



## Memorandum

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**TO:** HOPWA Administrative Agency Executive Directors  
HOPWA Administrative Agency Contact Persons

**FROM:** Pamela Mann, Contract Manager  
Contract Management Unit  
Division of Prevention and Preparedness

**DATE:** May 16, 2012

**SUBJECT:** HOPWA Renewal Request for Fiscal Year 2013 (09/01/12 – 08/31/2013)

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Enclosed are the documents required for the renewal of your agency's Housing Opportunities for Persons with AIDS (HOPWA) contract with the Department of State Health Services (DSHS) for the period September 1, 2012 through August 31, 2013. This renewal document will be posted on the HIV/STD Program's website at: <http://www.dshs.state.tx.us/hivstd/funding/default.shtm>. Instructions for completing the application are included below. If you have questions, please contact Pamela Mann, Contract Manager, at (512)776-6539.

### **Please note the following requirements for Fiscal Year 2013 Contract Renewal:**

- Complete Form A Face Page
- Complete Form B Contact Information Page
- Complete Form C
- Complete Form D
- Complete Certification of Categorical Exclusion
- Prepare a 12 month budget for this contract renewal period (09/01/12 – 8/31/2013). Budget forms are attached, complete all tabs as necessary.

### **INSTRUCTIONS FOR SUBMISSION**

Please submit one (1) electronic copy of the required contract renewal forms to the email address listed below and one (1) electronic copy to your Public Health Regional HIV/STD Program Manager on or before 5:00 pm Friday May 25, 2012. The signed face page must be scanned in as a .pdf file and sent to:

[Hiv-srvscontracts@dshs.state.tx.us](mailto:Hiv-srvscontracts@dshs.state.tx.us)  
Contract Management Unit  
Department of State Health Services

**Hard copies of the renewal application is not required for submission.**

**TABLE A:**  
**DSHS FY13 HOPWA Allocations (9/1/2012-8/31/2013)**

Administrative Agency	Revised 2012 Allocations	HSDA	Revised 2012 Allocations by HSDA
Bexar County Dept. of Community Investment 230 N, Pecos, Ste 590 San Antonio, TX 78207	197,950	San Antonio	100,382
		Eagle Pass/Uvalde	26,268
		Victoria	71,300
Brazos Valley Council of Governments P.O. Box 4128 Bryan, TX 77805-4128	246,350	Austin	26,327
		Concho Plateau	20,686
		Temple-Killeen	34,790
		Bryan-College Station	65,819
		Waco	98,728
Dallas County HHSD 2377 North Stemmons Frwy., Ste. 600 Dallas, TX 75207-2710	52,554	Dallas	1,000
		Sherman-Dennison	51,554
Houston Regional Resource Group 500 Lovett Boulevard, Ste. 100 Houston, TX 77006	771,650	Galveston	6,652
		Houston	19,006
		Lufkin/Nacogdoches	133,803
		Longview/Tyler	422,413
		Paris/Texarkana	77,925
		Beaumont-Port Arthur	111,851
Lubbock Regional MHMR Center P.O. Box 2828 1602 Tenth St. Lubbock, TX 79408-2828	558,050	Amarillo	110,091
		El Paso	204,998
		Permian-Basin	114,837
		Lubbock	128,124
South Texas Development Council (STDC) P.O. Box 2187 4812 North Bartlett Laredo, TX 78044-2187	783,650	Laredo	83,691
		Corpus Christi	340,469
		Brownsville	359,490
Tarrant County Health Department 1101 South Main St., Ste. 2500 Fort Worth, TX 76104-4802	169,250	Abilene	67,326
		Weatherford/Fort Worth	40,209
		Wichita Falls	61,715
Total	\$2,779,454		



**FY 2013**  
**(09/01/2012 – 08/31-2013)**

**Renewal Application**

**For Housing Assistance**

**Opportunities for Persons with**

**AIDS (HOPWA)**

<http://www.dshs.state.tx.us/hivstd/funding/default.shtm>

*Issue Date: May 16, 2012*  
*Due Date: May 24, 2012*

Contract Management Unit  
1100 W. 49<sup>th</sup> Street  
Austin, Texas 78756-3199

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David L. Lakey, M.D.

Commissioner of Health

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ATTACHED: Excel Budget Summary with Justification tabs



**Department of State Health Services (DSHS)**

FORM A: FACE PAGE -This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the renewal and shall be completed in its entirety. Signature of face page certifies to all DSHS and program assurances listed in this renewal document.

RESPONDENT INFORMATION																			
<b>1) LEGAL BUSINESS NAME:</b>																			
<b>2) MAILING Address Information</b> (include mailing address, street, city, county, state and 9-digit zip code): <span style="float: right;">Check if address change <input type="checkbox"/></span>																			
<b>3) PAYEE Name and Mailing Address, including 9-digit zip code</b> (if different from above): <span style="float: right;">Check if address change <input type="checkbox"/></span>																			
<b>4) DUNS Number (9-digit) required if receiving federal funds:</b>																			
<b>5) Federal Tax ID No.</b> (9-digit), <b>State of Texas Comptroller Vendor ID Number</b> (14-digit) or <b>Social Security Number</b> (9-digit):  <i>*The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</i>																			
<b>6) TYPE OF ENTITY</b> (check all that apply): <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> Federally Qualified Health Centers</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Faith Based (Nonprofit Org)</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table> <i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i> _____		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> Federally Qualified Health Centers	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private		<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual																	
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	<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____																	
<b>7) PROPOSED BUDGET PERIOD:</b> <span style="margin-left: 100px;"><b>Start Date:</b> 09/01/2012</span> <span style="margin-left: 100px;"><b>End Date:</b> 08/31/2013</span>																			
<b>8) COUNTIES SERVED BY PROJECT:</b>																			
<b>9) AMOUNT OF FUNDING REQUESTED:</b>	<b>11) PROJECT CONTACT PERSON</b>																		
<b>10) PROJECTED EXPENDITURES</b>  Does respondent's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for respondent's <u>current fiscal year</u> (excluding amount requested in line 9 above)? **  Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>**Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.</i>	Name: Phone: Fax: Email:																		
	<b>12) FINANCIAL OFFICER</b>  Name: Phone: Fax: Email:																		
The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in <b>APPENDIX B: DSHS Assurances and Certifications</b> . I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.																			
<b>13) AUTHORIZED REPRESENTATIVE</b> <span style="float: right;">Check if change <input type="checkbox"/></span>  Name: Title: Phone: Fax: Email:	<b>14) SIGNATURE OF AUTHORIZED REPRESENTATIVE</b>  <b>15) DATE</b>																		

## FORM A: FACE PAGE Instructions

This form provides basic information about the applicant and the proposed project with the DSHS, including the signature of the authorized representative. It is the cover page of the renewal application and is required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in the identified Competitive Request for Proposal and the original DSHS contract, any renewal(s) or amendment(s). Applicant acknowledges that continued compliance is a condition for the renewal of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

- 1) **LEGAL BUSINESS NAME** - Enter the legal name of the applicant.
- 2) **MAILING ADDRESS INFORMATION** - Enter the applicant's complete physical address and mailing address, city, county, state, and 9-digit zip code.
- 3) **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with applicant to receive payment for services rendered by applicant and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address, including 9-digit zip code, if PAYEE is different from the applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **DUNS Number** – 9- digit Dun and Bradstreet Data Universal Numbering System (DUNS) number. . This number is required if receiving **ANY** federal funds and can be obtained at: <http://fedgov.dnb.com/webform>
- 5) **FEDERAL TAX ID or STATE OF TEXAS COMPTROLLER VENDOR ID NUMBER OR SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Texas Vendor Identification Number assigned by the Texas State Comptroller (14-digit). \*The applicant acknowledges, understands and agrees the applicant's choice to use a social security number as its vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 6) **TYPE OF ENTITY** - Check the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml> and/or the Texas State Comptroller at [https://fmxcpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS\\_Guide\\_0409.pdf](https://fmxcpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf) and check all other boxes that describe the entity.

Historically Underutilized Business: A minority or women-owned business as defined by Texas Government Code, Title 10, Subtitle D, Chapter 2161. (<http://www.window.state.tx.us/procurement/prog/hub/>)

State Agency: an agency of the State of Texas as defined in Texas Government Code §2056.001.ii

Institutions of higher education as defined by §61.003 of the Education Code.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 7) **PROPOSED BUDGET PERIOD** - Budget period for this renewal application has been entered for you.
- 8) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 9) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding per the allocation given from DSHS for proposed project activities (not including possible renewals). This amount must match column (1) row K from the BUDGET SUMMARY used for cost reimbursement budgets.
- 10) **PROJECTED EXPENDITURES** - If applicant's projected federal expenditures exceed \$500,000 or its projected state expenditures exceed \$500,000 for applicant's current fiscal year, applicant must arrange for a financial compliance audit (Single Audit).
- 11) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and email address of the person responsible for the proposed project.
- 12) **FINANCIAL OFFICER** - Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.
- 13) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and email address of the person authorized to represent the applicant. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
- 14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the applicant must sign in this blank.
- 15) **DATE** - Enter the date the authorized representative signed this form.

# FORM B: CONTACT PERSON INFORMATION

Legal Name of Applicant: \_\_\_\_\_

*This form provides information about the appropriate program contacts in the applicant's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please notify, Pamela Mann, Contract Manager, in writing.*

<b>Executive Director:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Project Contact:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Financial Reporting</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>URS Data Manager:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Planning Contact:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Clinical Services Contact:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____

This form provides information regarding identification and contract history on the applicant, executive management, project management, governing board members, and/or principal officers. Respond to each request for information **or provide the required supplemental document behind this form**. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.

**Legal Name of Applicant:** \_\_\_\_\_

**Identifying Information**

If there are no changes to any of the items below, check here and skip the next question in this section.

**1. The applicant shall attach the following information:**

**If a Governmental Entity**

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.

**If a Nonprofit or For profit Corporation**

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate what offices are held by members (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for profit corporation.

**Conflict of Interest and Contract History**

If there are no changes to any of the items below, check here and skip the questions in this section.

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this renewal application. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with DSHS, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this renewal application. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of DSHS, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict shall be disclosed. Failure to disclose any such relationship may be cause for contract termination. If, following a review of this information, it is determined by DSHS that a conflict of interest exists, the applicant may be disqualified from further consideration for the renewal of a contract.

**1. Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this renewal application?**

YES     NO

*If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)*

**2. Has any member of applicant’s executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the renewal application due date?**

YES     NO

*If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.*

**3. Is applicant or any member of applicant’s executive management, project management, board members or principal officers:**

- Delinquent on any state, federal or other debt;
- Affiliated with an organization which is delinquent on any state, federal or other debt; or
- A default on an agreed repayment schedule with any funding organization?

YES     NO

*If YES, please explain. (Attach no more than one additional page.)*

## FORM D: HOPWA PERFORMANCE MEASURES Guidelines

Applicant shall include the following performance measures in the renewal application along with the proposed target levels of performance for each measure. The proposed target levels of performance will be negotiated and agreed upon by applicant and DSHS.

Contractors must provide the below performance measures for **each** HSDA and **identify** the Project Sponsor for the applicable HSDA:

1. Each HOPWA Project Sponsor shall provide the following HOPWA services to the target number of households:

Term: February 1, 2012-January 31, 2013	
<i>Identify HSDA – Identify HOPWA Sponsor</i>	<i>Target Number</i>
Number of <u>households</u> to receive TBRA	
Number of <u>households</u> to receive STRMU	
Number of households to receive HOPWA-funded Supportive Services	
Number of households to receive Permanent Housing Placement	

**Only the above performance measures listed are required for this contract. If you choose to include additional measures you will be required to monitor and report on all performance measures completed in this section in your quarterly report.**

## Form I: Budget Instructions

The HOPWA Program Manual is in effect and serves as the basic program guidance for the HOPWA program. An electronic version of the HOPWA Program Manual and links to Housing and Urban Development (HUD) information on Fair Market Rents (FMRs) and Income Limits may be found on the website at: <http://www.dshs.state.tx.us/hivstd/default.shtm>

Please submit a twelve (12) month categorical budget and justification (attached) for contract period (09/01/2012 – 08/31/2013) based on the allocation table (see Table A). Use the Instructions and Examples for a Categorical Budget Justification format provided to create a categorical budget and budget justification. (See excel spreadsheet). Submit *budget* in whole dollars only. Please note that as you voucher, you will be required to do so using two decimals.

Composite Regulations for HOPWA (CFR 574.3 Definitions), defines administrative costs in the following way: “Administrative costs mean costs for general management, oversight, coordination, evaluation and reporting on eligible activities. Such costs do not include costs directly related to carrying out eligible activities.” Eligible staff time and travel to a client’s residence and providing smoke detectors are considered as costs directly related to carrying out one of the eligible activities of providing STRMU or TBRA. Administrative costs cannot exceed 7% of the total allocation.

**The budget you submit must clearly summarize the dollar amounts allocated in the following categories:**

<b>O58</b>	<b>Project Sponsor Administrative Cost</b>
<b>D77</b>	<b>Project Sponsor STRMU</b>
<b>D76</b>	<b>Project Sponsor TBRA</b>
<b>O55</b>	<b>Supportive Services</b>
<b>472</b>	<b>Permanent Housing Placement Services</b>

# Certification of Categorical Exclusion (not subject to 58.5)

Determination of activities listed at 24 CFR 58.35(b)  
May be subject to provisions of Sec 58.6, as applicable

Administrative Agency (Grant Recipient): \_\_\_\_\_

Project Sponsor (Subrecipient): \_\_\_\_\_

Project Name: Housing Opportunities for Persons with AIDS/HIV (HOPWA)

Project Description (Include all actions which are either geographically or functionally related):

Administration, supportive services, short term rent, mortgage and utility payments to prevent homelessness and tenant-based rental assistance for persons with AIDS/HIV

Location: \_\_\_\_\_

Funding Source: State HOPWA grant

Funding Amount: \_\_\_\_\_ Grant Number: TXH12F999

I hereby certify that the abovementioned project has been reviewed and determined to be a Categorically Excluded activity (not subject to 58.5) per 24 CFR 58.35(b) as follows:

<b>X</b>	1. Tenant-based rental assistance;
<b>X</b>	2. Supportive services including, but not limited to, health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent/mortgage/utility costs, and assistance in gaining access to local, State, and Federal government benefits and services;
	3. Operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment and other incidental costs;
	4. Economic development activities, including but not limited to, equipment purchase, inventory financing, interest subsidy, operating expenses and similar costs not associated with construction or expansion of existing operations;
	5. Activities to assist homebuyers to purchase existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buy downs, and similar activities that result in the transfer of title.
	6. Affordable housing pre-development costs including legal, consulting, developer and other costs related to obtaining site options, project financing, administrative costs and fees for loan commitments, zoning approvals, and other related activities which do not have a physical impact.
	7. Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under this part, if the approval is made by the same responsible entity that conducted the environmental review on the original project and re-evaluation of the environmental findings is not required under Sec. 58.47.

If your project falls into any of the above categories, no Request for Release of Funds (RROF) is required, and no further environmental approval from HUD will be needed by the recipient for the draw-down of funds to carry out exempt activities and projects. The responsible entity must maintain this document as a written record of the environmental review undertaken under this part for each project.

By signing below the Responsible Entity certifies in writing that each activity or project is Categorically Excluded (not subject to 58.5) and meets the conditions specified for such determination per section 24 CFR 58.35(b). Please keep a copy of this determination in your project files.

\_\_\_\_\_  
AA Certifying Official Name and Title (Printed) DSHS Responsible Entity Certifying Official Name & Title

\_\_\_\_\_  
(Date)

**EXHIBIT B**

**Summary of HIV/HOPWA Expenditures by Administrative and Project Sponsor  
To be submitted with each voucher for reimbursement**

Administrative Agency: \_\_\_\_\_ Submission Date: \_\_\_/\_\_\_/\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contract No./Program Attachment No: \_\_\_\_\_

Service Dates: \_\_\_\_\_

<b>AA Contract Amount</b>

Subcontractor (Project Sponsor)	Contract Amount	STRMU D77	TBRA D76	Supportive Services 055	Permanent Housing Placement 472	Administration 058	Total
<b>Subcontractor sub- total</b>							

**INSTRUCTIONS:**

1. Complete this form and submit with each voucher for reimbursement
2. 'Supportive Services' previously known as 'Other Services.' Examples include HOPWA case manager salaries/fringe, smoke detectors, and telephone service assistance.
3. Permanent Housing Placement Services are amounts expended for security deposits and related application fees and credit checks up to the amount equivalent to two (2) months' rent.