# HOPWA Project Sponsor Data Sheet

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| 09/01/23 – 08/31/24 |
| The Administrative Agency must complete one Data Sheet for each Project Sponsor in each HSDA. Electronically submit Data Sheets to the HOPWA Coordinator before the program year begins (09/01). Form A certifies all information herein is true. |
| Administrative Agency: | Choose an Administrative Agency. |
| Project Sponsor Name: |       |
| Project Sponsor Parent Company Name: |       |
| Is System for Award Management (SAM) registration active? |       |
| Unique Entity Identification (UEI) Number: |       |
| Employer ID Number (EIN) or Tax ID Number (TIN): |       |
| North American Industry Classification System (NAICS) Code: |       |
| HIV Service Delivery Area: | Choose an HSDA. |
| Physical Address: |       |
| Mailing Address: |       |
| Main Phone Number: |       |
| Main Fax Number: |       |
| Website |       |
| Facebook Page |       |
| Twitter Handle |       |
| What department administers the HOPWA grant? |       |
| Is this a nonprofit organization? |       |
| Is this a faith-based organization? |       |
| Is this a grassroots organization? |       |
| Cities in this HSDA: |       |
| Counties in this HSDA: |       |
| Congressional Districts in this HSDA: |       |
| Congressional District of Project Sponsor: |       |
| **Select all that apply to the Project:** | **Selection process for Project:** |
| [ ]  Minority Organization\* | [ ]  Competitive |
| [ ]  Minority Provider\*\* | [ ]  Sole source |
| [ ]  Historically Underutilized Business (HUB) Certified | [ ]  Other (Specify):       |
| **Assurances** |
| **I certify that this Project has not:** |
| [ ]  Been suspended by DSHS or is delinquent on a repayment agreement to DSHS; |
| [ ]  Had a contract terminated by DSHS for cause; |
| [ ]  Had a required license or certification revoked that is required to carry out the terms of the subcontract; and |
| [ ]  Voluntarily surrendered any license issued by DSHS within the past three (3) years. |
| **I certify that the following is in place:** |
| [ ]  Subcontract is in writing, developed to be consistent with the DSHS contract, and signed by both parties; |
| [ ]  Programmatic/financial review of Project is conducted in accordance with 2 CFR § 200 et seq.; |
| [ ]  Procedures used to advertise and award these funds meet the minimum standards required by 2 CFR § 200 et seq.; |
| [ ]  Subcontractor receives a written report of the results of all monitoring activities conducted; and |
| [ ]  Appropriate corrective action steps are taken when subcontractor is not in compliance with contract terms. |
| **Activity** | **Allocation** | **Households to be served:** |
| Tenant-Based Rental Assistance | $ |       |       |
| Short-Term Rent, Mortgage, Utility | $ |       |       |
| Facility-Based Housing Assistance | $ |       |       |
| Permanent Housing Placement | $ |       |       |
| Housing Case Management | $ |       |       |
| Housing Information Services | $ |       |       |
| Resource Identification | $ |       |  |
| Project Sponsor Administration | $ |       |  |
| **Total** | **$** |  |  |
| \* Minority Organization: Board of Directors has 50% racial/ethnic minority members. \*\* Minority Provider: a) history of targeting racial/ethnic minorities; b) located in/near racial/ethnic minority communities; c) offers culturally/linguistically appropriate services to reduce disparities. |