

**CITY OF BATON ROUGE-PARISH OF EAST BATON ROUGE OFFICE OF COMMUNITY DEVELOPMENT
2017 HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM
PROJECT APPLICATION for Project Period: October 1, 2018- September 30, 2019**

One (1) signed-original application and 4 copies must be submitted no later than 4:00pm on Tuesday, May 22, 2018 to:

City Parish Office of Community Development
222 St. Louis Street, 7th floor, Baton Rouge, LA 70802
225-389-3039

**For OCD Use
Only:
Proposal #**

Date received:

PROJECT NAME:

PART 1: PROJECT INFORMATION

A. APPLICANT IDENTIFICATION

Organization							
Parent Company (if applicable)							
Contact Person's Name							
Contact Person's Title							
Email address							
Business address							
City		State		Zip		Parish	
Phone Number with area code				FAX Number			
Employer ID Number (EIN) or Tax ID number (TIN)							
Congressional District of Location							
Congressional District(s) of Primary Service Area(s)							
Zip Code(s) of Primary Service Area(s)							
Primary Service Areas, City(ies)				Parishes			

B. Project Sites: Enter location of project activity, not service area. If located in East Baton Rouge Parish, include Metro Council District. If not known, call the Office of Community Development at 225-389-3039.

Facility/Activity/Site(s) Name	Street Address/City/Zip	Metro Council District	Parish

C. Project Service Area(s): Check as many as apply in the nine (9) parish area EMSA.

East Baton Rouge	West Baton Rouge	East Feliciana	Ascension	West Feliciana	Pointe Coupee	Iberville	St. Helena	Livingston
------------------	------------------	----------------	-----------	----------------	---------------	-----------	------------	------------

D. Application Verification of Accuracy & Authorization by Board Officer or CEO

Signature		Date Signed	
Print or Type Name and Title			

Please keep a copy of this application for your files. Incomplete applications may not be reviewed. The City Parish is not obligated to pursue missing information or to consider supplemental materials that are provided after the application deadline. Applicants should ensure that their applications are on time and complete at time of submittal. Information provided in this application is subject to public review.

FUNDING-REQUEST SUMMARY

Project Type(s):	HOPWA REQUEST
Facility Based Housing	
Tenant Based Rental Assistance	
Permanent Housing Placement	
Operations	
Supportive Services	
Short Term Rent Mortgage and Utility Assistance	
Administration (Limited to 7%)	
Housing Information	
Rehabilitation/Acquisition	
Project Based Rental Assistance	
GRAND TOTAL	

LEVERAGING SUMMARY

Report the anticipated source(s) of cash or in-kind leveraged federal, state, local or private resources. Next to the amount, please indicate whether the money is Committed (C), Applied for (A) or To Be Raised (TBR.)

(1) Projected Sources of Leveraging	(2) Housing Assistance \$	(3) Supportive Services \$	(4) C, A, or TBR
1. Program Income(excl. resident rent)			
2. Federal government (specify)			
3. State government (specify)			
4. Local government (specify)			
5. Foundations (specify)			
6. In-kind Resources			
7. Resident rent payments in Rental, Facilities, and Leased Units			
8. Applicant (cash)			
TOTAL (Sum of 1-8)			

E. BRIEF PROJECT DESCRIPTION – In space below, summarize what the project will do. Do not refer to attachments.
(Expand space below as needed to answer.)

F. PROPOSED HOPWA PROJECT, PROGRAM CATEGORIES AND BENEFICIARIES:

1. Housing Projects:

Indicate in the applicable HOPWA housing category below the number of units or beds dedicated to persons living with HIV/AIDS that will be provided.

a. Facility-based Housing: Housing Operations

X	Facility-based Housing Type	Projected # Households	Projected Length of Stay	Operating cost: Average per Household
	Short-term facility/Emergency Housing			
	Permanent Housing Facility			
	Permanent Housing Master Leasing			
	Transitional Housing (2 years or less)			

b. Rental Assistance

Indicate the proposed number of households (individuals and families) by type of housing assistance and estimated average cost per household for 12-month project period.

Rental Assistance Type	Estimated Number of Households	Estimated Average Cost per Household
1. Short-term Rent, Mortgage, Utilities (STRMU) to prevent homelessness, limited to 21 weeks:		
2. Tenant Based Rental Assistance(TBRA):		

c. Permanent Housing Placement

Permanent Housing Placement	Estimated Number of Households	Estimated Average Cost per Household
Costs for security deposits, not to exceed two months of rent costs		

d. Housing Supportive Services

Indicate below the supportive services needed by the people you propose to house if the service is not handled in-house. If additional space is needed please provide in the space below the table.

X	Housing Supportive Service Type	Who will provide service?
<i>x</i>	<i>Example: Case Management</i>	<i>ABC, Inc.</i>
	Outreach	
	Case management (comprehensive)	
	Life management skills	
	Nutritional services/meals	
	Adult day care/personal assistance	
	Childcare/other children's services	
	Education	
	Employment assistance	
	Alcohol & drug abuse services	
	Mental health services	
	Health/medical/intensive care	
	Other Specify:	
	Other Specify:	

If services for persons receiving housing assistance are not provided by the applicant agency but instead by established service links with other service providers, then attach memorandum (a) of agreement with the service provider(s) as **Exhibit 10** or describe in the space below how the services will be obtained. *(Expand space below as needed to answer.)*

2. Proposed Supportive Service-Only Providers:

Indicate in the table below the number of persons to be served by the project as indicated.

X	a. Supportive Services:	# Persons receiving assistance in HOPWA housing	# Persons receiving assistance in non-HOPWA housing	# Persons receiving Assistance in a non-housing facility*
<i>x</i>	<i>Example: Case Management (comprehensive)</i>	<i>290</i>	<i>100</i>	<i>50</i>
	Outreach			
	Case Management (comprehensive)			
	Life Management Skills			
	Nutritional services/meals			
	Adult day care/personal assistance			
	Childcare/other children’s services			
	Education			
	Employment Assistance			
	Alcohol & drug abuse services			
	Mental Health Services			
	Health/medical/intensive care			
	Other Specify:			
	Other Specify:			

**Applicant’s office, medical facility, etc.*

3. Needs Assessment. Describe below how need for the services and the number to be served was determined for the identified geographic area to be served. Please include demographic data for the target population and a discussion of the gap (or otherwise gap without the proposed service) that exists to justify proposal funding. *(Expand space below as needed to answer.)*

G. ORGANIZATIONAL EXPERIENCE AND CAPACITY: Describe your organization’s capacity to include: mission, history, services, funding sources (including experience in administering federal funding), organizational structure and oversight. *(Expand space below as needed to answer.)*

H. PROJECT DESCRIPTION: Describe specifically and in detail what you propose to do, how you propose to do it, the specific use of requested funding and other funding committed or planned for the project. Describe how potential HOPWA clients will be identified (outreach) and how they will be evaluated to determine eligibility in the program. Please detail all supportive services clients will receive (including names of all outside agencies you have a relationship with), and length of time clients will remain in your program. This description should be detailed and step by step so that there is a clear understanding of exactly how a client moves through your proposed HOPWA program. Discuss in detail other resources available to your clients upon departure from the HOPWA program and what follow up (including timeframes) will occur. *(Expand space below as needed to answer.)*

I. PROJECT BENEFICIARIES: Describe specifically who will benefit and how they will benefit from the proposed activities, including demographics (such as age and gender of clients, HIV/AIDS disabled, recovering substance abusers, mentally ill, etc. If the project will not serve HOPWA-eligible clients exclusively, indicate the percentage of other clients that will assisted. *(Expand space below as needed to answer.)*

J. ANTICIPATED PROJECT OUTCOMES: According to HUD guidance for the HOPWA program, output is the number of households receiving housing assistance. Outcome is housing stability. See General Instructions for descriptions of stable and unstable housing.

Assistance Type	Projected # households that will receive assistance by type of activity	Projected # households that will attain housing stability as result of assistance provided
Facility Based Housing		
Tenant Based Rental Assistance		
Short-Term Emergency (STRMU)		
Permanent Housing Placement		NOT APPLICABLE
Supportive Services		NOT APPLICABLE
Resource Identification		NOT APPLICABLE
Housing Information		NOT APPLICABLE

K. NON-DISCRIMINATION: Do you currently have written policies that prohibit discrimination against any employee or client based on race, sex, religion, national origin, age, sexual orientation, or handicap? The City Parish’s anti-discrimination law includes sexual orientation which is not part of the federal constitution and laws. ___Yes ___No

L. ORGANIZATIONAL CAPACITY:

1. Corporate Status: *Not Required/Not applicable for Governmental Agencies.*

Applicant must have had 501(c)(3) non-profit status at least 2 full years, or have 2 full years of operating experience under another non-profit entity which meets this criteria, or be a governmental entity proposing to serve HOPWA eligible persons. Copy of IRS 501(c) (3) form from applicant or agency under which program has operated at least 2 full years must be submitted with application.

State registration and Business License:

Applicant must be registered and licensed (if applicable) to do business in the State of Louisiana at the time of application. Copy of current registration must be submitted with application.

2. Required Exhibits: Initial the Exhibits chart that follows, and at end of application package, **attach one copy** of the required items: *(Note: Exhibits 1 through 8 are not required, nor applicable, for other government entities.*

Initial if attached	EXHIBIT	Applicable to:
	Exhibit 1: Evidence of nonprofit status, IRS 501(c)(3)	All Applicants
	Exhibit 2: Current State Registration	All Applicants
	Exhibit 3: Articles of Incorporation	All Applicants
	Exhibit 4: Corporation Bylaws	All Applicants
	Exhibit 5: Copy of written financial procedures and responsibilities	All Applicants
	Exhibit 6: Independent audits or audited financial statements for two (2) most recent years; Most recent audit must be no older than 36 months prior to application.	All Applicants
	Exhibit 7: Income and Expense Statements for Jan-March 2016	All Applicants
	Exhibit 8: Listing of Board of Directors (include name, title, address, phone #, office held, term, compensation, profession, qualification, race, gender, and ethnicity).	All Applicants
	Exhibit 9: Applicant agency's most recent total operation budget	All Applicants
	Exhibit 10: Memorandum (a) of agreement with supporting organizations.	All Applicants
	Exhibit 11: Resumes/references for principal staff who will be involved in the proposed activity	All Applicants
	Exhibit 12: Job descriptions for staff positions implementing the proposed activity	All Applicants
	Exhibit 13: Staff organizational chart including staff of the HOPWA funded project.	All Applicants
	Exhibit 14: Projects located outside City of Baton Rouge-Parish of East Baton Rouge submit documentation of consistency with Consolidated Plan	All Applicants
	Exhibit 15: IRS Form 990 for Non-Profit Organizations	All Applicants
	Exhibit 16: Documentation of matching resources for this project	All Applicants
	Exhibit 17: Minutes from last three meetings of the Board	All Applicants
	Exhibit 18: Organizational chart	All Applicants
	Exhibit 19: SAVE Affidavit to be signed by Executive Director and notarized.	All Applicants

M. AGENCY PARTNERSHIPS: Briefly describe agency partnerships and/or collaborations with other HOWPA and HIV/AIDS providers and indicate if written agreements/contracts are in place. *(Expand space below as needed to answer)*

N. AGENCY SUCCESSES/CHALLENGES (FOR CONTINUING PROJECTS ONLY):

1. Findings: If any audit/monitoring findings or concerns were contained in most recent audit and/or monitoring reports, please describe current corrective actions being taken to address all findings/concerns. *(Expand space below as needed to answer)*

2. Current Contract: If all funds are not projected to be expended, or outcomes not met, during current contract period, please explain and provide new schedule for expending funds and achieving outcomes. *(Expand space below as needed to answer)*

3. Successes and Challenges: Please describe successes and/or improvements achieved recently, and explain any challenges impacting the project. You may include success stories to illustrate. *(Expand space below as needed to answer)*

O. SECTION 3 RESIDENT(S) AND BUSINESS CONCERNS

A “Section 3 resident” is:

- 1) a public housing resident; or
- 2) a low- or very low- income person residing in the metropolitan area or non-metropolitan county where the Section 3 covered assistance is expended.

A “Section 3 business concern” is a business that can provide evidence that they meet one of the follow criteria:

- 1) 51 % or more owned by Section 3 residents; or
- 2) at least 30% of its full time employees include persons that are currently Section 3 residents, or were Section 3 residents within three years of the date of first hire; or
- 3) provides evidence, as required, of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to business concerns that meet one of the preceding two qualifications.

Will this project assist Section 3 residents with job creation?

Yes No

Is the entity applying a Section 3 business concern?

Yes No

P. DISADVANTAGED BUSINESS ENTERPRISE; MINORITY-AND/OR WOMAN-OWNED BUSINESS ENTERPRISE

The City Parish is committed to working with firm(s) that will provide high-quality services and that is dedicated to diversity and to containing costs. The City-Parish strongly encourages respondents that are certified by State of Louisiana, or any other city or state, or the federal government, as minority- and/or woman- owned business enterprise (“M/WBEs”), as well as respondents that are not yet certified, but have applied for certification, to submit documentation supporting application or certification.

Is the entity applying as a Disadvantage Business Enterprise and/or Minority-and/or Woman-Owned Business Enterprise?

Yes No

PART 2: PROPOSED HOUSING OPERATION AND SUPPORT SERVICES BUDGET

Project Name: _____

*****SHORT TERM RENTAL ASSISTANCE ACTIVITY ONLY APPLIES TO CITY-PARISH GOVERNMENTAL AGENCIES ONLY.**

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

	HOPWA	CDBG	ESG	SHP	HOME	Other Federal Funds	STATE	PRIVATE	TOTAL
Operations									
Insurance									
Outreach									
Office Supplies									
Postage & Delivery									
Printing & Reproduction									
Utilities - Water/Sewer									
Telephone									
Copier Expense									
Repair & Maintenance									
Technology Expenses (Computers)									
Phone Bill									
Rent									
Food									
Furniture									
Computer Maintenance									
Equipment Repairs									
Sub-Total Operations									
Supportive Services									
Adult day care and personal assistance									
Alcohol and drug abuse services									
Case management									
Child care and other child services									
Education									
Employment assistance and training									
Health/medical/intensive care services, if approved									

Legal services									
Life skills management (outside of case management)									
Meals/nutritional services									
Mental health services									
Outreach									
Transportation									
Other Direct SS Costs:									
Mileage									
Cell phone									
Sub-Total Supportive Services									
Housing Information Services									
Direct HIS Personnel									
Other Direct HIS:									
Cell phone									
Mileage									
Sub-Total Housing Information Services									
Facility-Based Housing - Operating Costs (Permanent or Transitional/Short-Term)									
Maintenance									
Security									
Insurance									
Utilities									
Furnishings									
Equipment									
Supplies									
Operations									
Other Direct Operations:									
Short Term Rental Assistance									
Short Term Rental, Mortgage and Utility Assistance									
Sub-Total FRH-OC									

Tenant Based Rental									
<i>Direct TBRA Mgt (Eligibility, Rent Calc, Inspections, etc)</i>									
<i>Direct Payments to LL</i>									
<i>Other Direct TBRA Costs:</i>									
Sub-Total TBRA									
Permanent Housing Placement									
<i>Direct PHP Mgt (Eligibility, Verifications, etc)</i>									
<i>Direct Payments to LL/Utilities</i>									
<i>Other Direct PHP Costs:</i>									
Sub-Total Permanent Housing Placement									
Project Based Rental Assistance									
<i>PBRA Leasing Costs</i>									
<i>Direct PBRA Mgt (Eligibility, Rent Calc, Inspections, etc)</i>									
<i>Other Direct PBRA Costs:</i>									
Sub-Total PBRA									
Rehabilitation/Acquisition									
<i>Painting</i>									
<i>Windows</i>									
<i>Doors</i>									
<i>Landscaping</i>									
Sub-Total Rehabilitation/Acquisition									
Administrative Cost									
<i>Personnel</i>									
<i>Other Admin Costs:</i>									
<i>Audit</i>									

b. Staff Fringe Benefits

				Total Project Cost	Requested This Proposal
F.I.C.A.	7.65%	x	_____	\$	
Workman's Comp		x	_____		
Health/Welfare		x	_____		
Retirement/Pension		x	_____		
Other: (Specify)		x	_____		
_____		x	_____		
Totals:				\$	\$

c. Auto Allowance (Maximum of 44.5¢/mile permitted from grant funding)

# Miles/Week	X	¢/Mile	x	# Weeks	x	# Staff	Total Project Cost	Requested This Proposal
_____		_____		_____		_____	\$	\$

d. Communications

1. Telephone: Base Rate/Month \$	X	# Months	=	Total Project Cost	Requested This Proposal
_____		_____		\$	\$
Long Distance/Month \$	X	# Months	=	Total Project Cost	Requested This Proposal
_____		_____		\$	\$
2. Postage: Costs per Month \$	X	# Months	=	Total Project Cost	Requested This Proposal
_____		_____		\$	\$
3. Internet Connection: Costs/Month \$	X	# Months	=	Total Project Cost	Requested This Proposal
_____		_____		\$	\$
Totals				\$	\$

e. Rental/Lease

1. Office Space	at	\$/Month	X	# Months	=	Total Project Cost	Requested This Proposal
_____		_____		_____			
2. Office Equipment	at	\$/Month	X	# Months	=		
_____		_____		_____			
Totals						\$	\$

f. Equipment Purchase

Type	Total Project Cost	Requested This Proposal
_____	\$	\$
_____	\$	\$
_____	\$	\$
Totals		\$

g. Materials and Supplies

1. Office Supplies (Maximum of \$250/person/year is acceptable for grant portion)							
\$/Month	X	# People	X	# Months	=	Total Project Cost	Requested This Proposal
\$		_____		_____		\$	\$
2. Operating Supplies	\$/Month	X	# Months	=	Total Project Cost	Requested This Proposal	
\$		_____		_____		\$	\$
3. Client Supplies							
Item + per-unit \$	X	# Clients	X	# Months	=	Total Project Cost	Requested This Proposal
_____		_____		_____		\$	\$

	x	=	\$	\$
Totals			\$	\$

h. Utilities

Service: (Specify)	at \$/Month	x	# Months	Total Project Cost	Requested This Proposal
_____	\$	x	_____	\$	\$
_____		x	_____		
_____	\$	x	_____	\$	\$
Totals				\$	\$

i. Insurance/Bonding

Type	Total Project Cost	Requested This Proposal
1. Liability Bond: _____	\$	\$
2. Fidelity Bond: _____	\$	\$
3. Automobile Liability _____	\$	\$
3. Other (Specify) _____	\$	\$
Totals		\$

j. Contractual Services

Type	Total Project Cost	Requested This Proposal
1. _____	\$	\$
2. _____	\$	\$
Totals		\$

k. Printing and Reproduction

Type	Total Project Cost	Requested This Proposal
1. _____	\$	\$
2. _____	\$	\$
Totals		\$

l. Audit Non-profits receiving \$500,000 or more annually in federal or federally-derived funding for any agency projects are required to have an audit in compliance with A-133. All non-profits must have some form of audit.

Total Project Cost	Requested This Proposal
\$	\$
Totals	

m. Other Direct Costs (specify)

Type	Total Project Cost	Requested This Proposal
1. _____	\$	\$
2. _____	\$	\$
Totals		\$

Explain the need for "Other Direct Costs" listed above; describe their relationship to proposed activities. (Expand space below as needed to answer.)

PART 3: CAPITAL HOUSING DEVELOPMENT PROJECT (OMIT IF NOT APPLICABLE)
COMPLETE THIS PART IF REQUESTING FUNDING FOR LAND OR BUILDING ACQUISITION, NEW CONSTRUCTION, MAJOR REHABILITATION OF HOUSING UNITS THAT WILL BENEFIT HOPWA ELIGIBLE PERSONS.

A. PROJECT SITE INFORMATION:

1. Site Control: Indicate below the status of the project site and, if it applies, attach documentation of site control: (lease agreement, purchase option, property deed or other)

<input type="checkbox"/>	Applicant owns property: Date acquired: _____
<input type="checkbox"/>	Lease Expiration Date: _____
<input type="checkbox"/>	Option to purchase and Expiration Date: _____
<input type="checkbox"/>	Other, describe: _____

2. Zoning: If zoning is not known, contact the City Parish Planning Commission at (225) 389-3144 or zoning office of the applicable jurisdiction if not located within the Parish of East Baton Rouge.

a. Project structure type is: Residential Commercial Other: _____

b. What is current zoning classification of project site?: _____

c. Is the site zoned correctly for the proposed activity?: Yes No Don't know

If no, provide an explanation of efforts and timetable to change zoning or obtain variance:

3. Age of Building(s): Proposed for Funding and/or Adjacent Buildings?

a. If new construction, what is the approximate age of any adjacent or nearby structure(s)? _____

b. If renovation/rehab, what is the age of the existing structure(s) or facilities? _____

c. Are building(s) historic? Yes No Is district historic? Yes No

d. If significant renovations have occurred to structures, describe and give date(s), if known:

4. Appraisal: If funding request is for acquisition, has appraisal been done within the past 18 months?

<input type="checkbox"/>	Yes (attach copy to application) If appraisal different than acquisition cost, explain below.
<input type="checkbox"/>	No If appraised value not known, what is the source of acquisition cost estimate?

5. Liens/Encumbrances: Does property have any liens or legal encumbrances?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes If yes, provide details below:

6. Relocation: Does project require temporary/permanent relocation or moving of occupants of a structure?

Yes No Don't know

If yes, project is subject to The Uniform Relocation Assistance and Real Property Acquisition Policies Act.

1. How many units are vacant? _____ How long have these units been vacant? _____
2. How many units are occupied? _____ Requires: Temporary and/or Permanent Relocation?
3. How many of occupied units are: Owner-occupied? _____ Renter-occupied? _____ Businesses? _____
4. What is projected total relocation cost? (*Must be included on project budget form, Sec. E*) \$ _____
5. Describe relocation plans, including timetable, notifications to seller and occupants:

7. Accessibility for Persons with Physical Disabilities: Federal regulations require that all facilities and/or services assisted with federal funds be accessible to the disabled, whenever feasible. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

- a. Will completed project meet ADA standards for accessibility by the disabled? Yes No
- b. If you responded "NO" above, describe accessibility problems and method to address problems, including funding and timetable:

B. TIMETABLE FOR COMPLETION OF PROPOSED CAPITAL PROJECTS:

Provide a timetable for completion of project, including expenditure schedule. When would funds be fully expended? Project be complete?

C. PROPERTY MANAGEMENT AND SUPPORTIVE SERVICES:

Describe plan for property management and resident access to supportive services consistent with region's adopted HIV/AIDS Housing Standards of Care. If management/services will not be provided by applicant agency but through established links, attach memorandum of agreement with service providers as Exhibit 9.

D. CAPACITY AND COST OF UNITS/BEDS

X	Type of Housing Development	# Units	# Beds	Max Length of Stay	Development cost: Average per unit or bed:
	Short-term facility				
	Single room occupancy dwelling				
	Community residence				
	Other housing facility				

E. CAPITAL BUDGET FOR HOUSING DEVELOPMENT PROJECTS ONLY:

Complete the budget form below. *If also requesting funds for operating funds for this site, complete Part 2 Budget as well.*

1. Budget Line Items:	CAPITAL BUDGET	Requested HOPWA \$	Other Govt \$	+	All Other Resources
------------------------------	-----------------------	---------------------------	----------------------	----------	----------------------------

Pre-development Costs

Acquisition/Land					
Acquisition/Structure					
Appraisals					
Site Preparation					
Demolition					
Relocation					
Architectural /Engineering					
Insurance/Bonding					
Environmental Assessment					
Audit					
Others:					

Construction/Major Rehab:

Builder/Developer Fees					
Contractor's Overhead.					
Architectural/Engineering					
Rehab/Construction					
Lead-based Paint Assessment/Abatement					
Equipment					
Furnishings					
Construct. Contingency					
Construct. Management.					
Others:					

GRAND TOTAL					
--------------------	--	--	--	--	--

2. Source of Budget Estimate: Provide source by name (architect, contractor, agency), qualifications and date of estimates. *Attach copy of estimates, if available, under Exhibit 17. Do not attach plans and specifications.*

3. Detail of Other Capital Resources: All funds shown as “Other Resources” in *Capital Budget, Columns B and C* should be detailed in this chart. "Other Resources" can include cash match, donated or in-kind physical match (such as free space, equipment) or in-kind match provided by volunteers. Use the codes below for the Status Code column, and attach narrative explanations as needed:

Proposed Other Government Funding (Column B) ¹	Grant Amount	Status Code ²

TOTAL OTHER GOVERNMENT:

Proposed All Other Resources (Column C)	\$ Amount/Value	Status Code ²
Foundations/Corporations		
Other Sources:		
In-kind Gifts		

TOTAL OTHER RESOURCES/IN-KIND VALUE:

¹ Other government might include low-income tax credits, State Housing Trust Funds, HOME Program, etc.

² Status Codes for Other Resources: **C=Committed.** *Attach documentation as Exhibit 15.*
A=Applied For. *Describe status/estimated notification date below.*
TBR =To Be Raised. *Describe fundraising plan and timetable below:*

F. FACILITY OPERATING AND SUPPORT SERVICES BUDGET FOR PROPOSED DEVELOPMENT PROJECT:

*Skip if HOPWA funding is being requested for facility operations/ support service and Part 2 budget is completed.

1. Annual Costs

Estimated Annual Facility Operating Costs After Project Development: _____

Estimated Annual Support Services Costs: _____

Note source of these funds and provide documentation of funding commitments, if available, as Exhibit 15:

2 .Projected Client Rental Income: Estimate amount of revenue to be generated annually: _____

Clients with a source of income are required to pay rent for housing provided under this program unless housing is provided for less than 21 weeks a year. The HUD allowable rent amount is equal to 30% of monthly-adjusted family income, but not less than 10% of a family’s monthly gross income, or the “welfare” designated amount. HUD does not allow agencies to charge support service fees to HOPWA program recipients

Explain anticipated use of client rental income for the proposed housing program:

AFFIDAVIT

STATE OF LOUISIANA
PARISH OF EAST BATON ROUGE

BEFORE ME, the undersigned authority, personally came and appeared

who, being duly sworn did depose and say:

That he is a duly authorized representative of _____

receiving value for services rendered in connection with

a public project of the City of Baton Rouge, Parish of East Baton Rouge, Louisiana: that he has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by him whose services in connection with the project or in securing the public contract were in the regular course of their duties for him; and that no part of the contract price received by him was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by him whose services in connection with the project were in the regular course of their duties for him.

This affidavit is executed in compliance with the provisions of LA R.S. 38:2224.

Affiant's Signature

SWORN TO AND SUBSCRIBED before me, on this _____ day of
_____ 20_____.
Baton Rouge, Louisiana.

NOTARY PUBLIC