FORM A: HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

PROGRAM CYCLE 2026-2029 WV HOPWA REQUEST FOR PROPOSALS

LETTER OF INTENT TO APPLY

INSTRUCTIONS: Complete all requested information below within the Letter of Intent to Apply. The submission of this document qualifies the applicant's project proposal for inclusion and consideration in the submission and scoring process for PY2026 funding. **The Letter of Intent to Apply must be submitted by the deadline of July 24, 2026 by 4:00pm** to HOPWA@wv.gov titled **"*RFP Process*."** **(NOTE:** *The Letter of Intent to Apply form must be completed digitally with all information typed. A handwritten signature is acceptable in the event the digital signature option is inaccessible. Late submissions will not be accepted.***)**

APPLICANT INFORMATION
ORGANIZATION NAME AS LISTED WITHIN WVOASIS:
MAILING ADDRESS: (include mailing address, street, city, county, state and zip code):
FEDERAL TAX ID #:
UEI # FROM SAM.GOV:

TYPE OF ORGANIZATIONAL ENTITY (check all that apply):

- ☐ Nonprofit Organization
- ☐ For Profit Organization
- ☐ Community-Based Organization
- ☐ Minority Organization
- ☐ Religious-Based Organization
- ☐ Hospital/Health Provider
- ☐ State Institution of Higher Learning
- ☐ Substance Abuse Recovery Organization
- ☐ Private
- ☐ Other (specify): _____

PROJECT START DATE: XX/XX/XXXx **PROJECT END DATE:** XX/XX/XXXX

PROPOSED COUNTIES TO BE SERVED BY PROJECT:

(List all proposed counties to be served by project.)

PROPOSED FUNDING REQUEST FOR PY26: $ 0.00

SELECT ALL HOPWA ACTIVITIES TO BE INCLUDED WITHIN THE PROJECT PROPOSAL:

- ☐ FACILITY OPERATIONS
- ☐ SUPPORTIVE SERVICES
- ☐ HOUSING INFORMATION
- ☐ PERMANENT HOUSING PLACEMENT
- ☐ TBRA
- ☐ STRMU

PROJECT PROPOSAL CONTACT PERSON

Name:

Title:

Phone:

E-mail:

☐ ☐	

"The facts affirmed by me in this proposal are truthful and I understand that the truthfulness of the facts affirmed herein are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant."

"By providing my authorized signature below our organization fully intends to participate in the WV HOPWA Program Cycle 2026-2029 Request for Proposal Process."

AUTHORIZED APPROVAL AUTHORITY	**SIGNATURE OF AUTHORIZATION:**
Name: Title: Phone: E-mail:	**DATE OF SIGNATURE APPROVAL:**