

**HOPWA Score Card**

Agency Name: \_\_\_\_\_

Total points scored for each section:

\_\_\_\_\_ Section III Q2 (10 pts possible)

\_\_\_\_\_ *Section III Q2a (5 pts possible) – Only for those who have not administered HOPWA*

\_\_\_\_\_ *Section III Q2b (5 pts possible)- Only for those who have not administered HOPWA*

\_\_\_\_\_ Section III Q3 (10 pts possible)

\_\_\_\_\_ Section III Q4 (5 pts possible)

\_\_\_\_\_ Section III Q4a (10 pts possible)

\_\_\_\_\_ Section III Q5 (5 pts possible)

\_\_\_\_\_ Staff Experience (10 pts possible)

\_\_\_\_\_ Total Application Score (50 pts possible)

Capacity Scorecard Deductions: \_\_\_\_\_

Additional Comments:

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Review Team Member: \_\_\_\_\_

## HOPWA Score Card

### Section III

**Q2.** Agency has administered HOPWA Grant within the past 3 years.

\_\_\_\_\_ Yes (10pts)

\_\_\_\_\_ No (0 pts)

**Q2A.** If not administered, has agency administered other federal housing programs in the past 3 years?

\_\_\_\_\_ Yes (5pts)

\_\_\_\_\_ No (0pts)

**Q2B.** Describe services provided when administering other federal housing programs and how their experiences will help them administer a HOPWA program.

\_\_\_\_\_ Applicant clearly described services provided while administering other federal housing programs and how their experience will help administer a HOPWA program. (10 pts)

\_\_\_\_\_ Applicant somewhat described services provided while administering other federal housing programs and how their experience will help administer a HOPWA program. (5 pts)

\_\_\_\_\_ Applicant failed to describe services provided while administering other federal housing programs and how their experience will help administer a HOPWA program. (0 pts)

**Q3.** Indicate number of clients served from July 1, 2024 to June 30, 2025. Describe services provided to clients with HOPWA Funding.

\_\_\_\_\_ Applicant clearly explained how they utilized funds based on the what services were provided in the indicated time period and services described were eligible under [24 CFR Part 574](#). (10 pts)

\_\_\_\_\_ Applicant somewhat explained how they utilized funds based on the what services were provided in the indicated time period and services described were eligible under [24 CFR Part 574](#). (5 pts)

\_\_\_\_\_ Agency failed to explain how they utilized funds based on the what services were provided in the indicated time period and services described were eligible under [24 CFR Part 574](#). (0 pts)

\_\_\_\_\_ Applicant is new and chose N/A (10 pts)

**Q4.** Applicant provided correct number of people living with HIV/AIDS in the proposed service area per the 2024 Surveillance Report.

\_\_\_\_\_ Agency provided correct number. (5 pts)

\_\_\_\_\_ Agency did not provide correct number. (0 pts)

**Q4a.** Applicant provided detail regarding the anticipated number of clients that will be served during the term of the grant and described what services will be provided to clients with HOPWA funding.

Agency provided detailed information regarding the anticipated number of clients and services to be provided. All proposed services are eligible with HOPWA funds. (10 pts)

Agency provided some information regarding the anticipated number of clients and services to be provided. All proposed services are eligible with HOPWA funds. (5 pts)

Agency failed to provide information regarding the anticipated number of clients and services to be provided with HOPWA funds. (0 pts)

**Q5.** Applicant provided details of supportive services that are/will be provided to clients.

Agency provided detailed information regarding the supportive services to be provided and these services are eligible. (10pts)

Agency provided some details of the supportive services to provided and these services are eligible. (5pts)

Agency failed to provide any details of the supportive services to be provided and/or the services listed are not eligible (0pts)

**Q6.** Please describe how you will advertise services to potential clients

Agency clearly explained how services will be advertised to potential clients (10pts)

Agency somewhat explained how services will be advertised to potential clients (5pts)

Agency did not address how services will be advertised to potential clients (0pts)

**Q7.** Applicant submitted most recent CAPER by KHC's deadline.

Yes (5 pts)

No (0 pts)

N/A (5 pts)

**Staff Experience:**

At least one staff member has 2 years of experience administering HOPWA. (10 pts)

At least one staff member has 1 year, but less than 2 years, of experience administering HOPWA. (5 pts)

Agency staff has no experience or less than 1 year of experience administering HOPWA. (0 pts)

