THE CITY OF KEY WEST
Post Office Box 1409 Key West, FL 33041-1409 (305) 809-3700

Notice: CPD-25-05
Issued: May 29, 2025

RE: City of Key West – Fiscal Year 2025 HOPWA Permanent Supportive Housing Renewal and Replacement Grant Application

Project Name: Florida Keys Special Program of National Significance HOPWA

Table of Contents

OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
06/30/2025	

5a. Federal Entity Identifier:	5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:	City of Key West
* b. Employer/Taxpayer Identification Number (EIN/TIN):	59-6000346
* c. UEI:	WU3HVNKJNKX1

d. Address:

* Street1:	1300 White Street
Street2:	
* City:	Key West
County/Parish:	Monroe
* State:	FL: Florida
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	33040-4854

e. Organizational Unit:

Department Name:	Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	Mrs.	* First Name:	Tina
Middle Name:	Ann		
* Last Name:	Fint-Burns		
Suffix:			

Title:	Housing and Community Development Director
Organizational Affiliation:	
* Telephone Number:	305-809-3728
Fax Number:	
* Email:	tina.burns@cityofkeywest-fl.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Assistance Listing Number:

14.241

Assistance Listing Title:

Housing Opportunities for Persons With AIDS (HOPWA)

*** 12. Funding Opportunity Number:**

CPD-25-05

* Title:

Procedural Guidance for Fiscal Year 2025 HOPWA Permanent Supportive Housing Renewal and Replacement Grant Applications

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Attachment SF-424 _ Box 14 Areas Affected B | Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Florida Keys Special Program of National Significance HOPWA

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 28 | * b. Program/Project: 28

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04/01/2026 | * b. End Date: 03/31/2029

18. Estimated Funding ($):

* a. Federal	1,519,564.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	1,519,564.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	Mr.
* First Name:	Brian
Middle Name:	L.
* Last Name:	Barroso
Suffix:	
* Title:	City Manager
* Telephone Number:	(305) 809-3954
Fax Number:	
* Email:	Brian.Barroso@cityofkeywest-fl.gov
* Signature of Authorized Representative:	Brian L Barroso
* Date Signed:	06/30/2025

Box 14. Area Affected by Project (Cities, Counties, States Etc.) :

The project service area for the HOPWA grant includes the City of Key West and the Florida Keys, Monroe County, Florida.

Applicant and Recipient Assurances and Certifications

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 02/28/2027

Instructions for the HUD-424-B Assurances and Certifications

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual, must provide the following assurances and certifications, which replace any requirement to submit an SF-424-B or SF-424-D. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39.

By submitting this form, you are stating that all assertions made in this form are true, accurate, and correct.

As the duly representative of the applicant, I certify that the applicant:

*Authorized Representative Name:

Prefix:	Mr.	*First Name:	Brian
Middle Name:	L.		
*Last Name:	Barroso		
Suffix:			
*Title:	City Manager		
*Applicant Organization:	City of Key West		

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will not use Federal funding to promote diversity, equity, and inclusion (DEI) mandates, policies, programs, or activities that violate any applicable Federal anti-discrimination laws.

7. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

8. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

9. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, accurate, and correct.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802; 24 CFR §28.10(b)(1)(iii)).

*Signature: 

*Date: 06/30/2025

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed HUD-2880 forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

Applicant/Recipient Information *** UEI Number:** WU3HVNKJNKX1 *** Report Type:** INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code)

* Applicant Name: City of Key West
* Street 1: 1300 White Street
Street 2:
City: Key West State Abbreviation: FL * Zip Code: 33040-4854
County: Monroe
* Country: United
* Phone: 305-809-3831

2. Employer ID Number (do not include individual social security numbers): 59-60000346
3. HUD Program Name: Housing Opportunities for Persons With AIDS (HOPWA)
4. Amount of HUD Assistance Requested/Received: $ 1,519,564.00
5. State the name and location (street address, City and State) of the project or activity City of Key West, Florida Keys, Monroe County

Project Name: Florida Keys Special Program of National Significance HOPWA
* Street 1:
Street 2:
City: Key West State Abbreviation: FL * Zip Code: 33040
County: Monroe County
* Country: USA: UNITED STATES

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. For further information see 24 CFR Sec. §4.3.

☐ Yes ☑ No

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR §4.9.

☐ Yes ☑ No

If you answered "**No**" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds. Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name	**Department/State/Local Agency Name**
* Government Agency Name:	* Government Agency Name:
Government Agency Address:	Government Agency Address:
* Street 1:	* Street 1:
Street 2:	Street 2:
City: State Abbreviation: * Zip Code:	City: State Abbreviation: * Zip Code:
County:	County:
Country:	Country:
* Type of Assistance:	* Type of Assistance:
* Amount Requested/Provided: $	* Amount Requested/Provided: $
* Expected Uses of the Funds:	* Expected Uses of the Funds:

Note: For Part 1, use additional pages if necessary. Add Attachment:

Part III Interested Parties. You must disclose:

1. All developers, contractors, or consultants involved in the application for assistance or in the planning, development, or implementation of the project or activity.

* Alphabetical list of all persons with a reportable financial interest in the project or activity (for individuals, give the last name first)	* Unique Entity ID	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity ($ and %)			
			$			%
			$			%
			$			%

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (for individuals, give the last name first)	* City of Residence	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity ($ and %)			
			$			%
			$			%
			$			%

Note: For Part 2, use additional pages if necessary. Add Attachment:

Certification:

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, accurate, and correct. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802; 24 CFR §28.10(b)(1)(iii)).

* Signature: Bryan L Barrera | * Date: (mm/dd/yyyy): 06/30/2025

Instructions

Overview.
A. Coverage. You must complete this report if:

(1) You are applying for assistance from HUD for a specific project or activity **and** you have received, or expect to receive, assistance from HUD in excess of $200,000 during the during the fiscal year;
(2) You are updating a prior report as discussed below; or
(3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by "Recipients" of HUD Assistance):
General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.
All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:
1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's EIN, as appropriate, is optional. Individuals must not include social security numbers on this form.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only
Part I contains information to help the applicant determine whether the remainder of the form must be completed. Recipients filing Update Reports should not complete this Part.

If the answer to **either** questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.
A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:
1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
2. State the type of other government assistance (e.g., loan, grant, loan insurance).
3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD and any other source - that have been or are to be, made available for the project or activity. Non-government sources of Form HUD-2880 funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.
This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity; and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower). Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.
1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Unique Entity Identifier (UEI), for non-individuals, or city of residence, for individuals, for each organization and person listed is **optional**.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, or on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required. Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Applicants Organization: **City of Key West**

Brian L. Barroso
Printed Name and Title of Authorized Representative

City Manager
Title

Brian L Barroso
Signature

06/30/2025
Date

OMB Approval No. 2506-0133
Exp. 12/31/2024
HUD-40110-B

HOPWA Competitive Application & Renewal of Permanent Supportive Housing Project Budget Summary

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Office of HIV/AIDS Housing

The information collection requirements pertain to grant application submission requirements which will be used to rate applications, determine eligibility, and establish grant amounts. Selections of applications for funding under the HOPWA Program are based on the criteria established in the published Notice of Funding Availability (NOFA) for new competitions or annual HOPWA renewal notice for grantees seeking renewal funding for eligible permanent supportive housing projects. HUD's information collection requirements are supported by 42 U.S.C. § 12903(d) and HUD's regulations at 24 CFR § 574.240.

The public reporting burden for the collection of information for a HOPWA Renewal Application (including this form, narratives, and other requirements listed in the renewal notice) is estimated at 15 hours. The public reporting burden for the collection of information for a new HOPWA Competitive Application (including this form, narratives, and other requirements listed in the applicable NOFA) is estimated at 45 hours. The information collected on this form is required to obtain a benefit. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a currently valid OMB control number. While confidentiality is not assured, HUD generally only releases this information as required or permitted by law. **OMB Approval No. 2506-0133** (Expiration Date: 12/31/2024)

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Application Budget Summary (all applicants)

Applicant Name	City of Key West	Number of Project Sponsors	1	Plan dates for grant agreement and activities	04/01/2026 – 03/31/2029 (mo./yr.)

A.	Eligible Activity	HOPWA Request				Leveraged Funds
		A. Year 1	B. Year 2	C. Year 3	D. Total	
Facility Development (new applications only)	1. Acquisition					
	2. Rehabilitation, Repair & Conversion					
	3. New Construction (for Community Residences and SRO dwellings only)					
Facility Operations	4. Operating Costs for Housing Facility					
	5. Leasing					
TBRA	6. Tenant-based Rental Assistance	$416,933	$416,933	$416,934	$1,250,800	$1,032,609
STRMU	7. Short-term Rent, Mortgage, & Utility Payments to Prevent Homelessness					
Support Services	8. Supportive Services					$134,615
Other Program Expenses	9. Housing Information Services	$40,000	$40,000	$40,000	$120,000	$35,550
	10. Permanent Housing Placement					
	11. Resource Identification to Establish, Coordinate & Develop Housing Assistance					
	12. Other Housing Activity (Approved by HUD)					
	13. Total Program Costs: (total of lines 1-12)				$1,370,800	
Administrative Expenses	14. Grantee's Administrative				$45,586	
	15. Project Sponsor's Administrative Costs				$103,178	
	16. Total HOPWA Request (total of lines 13-15)				$1,519,564	

Detailed Project Budget & Housing Outputs (each organization)

Name of organization:	A.H. of Monroe County, Inc.			
Type:	Grantee: ☐; Project Sponsor: ☒	**If applicable:**	Faith based: ☐	Grassroots: ☐

B.	Eligible Activity		HOPWA Request			
			Yr. 1	Yr. 2	Yr. 3	Totals:
Facility Development (new applications only)	1. Acquisition Description:	Budget				
		# of Units				
	2. Rehabilitation/Repair/Conversion Description:	Budget				
		# of Units				
	3. New Construction (Community Residences & SRO dwellings only) Description:	Budget				
		# of Units				
	Type of Facility: Short-term shelter ☐; Transitional housing ☐; Community residence ☐; SRO dwelling ☐; or other permanent supportive housing ☐					
Facility Operations	4. Operating Costs for Housing Facility Description:	Budget				
		# of Units				
	5. Leasing Description:	Budget				
		# of Units				
TBRA	6. Tenant-Based Rental Assistance Payments Description: Provides rental subsidies to eligible households with HIV/AIDS for affordable permanent housing in the private rental market.	Budget	$416,933	$416,933	$416,934	$1,250,800
		# of Households	40	40	40	40
STRMU	7. Short-Term Rent, Mortgage & Utility Payments to Prevent Homelessness Description:	Budget				
		# of Households				
Support Services	8. Supportive Services Costs Description:	Budget				
		# of Households				
Other Program Expenses	9. Housing Information Services Description: Provides counseling and referrals to assist eligible persons to locate, acquire and maintain housing.	Budget	$40,000	$40,000	$40,000	$120,000
		# of Households	40	40	40	120
	10. Permanent Housing Placement Services Description:	Budget				
		# of Households				
	11. Resource Identification to Establish, Coordinate, & Develop Housing Assistance Description:	Budget				
	12. Other Housing Activity (Approved by HUD) Description:	Budget				
		# of Units				
Administrative Expenses	13. Grantee's Administrative Costs Description:	Budget				
	14. Project Sponsor's Administrative Costs Description: Used to cover staff costs related to managing and overseeing the HOPWA Program and grant.	Budget	$34,393	$34,393	$34,392	$103,178

15. Total HOPWA Request for this Organization	$1,473,978

Note: Activity/Service delivery costs such as salary and overhead costs directly relating to carrying out a particular eligible activity in a budget line item should be represented in the funding amount requested for that particular budget line item.

Insert application package page number ____ 3

Detailed Project Budget & Housing Outputs (each organization)

Name of organization:	City of Key West			
Type:	Grantee: ☒; Project Sponsor: ☐	**If applicable:**	Faith based: ☐	Grassroots: ☐

B.	Eligible Activity		HOPWA Request			
			Yr. 1	Yr. 2	Yr. 3	Totals:
Facility Development (new applications only)	1. Acquisition Description:	Budget				
		# of Units				
	2. Rehabilitation/Repair/Conversion Description:	Budget				
		# of Units				
	3. New Construction (Community Residences & SRO dwellings only) Description:	Budget				
		# of Units				
	Type of Facility: Short-term shelter ☐; Transitional housing ☐; Community residence ☐; SRO dwelling ☐; or other permanent supportive housing ☐					
Facility Operations	4. Operating Costs for Housing Facility Description:	Budget				
		# of Units				
	5. Leasing Description:	Budget				
		# of Units				
TBRA	6. Tenant-Based Rental Assistance Payments Description:	Budget				
		# of Households				
STRMU	7. Short-Term Rent, Mortgage & Utility Payments to Prevent Homelessness Description:	Budget				
		# of Households				
Support Services	8. Supportive Services Costs Description:	Budget				
		# of Households				
Other Program Expenses	9. Housing Information Services Description:	Budget				
		# of Households				
	10. Permanent Housing Placement Services Description:	Budget				
		# of Households				
	11. Resource Identification to Establish, Coordinate, & Develop Housing Assistance Description:	Budget				
	12. Other Housing Activity (Approved by HUD) Description:	Budget				
		# of Units				
Administrative Expenses	13. Grantee's Administrative Costs Description: Staff costs related to managing and overseeing the HOPWA grant & program. .	Budget	$15,195	$15,195	$15,196	$45,586
	14. Project Sponsor's Administrative Costs Description:	Budget				

15. Total HOPWA Request for this Organization	$45,586

Note: Activity/Service delivery costs such as salary and overhead costs directly relating to carrying out a particular eligible activity in a budget line item should be represented in the funding amount requested for that particular get line item.

Executive Narrative

Grantee:
City of Key West, Florida
1300 White Street
Key West, Florida 33040
Authorized Rep:
Brian L. Barroso, brian.barroso@cityofkeywest-fl.gov
Program Contact:
Tina Fint-Burns , tina.burns@cityofkeywest-fl.gov
Award Amount: $45,586

Project Sponsor:
A.H. Of Monroe County, Inc.
1434 Kennedy Drive
Key West, Florida 33040
Executive Director:
Scott Pridgen
scott.pridgen@ahmonroe.org
Program Contact:
Esneider Gomez
esneider.gomez@ahmonroe.org
Award Amount: $1,473,978

Program Information:

- Purpose: Provide Tenant Based Rental Assistance to increase permanent housing for low-income individuals and their families living with HIV/AIDS. The program is a preventative step to reduce chances of homelessness for individuals and their families living with HIV/AIDS. Provides access to housing information and supportive services to secure and maintain stable housing and improve access to healthcare and other essential services.
- Activities to be performed by Grantee: Management of the grant award including oversite of project sponsor, application submission, reporting, ensuring compliance and grant audit. Grantee will be responsible for financial management of grant draws through IDIS.
- Deliverables and Expected Outcomes: TBRA – 40 households ; Housing Services - 120 households.
- Intended Beneficiaries – Low-Income individuals with HIV/AIDS
- Activities to be performed by Project Sponsor: Sponsor will provide tenant based rental assistance, case management, housing information services, supportive services and referrals for access to healthcare and other essential services.

THE CITY OF KEY WEST
Post Office Box 1409 Key West, FL 33041-1409 (305) 809-3700

June 27, 2025

U.S. Department of Housing and Urban Development

Re: Code of Conduct HUD Grant Programs

Attached to this cover letter please find the City of Key West Code of Ordinances on Code of Conduct , Conflict of Interest, Financial Interest and Procurement along with Policies on Code of Conduct , Conflict of Interest and Acceptance of Gifts. The City Ordinances and Policies are all accessible electronically online.

Organizational Name: City of Key West, Florida
Address: 1300 White Street
Key West, Florida

UEI Number: WU3HVNKJNKX1.

Authorized Official: Brian L. Barroso
Title: City Manager
Phone: (305) 809-3954
E-mail Address: brian.barroso@cityofkeywest-fl.gov

Sincerely,

Brian L Barroso

Brian L. Barroso
City Manager

Tina Burns

From: Tina Burns
Sent: Friday, June 27, 2025 10:58 AM
To: askGMO@hud.gov
Cc: Tina Burns; Carolyn Sheldon
Subject: City of Key West - Code of Conduct E-Library Submission - UEI: WU3HVNKJNKX1
Attachments: City of Key West _ Code of Conduct Package 2025.pdf

Good morning,

Attached please find the electronic submission of the City of Key West Code of Conduct Statement with accompanying policy and code documentation.

If you need any further information, please let me know.

Have a wonderful day,

Tina Burns

Tina Burns
Housing & Community Development Director
City of Key West
1300 White Street
Key West, FL 33040
Phone: (305) 809-3728