

HOPWA Application
Part D -Forms

Appendix D

OMB Approval No. 2506-0133
Expiration Date 11/30/2003**HOPWA Project Information Form****Exhibit 3: Proposed HOPWA Project / Soundness of Approach**

Please complete form and place before the Soundness of Approach narrative section of your application.

A. Category of Assistance. Check only one of the following two boxes.

- ☐ **Category 1: Special Projects of National Significance.**
- ☐ **Category 2: Projects which are part of long-term comprehensive strategies for providing housing and related services** in an area that did not qualify for a HOPWA formula award.

B. Duplication of Assistance Requested. Please indicate if you or your project sponsor is seeking funding under this HOPWA competition for an activity that is duplicated in an application under the HUD Continuum of Care Homeless Assistance 2003 competition as follows:

- ☐ A proposed HOPWA activity is identical and ***duplicates funding*** requested in an application for HUD continuum of care funding;
- ☐ A proposed activity is related but ***not identical*** to the requested funding.
- ☐ No related assistance is being requested.

D. Service Area. Please identify the intended service area, i.e., the name of the community or metropolitan area, or, if activities are planned for a state-wide or nation-wide basis: