

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: 06/30/2025	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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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:	<input type="text"/>
* City:	Key West
County/Parish:	Monroe
* State:	FL: Florida
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	33040-4854

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
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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: <input type="text"/>	
Title: Housing and Community Development Director	
Organizational Affiliation: <input type="text"/>	
* Telephone Number: 305-809-3728	Fax Number: <input type="text"/>
* 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

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,519,564.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="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

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: * First Name:
 Middle Name:
 * Last Name:
 Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

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: *First Name:
 Middle Name:
 *Last Name:
 Suffix:

*Title:

*Applicant Organization:

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.

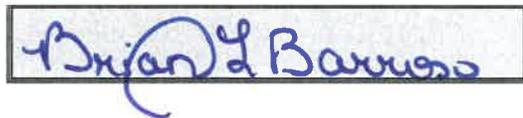
8. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

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.

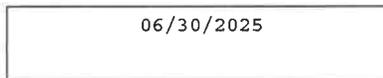
I/We, the undersigned, certify under penalty of perjury that the information provided above is true, accurate, and correct.

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:

A rectangular box containing a handwritten signature in blue ink that reads "Bryan L. Barusso".

*Date:

A rectangular box containing the date "06/30/2025" printed in a standard black font.

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

- | | |
|--|--|
| <p>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.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>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.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
|--|--|

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:

- 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 %)		
			\$		%
			\$		%
			\$		%

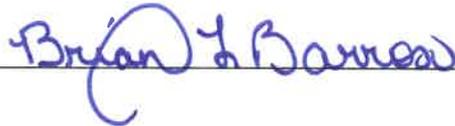
- Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* 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: 

* Date: (mm/dd/yyyy): 06/30/2025

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

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.)
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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: <input type="checkbox"/> ; Project Sponsor: <input checked="" type="checkbox"/>	If applicable:	Faith based: <input type="checkbox"/>	Grassroots: <input type="checkbox"/>

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 <input type="checkbox"/> ; Transitional housing <input type="checkbox"/> ; Community residence <input type="checkbox"/> ; SRO dwelling <input type="checkbox"/> ; or other permanent supportive housing <input type="checkbox"/>					
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	45	45	45	135	
	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.

Detailed Project Budget & Housing Outputs (each organization)

Name of organization:	City of Key West			
Type:	Grantee: <input checked="" type="checkbox"/> ; Project Sponsor: <input type="checkbox"/>	If applicable:	Faith based: <input type="checkbox"/>	Grassroots: <input type="checkbox"/>

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 <input type="checkbox"/> ; Transitional housing <input type="checkbox"/> ; Community residence <input type="checkbox"/> ; SRO dwelling <input type="checkbox"/> ; or other permanent supportive housing <input type="checkbox"/>					
Facility Operations	4. Operating Costs for Housing Facility Description:	Budget				
		# of Units				
TBRA	5. Leasing Description:	Budget				
		# of Units				
STRMU	6. Tenant-Based Rental Assistance Payments Description:	Budget				
		# of Households				
Support Services	7. Short-Term Rent, Mortgage & Utility Payments to Prevent Homelessness Description:	Budget				
		# of Households				
Other Program Expenses	8. Supportive Services Costs Description:	Budget				
		# of Households				
	9. Housing Information Services Description:	Budget				
		# of Households				
	10. Permanent Housing Placement Services Description:	Budget				
		# of Households				
Administrative Expenses	11. Resource Identification to Establish, Coordinate, & Develop Housing Assistance Description:	Budget				
	12. Other Housing Activity (Approved by HUD) Description:	Budget				
		# of Units				
	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 oversight 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 - 135 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.