

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. Type of Submission Application Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) <p style="text-align: center;">November 17, 2003</p>	Applicant Identifier 																											
		3. Date Received by State (mm/dd/yyyy) 	State Applicant Identifier 																											
		4. Date Received by Federal Agency (mm/dd/yyyy) 	Federal Identifier <p style="text-align: center;">61-714754</p>																											
5. APPLICANT INFORMATION																														
Legal Name: <p style="text-align: center;">State of Kansas</p>		Organizational Unit: <p style="text-align: center;">Department of Health and Environment</p>																												
Address (give city, county, state, and zip code): <p>1000 SW Jackson Street Topeka, Shawnee County, Kansas 66612-1354</p>		Name and telephone number of the person to be contacted on matters involving this application (give area code) <p>Karl Milhon, HIV/STD Director (785) 296-6036</p>																												
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="border: 1px solid black; padding: 2px;">8</td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; padding: 2px;">6</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">9</td> <td style="border: 1px solid black; padding: 2px;">9</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">5</td> </tr> </table>		4	8	-	6	0	2	9	9	2	5	7. TYPE OF APPLICANT: <i>(enter appropriate letter in box)</i> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">A</td> </tr> </table> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding-right: 20px;">A. State</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Nonprofit</td> </tr> <tr> <td>G. Special District</td> <td>O. Public Housing Agency</td> </tr> <tr> <td>H. Independent School Dist.</td> <td>P. Other (Specify)</td> </tr> </table>		A	A. State	I. State Controlled Institution of Higher Learning	B. County	J. Private University	C. Municipal	K. Indian Tribe	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Nonprofit	G. Special District	O. Public Housing Agency	H. Independent School Dist.	P. Other (Specify)
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: <p style="text-align: center;">U.S. Department of Housing and Urban Development</p>																												
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="padding: 0 5px;">.</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px;">9</td> </tr> </table>		1	4	.	2	3	9	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <p style="text-align: center;">Formula Housing Opportunities for Persons with AIDS (HOPWA)</p>																						
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TITLE: Housing Opportunities for Persons with AIDS Program																														
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <p style="text-align: center;">State of Kansas</p>																														
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:																												
Start Date (mm/dd/yyyy) <p style="text-align: center;">01/01/04</p>	Ending Date (mm/dd/yyyy) <p style="text-align: center;">12/31/04</p>	a. Applicant <p style="text-align: center;">All Kansas Districts</p>	b. Project <p style="text-align: center;">State of Kansas</p>																											
15. ESTIMATED FUNDING: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-right: 1px solid black;">a. Federal</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 30%; text-align: right;">369,000</td> </tr> <tr> <td style="border-right: 1px solid black;">b. Applicant</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="border-right: 1px solid black;">c. State</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="border-right: 1px solid black;">d. Local</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="border-right: 1px solid black;">e. Other (competitive (HOPWA))</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">471,312</td> </tr> <tr> <td style="border-right: 1px solid black;">f. Program Income</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="border-right: 1px solid black;">g. TOTAL</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">840,312</td> </tr> </table>		a. Federal	\$	369,000	b. Applicant	\$		c. State	\$		d. Local	\$		e. Other (competitive (HOPWA))	\$	471,312	f. Program Income	\$		g. TOTAL	\$	840,312	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE (mm/dd/yyyy) _____ b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW							
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		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																														
a. Typed Name of Authorized Representative <p style="text-align: center;">Roderick L. Bremby</p>		b. Title <p style="text-align: center;">Secretary</p>	c. Telephone number <p style="text-align: center;">785-296-0461</p>																											
d. Signature of Authorized Representative 		e. Date Signed (mm/dd/yyyy) <p style="text-align: center;">October 24, 2003</p>																												

Housing Opportunities for Persons with AIDS Program

Resources Expected

The State of Kansas will receive Housing Opportunities for Persons with AIDS (HOPWA) formula funding in the amount of \$369,000. Kansas met the necessary threshold of 1,500 cumulatively reported cases of AIDS, outside the Kansas City metropolitan area, as of March 31, 2002. The HOPWA formula funds will be complemented by HOPWA competitive funds of \$446,299 in 2004.

The HOPWA program in Kansas anticipates leveraging \$3,545,000 for supportive services, such as AIDS drug assistance (ADAP), primary care, case management and other clinical or “wraparound” services. Supportive services will be coordinated across the state through the Ryan White case management sites. Access to HOPWA funds will be through the Ryan White case management sites to a central office at the University of Kansas School of Medicine-Wichita, Medical Practice Association.

Proposed Activities

Geographic Areas

The service area for HOPWA formula and competitive funding includes all Kansas counties except Leavenworth, Wyandotte, Johnson, and Miami. These four Kansas counties in the Kansas City metropolitan area already receive HOPWA formula funding through the City of Kansas City, Missouri. The Kansas service area is classified as rural. HOPWA formula and competitive funding has provided statewide housing funds for persons living with HIV/AIDS in Kansas, beginning direct services in the fall of 2003.

Priority Needs

AIDS Housing of Washington has begun the process of a needs assessment and GAP analysis for the state of Kansas, to be completed in the spring of 2004. Utilizing projections and initial feedback from case managers, service providers, and clients, funds will be used in 2004 to provide long-term rental assistance, short-term rental and utilities assistance, and supplemental services to help clients remain in their current housing. Supplemental services will include nutritional supplements, patient transportation, drug/alcohol and mental health counseling. Supplemental services will utilize less than 21 percent of funds.

The State of Kansas estimates that the number of Kansans with HIV, needing housing assistance, is 38 and the number of Kansans with AIDS, needing housing assistance, is 171. Therefore, at present, a minimum of 209 HIV positive Kansans living outside the Kansas City metropolitan area is projected to have some form of annual housing need.

The State of Kansas primary housing activities under HOPWA in 2004 will be:

Tenant-based rental assistance
Short-term rent, mortgage, and utilities assistance
Transitional housing
Housing coordination.

Supportive services are a key part of housing stability for clients with HIV and AIDS. Supportive services will be offered as a complement to, and in coordination with, the medical care plans and the case management plans of Ryan White Title II clients. Case management staff report that 40 to 50 percent of their clients need mental health, drug and alcohol counseling, and treatment, with limited resources to access those services. Housing providers report that clients are more likely to maintain their housing units when they access mental health, substance abuse counseling and treatment.

The supportive services that will be available in 2004 include:

Nutritional supplements
Mental health, drug/alcohol counseling and treatment
Transportation.

Transportation is a critical issue, especially in rural areas. Case managers report that clients travel an average of 110 miles round trip for medical appointments, 400 miles round trip for dental appointments, and 40 miles round trip for mental health and substance abuse programs. Many clients on limited incomes miss appointments because of lack of transportation. The HOPWA funds will leverage \$9,000 in Ryan White funds for expenditure on transportation in 2004.

Subsequent years of HOPWA formula funding will be allocated according to needs and gaps identified through the AIDS Housing of Washington needs assessment.

Specific Objectives

The State of Kansas will assure the availability of affordable housing, and prevent homelessness, for HIV positive individuals and their families. For HOPWA funding in 2004 (Formula and Competitive combined), the State will serve the following clients:

- 110 - tenant-based rental assistance
- 160 - short-term rent, mortgage, and/or utility payments
- 35 - transitional housing services
- 180 - other direct housing assistance
- 600 - housing information
- 2,100 - cases of supplement (boost)
- 30 - drug/alcohol or mental health services
- xxx - transportation bus passes, taxi rides, or other services
for medical appointments and housing appointments.

Distribution of Funds

The HOPWA funding will be distributed to individual clients through the Ryan White CARE case management system. This system consists of 10 case management sites funded by the Health Resources and Services Administration (HRSA), Ryan White CARE Act, Title II.

The University of Kansas, School of Medicine-Wichita, Medical Practice Association (UKSM-W MPA), is the program sponsor for the Kansas HOPWA Program. In 1993, the UKSM-W MPA received federal funding to administer a statewide Ryan White, Title III, CARE Act program under the medical direction of Dr. Donna E. Sweet. The UKSM-W MPA HIV program provides primary care for 60 percent of the clients in the Kansas Ryan White Title II program and over 80 percent of clients in Western, South Central and Southeast Kansas. The UKSM-W MPA HIV program will administer the payment of HOPWA housing assistance and other requests for assistance submitted through the Ryan White case management system.

2004 HOPWA Funding

Eligible Activity	Formula	Competitive	Total
Supportive Services	\$104,000	\$118,095	\$222,095
Housing Information	\$ 0	\$ 38,007	\$ 38,007
Rental Assistance	\$108,000	\$216,000	\$324,000
Short-Term Rent, Mortgage, & Utility	\$112,000	\$ 45,000	\$157,000
Subtotal of Activity Costs	\$324,000	\$417,102	\$741,102
Grantee's Administrative Costs	\$ 11,070	\$ 12,513	\$ 23,583
Project Sponsor's Administrative Costs	\$ 25,055	\$ 29,197	\$ 54,252
Collect Data on Project Outcomes	\$ 8,875	\$ 12,500	\$ 21,375
Total	\$369,000	\$471,312	\$840,312