

**CITY OF OKLAHOMA CITY**  
**PLANNING DEPARTMENT**  
**HOUSING AND COMMUNITY DEVELOPMENT**  
*420 W. Main Street-9th Floor*  
*Oklahoma City, OK 73102*



**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)**  
**2015-2016 HOPWA APPLICATION**

**Please attach the following checklist and requested documents to the application. The application will not be processed without the following documents.**

## **REQUIRED ATTACHEMENTS TO INCLUDE WITH YOUR APPLICATION**

### **CHECK LIST**

Documentation of 501(c)(3) status from the US Internal

Revenue Service

Current list of Board of Directors

Organizational Chart

Resume of Program Administrator

Resume of Fiscal Officer

Copy of most recent audited financial statements

Copy of the past three board meeting minutes

Confidentiality Policy

Discharge Policy

Drug-Free Workplace Policy

Nondiscrimination and equal opportunity policy as it pertains to consumers

**Agency Information:**

New Applicant

Renewing Applicant

Agency Name

DUNS #

Mailing Address

Phone

City

State

Zip

**Person to contact about this application:**

Contact Name

Title

Email

Phone

**Proposed Activities:**

TBRA

STRMU

Emergency Housing

Supportive Services

Other

Administration

**Total Request**

Estimated number of persons to be served

Estimated number of households to be served

Choose the primary population to be served by the project

City of Oklahoma City 2015-2016  
HOPWA Application

Describe the proposed program and services to be provided.

Describe the proposed goals of the program with measurable client outcomes.

Describe your agency's current collaboration with community partners.

Describe how your agency will serve the seven county EMSA area.

**RENEWAL PROJECTS ONLY**

Describe the significant program accomplishments from the previous grant year.

Did your agency have previous monitoring concerns?      YES      NO  
If yes, describe how those were addressed.