on the lease. For some high-need clients, this is not a reasonable option. HSC is proposing to fill that gap by offering facility based permanent supportive housing. 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. HSC is also proposing an option to help individuals who are already permanently housed but experiencing a crisis by offering STRMU. Although AIDS Alabama offers STRMU through formula funding, these funds are becoming increasingly limited due to the skyrocketing costs of utilities and rent payments in Alabama, and caps have already been implemented in the formula STRMU program statewide. The PH+ program will complement the formula program by allowing more Alabamians an opportunity to avoid homelessness and maintain their own permanent housing during a time of financial crisis.

#### **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. In addition, the Salvation Army of Anniston is leveraging [REDACTED] in resources toward operating costs of permanent supportive housing. The majority of the leveraging committed to this project is non-cash, but will be required for the project to function. Total leveraging toward the project will be [REDACTED]

**Name and address of organization committing leveraging as indicated in the chart below:**

Salvation Army of Anniston  
Noble Street  
Anniston, AL

Type of commitment	Dollar Value	Date of letter	Source of funding	Organization's contact for leveraging
Building rehab materials/supplies and furnishings as available in stock at the agency store at the time of funding	[REDACTED]	July 8, 2008	Salvation Army of Anniston	[REDACTED]

**Name and address of organization committing leveraging as indicated in the chart 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
Cash for initial earnest money toward property	[REDACTED]	July 8, 2008	General fund/donations	[REDACTED]
Case Management Staff time (referrals)	\$21,000	July 8, 2008	Federal (Ryan White)	[REDACTED]
Medical Care for clients (Physician, labs, etc)	\$112,200	July 8, 2008	Federal (Ryan White)	[REDACTED]
Medication Assistance	\$299,700	July 8, 2008	Federal (Ryan White)	[REDACTED]
Medication Adherence	\$25,100	July 8, 2008	Federal (Ryan White)	[REDACTED]
Food -Nutrition Support	[REDACTED]	July 8, 2008	Private foundation [REDACTED]	[REDACTED]
Substance Abuse Assessments / screens /treatment	\$92,000	July 8, 2008	Federal (SAMHSA)	[REDACTED]
Mental Health Assessments and treatment, includes Psychiatrist treatment	\$82,500	July 8, 2008	Federal (SAMHSA)	[REDACTED]

Administrative support staff time	\$24,000	July 8, 2008	Federal (Ryan White, CDC)	[REDACTED]
Office Supplies	[REDACTED]	May 21, 2007	General fund /donations	[REDACTED]
Office/phone for HPC	\$18,000	May 21, 2007	Federal (SAMHSA)	[REDACTED]
QM/fiscal staff toward operating	\$40,000	May 21, 2007	Federal (CDC and Ryan White)	[REDACTED]
<b>TOTAL</b>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

## **Rating Factor 5 – Achieving Results and Program Evaluation / Return on Investment**

As indicated in the Logic Model, planned activities for the project that will require evaluation include property acquisition and minor property rehab, operation of permanent supportive housing, and short term rent, mortgage and utility assistance (STRMU). Intense case management services will be required to facilitate housing stability for residents of permanent supportive housing. Housing information services will include the marketing of the project to eligible individuals. Resource Identification will be crucial for developing resources, contacts, and referrals for future placements of clients.

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 acquisition to dissemination of results. 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 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 nights of permanent supportive housing, number of persons receiving STRMU assistance, maintenance records of facilities, 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. In addition, expenditures will be evaluated by the CPA and QM committee to ensure that funds are being expended appropriately in accordance with stated goals. 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:**

<b>Activity</b>	<b>Performance Indicator</b>	<b>Timeline</b>
Acquisition and minor rehab of 216 East 22 <sup>nd</sup> Street in Anniston and 115 East 16 <sup>th</sup> Avenue in Gadsden	(a) Contracts are in place and earnest money has been paid to reserve the property for the project.  (b) Environmental review process completed.  (c) Closing documents and site control of property  (d) Minor repairs completed	(a) Completed at time of proposal  (b) Within 45 days of grant agreement  (c) Within 4 months of grant agreement  (d) Within 5 months of grant agreement
Case management	Staff hired, assessments on file for each referral, housing plans on file, case notes indicate activity weekly, with housing plans in place for each client, benefits applied for, referrals made, transportation provided	Begins within first month of funding
Permanent Supportive Housing	Permanent supportive housing provided as evidenced by referrals, assessments, and housing agreements	Within first month of funding release
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
STRMU	Clients assisted with STRMU as evidenced by referrals, assessments, and payment documentation	Within first month of funding
Housing Resource Identification	Staff participation in collaborative organizations, improved housing capacity and related support for persons with HIV, new linkages established	Begins immediately upon funding

### Return on Investment (ROI) Methodology:

• *Description of Methodology and Rationale for Approaches Used.* HSC will implement two ROI approaches in the currently proposed project: “dollars saved per dollars invested” and “benefits per dollars invested.” HSC is proposing an ambitious permanent supportive housing project for an underserved, high-risk rural population. In addition to housing services, other HSC departments provide comprehensive medical, psychosocial, mental health, substance abuse, and secondary prevention services for persons living with HIV. All housing clients will be directly linked to these leveraged services and, through intensive housing case management, to other supportive services in the community. These linkages and their anticipated positive effects will provide substantial “value added” benefits linked to each dollar specifically invested in housing. Importantly, it is anticipated that each housing dollar leveraged will result in beneficial linkages across multiple psychosocial domains, not only housing.

The comprehensive “benefits per dollar invested” strategy described below will capture and quantify these primary (housing) and secondary (other health and psychosocial) benefits. Many of the beneficial outcomes obtained from engaging persons living with HIV in permanent supportive housing are anticipated to have quantifiable dollar amounts that can be compared to dollar amounts associated with other alternatives and with a specific individual’s past history through pre- and post-enrollment assessments. For example, the data collection plan presented below describes expected comparisons of fiscal costs and benefits per housing dollar spent versus housing the same individual in jail, a local homeless shelter, or an inpatient facility. HSC’s methodology for accomplishing these comparisons will utilize electronic databases of HSC service records, program-specific tracking forms for services and costs, nationally and locally available costs for alternative services (e.g., jail), and electronic, itemized databases of funds expended on activities and individual services.

- *Identify the program or service to be addressed by the ROI and why it was selected.* ROI analysis will focus primarily on the current application's permanent supportive housing component because this more intensive, "hands on" approach requires more resources and inputs, and it is critical to be able to show funders and community stakeholders a return on their housing dollar investment. ROI permanent supportive housing analysis also will allow tracking of both service-provision and financial outcomes. These will allow staff to detect inefficiencies and/or implement more cost-effective or beneficial service approaches based on continuous data monitoring. HSC developed its target indicators to be reasonably and meaningfully tracked and compared within the allotted time frame.

- *Description of the expected benefit(s)/outcome(s).* The proposed data collection plan proposed allows tracking of benefits provided to persons living with HIV in HSC's proposed PH+ permanent supportive housing program across a variety of life domains that are typically associated with increasing housing stability. For example, HSC anticipates that intensive, housing-focused case management coupled with permanent housing provision will result in relatively rapid improvement in housing stability from baseline. Because HSC is able to provide comprehensive in-house medical, mental health, psychosocial, and addictions care as leveraged benefits that do not require HUD dollars for all permanent supportive housing enrollees, we anticipate that quantifiable benefits and improved outcomes will be shown from baseline to follow-up in standardized measures of healthcare access, substance use disorders, and overall physical and mental health status.

Improved outcomes also are anticipated from intake to follow-up points in days spent in jail and other institutions in the preceding 30 days (e.g., prior to housing and at selected points after entering permanent supportive housing), decreases in use of emergency health and mental health services, and increases in days employed. These factors are quantifiable in dollars per individual and per day, allowing ongoing ROI results on qualitative benefits and quantitative fiscal benefits

(e.g., cost savings to relieve burden on public programs, etc.) associated with program inputs. For example, HSC can link PH+ permanent supportive housing residents to substance abuse treatment targeting homeless individuals that will provide 10 weeks of free, intensive substance abuse treatment followed by 10 free weeks of housing/job skills focused aftercare. The benefits are valued by the funder (SAMHSA) at ██████████ per individual, which can be considered leveraged return on HOPWA dollars for enrollees. Currently, enrollees in HSC's homeless substance abuse program have a 700% increase in employment and a 500% increase in stable housing at 6-month follow-up. These and similar data will be available on HOPWA enrollees and can then also be integrated into the "dollars saved per dollars invested" methodology described below.

- *Data collection and analysis plan.* HSC will complete the Addictions Severity Index (ASI) at intake with each person served by the permanent supportive housing program. The ASI is a reliable and valid instrument that can be administered by case management staff in less than 30 minutes. It provides standard scores of client functioning in domains related to housing, employment, physical health, mental health, substance use/abuse, legal issues (e.g., incarceration, arrests), and social functioning (e.g., family relationships). In addition to standard score estimates of functioning in each category, individual ASI items provide information for the past 30 days regarding income, days employed (and employment status, e.g., full-time, part-time), days housed, days incarcerated, days institutionalized, days using emergency services, days using substances of abuse, and days with significant health issues. The ASI is valid for re-administration every 30 days. HSC proposes to administer the ASI upon program intake and routinely every 90 days during which an individual is enrolled in permanent supportive housing. This will allow comparisons from intake to progression in program services in both global functioning and key variables (e.g., days housed, days using emergency facilities) whose costs can be quantified and benchmarked. For example, HSC will be able to use the ASI to compare an individual's days in jail over the past month after

being in the permanent supportive housing program for three months with his/her days in jail over the month preceding program intake. The average cost of a day in jail in Calhoun County is estimated at \$50. Similar uses of the ASI can track days employed, days receiving social benefits, etc.

“Benefits per dollar invested” will be obtained through intake information on individuals entering the program and comparison of case management records and electronic information of other services received at HSC (e.g., mental health services, medical care). HSC has electronic databases that house medical and other service provision information that can be accessed to track benefits received. Other HSC psychosocial services, such as substance abuse treatment keep comprehensive attendance and progress records in accessible electronic databases. Electronic warehousing of information into statistical databases also will allow comparisons of “benefits per dollar invested” for specific high-risk sub-populations served, such as survivors of domestic violence, clients with histories of mental illness, or the chronically homeless, who may be expected to come into the program with greater immediate and ongoing psychosocial needs.

Fiscal information for both the “benefits per dollar invested” and “cost savings per dollar invested” approaches will be obtained through HSC’s electronic financial system. HSC’s Fiscal Officer is a Certified Public Accountant who maintains all project budgets in electronic form and by designated line items. This computerized system will easily allow HSC to “cost out” different services and to compare the addition or subtraction of various services on the overall financial bottom line.

• *Description of organization’s capacity to conduct the project, staff to be assigned, and relevant staff experience.* HSC is highly experienced in data collection and analysis for federal projects (e.g., SAMHSA, CDC, HUD, DHHS). HSC has ongoing databases and established procedures for tracking service provisions (e.g., logs of daily service provisions, electronic records

system to track provision of medical and psychosocial services). These data can be captured in the current project (as described above) to determine dollar- and benefits-based return on investment for HUD permanent supportive housing funds. As described above, all project budgets are tracked by Project Directors and separately tracked in total and by spending category with electronic databases by HSC's Fiscal Officer. This system, along with cost evaluation forms used successfully in past projects will allow for a successful determination of the cost of providing services per individual and also per day of program housing. The Housing Program Coordinator will oversee the ROI process, and the housing case managers will collect most service provision and outcome data as part of routine activities. A program assistant is available for data entry into electronic databases for pre-post comparisons, comparisons with financial data, and summary statements of services received by permanent supportive housing clients. HSC also contracts with an experienced program evaluator who has completed similar cost-effectiveness studies for HSC's federal programs. HSC will leverage expertise from this individual, the Fiscal Officer, and current staff and administration to successfully complete the proposed ROI analysis.

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# HOPWA Competitive Application & Renewal of Permanent Supportive Housing Project Budget Summary

Sponsored by the

**U.S. Department of Housing and Urban Development  
Office of Community Planning and Development  
Office of HIV/AIDS Housing**

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The information collection requirements pertain to grant application submission requirements which will be used to rate applications, determine eligibility, and establish grant amounts.

Selections of applications for funding under the HOPWA Program are based on the rating factors set forth in the SuperNOFA for Housing and Community Development Programs and the criteria established in the annual HOPWA renewal notice for those permanent supportive housing grantee's seeking renewal funding.

The public reporting burden for the collection of information for the **HOPWA Competitive Application & Renewal of Permanent Supportive Housing Projects Budget Summary** is estimated to average 22 hours. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a currently valid OMB control number. **OMB Approval No. 2506-0133** (Expiration Date: 12/31/2010)

**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)

**Application Budget Summary (all applicants)**

<b>Applicant Name</b>	Health Services Center, Inc	<b>Number of Project Sponsors</b>	1 (grantee only)	<b>Plan dates for grant agreement and activities</b>	01/09 – 12/11 (mo./yr.)
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A.	Eligible Activity	HOPWA Request				Leveraged Funds
		A. Year 1	B. Year 2	C. Year 3	D. Total	
Facility Development (new applications only)	1. Acquisition	155,595	0.00	0.00	155,595	0.00
	2. Rehabilitation, Repair & Conversion	30,000	0.00	0.00	30,000	0.00
	3. New Construction (for Community Residences and SRO dwellings only)	0.00	0.00	0.00	0.00	0
Facility Operations	4. Operating Costs for Housing Facility	50,000	79,880	79,880	209,760	0.00
	5. Leasing	0.00	0.00	0.00	0.00	0.00
TBRA	6. Tenant-based Rental Assistance	0.00	0.00	0.00	0.00	0.00
STRMU	7. Short-term Rent, Mortgage, & Utility Payments to Prevent Homelessness	24,000	24,000	24,000	72,000	0.00
Support Services	8. Supportive Services	80,000	112,550	112,550	305,100	0.00
	9. Housing Information Services	18,480	18,480	18,480	55,440	0.00
Other Program Expenses	10. Permanent Housing Placement	0.00	0.00	0.00	0.00	0.00
	11. Resource Identification to Establish, Coordinate & Develop Housing Assistance	36,960	36,960	36,960	110,880	0.00
	12. Other Housing Costs (please specify in narrative; requires HUD approval): ROI	12,000	6,000	12,000	30,000	0.00
<b>13. Total Program Costs: (total of lines 1-12)</b>					<b>968,775</b>	
Administrative Expenses	14. Grantee's Administrative				29,063	
	15. Project Sponsor's Administrative Costs				0.00	
<b>16. Total HOPWA Request (total of lines 13-15)</b>					<b>997,838</b>	

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

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

B.	Eligible Activity	HOPWA Request				
		Yr. 1	Yr. 2	Yr. 3	Totals:	
Facility Development (new applications only)	1. Acquisition Description: The purchase of three housing units within the service area, located at ██████████ in Gadsden and ██████████ in Anniston (2 unit complex), for the purpose of providing permanent supportive housing to low-income persons who are HIV-positive	Budget	155,595	0.00	0.00	155,595
		# of Units	3			3
	2. Rehabilitation/Repair/Conversion Description: Upgrades and repairs to newly acquired property as listed above to include accessibility/visitability standards and energy star applications where possible; also to convert existing units at ██████████ from transitional housing to permanent supportive housing.	Budget	30,000	0	0	30,000
		# of Units	6	0	0	6
	3. New Construction (Community Residences & SRO dwellings only) Description:	Budget				
		# of Units				
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 checked="" type="checkbox"/>						
Facility Operations	4. Operating Costs for Housing Facility Description: Will include basic maintenance for all six properties, monthly utilities, insurance, security, and furnishings beginning in month three of year one for scattered-site permanent supportive housing to benefit 6 low-income HIV+ persons per year who have been assessed to benefit from permanent supportive housing; will include 0.5 FTE of Project/Facility manager for property inspections, property management duties, and upkeep of housing properties	Budget	50,000	79,880	79,880	209,760
		# of Units	6	6	6	6
	5. Leasing Description:	Budget				
TBRA STRMU	6. Tenant-Based Rental Assistance Payments Description:	Budget				
		# of Households				
	7. Short-Term Rent, Mortgage & Utility Payments to Prevent Homelessness Description: Will provide up to \$1,200 of assistance per year for up to 20 low-income persons who are HIV-positive to allow them to remain in their own current permanent housing during a time of financial crisis	Budget	24,000	24,000	24,000	72,000
	# of Households	20	20	20	60	
Support Services	8. Supportive Services Costs Description: Comprehensive housing assessments and case management at 2.0 FTE, transportation and care coordination to assist HIV+ homeless persons and households at high risk with moving toward self-sufficiency by achieving safe and stable permanent housing.	Budget	80,000	112,550	112,550	305,100
		# of Households	76	78	78	232
	9. Housing Information Services Description: .4 FTE of HPC for program outreach, marketing, training, and referral for housing assessment for a total of 150 households served	Budget	18,480	18,480	18,480	55,440
Other Program Expenses		# of Households	50	50	50	150
		# of Households				

	10. Permanent Housing Placement Services Description:	Budget				
		# of Households				
	11. Resource Identification to Establish, Coordinate, & Develop Housing Assistance Description: .6 FTE for Housing Program Coordinator to establish, coordinate and develop housing assistance including community collaborations and assessments	Budget	36,960	36,960	36,960	110,880
	12. Other Housing Costs (approved by HUD) Description: Return on Investment study including set up of data elements, staff time, and final reporting	Budget	12,000	6,000	12,000	30,000
		# of Units	6	6	6	6
Administrative Expenses	13. Grantee's Administrative Costs Description: Staff time for data collection, audit fees, professional membership dues	Budget	9,463	9,800	9,800	29,063
	14. Project Sponsor's Administrative Costs Description:	Budget				

**15. Total HOPWA Request for this Organization**

**997,838**

**Note: Service delivery costs such as salary and overhead costs to deliver a particular budget line item should be represented in the funding amount requested for that particular budget line item.**

## Transparency Act Compliance

**Instructions:** Charts 1 and Chart 2 below should be completed for the grantee and each project sponsor. Chart 1 should be completed with the general information requested. Chart 2 should be completed for each sub-contractor (other than your project sponsor/s) who receives over \$25,000.00 per the Transparency Act of 2006 (Public Law 109-282). If the sub-contractor information requested for Chart 2 is not known at the time of application submission, check the unknown check box. If the project is approved, this information will be collected and reported in the Annual Performance Report (APR).

Grantee: ; Project Sponsor:

Chart 1: General Information			
<b>Name and Address of Organization</b>			
Health Services Center, Inc			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
Anniston	AL	36201	USA
<b>Congressional District of Organization</b>		<b>EIN/TIN of Organization*</b>	<b>Organization's Website Address</b>
3 and 4		63-0993592	www.hscal.org
<b>Parent Company Name and Address (If Applicable)</b>			
n/a			
<b>Service Area (community, Metropolitan Statistical Area (MSA) or State in which this program is operating)</b>			
Anniston and Gadsden Alabama and 11 surrounding counties			
<b>City and County of Primary Service Area(s)</b>	<b>Zip Code of Primary Service Area(s)</b>	<b>Congressional District of Primary Service Area(s)</b>	
Anniston, Calhoun	36201	3	

Chart 2: Sub-contractors receiving \$25,000 or more (Unknown <input checked="" type="checkbox"/> )			
<b>Contract Recipient Business Name Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
<b>Congressional District of Contract Recipient</b>	<b>NAICS Code*</b>	<b>EIN/TIN of Organization*</b>	<b>Organization's Website Address</b>
<b>Parent Company Name and Address (If Applicable)</b>			
<b>Service Area (community, Metropolitan Statistical Area (MSA) or State in which this program is operating)</b>			
<b>City and County of Primary Service Area(s)</b>	<b>Zip Code of Primary Service Area(s)</b>	<b>Congressional District of Primary Service Area(s)</b>	

\*Employer Identification Number or Tax Identification Number

\*North American Industry Classification System code

## HOPWA Applicant Certifications

The following certified statements are required by law.

The Applicant hereby assures and certifies that:

**1. Fair Housing.** It will comply with Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d and implementing regulations at 24 CFR 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. Applicant 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 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 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 135.11(e).

(f) It will comply with Section 3 of the Housing and Urban Development Act of 1968, (12 U.S.C. 1701(u)), as amended, and implementing regulations at 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 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. 6101-6107), 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 potentially eligible persons of particular race, color religion, sex, age, national origin, familial status, or handicap 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 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.

**4. Client Confidentiality.** The grantee and project sponsor must comply with the confidentiality requirements, as mandated by Section 856 of the AIDS Housing Opportunity Act and implemented in HOPWA regulation at 574.440: "The Grantee shall agree, and shall ensure that each project sponsor agrees, to ensure the confidentiality of the name of any assisted under this part and any other information regarding individuals receiving assistance".

*I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.*  
**Warning:** HUD will refer for prosecution 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)

**HOPWA Applicant Certifications**

Name with Signature of Authorized Certifying Official & Date  
 Rita Flegel

Title  
 Housing Program Coordinator

Name of Applicant  
 Health Services Center, Inc













Facsimile Transmittal

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

OMB Approval No. 2525-0118  
exp. Date (5/30/2008)

1213816366-9685

\* Name of Document Transmitting: Letters (x2)

1. Applicant Information:

\* Legal Name: Health Services Center, Inc  
\* Address:  
\* Street1: PO Box1347  
\* Street2: 608 Martin Luther King Drive  
\* City: Anniston  
\* County: Calhoun  
\* 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: Housing Office  
Division:

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

Prefix: [redacted] \* First Name: Rita  
Middle Name:  
\* Last Name: Flegel  
Suffix:  
\* Phone Number: 256-832-0100  
Fax Number:

\* 5. Email: Rhflegel@aol.com

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? 3

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011  
(exp. 08/31/2009)

Applicant/Recipient Information

\* Duns Number:

\* Report Type:

INITIAL

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

\* Applicant Name:

Health Services Center, Inc

\* Street1:

PO Box1347

Street2:

608 Martin Luther King Drive

\* City:

Anniston

County:

Calhoun

\* State:

AL: Alabama

\* Zip Code:

36202

\* Country:

USA: UNITED STATES

\* Phone:

256-832-0100

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: \$

997,838.00

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

\* Project Name:

Permanent Housing Plus

\* Street1:

PO Box 1347

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.

Form HUD-2880 (3/99)

**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:

US Department of Housing and Urban Development

Government Agency Address:

\* Street1: 451 Seventh Street, SW

Street2: Room 7212

\* City: Washington

County:

\* State: DC: District of Columbia

\* Zip Code: 20401-7000

\* Country: USA: UNITED STATES

\* Type of Assistance: grant request

\* Amount Requested/Provided: \$ 997,838.00

\* Expected Uses of the Funds:

Provide permanent supportive housing to persons with HIV

Department/State/Local Agency Name:

\* Government Agency Name:

Government Agency Address:

\* Street1:

Street2:

\* City:

County:

\* State:

\* Zip Code:

\* Country:

\* Type of Assistance:

\* Amount Requested/Provided: \$

\* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

**Part III Interested Parties.** You must decide.

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"/> %
<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"/> %

(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:

\* Date: (mm/dd/yyyy)

<b>Application for Federal Assistance SF-424</b>		Version 02
<p>* 1 Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2 Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>		
<p>* 3 Date Received:</p> <input type="text" value="07/15/2008"/>		<p>4 Applicant Identifier:</p> <input type="text"/>
<p>5a. Federal Entity Identifier:</p> <input type="text"/>		<p>* 5b. Federal Award Identifier:</p> <input type="text"/>
<p><b>State Use Only:</b></p>		
<p>6. Date Received by State:</p> <input type="text"/>		<p>7 State Application Identifier:</p> <input type="text"/>
<p><b>8. APPLICANT INFORMATION:</b></p>		
<p>* a. Legal Name: <input type="text" value="Health Services Center, Inc"/></p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text" value="63-0993592"/>		<p>* c. Organizational DUNS:</p> <input type="text" value="REDACTED"/>
<p><b>d. Address:</b></p>		
<p>* Street1: <input type="text" value="PO Box1347"/></p>		
<p>Street2: <input type="text" value="609 Martin Luther King Drive"/></p>		
<p>* City: <input type="text" value="Anniston"/></p>		
<p>County: <input type="text" value="Calhoun"/></p>		
<p>* State: <input type="text" value="AL: Alabama"/></p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text" value="USA: UNITED STATES"/></p>		
<p>* Zip / Postal Code: <input type="text" value="36202"/></p>		
<p><b>e. Organizational Unit:</b></p>		
<p>Department Name:</p> <input type="text" value="Housing Office"/>		<p>Division Name:</p> <input type="text"/>
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p>		
<p>Prefix: <input type="text"/> * First Name: <input type="text" value="Biba"/></p>		
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text" value="Flanagan"/></p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text" value="Housing Program Coordinator"/></p>		
<p>Organizational Affiliation:</p> <input type="text"/>		
<p>* Telephone Number: <input type="text" value="256-932-1100"/></p>		<p>Fax Number: <input type="text" value="256-932-1101"/></p>
<p>* Email: <input type="text" value="bflanagan@hca.com"/></p>		

Application for Federal Assistance SF-424

Version 02

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-5200-N-21

\* Title:

Housing Opportunities for Persons with AIDS

13. Competition Identification Number:

HOPWA-21

Title:

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

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

A model of rural permanent housing for low-income persons with HIV, including facility-based supportive housing and STRMU, with assistance based on in-depth individual assessments.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

\* a. Federal

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL

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.)

Explanation

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:

**Application for Federal Assistance SF-424**

Version 02

**\* 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.