

**CITY OF ORLANDO ANNUAL ACTION PLAN
FISCAL YEAR 2010-2011
Request for Applications (RFA) for
Housing Opportunities for Persons with AIDS (HOPWA)
*Supportive Services***

INTRODUCTION

The purpose of this Notice is to solicit applications for eligible supportive service activities under the Housing Opportunities for Persons With AIDS (HOPWA) Program. Activities and projects under this application will be limited to activities/projects that will accomplish the priorities identified in the City of Orlando Five Year Consolidated Plan. An Annual Action Plan is used to implement the priorities identified in the Consolidated Plan by City of Orlando. Viable activities/projects are selected for funding at the conclusion of a competitive application process that is open to participation by all eligible entities.

WHAT IS THE CONSOLIDATED PLAN?

The City of Orlando Consolidated Plan identifies community development needs and strategies to address those needs. The Plan focuses on the proposed uses of four federal funding sources for the 2010-2015 planning period: Community Development Block Grants (CDBG), Housing Opportunities for Persons with AIDS (HOPWA), HOME Investment Partnership Program (HOME) and Emergency Shelter Grants (ESG) Programs. Each year, an Annual Action Plan is prepared that identifies the goals, strategies and activities that the county will implement during the grant year to accomplish the goals established within the Five Year Consolidated Plan.

Housing Opportunities for Persons with AIDS (HOPWA)

The Housing Opportunities for Persons with AIDS (HOPWA) program provides housing assistance and related supportive services for low-income persons living with HIV/AIDS and their families who are at risk of homelessness due to HIV disease.

HOPWA National Objectives:

Eligible activities must be consistent with the needs identified in City of Orlando's Consolidated Plan for community development programs. Additionally, HOPWA funded activities must meet the following objectives:

- Benefit low- to moderate-income persons,
- Increase the availability of decent, safe, and affordable housing for low-income people living with HIV/AIDS

HOPWA Supportive Services: The amount of HOPWA funds allocated in this RFA to support service activities may only be used for to provide Substance Abuse and Mental Health Counseling for HOPWA eligible households. **The 2010-2011 Annual Action Plan will identify HOPWA support service priority in the following category:**

- HOPWA Support Services limited Substance Abuse and Mental Health Counseling for HOPWA eligible households

HOW PROJECTS ARE SELECTED FOR FUNDING

Staff from the Housing and Community Development Division will review the applications and make recommendations for funding to the HOPWA Advisory Committee (HAC). Once a consensus is arrived at, the recommendations from staff and the HAC will be submitted to the Orlando City Council for approval. The HAC is comprised of Orlando Eligible Metropolitan Statistical Area (EMSA), which includes Orange, Osceola, Lake and Seminole Counties, residents with HIV and

Housing related experience. Members of the HOPWA Advisory Committee serve on a volunteer basis. Eligible applications will be reviewed and rated according to the list of funding priorities on Page 1 and evaluation criteria listed on Page 3 of this RFA. Funding recommendations will be based on funding availability.

The funding recommendations will be submitted for approval to the Orlando City Council in August 2010 as part of the Annual Action Plan and subsequently, submitted to the Department of Housing and Urban Development (HUD) for approval. All funding recommendations are contingent upon HUD's approval of our Annual

Action Plan and the availability of federal funds. Approved projects will be funded through a contractual agreement with City of Orlando and payments are made on a reimbursement basis.

City of Orlando reserves the right to accept or reject any or all applications, with or without cause; to waive technicalities; or to accept applications which, in its sole judgment, best serve the interest of City of Orlando.

PROJECT AWARD PROVISIONS

Applicants awarded funding from the HOPWA Program will be subject to all federal laws, regulations and guidelines governing the grant.

APPLICATION INSTRUCTIONS

1. APPLICATION PREPARATION

Applicants must include ALL of the information listed in this application to be considered for funding.

- Table of Contents
- Application Cover Sheet (Form 1)
- Organizational Capacity (Narrative) and Required Organizational Documents (Form 2 Checklist and Attachments)
- Project Description (Narrative)
- Approach (Narrative)
- Outcomes (Narrative) and Project Data (Form 3)
- Budget Justification and Leverage of Funds (Narrative) and Project Budget Request (Form 4)
- Total Agency /Organization Budget (Form 5)

2. APPLICATION SUBMISSION

- All pages are to be numbered, including attachments.
- There is no limit to the number of project requests an organization may submit. However, each application must be submitted and packaged separately with all requested forms and attachments. Applicants are requested to submit two (2) unbound originals of the Application, with requested forms and attachments, and five (5) copies of the Application with requested forms (no attachments) for each proposed project. Applications should be submitted in sealed envelopes or boxes. The applicant's name and address should

be indicated on the outside of each envelope or box.

- Submission by facsimile machine or via E-mail will not be accepted.

Applications must be received no later than 5:00 p.m. on Friday, April 30, 2010 at: Housing and Community Development Department, Attn. Housing Opportunities for Persons with AIDS, 400 South Orange Avenue, Orlando, FL 32801. Late Applications will not be accepted; no exceptions will be made. An Application with an unsigned Application Cover Sheet (Form 1) will not be accepted.

3. INTERNET VERSION

This application and the current City of Orlando Consolidated Plan are available in pdf format for downloading on the Division's web page at <http://www.cityoforlando.net/housing>.

4. APPEALS

Agencies may submit a formal written protest of recommendations for funding no later than 5:00 p.m. on the third business day after the agencies have been notified of the recommendations. Agencies will be notified on or before June 1, 2010. The Protestor must appeal the recommendations by providing a written notice to the Director of the Housing and Community Development Division at the following location:

Lelia Allen, Director
Housing and Community Development
Department

400 South Orange Avenue
Orlando, FL 32801

An appeal committee comprised of the following individuals will review appeals and render a decision:

- Two individuals serving on the HOPWA Advisory Committee,
- One Staff person from the Housing and Community Development Division,
- One community representative, and
- The HOPWA Program Manager of the Housing and Community Development Department or their designee.

5. QUESTIONS

A **MANDATORY** Pre-Application Technical Assistance Session will be held on **April 13, 2010 at 9:30 a.m. at Orlando City Hall, 400 South Orange Ave., Orlando, FL 32801 in Conference Room “R” on the second floor.** The session will focus on the grant process and provide technical assistance for completion of the application. Attendance is **MANDATORY**. This will be the only session held on this solicitation. To RSVP, or to ask technical questions regarding this application, please contact Scharlene Ahmed, Housing and Community Development Department by email at: Scharlene.Ahmed@cityoforlando.net. **No further questions will be accepted after the April 13, 2010 Technical Assistance Session deadline.**

EVALUATION CRITERIA

The evaluation criteria identified in the Application will be used to rank each Application submitted. Each criterion element will be rated separately. Applications may receive up to the maximum points allowed based on the response to each criterion element. A detailed description of each criterion is included in this Application. Funding allocations are based on the applicant’s ability to adequately address the following:

ALL APPLICATIONS WILL BE EVALUATED IN ACCORDANCE WITH THE FOLLOWING CRITERIA:		
		Maximum Points
Criteria I	Organizational Capacity	20
Criteria II	Project Description	20
Criteria III	Approach	20
Criteria IV	Outcomes	20
Criteria V	Budget Justification and Leverage of Funds	<u>20</u>
TOTAL POINTS		100

APPLICATION CONTENT

Applicants are requested to respond to the following items.
Each item must be identified by name and page number in the table of contents.

A. APPLICATION COVER SHEET

Application Form 1 — Cover Sheet must be filled out completely. Applicant's Executive Director or designee must sign each Application Cover Sheet. **Applications without signed cover sheets will not be considered for funding.** If multiple organizations are submitting jointly, one organization must be designated as the primary contact.

B. ORGANIZATIONAL CAPACITY (20 points maximum)

Provide the following narratives and information describing your organizational capacity:

1. Provide information to justify your agency's capacity to conduct this project. Describe management and fiscal staff resources (include consultants and volunteers, if applicable) with skills, experience and/or appropriate credentials to administer and conduct an accountable and responsible project. Identify any staff positions that will be in place. Discuss facilities, equipment, materials, and other physical resources applicable to the project. If license is required for the proposed facility, provide a copy of the license or evidence that the applicant can meet license requirements prior to the award of funds.
2. Provide evidence/documentation of an acceptable and accountable financial management system that minimizes any opportunity for fraud, waste, or mismanagement. Describe project's fiscal management system, which should include, (but not be limited to) established (written) fiscal procedures. These should explain agency's cash handling procedures, accounts payable, bank reconciliations, purchase orders, designated payment approval and check signing authority; type of accounting records (manual or automated), description of accounting and payroll services (internal and/or external); ability to identify/track HOPWA and other Federal funds; recording of program income, if any;

recording of clients assisted; separation of fiscal responsibilities; and adequacy of staff positions involved in fiscal and programmatic reporting.

3. Provide documentation/information that confirms successful past project performance, or success in initiating, maintaining, and completing similar projects, or projects of a similar magnitude (timeline, units, resources dedicated to project etc.) Give a brief overview of other types of services/ activities offered by your agency. Provide a recent project performance evaluation for this project of similar projects (not-HOPWA).
4. Complete **Form 2- Checklist for Required Organizational Documentation** and attach the following documents:
 - a. Organization's mission statement and/or strategic plan, if available, and current organization chart (dated).
 - b. Current Board of Directors' roster including date of appointment, gender and race.
 - c. Current project staff position descriptions, including program/project management and fiscal staff positions.
 - d. Project staff's current resumes, as applicable.
 - e. Most recent interim financial statements, and audited financial statements for the previous two years. If there were findings, provide a Management Letter. If a Management Letter is not included as a part of the audit, provide an explanation.
 - f. Current Federal Tax Form 990. (If not available, explain.)
 - g. Current Fiscal Year (2010-2011) organization-wide budget.

- h. 501(c) (3) certification confirming agency has been certified for two or more years.
- i. Evidence of insurance coverage for all of the following: Property, Commercial Liability, Workers Compensation, Professional Liability, (refer to Form 2 checklist for minimum requirements).
- j. Conflict of Interest Disclaimer
- k. Articles of Inc./By-Laws
- l. Location Map of Proposed Activity

**C. PROJECT DESCRIPTION
(20 points maximum)**

This section shall describe the problem statement, need or the severity of a problem that will be addressed by the service to be provided. What are the consequences if the request is not funded? Be sure to substantiate statements when possible and relate to specific objectives of the HOPWA Program.

- 1. Describe how the proposed services address the need or alleviate the problem identified in the problem statement. Provide evidence of the effectiveness of the approach be specific. Explain how low income HOPWA clients will access the service geographically.
- 2. Explain how this activity addresses the program objectives of the HOPWA program.
- 3. How will HOPWA funds be used to provide services? Describe tasks and specific activities to be accomplished during the entire project period.
- 4. Are there other services that address the same need in the area? If so describe.

D. APPROACH (20 points maximum)

The Application shall describe how the project will be implemented, operated, and administered within the time period of October 1, 2010 to September 30, 2011.

- 1. List and describe Substance Abuse and Mental Health activities and/or services that will address the identified need, goals and objectives, target population, and number of people each activity will serve.
- 2. Describe outreach and marketing initiatives that will be implemented to inform potential clients and to ensure that they are made aware of the services to be provided.
- 3. Describe your work plan and timeline for implementation including milestones to meet program and budget goals from initiation to completion.
- 4. Identify any cooperative approaches and describe how they will benefit the performance of the project.

E. OUTCOMES (20 points maximum)

The Application shall clearly identify and describe one or more measurable project outcomes that are consistent with the identified need, or goals and objectives, and project approach. Indicate how the outcome will have a significant impact on the population and/or the community affected by the unmet need. Outcomes must address the identified supportive service priority of Substance Abuse and Mental Health Counseling as they relate to HOPWA clients and state the number of low-income households/persons (please specify which) that will benefit, e.g., the number that will obtain/retain housing, jobs, or have increased access to available economic opportunities as a result of these support services.

Complete a separate **Form 3 (Outcome and Project Data)** for each proposed project outcome. The form(s) are to be placed in the Application in the Forms Section. (**NOTE:** One or more of the proposed project outcomes should be achievable within the fiscal year (s) for which the Application is eligible).

F. BUDGET JUSTIFICATION AND LEVERAGE OF FUNDS (20 points maximum)

1. Complete **Form 4: Project Budget Request**. Provide narrative describing agency's "Total Project Budget". Please note that "Total Project Budget" means the total cost of conducting that project in the Orlando Eligible Metropolitan Statistical Area (EMSA), which includes Orange, Osceola, Lake and Seminole Counties. "Budget Request" should reflect the portion of the total budget to be funded with HOPWA funds.
2. Complete **Form 5: Agency/Organization Budget**
3. Explain and justify **each proposed budget line item** and why HOPWA funds are required. If the project is asking for administration expenses, please explain the purpose in the narrative.
4. Identify how the project will be leveraged with other programs and funds and the amount / percentage of leverage for each HOPWA dollar. If the project is currently being funded by a resource other than HOPWA, explain why HOPWA funds are needed. Identify fundraising activities, other sources of funding expected for the program. (NOTE: Cash resources include donations, grants, contracts and awards. Non-cash resources include volunteers, in-kind contributions and goods, supplies and service donations. Non-professional volunteers are to be valued at \$5.00 per hour. Professional volunteers' hourly value is to be determined by the applicant and justified within the written narrative.)
5. Provide details of any other City of Orlando contributions or awards that your organization receives. Explain if any will support or are anticipated to support this project. Explain their commitment status. City awards may include loans, cash grants, or contracts. Other City of Orlando contributions may include space, utilities, equipment, staff, or service. Failure to disclose funding information from other City sources may result in disqualification of the Application.
6. Explain other necessary cash and non-cash project budget expenditures not being proposed for HOPWA funding. (NOTE: Other City cash and non-cash resources for the proposed project, as identified in Form 5, are to be described in this section.)
 - a. Identify proposed resources for other cash and non-cash budget expenditures.
 - b. Explain the commitment status of resources (e.g. received grant or contract, letter of commitment, etc.) and state plans to raise additional funding resources (fundraising activities, etc.).
 - c. Identify and explain how other sources for required cash or non-cash resources, not currently committed will be obtained and when.
7. Indicate whether the project is currently or was previously funded by HOPWA funds. If the project was previously funded by HOPWA funding, indicate the year and amount of funding and briefly explain how previous funding was utilized in a timely manner and what more will be accomplished with the proposed award. Provide an explanation on how the program will continue once the HOPWA grant period is over.
8. Submit a current board resolution approving submission of grant application; meeting minutes specifically addressing the grant submission or certifying letter. **Applications without this requirement will be rejected.**

SCORING CRITERIA

- 5= Outstanding
- 4= Exceeds required criteria
- 3= Meets required criteria and provides supportive documentation
- 2= Meets criteria but fails to provide supportive documentation
- 1= Incomplete/fails to meet some of the required criteria
- 0= Does not meet criteria

A. ORGANIZATIONAL CAPACITY (20 points maximum)

The Application shall demonstrate the applicant’s administrative and financial ability to implement and manage the project. This includes organizational structure, record keeping and reporting, and an understanding of compliance and applicable Federal requirements.

	CRITERION ELEMENT	Points Per Element
A	The proposed project demonstrates management and fiscal staff resources (to include consultants and/or volunteers) with skills, experience and/or appropriate credentials to administer and conduct an accountable and responsible project. Project must have access to facilities, equipment, materials and other physical resources to effectively conduct project.	0-5
B	The Application provides evidence/documentation of an acceptable and accountable management and financial system that minimizes any opportunity for fraud, waste or mismanagement. Staff duties are diversified. The organization enforces a conflict of interest policy. The Board consists of diverse community representation.	0-5
C	The Application describes project’s fiscal management system, including but not limited to established (written) fiscal procedures. <i>[This should explain cash handling procedures, accounts payable, bank reconciliations, purchase orders, designated payment approval and check signing authority; type of accounting records (manual or automated), description of accounting and payroll services (internal and/or external); ability to identify/track HOPWA/other federal funds; recording of program income, if any; recording of clients assisted; separation of fiscal responsibilities; and adequacy of staff positions involved in fiscal and programmatic reporting].</i> The organization can operate on a reimbursement basis.	0-5
D	The Application provides confirmed evidence of successful past project performance or success in initiating, maintaining, and completing similar projects or projects of a similar magnitude. The organization has consistently met its program goals.	0-5

B. PROJECT DESCRIPTION (15 points maximum)

The Application identifies a problem statement, describes need, and relates it to the identified public service needs (see page 1) for the 2010-2011 Annual Action Plan.

	CRITERION ELEMENT	Points Per Element
A	Application provides problem statement; documents severity of the problem; and clearly describes the need, affected population, and area(s) in which service(s) will be provided. The information must be quantifiable and supported by the appropriate data.	0-5
B	Application describes how the identified need relates to the objectives of the HOPWA program and identified public service priorities. The Application adequately explains the need, goal(s) and objective(s) selected for the proposed project and how it will help in achieving HOPWA program goals. The narrative establishes a strong case for the new award.	0-5
C	Application states how HOPWA funds will be used to provide services and describes tasks and specific activities to be accomplished during the entire project period.	0-5
D	Additional points will be given to Applications that will address the needs of low income families in HOPWA target areas. For a list of HOPWA target areas, please go to www.ocfl.net/housing	0-5

C. APPROACH (20 points maximum)

Application describes what the project will do, how it will be implemented, operated and administered within a realistic time period, and how targeted clients will be notified and will access services.

	CRITERION ELEMENT	Points Per Element
A	Application lists and describes project activities that will address the identified need, goal, or objective and specifies the population, number of people, and/or communities each activity will serve.	0-5
B	Application describes the outreach and marketing initiatives that will be implemented to inform potential recipients and to ensure that they are made aware of the services to be provided.	0-5
C	Application clearly describes a reasonable work plan for how the program will be implemented, operated and administered and provides a realistic timeline and milestones to completion of project activities.	0-5
D	Application incorporates strategies for collaborative approaches such as volunteer recruitment and training, community building and/or strategic alliances. The organization utilizes a comprehensive approach in dealing with the identified need or problem. The Application provides an explanation on how these collaborations facilitate achieving milestones and program goals.	0-5

D. OUTCOMES (20 points maximum)

Application clearly identifies and describes one or more measurable project outcomes that are consistent with the priority need and project approach; and that the outcome will have significant impact on the population and/or the community affected by the need.

	CRITERION ELEMENT	Points Per Element
A	Application clearly identifies and describes (one or more) measurable project outcomes that are consistent with project approach and identified need, goal, or objective. Outcomes must address a HOPWA goal/objective.	0-5
B	Proposed outcomes are reasonable for the scope of the project and can be accomplished in the contract period.	0-5
C	Application describes measurement of outcomes and methods to measure them that can be implemented on contract initiation. Application Indicates how outcome will impact the population and/or community affected by the unmet need.	0-5
D	Applicant offers a <u>new</u> needed service; access to an existing service by <u>new</u> clients who did not previously have access; or, if seeking increased funding, confirmation that agency will provide a quantifiable increase in service.	0-5

E. BUDGET JUSTIFICATION AND LEVERAGE OF FUNDS (20 points maximum)

Application presents a clear and reasonable project budget and identifies additional resources other than HOPWA funds that can help support the proposed project. (Resources may include volunteers, in-kind contributions, cash donations, goods, supplies and services, donations, grants, and/or contracts.)

	CRITERION ELEMENT	Points Per Element
A	Application includes completed Forms 4, and 5, and proposed budget clearly describes all costs for the project.	0-5
B	Proposed budget is realistic for the project, and the Application narrative explains and justifies each proposed budget line item and why HOPWA funds are required. If the project is currently funded by a resource other than HOPWA, the Application explains why HOPWA funds are needed. If the project is asking for management and general overhead expenses, the Application explains the purpose and justification in the narrative. The Board has approved the grant request.	0-5
C	Application narrative and budget include and give details of additional resources that will significantly support and leverage funding for the project, and state commitment status. The proposed budget includes a significant amount of non-County financial resources (more than 50% of total organizational budget) to leverage the proposed project's costs. The organization provides compelling evidence for the funding but can continue to provide services without the availability of HOPWA funds.	0-5
D	Application indicates if project is currently or was previously funded by City of Orlando. The organization has a good track record in managing previous HOPWA or other federal or local grants, meeting proposed goals, and has demonstrated timely utilization of funds.	0-5

FORM 1

HOPWA APPLICATION COVER SHEET

Nonprofit Organization Name: _____

Address: _____

Contact Person: _____ Telephone (____) _____

E-mail : _____ Fax: (____) _____

Date Designated as 501(c)(3): _____ Federal Identification Number: _____

Name of Project: _____

Location of Project: _____

Brief Description of Project Activities (Include need addressed, population served, how HOPWA funds will be used.): _____

Percentage of low income households to be served (less than 80% of median income) _____ %

Check One: New Project Currently funded through HOPWA or ESG

Consolidated Plan Priority: _____

Public Service Priority (Please check one): Anti-Poverty Services Services for Limited Clientele
 Basic Services for Low Income Families Homeless or Homeless Prevention
 Support Services for Children and Youth Other _____

Indicate if Application(s) is being submitted in partnership or collaboration with other nonprofit organization(s): Yes No List other organization(s) by name: _____

Requested HOPWA Funding: \$

Other Contributions/Leverage: \$

Total Project Costs: \$

SIGN BELOW. APPLICATIONS WITH AN UNSIGNED COVERSHEET WILL BE DISQUALIFIED

I certify to the best of my knowledge, that the information provided in this application reflects accurate data regarding need and estimates of planned services. This application was considered and approved for submission by the Board of Directors on _____ (date). By signing this application, the undersigned agrees that if the application is accepted, items or services for which prices are quoted will be provided, subject to final negotiation and acceptance by City of Orlando, and subsequent contract award.

Signature of Executive Director (or designated representative)

Date

Print Name

Title

FORM 2

REQUIRED ORGANIZATIONAL DOCUMENTS CHECKLIST

The following documents must be provided in order for your project to be considered for funding. Please provide ALL of the following required documents as Attachments to this application.

- Attachment 1 - Organization's Mission Statement and/or Strategic Plan
- Attachment 2 - Organizational Chart (Completed and dated)
- Attachment 3- Current Board of Directors Roster (including terms & dates, position on Board, occupation, race and gender).
- Articles of Incorporation (with recorded date of approval, letter from Secretary of State, etc.)
- By-Laws (with recorded date of approval, letter from Secretary of State, etc.)
- Interim Financial Statements
- Audited Financial Statements for the previous two years (with Management Letter, as applicable).
- Current (Most Recent) Federal Tax Form 990
- Project Position Descriptions
- Resumes—Current (CEO, CFO, key fiscal staff, and all Programmatic staff)
- Project Performance Evaluation (not from a previous HOPWA grant)
- 501(c)(3) Certificate
- Evidence of Insurance (City of Orlando requires a minimum 100k workers compensation for each incident, Commercial General Liability of not less than \$500k per occurrence, Business Automobile Liability with limits of not less than \$500,000 per accident, and Professional liability of not less than \$10,000 per occurrence. When a self-insured retention or deductible exceeds \$100k, the County reserves the right to request a copy of the Agency's most recent annual report or audited financial statements.
- Conflict of Interest Disclaimer
- Location Map
- Current Board Resolution/ or authorized representative's approval to request grant (Meeting minutes or certifying letter)
- Current Fiscal Year Organization-wide Budget

FORM 3 OUTCOME(s) AND PROJECT DATA

(Please complete a separate form for each proposed project outcome.) (Outcome # _____ of _____)

ORGANIZATION:		
PROJECT:		
ACTIVITY/SERVICE PROVIDED:		
WHAT IS THE IMPACT OF THE NEED/PROBLEM ON OUR COMMUNITY:		
OUTCOME TO BE ACHIEVED (<u>not output</u>):		
OUTCOME INDICATORS:		
MEASUREMENT SYSTEM:		
Target population: Identify the number of persons to be served <u>ANNUALLY BY THE IDENTIFIED OUTCOME</u>	Currently Served (Fiscal Year 2009-2010)	Anticipated to be Served (Fiscal Year 2010-2011)
Low-income Households with AIDS or HIV related disease [50% or less of Median Family Income (MFI)]		
TOTAL:		

FORM 4

PROJECT BUDGET REQUEST USE OF FUNDS STATEMENT

	ACTUAL FISCAL YEAR 2009-2010 (CURRENT)		PROPOSED FISCAL YEAR 2010-2011	
	TOTAL PROJECT BUDGET	CURRENT HOPWA SUPPORT	TOTAL PROJECT BUDGET	HOPWA FUNDING REQUEST
				\$
DIRECT COSTS				
Personnel—Salaries	\$	\$	\$	\$
Personnel—Fringe	\$	\$	\$	\$
Rent/Mortgage	\$	\$	\$	\$
Space Utilities/Maintenance	\$	\$	\$	\$
Audit	\$	\$	\$	\$
Financial Services	\$	\$	\$	\$
Consultant Services	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Equipment Purchase/Lease	\$	\$	\$	\$
Supplies	\$	\$	\$	\$
Telecommunications	\$	\$	\$	\$
Printing/Copying	\$	\$	\$	\$
Postage	\$	\$	\$	\$
Training	\$	\$	\$	\$
Travel (local & at County rate)	\$	\$	\$	\$
Other (Explain)	\$	\$	\$	\$
TOTAL DIRECT COSTS	\$	\$	\$	\$
Management & General	\$	\$	\$	\$
Indirect Cost	\$	\$	\$	\$
TOTAL INDIRECT COSTS	\$	\$	\$	\$
TOTAL BUDGET	\$	\$	\$	\$

NOTE: "Total Project Budget" means the total cost of conducting the project in City of Orlando (HOPWA funds requested included). HOPWA budget request should reflect the portion of the total budget to be funded by City of Orlando.

FORM 5

AGENCY/ORGANIZATION BUDGET **USE OF FUNDS STATEMENT**

	ACTUAL FISCAL YEAR 2009-2010 (CURRENT)		PROPOSED FISCAL YEAR 2010-2011	
	TOTAL AGENCY BUDGET	CURRENT HOPWA SUPPORT	TOTAL AGENCY BUDGET	HOPWA FUNDING REQUEST
PROJECT:				
ORGANIZATION:				
DIRECT COSTS				
Personnel - Salaries	\$	\$	\$	\$
Personnel - Fringe	\$	\$	\$	\$
Rent/Mortgage	\$	\$	\$	\$
Space Utilities/Maintenance	\$	\$	\$	\$
Audit	\$	\$	\$	\$
Financial Services	\$	\$	\$	\$
Consultant Services	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Equipment Purchase/Lease	\$	\$	\$	\$
Supplies	\$	\$	\$	\$
Telecommunications	\$	\$	\$	\$
Printing/Copying	\$	\$	\$	\$
Postage	\$	\$	\$	\$
Training	\$	\$	\$	\$
Travel (local only & at County rate)	\$	\$	\$	\$
Other (Explain)	\$	\$	\$	\$
TOTAL DIRECT COSTS	\$	\$	\$	\$
Management & General	\$	\$	\$	\$
Indirect Cost	\$	\$	\$	\$
TOTAL INDIRECT COSTS	\$	\$	\$	\$
TOTAL BUDGET	\$	\$	\$	\$

NOTE: "Total Agency Budget" means the total cost of conducting the agency's business in City of Orlando (HOPWA funds requested included). HOPWA budget request should reflect the portion of the total budget to be funded by City of Orlando.