

HOPWA FY2026 RFA Application

Organization's Legal Name *

Organization's DBA Name (if applicable)

Organization UEI# *

Organization Employer Identification Number (EIN) *

Address of Organization *

Street Address

City

State / Province

Postal / Zip Code

Phone Number of Organization *

Please enter a valid phone number.

Please list the name of each county within your service area that you will serve with IHCD's HOPWA funding. *

Please provide the name of your organization's CEO or Executive Director. *

First Name

Last Name

CEO/Executive Director Email Address *

example@example.com

CEO/Executive Director Office Phone Number *

Please enter a valid phone number.

Will the CEO or Executive Director specified above also be the individual that signs your contract?

*

Yes

No

Name of your organization's signatory

First Name

Last Name

Title/Role of Organization's signatory

Email Address of Organization's signatory

example@example.com

Phone Number of Organization's signatory

Please enter a valid phone number.

In addition to the organization's CEO/Executive Director and contract signatory, is there a HOPWA Program Contact you would like us to use for your award? *

- Yes
- No

Please provide the first and last name of one main HOPWA Program Contact at your organization:

First Name

Last Name

Title/Role of HOPWA Program Contact

Email of HOPWA Program Contact

example@example.com

Phone Number of HOPWA Program Contact

Please enter a valid phone number.

Do you have another HOPWA Program Contact to add?

- Yes
- No

Please provide the name of an additional HOPWA Program Contact at your organization:

First Name

Last Name

Title/Role of HOPWA Program Contact #2

Email of HOPWA Program Contact #2

example@example.com

Phone Number of HOPWA Program Contact #2

Please enter a valid phone number.

Do you have another HOPWA Program Contact to add?

- Yes
- No

Please provide the first and last name of an additional HOPWA Program Contact at your organization:

First Name

Last Name

Title/Role of HOPWA Program Contact #3

Email of HOPWA Program Contact #3

example@example.com

Phone Number of HOPWA Program Contact #3

Please enter a valid phone number.

FY2026 Budget Request

On this page, you will enter the dollar amount your organization is requesting for each budget line item outlined in the RFA. If you do not seek funding in any of the line-items, please type "0" or "0.00" to indicate this. Afterwards, this will auto-calculate the "Total of HOPWA FY2026 Funding Requested (in U.S. Dollars)."

TBRA *

Enter amount in decimals

Long-Term Program Delivery *

Enter amount in decimals

STRMU *

Short-Term Program Delivery *

Enter amount in decimals

Facility Operations/Facility Assistance *

Enter amount in decimals

Supportive Services *

Enter amount in decimals

Housing Information Services *

Enter amount in decimals

Permanent Housing Placement *

Enter amount in decimals

Resource Identification *

Enter amount in decimals

Administration *

Enter amount in decimals

Threshold Requirement Questions

Please read each question and option carefully before responding. Please note that organizations will be asked to provide documentation to support their responses.

Is your organization a private, nonprofit organization (defined as a tax exempt or secular or religious organization described in Section 501(c)(3) of the Internal Revenue Code? *

Yes

Does your organization have an up-to-date UEI Number from sam.gov? *

- Yes
 No

Is your organization registered with the Indiana Secretary of State? *

- Yes
 No

Does your organization have documentation showing that the organization either (1) is designated by the Indiana Department of Health as a Non-Medical Case Management Provider (NMCMP) or (2) has a formal agreement with a NMCMP? *

- Yes
 No

Please elaborate on how your organization coordinates with your Regional Planning Council. Per the RFA narrative, please explain whether your organization attends monthly meetings and case conferencing sessions and provides or accepts referrals for assisting clients. Please explain the extent to which this coordination occurs. *

Financial Management Information

Experience with Service Provision

Has your organization received any funding from IHEDA in the past? *

- Yes - my organization received HOPWA.
 Yes - my organization received both HOPWA and another IHEDA grant.
 Yes - my organization received another IHEDA grant but not HOPWA.
 No - my organization has not received any grant from IHEDA in previous years.

In the past 5 years, has your organization received and administered a federal grant other than HOPWA? *

- Yes
- No

Please list all non-HOPWA, federal grants your organization has received and administered within the last 5 years. Please also include the name of the funder your organization received each grant from.

How long has your organization served persons living with HIV/AIDS, with or without HOPWA funding? *

Please provide answer in number of years.

Please provide a description of your organization's mission and services. *

Please elaborate on how your organization implements low-barrier, person-centered approaches in administering HOPWA assistance. *

Please describe your experience with HMIS. Does your organization need HMIS technical assistance or training? *

How do prospective clients become enrolled in your organization's HOPWA TBRA program? Include a summary of how clients connect with the organization to address their housing needs and the process of initial intake to discharge (as applicable depending on client circumstances). Include a summary of the overall strategy and the role of each partner in the referral process (if your organization is working with other agencies or external stakeholders). *

How do prospective clients become enrolled in your organization's HOPWA STRMU program? Include a summary of how clients connect with the organization to address their housing needs and the process of initial intake to discharge once the time limit for STRMU assistance ends. Include a summary of the overall strategy and the role of each partner in the referral process (if your organization is working with other agencies or external stakeholders). *

How does your organization identify and recruit landlords to house HOPWA clients? Include a summary of the overall strategy and steps that will be taken to recruit, engage, and retain landlords. *

What partnerships or relationships does your organization have with Permanent Supportive Housing (PSH) programs in your HOPWA area(s)? If there is no MOU for each HOPWA region that your program covers, please explain below. *

Please describe your organization's experience in serving youth, veterans, VAWA-eligible clients, or those who experienced or are experiencing chronic homelessness. Please explain any services or interventions that are directly offered to these clients. Describe instances to which you refer clients to other providers. *

What partnerships or relationships does your organization have with other agencies serving people living with HIV/AIDS? How does your organization approach maintaining existing and creating new relationships with other agencies? *

Is your organization an active member of any regional/local HOPWA planning or community planning committees OTHER than your regional continuum of care/regional planning council on the homeless? If yes, please list below:

Staff and Board of Directors

What training or continuing education opportunities have program staff attended in the last year that related to the administration of HOPWA or assisting persons living with HIV/AIDS? If none, please explain. *

How often do HOPWA staff undergo training related to confidentiality protections? *

Please Select

If "Other" was selected for the previous question, please specify.

Attachments

I hereby certify that all information in the program proposal forms are true, correct, and accurately reflect the organization's ability to run the HOPWA program. I have read the request for application materials and understand the intent, limitations, and requirements of services purchased through this application and the contractual requirements of IHCD.

By signing this application, I also certify the following:

1. My organization will cooperate and coordinate with relevant state and local governments in providing HOPWA assistance.
2. My organization implements standards of financial accountability that conform to 2 CFR 200.302, 'Financial Management' and 2 CFR 200.303, 'Internal Controls', which includes systems and software that allow for effective control over, and accountability for, all funds, property, and other assets.
3. My organization that does not have any unresolved findings from IHCD or HUD.
4. I understand and will comply with the programmatic contractual requirements placed upon this organization if we are awarded funding.

Name *

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First Name

Last Name

Title *

Legal Name of Organization *

Today's Date *

| | |
|--|--|
| | |
|--|--|

Day Year

Month