**Housing Opportunities for Persons with AIDS (HOPWA) Program**

Providing housing and supportive services to individuals living with HIV/ AIDS and their families.

 

Last Revised August 2025

State of Wisconsin

Department of Administration

Division of Energy, Housing and Community Resources

**Grant Year 2025/26**

**Application**

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# 2025-2026 Housing Opportunities for Persons with AIDS (HOPWA) Application

Completed applications must be submitted as a PDF and are due by email at **11:59 CST on September 15, 2025**, to DOASupportiveHousing@wisconsin.gov copying Daniel Duquette (Daniel.Duquette@wisconsin.gov). The performance period is October 1, 2025, to September 30, 2026.

## Applicant Information

Please fill out the following information about your organization.

|  |  |
| --- | --- |
| Name of Organization |  |
| Mailing Address for Purchase Order and Reimbursement (PO Box or Street Address; include 9-digit zip code) |  |
| Physical Address of Primary Office (include 9-digit zip code) |  |
| UEI Number |  |
| Attach proof of the organization having an active [SAM.gov](https://sam.gov/content/home) registration and proof of non-debarment/having no active exclusions.Instructions for how to pull this information from [SAM.gov](https://sam.gov/content/home) are available on [DEHCR’s website](https://energyandhousing.wi.gov/Pages/AgencyResources/SupportiveHousingResources.aspx#:~:text=Instructions_Pulling%20from%20Sam.gov_Registration%20and%20Exclusions%20Status). | Attached? REQUIRED [ ] Yes [ ] No |
| Attach proof showing any proposed subgrantees have an active [SAM.gov](https://sam.gov/content/home) registration and proof of non-debarment/having no active exclusions. | Attached? REQUIRED [ ] Yes [ ] No |
| **Organization’s Official Authorized to Sign Application and Contract** |
| Name |  |
| Title |  |
| Email |  |
| Phone |  |
| **Signature & Date** |  |
| Organization’s HOPWA Program Manager/Primary Point of Contact for the HOPWA Program |
| Name |  |
| Title |  |
| Email |  |
| Phone |  |
| Additional Staff to Copy When Contract Is Sent If Awarded |
| Name, Title, Email |  |
| Name, Title, Email |  |
| Name, Title, Email |  |
| Organization’s Client Referral Contact for the HOPWA Program |
| Name |  |
| Title |  |
| Email |  |
| Phone |  |
| Organization’s Primary Fiscal Contact for the HOPWA Program |
| Name |  |
| Title |  |
| Email |  |
| Phone |  |
| Contact Information for Other Staff the Organization Would Like Copied on **General Information Updates**. |
| Name, Title, Email, Phone |  |
| Name, Title, Email, Phone |  |
| Name, Title, Email, Phone |  |

## Applicant Eligibility

#### Organization Type

1. Please select what type of organization the applicant is:

[ ]  Governing body of a county or city.

[ ]  Elected governing body of a federally recognized American Indian tribe or band in the State of Wisconsin.

[ ]  Housing authority.

[ ]  Nonstock corporation that is organized under [ch. 181](https://docs.legis.wisconsin.gov/statutes/statutes/181) and that is a nonprofit corporation, as defined in [Wis. Stat. § 181.0103(17)](https://docs.legis.wisconsin.gov/document/statutes/181.0103%2817%29).

If the organization does not meet one of the above, the organization *may* not be eligible to apply. Please contact the Grant Specialist (contact information available on [DEHCR's website](https://energyandhousing.wi.gov/Pages/AgencyResources/hopwa.aspx)).[[1]](#footnote-1)

#### Service Area Coverage

2. The state of Wisconsin HOPWA service area consists of 66 counties -all counties in Wisconsin, minus Milwaukee, Ozaukee, Pierce, St. Croix, Washington and Waukesha counties. An organization does not need to provide services throughout all 66 counties to be eligible to apply. Please describe the counties within this area that the organization intends to serve.

#### Good Standing

3. An organization must be in good standing with DEHCR to be eligible. Is the organization in good standing with DEHCR, including no outstanding monitoring concerns or findings?

[ ]  Yes [ ]  No

a. If no, please explain.

#### Organization’s Grant Experience

4. Briefly describe the organization’s experience providing services through state or federal government grants.

## Program Component Determination

#### Current Programming

5. The HOPWA program can generally support individuals (and their families if applicable) who have been diagnosed with HIV/AIDS and have a household income that is 80% of the HOPWA area median income (HOPWA eligible clients).[[2]](#footnote-2) Which HOPWA activity(ies) does your organization propose to offer (select all that apply)? For each selection, please describe your organization’s current capacity/ experience:

[ ]  Housing Information Services

*Current capacity/ experience:*

[ ]  Supportive Services (select which apply: [ ]  Case Management; [ ]  Other Supportive Services)

*Current capacity/ experience:*

[ ]  STRMU (Short-Term Rent, Mortgage, Utility)

*Current capacity/ experience:*

[ ]  TBRA (Tenant-Based Rental Assistance)

*Current capacity/ experience:*

[ ]  PHP (Permanent Housing Placement)

*Current capacity/ experience:*

####

#### How HOPWA Funding Will Support & Enhance Current Programming

7. Explain how HOPWA funds will support the continuation of current programming (or elements of it), and whether and how it will enhance and/or expand current programming. Describe how the amounts requested for each program activity were determined.

## Funding Request

8. Please fill out the chart below with the organization’s estimated total operating expenses for running the HOPWA program. In the Other Funding column please do **not** include in-kind contributions (example: volunteer time, donated materials). Organizations can request up to the entire $1,093,354 of HOPWA funding available. No more than 7% may be allocated toward administrative costs. Please add rows as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Activities** | **Est. HH\* Supported** | **HOPWA Funds Requested** | **Other Funding (please list top source)** | **Total Operating Budget** |
| Client Assistance Funds |
| Housing Information Services(HIS) |  |  |  |  |
| Permanent Housing Placement (PHP) |  |  |  |  |
| Short-Term Rental, Mortgage and Utility (STRMU) Assistance |  |  |  |  |
| Supportive Services |  |  |  |  |
| Tenant-Based Rental Assistance (TBRA) |  |  |  |  |
| Other (name service here and explain details in question 8) |  |  |  |  |
| Totals |  |  |  |  |
| Administrative Funds |
| Amount Requested (max 7% of total or $76,534) |  |  |  |  |
| Total Funds Requested |
| Combined Total |  |  |  |  |

\*HH = Households

## Clients & Service Coordination

#### Building Awareness

11. How will the organization increase awareness of the HOPWA program, and increase access to services?

####

#### Referrals

12. List providers with whom the organization has a referral agreement.

|  |  |
| --- | --- |
| **Agency** | **Service Provided** |
|  |  |
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#### General Client Eligibility

13. Describe how the organization will ensure general HOPWA client eligibility.

#### General Client Assessment

14. Explain how the organization will assess the client’s needs and determine what type of programming would meet the client’s housing and/ or supportive service needs.

#### Prioritization & Waiting Lists

15. Will the organization use waiting lists and how will those on the waiting list be prioritized? Please specify how the organization will approach this issue for each proposed activity type (HIS, PHP, STRMU, Supportive Services, TBRA, Other).

#### Referrals to Outside Housing Programs

17. How is your organization referring clients to federal housing programs and/or other community housing programs?

## Programming

*If your organization is proposing to only offer Housing Information or Supportive Services, please skip ahead to question 28.*

#### STRMU

18. How will the organization determine whether a HOPWA eligible client is eligible for the STRMU program? How will the client’s eligibility and demonstration of need be documented?

19. How long will STRMU assistance be offered to clients within the allowed 21 weeks?

#### PHP

20. What types of costs does the organization anticipate charging to PHP?

#### Affordability

21. How will the organization assess whether a unit is affordable for the client to be able to maintain occupancy? The determination should include monthly income to housing costs ratio and utility costs.

#### TBRA

22. How will the organization determine the maximum amount of monthly rental assistance that can be provided to the client through the TBRA program?

#### Client Input on Housing

23. What role will clients have in determining where to live? Please provide answers by program activities (PHP, TBRA, STRMU).

#### Operating & Maintaining Housing

24. What role will the organization have in operating and maintaining the client’s housing? What role will the client have?

#### Supportive Services

26. Please specify whether HOPWA funds will be used to refer a client to a supportive service (example: HOPWA would pay for a case manager to refer the client to adult daycare), or whether HOPWA funds will pay for the supportive service itself (HOPWA would pay for the adult daycare). Add rows as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supportive Services** | **Referral Only** | **Paying for the Service** | **Both** | **Not Providing Service** |
| Adult Day Care and Personal Assistance |  |  |  |  |
| Alcohol-Drug Abuse |  |  |  |  |
| Child Care |  |  |  |  |
| Case Management |  |  |  |  |
| Education |  |  |  |  |
| Employment Assistance and Training |  |  |  |  |
| Health/Medical Services |  |  |  |  |
| Legal Services |  |  |  |  |
| Meals/Nutritional Services |  |  |  |  |
| Mental Health Services |  |  |  |  |
| Outreach |  |  |  |  |
| Transportation |  |  |  |  |

\*HH = Households

#### Housing Information Services

27. Will the organization offer housing information services to people in the community living with HIV/AIDS (no income qualification), in addition to typical HOPWA eligible clients?

[ ]  Yes [ ]  No

30. Will housing information services be offered separately from holistic case management?

[ ]  Yes [ ]  No

a. If yes, what qualifications will the person providing the housing information services have?

## Organizational Capacity

#### Staff Capabilities

31. Describe the organization’s staff capacity to administer the HOPWA program, such as providing income determinations, lead-based paint inspections, HOPWA HQS Habitability inspections, carbon-monoxide alarm/detector requirement reviews, and supportive services.

#### Lived Experience Representation

34. Does the organization have a person with lived experience of homelessness serving on the board of directors? If not, how does the organization gather guidance and information from people with lived experience?

#### Participation with Local Continua of Care (CoCs)

35. How will the organization work with the HUD recognized CoC within the proposed service area to coordinate services for clients?

36. How will the organization be involved with the CoCs beyond coordination of services for clients? How will the organization be involved with the Point in Time (PIT) count?

#### HMIS

37. Describe the agency’s experience using HMIS, and how it will be used for the HOPWA program.

## Fiscal Controls & Financial Management

38. Describe the organization’s fiscal controls and processes in place to properly administer and account for HOPWA funds.

Please answer the following questions.

|  |  |
| --- | --- |
| **Questions** | **Answers** |
| 39. Does the organization have a method of tracking each funding source from DEHCR separately?  | [ ]  Yes [ ]  No |
| 40. Does the organization have policies and procedures for keeping backup documentation on expenditures so it can be produced upon request? | [ ]  Yes [ ]  No |
| 41. Do the organization’s employees’ timesheets track actual hours worked per funding source or program? | [ ]  Yes [ ]  No |
| 42. Do the organization’s payroll records clearly define payments among funding sources? | [ ]  Yes [ ]  No |

## Contractual Responsibilities & Subcontracting

43. Will the organization provide all services directly? [ ]  Yes [ ]  No

a. If not, does the organization recognize and will it abide by the requirements to maintain contractual responsibility and monitor subcontractors/subrecipients in the same manner as DEHCR? [ ]  Yes [ ]  No

b. If subcontracting, please describe what services will be contracted out.

## Racial Equity

44. Which racial/ethnic groups are most over-represented in the organization’s HOPWA client population compared to their representation in the general HOPWA eligible client population?

45. How does the organization intentionally address the principles, values, and skills needed to improve outcomes for the groups identified in the question above?

46. What partnerships does the organization have to help address racial disparities in the homelessness system? Who else could the organization partner with?

47. Describe the diversity amongst the organization’s staff, specifically the leadership.

Please answer the following questions.

|  |  |
| --- | --- |
| **Questions** | **Answers** |
| 48. Does the organization have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness and engaging internal and external stakeholders?  | [ ]  Yes [ ]  No |
| 49. Does the organization offer any formal employee training around biases, anti-racism, or general Diversity, Equity & Inclusion?  | [ ]  Yes [ ]  No |
| 50. Is the organization collecting data to better understand the pattern of program use for people of different races and ethnicities?  | [ ]  Yes [ ]  No |

## Practices, Policies, Procedures & Documentation

The following practices, policies, procedures, and documentation of such are required of each grantee and may be reviewed during yearly monitoring. Please answer whether the organization has the following.

|  |  |
| --- | --- |
| **Practices, Policies, Procedures & Documentation** | **Answers** |
| 51. **Accessibility Practices/Resources**The organization and its subrecipients should have resources and practices in place to communicate with all potential clients including those with limited or no English. Further, facilities and programming should be accessible to people with disabilities including, but not limited to, people with vision loss, hearing loss, physical/mobility concerns, and learning disabilities. | [ ]  Yes [ ]  No |
| 52. **Client Termination** In terminating assistance to any program participant for violation of requirements, the organization and its subrecipients must provide a formal process that recognizes the rights of individuals receiving assistance to due process of law. This process at minimum, must consist of:* Serving the participant with a written notice containing a clear statement of the reasons for termination;
* Permitting the participant to have a review of the decision, in which the participant is given the opportunity to confront opposing witnesses, present written objections, and be represented by their own counsel, before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
* Providing prompt written notification of the final decision to the participant.
 | [ ]  Yes [ ]  No |
| 53. **Confidentiality** The organization shall agree, and shall ensure that each subrecipient agrees, to ensure the confidentiality of the name of any individual assisted under the HOPWA program and any other information regarding individuals and households receiving assistance. | [ ]  Yes [ ]  No |
| 54. **Program Income**HOPWA program income includes any amount of security deposits or utility deposits returned to the organization or its subrecipients. The organization and its subrecipients must retain records of the receipt and usage of program income. The organization and its subrecipients are prohibited from requiring or suggesting repayment of any service or financial assistance except for security and utility deposits.  | [ ]  Yes [ ]  No |
| 55. **Equal Access**The Grantee and its subrecipients must have policies and practices to ensure clients have equal access to services regardless of sexual orientation, gender identity, family composition or marital status. | [ ]  Yes [ ]  No |

##

## Housing Opportunities for Persons with AIDS (HOPWA) Program Certifications

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant organization) certifies compliance with the following:

* 1. The requirements of 24 CFR §574.310(c)(i) and (ii), concerning the continued use of buildings for which HOPWA funds are used as a facility to provide housing or assistance for individuals with AIDS or related diseases;
	2. The building standards requirement of 24 CFR §574.310(b)(1) and (2);
	3. The requirements of 24 CFR §574.320 and §574.330, concerning rental assistance and additional standards for short-term supported housing; and
	4. The requirements of 24 CFR §574.600, §574.603 and other appropriate provisions of 24 CFR §574, and other applicable Federal law concerning nondiscrimination and equal opportunity.

I certify that the agency, with its HOPWA grant, will not (except as provided in 24 CFR §574.510):

1. Fund renovation, major rehabilitation, or conversion of any building that is listed on the National Register of Historic Place; located in an historic district; immediately adjacent to a property listed on the National Register or deemed to be eligible for inclusion on the National Register by the State Historic Preservation Officer;
2. Fund any such activity taking place in a 100-year flood plan designated by map by the Federal Emergency Management Agency;
3. Fund any such activity which will jeopardize the continued existence of an endangered or threatened species designated by the Department of the Interior’s Fish and Wildlife Service or by the Department of Administration’s National Maritime Fisheries Service, or affecting the critical habitat of such a species; and
4. Be inconsistent with HUD’s environmental standards at 24 CFR Part 50.4 or with the State’s Coastal Zone Management Plan.

I, the Undersigned, do hereby certify that all certifications stated above will be complied with in a complete and responsible manner.

|  |  |
| --- | --- |
|  |  |
| Signature | Title |
|  |  |
| Printed Name | Date |

1. DEHCR stands for Division of Energy, Housing and Community Resources. The division is part of the Department of Administration (DOA). [↑](#footnote-ref-1)
2. There are some exceptions to HOPWA eligibility requirements. [↑](#footnote-ref-2)