

**APPENDIX B  
GRANT APPLICATION NARRATIVE  
HOPWA FY25 RFGA**

**ORGANIZATION NAME:** \_\_\_\_\_  
**PROJECT NAME:** \_\_\_\_\_

**Directions:** Narrative must be in the default size, font, spacing and space provided. Additional narrative attachments are not allowed.

**1) Please provide a detailed summary of the project and describe how the project will provide the specific services outlined in the budget (Appendix C).**

**2) Which of the State Strategic Plan goals does the project contribute towards?**

**(Select all that apply)**

Goal 1: Increase accessible and affordable permanent housing opportunities for people experiencing homelessness across the state.

Goal 2: Increase access to and availability of supportive services and case management for people experiencing and at risk of homelessness.

Goal 3: Expand homeless prevention efforts by increasing coordination, resources, and affordable housing opportunities.

Goal 4: Target housing resources and supportive services to people experiencing unsheltered homelessness.

Goal 5: Promote alignment and coordination across multiple systems of care to support people experiencing and at risk of homelessness.

**3) Please describe in detail how your project contributes toward the goal(s) selected above.**

**4) Describe your project's level of participation in the LHC coordinated entry process.**

**5) Describe your agency's level of participation currently in the HOPWA Steering Committee. Include any specific steering committee roles or responsibilities.**

**6) Describe your agency's recent experience administering HUD funding.**

**7) Describe your agency's previous experience serving people living with HIV/AIDS.**

**8) Describe how the proposed project will coordinate with other providers who specialize in serving individuals living with HIV/AIDS. Please include specific Memorandums of Understanding or applicable subgrants (attach to Appendix A - Grant Cover Sheet and Project Information).**