

# **CITY OF NEW ORLEANS**

**C. Ray Nagin, Mayor**

## **Neighborhood 1**

**Alberta S. Pate, Executive Assistant**

### **SuperNOFA 2006**

**APPLICATION**

**for**

**HOUSING OPPORTUNITIES  
FOR PERSONS WITH AIDS  
(HOPWA)**

# CITY OF NEW ORLEANS

## OFFICE OF THE MAYOR NEIGHBORHOOD 1

April 3, 2006

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### NOFA APPLICATION

#### GENERAL INSTRUCTIONS

1. **Program Description.** A description of the Housing Opportunities for Persons With AIDS (HOPWA) as contained in the Notice of Funding Availability (NOFA)-General Information Packet will assist the applicant with identifying the types of programs best suited for the funds that are being requested. Applicants will be competitively selected for funding under a process using selection criteria that is described in the General Information Packet.
2. All applications must be completed using the forms supplied with this Notice of Funding Availability (NOFA). **Use only the number of pages indicated in the application package. Any application not following the prescribed format will not be considered for funding. DO NOT RETURN THE GENERAL INFORMATION PACKET.**
3. Application forms are also available in downloadable format at the Neighborhood 1 website, [www.cityofno.com/portals/portal49/portal.aspx](http://www.cityofno.com/portals/portal49/portal.aspx)
4. An original completed application plus three (3) copies must be received by **4:00 p.m., Tuesday, April 18, 2006** at Neighborhood 1 office, 1340 Poydras Street, 10<sup>th</sup> Floor, New Orleans, LA 70112. **APPLICATIONS MAY NOT BE SENT BY FACSIMILE (FAX). APPLICATIONS MAY NOT BE SENT BY ELECTRONIC MAIL (E-MAIL). These deadlines are firm as to date and hour.**

Any application received after the application deadline will be penalized 20 points for each 24-hour period the application is submitted late. (For example, applications received 4:31 p.m. **Tuesday, April 18, 2006** - 4:30 p.m. **Wednesday, April 19, 2006** can earn a maximum of 80 points; applications received 4:31 p.m. **Wednesday, April 19, 2006** - 4:30 p.m. **Thursday, April 20, 2006** can earn a maximum of 60 points; etc.)

5. Applicants who physically deliver the proposal must have their proposal logged in and complete a sign-in sheet. Under no circumstance should an applicant leave a proposal at Neighborhood 1 office without completing the required log in procedure. Applicants who mail proposals should do so by certified mail, return receipt requested, or through overnight mail services, allowing enough time for the proposal to be **received** by the deadline date and time.
6. Only one application per applicant will be reviewed in each service category. **Proposals that combine a request for funds in more than one category will not be considered for funding.**
7. Proposals must be complete at the time of submission. No addenda will be accepted after the deadline date for submission of proposals unless specifically requested by the Review Panel.

8. **PLEASE INCLUDE THE PAGE IMMEDIATELY FOLLOWING THIS GENERAL INSTRUCTION SHEET AS THE COVER PAGE FOR YOUR APPLICATION.**
  
9. **For Additional Information.** If you have any questions regarding this NOFA, please contact Adrienne Rochon of Neighborhood 1 office, 1340 Poydras Street, 10<sup>th</sup> Floor, New Orleans, LA 70112, (504) 658-4200.

**CITY OF NEW ORLEANS - NEIGHBORHOOD 1  
SuperNOFA 2006**

**HOPWA ACTIVITIES**

\_\_\_\_\_  
(Application Number Assigned by  
Neighborhood 1)

◆ **ORGANIZATION NAME:** \_\_\_\_\_

◆ **OFFICIAL MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_

**PERSON(S) TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION:**

<u>Name</u>	<u>Title</u>	<u>Phone/FAX #</u>
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**CONTINUUM OF CARE CATEGORY APPLYING FOR (CHECK ONE):**

\_\_\_\_ HOPWA

**FUNDING REQUEST/AMOUNT:** \_\_\_\_\_

**TARGET/SERVICE DELIVERY AREA:** \_\_\_\_\_

**Neighborhood 1 *REGISTRY OF NEIGHBORHOOD ORGANIZATIONS* STATUS:**

\_\_\_\_ CERTIFIED                      \_\_\_\_ PENDING

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**CERTIFICATION:**

To the best of my knowledge and belief, all of the information provided in this application is true and correct:

\_\_\_\_\_  
Typed Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date Signed

**City of New Orleans - Neighborhood 1 SuperNOFA 2006**

**EXHIBIT 1: PROGRAM FUNDING**

Use only the page and space provided.

a. Identify and list amounts of prior period Federal and/or State funding (for the last two (2) years and not limited to Neighborhood 1):

SOURCE	AMOUNT	TIME PERIOD
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
<b>TOTAL FEDERAL/STATE FUNDING</b>	\$	

b. Identify and list requested (pending) Federal and/or State funding (not limited to Neighborhood 1):

SOURCE	AMOUNT	TIME PERIOD
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
<b>TOTAL PENDING FEDERAL/STATE FUNDING</b>	\$	

c. Identify and list other funding including non-federal and private funding

1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
<b>TOTAL NON-FEDERAL/PRIVATE FUNDING</b>	\$	

**TOTAL PROGRAM BUDGET:** \_\_\_\_\_

**TOTAL REQUEST FROM Neighborhood 1 UNDER THIS NOFA:** \_\_\_\_\_

**City of New Orleans – Neighborhood 1 SuperNOFA 2006**

**Exhibit 2 – Please answer the following 19 questions in a maximum of 10 pages.**

**Please answer one question at a time, listing the question topic (e.g. “1. Background about measuring the problem”) followed by the response.**

[See the “General Information Package for Funding Sources” for further instructions on eligible activities as well as hints about how to answer these questions.]

**A. COMMUNITY NEED & TARGET POPULATION**

**1. Background about measuring the problem**

Write a sentence that identifies the problem being addressed by your program. Write another sentence that educates the reader about which data source is used in the field to measure the problem. If data that directly measures the problem is unavailable for the community you serve, write a sentence that identifies other available data that is proven to be strongly related to the problem. Identify only the type(s) of data that are *relevant to your program* and not all types of data that are strongly related to the problem. Cite published evidence of the relationship between this data and the actual problem.

**2. Target geographic area and magnitude of need in target area**

Define the geographic area from which most participants are or will be recruited. Using data that measures the problem or is strongly related to the problem (from the data sources identified in #1 above); document the level of need in this target geographic area. Demonstrate that the level of need is *relatively* high in the target area by providing comparative data for larger geographic areas (i.e.: 8-parish area, state and national).

**3. Similar services in the same target area**

What other providers are offering similar services in your target area and to the same target population you serve? Demonstrate that your program is not a duplication of services.

**4. Understanding of target population**

Demonstrate an understanding of potential participants’ characteristics, circumstances, behaviors and needs relative to the program offering, using data (participant data or data from external sources) and other descriptions of your target population. These descriptions might be based on published research, or direct observation and interaction with participants and potential participants.

**B. GOAL & PROGRAM PLANNING**

**5. Goal**

What is the goal of the program? Your goal should be a broadly stated summary of your anticipated program outcomes. Therefore, it should reflect expected changes in the lives of participants – either changes in behavior, knowledge, skill, attitude, status, or social condition. A goal is not a summary of program activities. Do not state means to achieving outcomes.

**6. Systems interaction**

What specific organizations provide complementary or allied services to this population? What contact have you had with them? What relationships have you sought that are supportive of the program’s mission? (These may include mutual referral relationships as well as partnerships around service delivery.) Name specific partners and describe specific ways you will work together.

**7. Best/promising practices and/or relevant research**

Determine whether there are model programs nationally that have been demonstrated to be effective. If so, describe those programs and explain how your program design incorporates the elements from those model programs that are crucial for effectiveness. If there are no model programs, describe research that supports your theory that your specific program design will be effective. Whether based on a model program or research in related fields, explain any adaptations you made to the program to ensure it will be effective under local conditions and with your target population.

**8. Program plan**

Describe how the program will work to achieve the goals, and be sure to include the following:

- a. Articulate clear steps for reaching (communicating to and enrolling) the intended target population. Use input from potential participants or knowledge of best practices to inform methods for reaching the intended target population.
- b. Describe major interventions and completion/disengagement strategies.
- c. How many persons will be served?
- d. Demonstrate that it is reasonable to expect the stated outcomes given the research about best practices for addressing this problem, the intensity of the intervention, and the knowledge of the target population

**9. Coordination with governmental plans and activities**

Indicate the HUD national objective being met by the proposed activity. Indicate how the proposed activity is provided in the context of existing ongoing initiatives in the City of New Orleans and its surrounding parishes (i.e., Consolidated Plan, Empowerment Zone, Workforce Investment Act, etc.)

**10. Coordination with collaborative plans and activities**

Indicate how the proposed strategy is consistent with current plans of the New Orleans Regional AIDS Planning Council and State of LA HIV Program. If proposed services are inconsistent with existing initiatives, identify the agency plan to reach consistency/integration over the next year.

**11. Staff competencies**

Describe the staff's experience in working in the proposed service area or in similar service areas. (maximum one short paragraph per staff person – DO NOT SEND RESUMES).

**12. Management**

Describe how the project will be managed.

**13. Critical thinking**

Describe anticipated problems or challenges in the operation of the project in delivering the services or activities to the target population. Problems both internal and external to the operating agency along with those that could impact the timing of program implementation should be listed.

**C. PROGRAM EFFECTIVENESS**

**14. Outcomes**

Articulate anticipated program outcomes that reflect expected changes in the lives of participants – either changes in behavior, knowledge, skill, attitude, status, or social condition.

**15. Target achievement levels for outcomes**

Describe the target achievement levels you have set for your program outcomes, and provide justification for each target achievement level. Set these targets based on relevant research about achievements of similar programs locally or nationally, if available.

**16. Past evaluations**

Describe the results of any past evaluations of this organization providing these types of services. Include documentation of the evaluation with your proposal.

**17. Past performance**

Indicate the agency's performance in completing contractual agreements between the agency and the City of New Orleans for the past two (2) years. For each contractual agreement, indicate the agency's percentage of achievement of contract deliverables outlined in the contact's scope of work.

**D. PROGRAM MANAGEMENT**

**18. Data collection methods**

Explain your plan for collecting outcome data, including timetable and methods. Make sure that your methods will actually result in the successful collection of the data necessary to track outcomes.

**E. FINANCIAL** [Provide proposed program budget on budget forms provided.]

**19. Sustainability**

Identify how the project will continue in the long term with or without federal funding.

**City of New Orleans - Neighborhood 1 SuperNOFA 2006**

**EXHIBIT 3: PROJECT WORK PLAN/TIME LINE**

Use only the page and space provided.

Complete the attached time line form identifying milestones to project completion.

**HOPWA ACTIVITIES**

<i>DESCRIPTION OF ACTIVITIES</i>	<i>JUL</i>	<i>AUG</i>	<i>SEP</i>	<i>OCT</i>	<i>NOV</i>	<i>DEC</i>

**City of New Orleans - Neighborhood 1 SuperNOFA 2006**  
**EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**

Agency proposals must include a line item budget and budget narrative that explains and justifies how each line item will be expended. The budget should be reasonable and consistent with the proposed level of service delivery. In the general narrative comments section include and identify in-kind contributions and fund raising activities to support program activities.

The budget section consists of ten (10) pages. Including:

- X Budget Forms
- X Narrative Forms
- X Classification of Expenditures and Line Item Numbers

FORM INSTRUCTIONS: The budget form consists of nine pages, one page each for the following categories:

Budget Page 1:	Budget At A Glance/Budget Summary
Budget Page 2:	General Narrative Comments/Match
Budget Page 3:	1000 - Personal Services
Budget Page 4:	Personal Services Budget Justification Narrative
Budget Page 5:	2000 - Contractual Services
Budget Page 6:	Contractual Services Budget Justification Narrative
Budget Page 7:	3000 - Supplies and Materials
Budget Page 8:	Supplies and Materials Budget Justification Narrative
Budget Page 9:	4000 - Equipment
Budget Page 10:	Equipment Budget Justification Narrative

All line item requests must be placed in these general categories. Please use the Classification of Expenditures and Line Item Numbers to determine the correct budget category.

In the *ACCT. NO.* column list the line item number. The *LINE ITEM* column contains the line item description taken from the List of Line Items. Fill in the amount requested in the column marked *REQUESTED BUDGET*. When preparing the Budget forms, complete all sub-totals and totals.

NARRATIVE: Each budget submitted must include a justification narrative. In each section complete the required information and make any additional comments.

1. Salaries--List the name, title, percent of time, and annual salary for **each** employee to be funded by the proposed project in this section.
2. Contractual Services--List a description of all Professional services, i.e., sub-contracts.
3. Supplies & Materials--Describe supplies that are directly related to your proposed program, i.e., food, paper, paint, lumber, etc.
4. Equipment & Property--Describe any equipment you wish to purchase and its use.
5. General Comments--Include descriptions of funding matches, as well as any in-kind services, facilities, and/or personnel that may be available to your organization. This could include rent, utilities and the like. Please explain fully these leveraging factors.
6. The Expenditure Sheet indicates Miscellaneous/Other Line Item(s). If your organization elects to use these items, you must clearly identify what miscellaneous/other is and how it will be utilized.

**City of New Orleans - Neighborhood 1 SuperNOFA 2006  
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**

First of ten single spaced pages.

<b>NEIGHBORHOOD 1 BUDGET LINE ITEM DETAIL</b>			
<i>BUDGET:</i>		<i>YEAR:</i>	
<i>ORGANIZATION NAME:</i>			
<i>PROJECT NAME AND NUMBER:</i>		<i>DEPARTMENT:</i> Neighborhood 1	<i>PROGRAM:</i> HOPWA
		<i>OPTION CODE</i>	
<i>ACCT. NO.</i>	<i>LINE ITEM</i>	<i>REQUESTED BUDGET</i>	<i>FOR Neighborhood 1 USE ONLY</i>
1000	PERSONAL SERVICES		
2000	CONTRACTUAL SERVICES		
3000	SUPPLIES AND MATERIALS		
4000	EQUIPMENT		
	MATCH/OTHER		
	<b>TOTAL</b>	\$	

**City of New Orleans - Neighborhood 1 SuperNOFA 2006**  
**EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**

Second of ten single spaced pages.

**BUDGET JUSTIFICATION NARRATIVE - GENERAL COMMENTS/MATCH**

**City of New Orleans - Neighborhood 1 SuperNOFA 2006**  
**EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**

Third of ten single spaced pages.

<b>NEIGHBORHOOD 1 BUDGET LINE ITEM DETAIL</b>			
<i>BUDGET:</i>		<i>YEAR:</i>	
<i>ORGANIZATION NAME:</i>			
<i>PROJECT NAME AND NUMBER:</i>		<i>DEPARTMENT:</i> Neighborhood 1	<i>PROGRAM:</i> HOPWA
		<i>OPTION CODE</i>	
<i>ACCT. NO.</i>	<i>LINE ITEM</i>	<i>REQUESTED BUDGET</i>	<i>FOR Neighborhood 1 USE ONLY</i>
<b>1000</b>	<b>PERSONAL SERVICES</b>		
	<b>TOTAL</b>	<b>\$</b>	

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**EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**  
Fourth of ten single spaced pages.

**BUDGET JUSTIFICATION NARRATIVE: 1000 - PERSONAL SERVICES**

**City of New Orleans - Neighborhood 1 SuperNOFA 2006  
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**

Fifth of ten single spaced pages.

<b>NEIGHBORHOOD 1 BUDGET LINE ITEM DETAIL</b>			
<i>BUDGET:</i>		<i>YEAR:</i>	
<i>ORGANIZATION NAME:</i>			
<i>PROJECT NAME AND NUMBER:</i>	<i>DEPARTMENT:</i> Neighborhood 1	<i>PROGRAM:</i> HOPWA	<i>OPTION CODE</i>
<i>ACCT. NO.</i>	<i>LINE ITEM</i>	<i>REQUESTED BUDGET</i>	<i>FOR Neighborhood 1 USE ONLY</i>
2000	CONTRACTUAL SERVICES		
	<b>TOTAL</b>	\$	

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**EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**  
Sixth of ten single spaced pages.

**BUDGET JUSTIFICATION NARRATIVE: 2000 - CONTRACTUAL SERVICES**

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**EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**

Seventh of ten single spaced pages.

<p><b>NEIGHBORHOOD 1</b>  <b>BUDGET LINE ITEM DETAIL</b></p>			
<p><i>BUDGET:</i></p>		<p><i>YEAR:</i></p>	
<p><i>ORGANIZATION NAME:</i></p>			
<p><i>PROJECT NAME AND NUMBER:</i></p>		<p><i>DEPARTMENT:</i> Neighborhood 1</p>	<p><i>PROGRAM:</i> HOPWA</p>
		<p><i>OPTION CODE</i></p>	
<i>ACCT. NO.</i>	<i>LINE ITEM</i>	<i>REQUESTED BUDGET</i>	<i>FOR Neighborhood 1 USE ONLY</i>
3000	SUPPLIES AND MATERIALS		
	<b>TOTAL</b>	\$	

**City of New Orleans - Neighborhood 1 SuperNOFA 2006**  
**EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**  
Eighth of ten single spaced pages.

**BUDGET JUSTIFICATION NARRATIVE: 3000 - SUPPLIES AND MATERIALS**

**City of New Orleans - Neighborhood 1 SuperNOFA 2006  
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**

Ninth of ten single spaced pages.

<b>NEIGHBORHOOD 1 BUDGET LINE ITEM DETAIL</b>			
<i>BUDGET:</i>		<i>YEAR:</i>	
<i>ORGANIZATION NAME:</i>			
<i>PROJECT NAME AND NUMBER:</i>		<i>DEPARTMENT:</i> Neighborhood 1	<i>PROGRAM:</i> HOPWA
		<i>OPTION CODE</i>	
<i>ACCT. NO.</i>	<i>LINE ITEM</i>	<i>REQUESTED BUDGET</i>	<i>FOR Neighborhood 1 USE ONLY</i>
4000	EQUIPMENT		
	<b>TOTAL</b>	<b>\$</b>	

**City of New Orleans - Neighborhood 1 SuperNOFA 2006**  
**EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**

Tenth/last of ten single spaced pages.

**BUDGET JUSTIFICATION NARRATIVE: 4000 - EQUIPMENT**

## CLASSIFICATION OF EXPENDITURE AND LINE ITEM NUMBERS

### PERSONAL SERVICES (1000)

1010 Salaries  
 1011 Sick Leave  
 1020 Overtime  
 1021 Part-Time Payroll  
 1110 Employees= Retirement Plan  
 1200 Social Security Taxes (FICA)  
 1300 Group Hospital Insurance  
 1400 Workers Comp. Insurance  
 1600 Terminal Leave  
 1710 Auto Allowance  
 1720 Uniform Allowance  
 1730 Chauffeurs Licenses  
 1740 Tool Allowance  
 1760 Pay Increment  
 1790 Life Insurance  
 1800 Unemployment Comp. (SUTA)  
 1900 Sick Leave

### CONTRACTUAL SERVICES (2000)

2010 Advertising  
 2020 Cleaning and Waste Removal  
 2030 Contributions & Prizes  
 2040 Convention & Travel Expenses  
 2041 Convention & Travel Reimbursement  
 2050 Dues and Subscriptions  
 2060 Education  
 2080 Fees of Board Members  
 2090 Fees, Taxes, and Assessment  
 2091 Photograph Expense  
 2092 Conveyance Certificates  
 2093 Mortgage Certificates  
 2094 Recordation Wens Exp.  
 2095 Demolition Expense  
 2110 Ins-Liability & Property Damage  
 2111 Adj Contact  
 2112 Stop Loss Policy  
 2113 Physical Dam Auto  
 2114 Gen Liability Claims Reserve  
 2115 Auto Claims Reserve  
 2120 Ins-Surety Bonds  
 2130 Postage Freight Express  
 2140 Printing and Binding  
 2150 Professional Services  
 2160 Rents & Leases-Land Bldg  
 2170 Rents & Leases Other Prop  
 2180 Motor Vehicle Rep General  
 2181 Motor Vehicle Rep PM Insp.  
 2182 Motor Vehicle Replacement-Component  
 2185 Repairs and Maintenance  
 2187 Loan Subsidy  
 2190 Telephone - Local  
 2210 Telephone - Long Distance & Tel.

2240 Utilities  
 2600 Miscellaneous  
 2800 Indirect Cost

### SUPPLIES AND MATERIALS (3000)

3010 Books and Pamphlets  
 3020 Building Supplies  
 3030 Clothing  
 3040 Education Supplies  
 3050 Electrical Supplies  
 3060 Electronic Supplies  
 3070 Engineering Supplies  
 3080 Parts-Not Motor Vehicle  
 3110 Food Supplies  
 3120 Fuel-Not Motor Vehicle  
 3130 General Plant Supplies  
 3140 Hand Tools and Instrument  
 3150 Horticulture & Farm Supplies  
 3160 Household Supplies  
 3170 Identification Plates and Badges  
 3180 Janitor & Cleaning Supplies  
 3190 Medical Supplies  
 3210 Motor Vehicle-Gasoline  
 3211 Motor Vehicle-Diesel  
 3212 Motor Vehicle-Hydraulic Oil  
 3213 Motor Vehicle-Lubricants  
 3214 Motor-Vehicle-Fluids  
 3215 Motor Vehicle-Other  
 3220 Motor Vehicle-Parts  
 3240 Photographic Supplies  
 3250 Office Supplies  
 3260 Safety Supplies  
 3271 Vehicle Supplies-Battery  
 3272 Vehicle Supplies-Tires  
 3273 Vehicle Supplies-Welding  
 3274 Lawn Equip. Parts  
 3299 Miscellaneous Supplies

### EQUIPMENT & PROPERTY (4000)

4101 Land  
 4201 Buildings & Improvements  
 4352 Bldg. & Power Plant Equip  
 4354 Cleaning & Laundry Equip  
 4356 Communications Equip  
 4358 Construction Equip  
 4362 Education & Recreation Equipment  
 4364 Engineering Equipment  
 4368 General Plant Equip.  
 4374 Medical Equipment  
 4376 Motor Vehicle  
 4378 Office Furniture & Equip.  
 4382 Refrigeration & Air Cond. Equip.  
 4390 Miscellaneous

**City of New Orleans - Neighborhood 1 SuperNOFA 2006**  
**EXHIBIT 5: EVACUATION PLAN/ZONING**

**EVACUATION PLAN:** Organizations that propose to run a shelter/residential care facility must attach a clear evacuation plan for its staff and residents. All plans must include clear identifiable stairs, exists fire escapes and designated essential employees. **Essential employees are those persons responsible for carrying the evacuation plan.**

**ZONING:** All organizations applying for CDBG, ESG, HOPWA, and SESG funds for the purpose of operating/staffing residential programs must submit a clearance from the **Department of Safety and Permits** approving the use of the building/activities before Neighborhood 1 will consider awarding funds.