

CITY OF NEW ORLEANS

C. Ray Nagin, Mayor

Neighborhood 1

Alberta S. Pate, Executive Assistant

SuperNOFA 2007

APPLICATION

for

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

CITY OF NEW ORLEANS

OFFICE OF THE MAYOR DIVISION OF HOUSING & NEIGHBORHOOD DEVELOPMENT

September 18, 2007

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 available in electronic format (MS Word) on disk at the Mayor's Neighborhood 1 office, 1340 Poydras Street, 10th Floor, New Orleans, LA. Application forms are also available in downloadable format at the City's website, www.new-orleans.la.us
4. An original completed application plus three (3) copies must be received by **3:00 p.m., Monday, October 16, 2006, at the Neighborhood 1 office, 1340 Poydras Street, 10th Floor.** 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 3:01 p.m. **Monday, October 16, 2006** - 3:00 p.m. **Tuesday, October 17, 2006** can only earn a maximum of 80 points; applications received 3:01 p.m. **Tuesday, October 17, 2006** - 3:00 p.m. **Wednesday, October 18, 2006** can only 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 the 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 Chester Nevels of Neighborhood 1 office, 1340 Poydras Street, 10th Floor, New Orleans, LA 70122, (504) 299-4800.

CITY OF NEW ORLEANS - NEIGHBORHOOD 1
SuperNOFA 2007

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

____ ESG

____ SESG

FUNDING REQUEST/AMOUNT: _____

TARGET/SERVICE DELIVERY AREA: _____

NEIGHBORHOOD 1 REGISTRY OF NEIGHBORHOOD ORGANIZATIONS STATUS:

____ CERTIFIED

____ PENDING

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 2007

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.	\$	
TOTAL FEDERAL/STATE FUNDING	\$	

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.	\$	
TOTAL PENDING FEDERAL/STATE FUNDING	\$	

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

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

TOTAL PROGRAM BUDGET: _____

TOTAL REQUEST FROM NEIGHBORHOOD 1 UNDER THIS NOFA: _____

City of New Orleans - Neighborhood 1 SuperNOFA 2007

EXHIBIT 2 – Please answer the following 18 questions in a maximum of 14 pages.

Please answer one question at a time, listing the question 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.]

TARGET POPULATION & SERVICE NEED (24 points)

1. Describe the community need that this program proposal addresses, including the following:
 - a. Identify external data sources that measure the magnitude of this problem and/or identify demographic risk factors that are strongly related to the problem -- citing national studies or evidence that document the relationship between the risk factor and the problem.
 - b. Identify the geographic boundary of the community you intend to address in this proposal and provide data that indicates the magnitude of the need in this community.
 - c. Provide comparative data for the eight-parish area, the state, and the nation to illustrate the relative seriousness of the need.
2. Describe the target population that you are trying to reach with this program. This description should demonstrate your understanding of the people who will benefit from the services for which you are seeking support. Include parishwide or neighborhood data as well as aggregate client data that describes the salient characteristics of the people you intend to serve.
3. Based on the target population you are trying to reach, present the results of a review of all similar agencies that also serve this target population answer these questions: What resources are already available to this population? What gaps are there in services?

APPROACH TO PROVIDING SERVICES (25 POINTS)

4. What are the goals of the proposed program?
5. Have you involved the people you intend to serve in planning this program? If so, how has that occurred? If not, how will you accomplish this?
6. Describe any research you have done to determine if the proposed program model will work. Has the program been tried elsewhere? With what results?
7. Define how the program works or will work to achieve the goals. There should be an obvious and logical link between your understanding of the people you intend to serve, the services you intend to provide, and the results you expect to see. Include the following:
 - a. How many persons will be served?
 - b. How will the services be provided?
 - c. What is the process for services being delivered?
 - d. How will the target population be reached?
 - e. How will the project be managed and staffed?
 - f. Who will be providing the proposed service to clients?
8. Describe any 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.
9. What are your anticipated program outcomes? How will you know if you are succeeding or

failing? Define how you will collect information about participants by identifying the indicators you will use to measure progress toward outcomes. Identify your measurement tool(s) and document the validity and reliability of each. (Please attach a copy of the instrument, if available.) In setting targets, be sure to include benchmarking against national success rates, if available.

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

COORDINATION AND COLLABORATION (15 POINTS)

11. 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.)

12. Indicate how the proposed strategy is consistent with strategies outlined in other planning documents prepared for the New Orleans Regional AIDS Planning Council and State of LA HIV Program. If proposed services are inconsistent with existing ongoing initiatives, identify the agency plan to reach consistency/integration over the next year.

13. Describe the agency's efforts to coordinate and collaborate with other agencies providing both similar and complementary services for the target population and to the target community.

14. Indicate whether or not the agency has entered into formal written cooperative agreements with other agencies providing similar and complementary services.

AGENCY BACKGROUND AND EXPERIENCE (16 POINTS)

15. Describe the experience of the organization in carrying out the type of activities proposed in the application and the length of time the organization has been involved in providing the proposed services (even if the service has not been provided through grant funds).

16. Describe the results of any past evaluations of this organization providing these types of services.

17. 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 contract's scope of work.

18. Detail the staff's experience in working with HOPWA/HIV services projects in general and in the proposed service area in particular. **DO NOT SEND RESUMES.** If the agency or staff does not have prior experience in providing the proposed service, please indicate experience and successes in carrying out similar programs and in working in partnership with other agencies and/or consultants.

City of New Orleans - Neighborhood 1 SuperNOFA 2007
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 2007
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)

First of ten single spaced pages.

NEIGHBORHOOD 1 BUDGET LINE ITEM DETAIL			
<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		
	TOTAL	\$	

City of New Orleans - Neighborhood 1 SuperNOFA 2007
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 2007
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)

Third of ten single spaced pages.

NEIGHBORHOOD 1 BUDGET LINE ITEM DETAIL			
<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		
	TOTAL	\$	

City of New Orleans - Neighborhood 1 SuperNOFA 2007
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 2007
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)

Fifth of ten single spaced pages.

NEIGHBORHOOD 1 BUDGET LINE ITEM DETAIL			
<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		
	TOTAL	\$	

City of New Orleans - Neighborhood 1 SuperNOFA 2007
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)
Sixth of ten single spaced pages.

BUDGET JUSTIFICATION NARRATIVE: 2000 - CONTRACTUAL SERVICES

City of New Orleans - Neighborhood 1 SuperNOFA 2007
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)

Seventh of ten single spaced pages.

NEIGHBORHOOD 1 BUDGET LINE ITEM DETAIL			
<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>
3000	SUPPLIES AND MATERIALS		
	TOTAL	\$	

City of New Orleans - Neighborhood 1 SuperNOFA 2007
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 2007
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)

Ninth of ten single spaced pages.

NEIGHBORHOOD 1 BUDGET LINE ITEM DETAIL			
<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		
	TOTAL	\$	

City of New Orleans - Neighborhood 1 SuperNOFA 2007
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 2007
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.