

**REQUEST FOR PROPOSALS (RFP)**

**Housing Opportunities for Persons with AIDS**

**(HOPWA)**

**CITY OF CHARLOTTE**

**HOUSING & NEIGHBORHOOD SERVICES DEPARTMENT - HOUSING SERVICES**

**DATE ISSUED: April 6,2023**

**TABLE OF CONTENTS**

[1 REQUEST FOR PROPOSALS (RFP) INSTRUCTIONS 2](#_Toc974117326)

[1.1 Public Notice 2](#_Toc222027802)

[1.2Overview 2](#_Toc569172182)

[1.3RFP schedule and Proposal Submission 2](#_Toc873448080)

[1.4Evaluation Criteria & Process 3](#_Toc577689678)

[1.5Proposal Format & Contents 4](#_Toc1514550862)

[2 REPRESENTATIONS, CONDITIONS, AND OTHER REQUIREMENTS 5](#_Toc214057230)

[2.1Communications 5](#_Toc2127695626)

[2.2Duties and Obligations of Firms in the RFP Process 5](#_Toc496229051)

[2.3Addenda 5](#_Toc1228408669)

[2.4No Collusion, Bribery, Lobbying or Conflict of Interest 5](#_Toc865514466)

[2.5Public Records 5](#_Toc1566212188)

[2.6Cost of Proposal Preparation 6](#_Toc568112321)

[2.7Advertising 6](#_Toc382767940)

[2.8Financial Capacity 6](#_Toc538460036)

[2.9Ownership of Work Products 6](#_Toc625398203)

[2.10City Rights and Reservations 6](#_Toc824446482)

[2.11Contract 7](#_Toc1730431779)

[3 CONTRACT REQUIREMENTS 8](#_Toc1652020349)

[Form 1 – Execution of Proposal 9](#_Toc937267635)

[FORM 2 – COMMERCIAL NON-DISCRIMINATION CERTIFICATION 10](#_Toc1636702804)

[FORM 3 – STAFFING 11](#_Toc1454796260)

[Form 4 - Application for Housing Opportunities for Persons with AIDS (HOPWA) FY2024 12](#_Toc491652897)

[Eligible Activities 12](#_Toc808684683)

[(Note: Supportive Services, STRMU, HIS and Administrative activities will bill reimbursement for actual cost. Operating Expenses for Facility-Based Housing will bill reimbursement through daily rate.) 12](#_Toc1664777894)

[1.0 Agency and Program Information 13](#_Toc1479863934)

# REQUEST FOR PROPOSALS (RFP) INSTRUCTIONS

## Public Notice

The City of Charlotte (City) plans to select with one or more agencies as Housing Opportunities for Persons with AIDS (HOPWA) fund subrecipients to provide assistance to eligible households. The City is seeking agencies whose combination of experience and expertise will provide timely, cost-effective services to the City.

Information related to this solicitation, including any addenda, will be posted to the City’s Housing Website at [[charlottenc.gov/HNS/Housing/RFP/Pages/Requests%20For%20Proposals.aspx](https://charlottenc.gov/HNS/Housing/RFP/Pages/Requests%20For%20Proposals.aspx)](https://charlottenc.gov/HNS/Housing/RFP/Pages/Requests%20For%20Proposals.aspx).

Effective April 14, 2023 the HOPWA RFP will be posted at

<https://charlottenc.gov/Streets-and-Neighborhoods/Housing/Resources-for-Developers-and-Contractors>.

For questions related to this RFP, contact:

**Akeem McDuffie,** HOPWA Engagement Coordinator

City of Charlotte

Housing & Neighborhood Services

600 East Trade Street

Direct Phone: (980) 297-6406

Email: [akeem.mcduffie@charlottenc.gov](mailto:akeem.mcduffie@charlottenc.gov)

## 1.2 Overview

The goal of the HOPWA Program is to ensure that affordable housing options and related housing services are available to low-income Persons living with HIV and AIDS and their families achieve and maintain housing stability, thereby avoiding homelessness, and improving their access to, and engagement in, HIV/AIDS treatment and care.

The federal grantee for this region is the City of Charlotte, which designated Carolinas CARE Partnership to be the Project Sponsor for housing-specific HOPWA services for the region. Effective July 1, 2023, the Metropolitan Statistical Area (MSA) includes **Anson, Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, and Union Counties (NC) and Chester, Lancaster, and York Counties (SC).**

## 1.3 RFP schedule and Proposal Submission

Provided below is the anticipated schedule of events. The City reserves the right to adjust the schedule and to add/remove specific events to meet the unique needs of this Project.

|  |  |
| --- | --- |
| Advertisement of RFP: | 04/06/2023 |
| RFP Pre-Submittal Conference: | 04/19/2023 1:00pm -2:30pm |
| Deadline for Questions: | 05/03/2023 |
| **DUE DATE & TIME FOR PROPOSALS:** | 05/17/2023 11:59pm |

**HOPWA RFP Pre-submittal Conference**

**Join on your computer, mobile app or room device**

[Click here to join the meeting](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZWE2MjQxMzYtMThkMi00MGU3LTg5MDItYTM5YWQyNDQ4ZGQ5%40thread.v2/0?context=%7b%22Tid%22%3a%223392a0ee-6ccb-49c5-94b5-f5e6d8a665d6%22%2c%22Oid%22%3a%22cacd76d4-811d-4848-8032-fb818e5156b6%22%7d)

Meeting ID: 211 325 765 022   
Passcode: YXHjVX

[Download Teams](https://www.microsoft.com/en-us/microsoft-teams/download-app) | [Join on the web](https://www.microsoft.com/microsoft-teams/join-a-meeting)

**Or call in (audio only)**

[+1 872-256-4172,,182556600#](tel:+18722564172,,182556600# )   United States, Chicago

Phone Conference ID: 182 556 600#

Proposals shall be emailed in PDF form to Rebecca Pfeiffer, Strategic Initiatives Manager at: [akeem.mcduffie@charlottenc.gov](mailto:akeem.mcduffie@charlottenc.gov). All items required for a responsive proposal shall be included. It is the sole responsibility of the proposer to ensure that the proposal package is received no later than the established due date and time at the proper location. Proposals received after the due date and time will not be considered. Proposals submitted by facsimile will not be accepted.

Submit to:

**Akeem McDuffie, HOPWA Engagement Coordinator**

[**akeem.mcduffie@charlottenc.gov**](mailto:akeem.mcduffie@charlottenc.gov)

City of Charlotte

Housing & Neighborhood Services

## 1.4 Evaluation Criteria & Process

The City will review each proposal based on the provided scorecard which includes but not limited follow criteria:

* Overall agency experience with working with the identified population
* Responses to narrative questions in Form 4
* Proposed program budget and outcomes
* Review of currently funded agencies will also include FY2023 spending rates, percentage of targets met and contract monitoring reports.

The City will appoint an evaluation committee whose responsibilities will include performing independent technical evaluations of each proposal and making selection recommendations based on the criteria above. Evaluations will focus on identifying the relative strengths, weaknesses, deficiencies, and risks associated with each Proposal. The City reserves the right to obtain clarification or additional information with any Agency in regard to its Proposal.

The City reserves the sole right to select the most qualified firm(s) on basis of best overall value that is most advantageous to the City.

Agencies who submit proposals will be notified of the selection results. Final recommendation of any selected Agency is subject to the approval of City Council or City officials.

## 1.5 Proposal Format & Contents

Interested Agencies must complete and submit one (1) original copy of each of the required Forms **1** thru **4** provided with this RFP and the required documents listed below.

|  |
| --- |
| **Document** |
| * Form 1 - Execution of Proposal\* |
| * Form 2 - Commercial Non-Discrimination Certification\* |
| * Form 3- Staffing\* |
| * Form 4 - Program Application\* * Form 5 – Proposed Service Budget\* |
| * Current and past year Agency Audit   (Note: Agencies exempt from federal threshold requirements (as defined in 2 CFR Part 200) may submit financial statements in lieu of an annual audit. Financial Statements should include your agency’s: balance sheet, income statement and cash flow statement. |
| * Form 990 (nonprofit agencies only) |
| * Client Feedback Form |
|  |
| \*Indicates a city provided form or format |

**END OF SECTION ONE**

# REPRESENTATIONS, CONDITIONS, AND OTHER REQUIREMENTS

## 2.1 Communications

All communication of any nature with respect to this RFP shall be addressed to the City Staff identified in section 1.1 this RFP. With the exception of communications with noted staff for this RFP, prospective firms and their staffs are prohibited from communicating with elected City officials, City staff and any selection committee member regarding this RFP or submittals from the time the RFP was released until the selection results are publicly announced. Violation of this provision may lead to disqualification of the firm’s proposal for consideration.

## 2.2 Duties and Obligations of Firms in the RFP Process

Interested firms are expected to fully inform themselves as to all conditions, requirements, and specifications of this RFP before submitting a proposal. Firms must perform its own evaluation and due diligence verification of all information and data provided by the City. The City makes no representations or warranties regarding any information or data provided by the City. Firms are expected to promptly notify the City in writing to report any ambiguity, inconsistency, or error in this RFP. Failure to notify the City accordingly will constitute a waiver of claim of ambiguity, inconsistency, or error.

## 2.3 Addenda

In order to clarify or modify any part of this RFP, addenda may be issued and posted at the City’s official website at [charlottenc.gov/HNS/Housing/RFP/Pages/Requests%20For%20Proposals.aspx](https://charlottenc.gov/HNS/Housing/RFP/Pages/Requests%20For%20Proposals.aspx) Any requests for information or clarification shall be submitted in writing to the Contracts Administrator listed in this RFP by the deadline for questions.

## 2.4 No Collusion, Bribery, Lobbying or Conflict of Interest

By responding to this RFP, the Agency shall be deemed to have represented and warranted that the proposal is not made in connection with any competing Agency submitting a separate response to this RFP and is in all respects fair and without collusion or fraud. Furthermore, the Agency certifies that neither it, any of its affiliates or subcontractors, nor any employees of any of the foregoing has bribed or lobbied, or attempted to bribe or lobby, an officer or employee of the City in connection with this RFP.

## 2.5 Public Records

Upon receipt by the City, each proposal becomes the property of the City and is considered a public record except for material that qualifies as “Trade Secret” information under North Carolina General Statute 66-152 et seq. Proposals will be reviewed by the City’s evaluation committee, as well as other City staff and members of the general public who submit public record requests after a selection result has been announced to the public. To properly designate material as a trade secret under these circumstances, each Agency must take the following precautions: (a) any trade secrets submitted by the Agency should be submitted in a separate, sealed envelope marked “Trade Secret – Confidential and Proprietary Information – Do Not Disclose Except for the Purpose of Evaluating this Proposal,” and (b) the same trade secret/confidentiality designation should be stamped on each page of the trade secret materials contained in the envelope.

In submitting a proposal, each Agency agrees that the City may reveal any trade secret materials contained in such response to all City staff and City officials involved in the evaluation process and to any outside consultant or other third parties who serve on the evaluation committee or who are hired by the City to assist in the evaluation process. Furthermore, each Agency agrees to indemnify and hold harmless the City and each of its officers, employees and agents from all costs, damages and expenses incurred in connection with refusing to disclose any material that the Agency has designated as a trade secret. Any Agency that designates its entire proposal as a trade secret may be disqualified from consideration.

## 2.6 Cost of Proposal Preparation

The City shall not be liable for any expenses incurred by any Agency responding to this RFP. Firms submitting a proposal in response to this RFP agree that the materials and submittals are prepared at the firm’s own expense with the express understanding that the Agency cannot make any claims whatsoever for reimbursement from the City for the costs and expense associated with preparing and submitting a proposal. Each Agency shall hold the City harmless and free from all liability, costs, claims, or expenses incurred by, or on behalf of, any person or Agency responding to this RFP.

## 2.7 Advertising

In submitting an RFP, proposer agrees not to use the results therefrom as part of any commercial advertising without prior written approval of the City of Charlotte.

## 2.8 Financial Capacity

The selected Agency must have the financial capacity to undertake the work and assume associated liability.

## 2.9 Ownership of Work Products

The City shall have exclusive ownership of all intellectual property rights in all documents and other work product prepared by, for, or under the direction of the selected Agency pursuant to any contract under this RFP (collectively, the “Intellectual Property”), including without limitation the right to copy, use, disclose, distribute, and make derivations of the Intellectual Property for any purpose or to assign such rights to any third party. The Intellectual Property shall be prepared in the City’s name and shall be the sole and exclusive property of the City, whether or not the work contemplated therein is performed. The City will grant the Agency a royalty-free, non-exclusive license to use and copy the Intellectual Property to the extent necessary to perform the contract.

## 2.10 City Rights and Reservations

The City expects to select one or more agencies but reserves the right to request substitutions of any key team member, including staff and subcontractors. The City reserves the right to contact any agencies for any additional information including but not limited to experience, qualifications, abilities, equipment, facilities, and financial standing. The City reserves the right to modify any part of this RFP as issued with an addendum. The City, at its sole discretion, reserves the right to reject any or all responses to the RFP, to cancel the RFP, to re-advertise for new RFP responses either with identical or revised specifications, or to accept any RFP response, in whole or part, deemed to be in the best interest of the City. The City reserves the right to waive technicalities and informalities.

A response to this RFP shall not be construed as a contract, nor indicate a commitment of any kind.

The City of Charlotte reserves the sole right to award a contract or contracts to the most qualified firm(s) on the basis of best overall proposal most advantageous to the City. The City of Charlotte is therefore not bound to accept a proposal on the basis of lowest price. The City of Charlotte also reserves the right to make multiple awards, based on experience and qualifications if it is deemed in the City’s best interest.

## 2.11 Contract

The contents of this RFP and all provisions of the successful proposal deemed responsive by the City of Charlotte may be incorporated, either in whole or in part, into a contract with Carolinas CARE Partnership and become legally binding when approved and executed by both parties. The final negotiated contract may include the scope of work as outlined in this RFP along with the successful firm’s submittal and any additions or deletions made at the discretion of the City and Carolinas CARE Partnership as a result of the RFP process.

**END OF SECTION TWO**

# CONTRACT REQUIREMENTS

* 1. **Client Eligibility**

Clients assisted with HOPWA funds must meet the following eligibility criteria:

* Individuals that are medically diagnosed with HIV/AIDS and their families
* With the exception of receiving Housing Information Services only, eligible individuals and their families must be at eighty percent (80%) or below of Area Medium Income (AMI).
* All eligible individuals and their families must live within the designated MSA which includes Anson, Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, and Union (NC) and Chester, Lancaster and York Counties (SC).
  1. **Program Monitoring**

Carolinas CARE Partnership shall perform a minimum of one monitoring visit during the contract period of performance. The visit will include a review of client files, documents, and programmatic structure as they relate to the HOPWA program.

* 1. **Compliance, Billing and Reporting**

During the contract performance period, the subrecipient will provide Carolinas CARE Partnership with a monthly report and all additional require billing documents based on funded activities. (Note: Specific documents will be outlined in contract).

* 1. **Insurance Requirements**

The selected Agency must have the financial capacity to undertake the work and assume associated liability. The selected Agency will be required to provide certificates of insurance evidencing the following coverage:

* Worker’s Compensation - As required by the laws of North Carolina or South Carolina, as well as employer’s liability coverage with minimum limits of $500,000.00, covering all of the Subrecipient’s employees who are engaged in any work under the contract.
* Commercial General Liability - Comprehensive Broad Form in the amounts of $1,000,000 bodily injury each occurrence/aggregate and $1,000,000 property damage each occurrence/aggregate or $1,000,000 bodily injury and property damage combined single limits each occurrence/aggregate.
* Directors & Officers Liability Insurance – Not less than $1,000,000 per claim, to protect Subrecipient against negligent acts, errors, or omissions in performing services under this agreement.
* Fidelity Bond Insurance (Employee Dishonesty) – Employee Fidelity Insurance coverage no less than $50,000.
* Automobile (if applicable) - Covering all owned, hired and non-owned vehicles, used in connection with the contract. The minimum limits shall be $1,000,000.00 bodily injury each person, each accident and $1,000,000 property damage, or $1,000,000 combined single limits each occurrence/aggregate.

# Form 1 – Execution of Proposal

The person executing the Proposal, on behalf of the Company, being duly sworn, solemnly swears (or affirms) that neither s/he, nor any official, agent or employee of the Company has entered into any agreement, participated in any collusion, or otherwise taken any action which is in restraint of full and open competition in connection with any proposal or contract, that the Company has not been convicted of violating North Carolina General Statute 133-24 within the last three years, and that the Company intends to do the work with its own bona fide employees or subcontractors and is not proposing for the benefit of another company.

Submission of a response to this RFP constitutes certification that the Company and all proposed team members are not currently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this Project by any State or Federal department or agency. Submission is also agreement that the City will be notified of any change in this status.

NC General Statute 133-32 and City Policy prohibit any gift from anyone with a contract with the City, or from any person seeking to do business with the City. By execution of this Proposal, you attest, for your organization and its employees or agents, that you are not aware that any such gift has been offered, accepted, or promised by any employees of your organization.

The information contained in this Proposal, including its forms and other documents, delivered or to be delivered to the City, is true, accurate, and complete. This Proposal includes all information necessary to ensure that the statements therein do not in whole or in part mislead the City as to any material facts.

**Type of Company:**

|  |  |
| --- | --- |
| **(Check 1 box)** |  **Sole Proprietor**  **Partnership**   **Joint Venture** |
|  |  **Corporation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(identify the State of incorporation)* |
|  | *(If joint venture, complete this “Proposal Submission” sheet for each joint venture company and identify the “Name of Joint Venture” on each sheet)*  NAME OF JOINT VENTURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
|  | City of Charlotte Vendor Number: |  |

**ACKNOWLEDGEMENT OF ADDENDA:**

The undersigned acknowledges receipt of the following addenda:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No: |  | Date: |  | No: |  | Date: |  | No: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company Legal Name: |  | | |
| Mailing Address: |  | | |
| City/State/Zip: |  | | |
| Phone: |  | Email: |  |
|  |  |  |  |

|  |
| --- |
| **Signature of Authorized Representative (or Designee)** |

|  |
| --- |
| **(Print Name)** |

|  |  |  |
| --- | --- | --- |
| **(Title)** | | |
| **Date** |

***Proposal is valid for one-hundred-eighty (180) days from the Proposal due date.***

# FORM 2 – COMMERCIAL NON-DISCRIMINATION CERTIFICATION

|  |  |
| --- | --- |
| **COMPANY NAME:** |  |

|  |  |
| --- | --- |
| **RFP NAME*:*** | **FY2024 HOPWA** |

|  |  |
| --- | --- |
| **RFP NUMBER*:*** | **N/A** |

The undersigned Company hereby certifies and agrees that the following information is correct:

1. In preparing its bid/proposal, the Company has considered all bids/proposals submitted from qualified, potential subcontractors and suppliers and has not engaged in discrimination as defined in Section 2 below.
2. For purposes of this section, *discrimination* means discrimination in the solicitation, selection, or treatment of any subcontractor, vendor, supplier, or commercial customer on the basis of race, ethnicity, gender, age, religion, national origin, disability or other unlawful form of discrimination. Without limiting the foregoing, *discrimination* also includes retaliating against any person or other entity for reporting any incident of discrimination.
3. Without limiting any other remedies that the City may have for a false certification, it is understood and agreed that, if this certification is false, such false certification will constitute grounds for the City to reject the bid/proposal submitted with this certification and terminate any contract awarded based on such bid/proposal. It shall also constitute a violation of the City’s Commercial Non-Discrimination Ordinance and shall subject the Company to any remedies allowed thereunder, including possible disqualification from participating in City contracts for up to two years.
4. As a condition of contracting with the City, the Company agrees to promptly provide to the City all information and documentation that may be requested by the City from time to time regarding the solicitation and selection of subcontractors and suppliers. Failure to maintain or failure to provide such information shall constitute grounds for the City to reject the bid/proposal and to terminate any contract awarded on such bid/proposal. It shall also constitute a violation of the City’s Commercial Non-Discrimination Ordinance and shall subject the Company to any remedies that are allowed thereunder.
5. As part of its bid/proposal, the Company shall provide to the City a list of all instances within the past ten years where a complaint was filed or pending against the Company in a legal or administrative proceeding alleging that the Company discriminated against its subcontractor, vendors, suppliers, or commercial customers, and a description of the status or resolution of that complaint, including any remedial action taken.
6. As a condition of submitting a bid/proposal to the City, the Company agrees to comply with the City’s Commercial Non-Discrimination Policy as described in Section 2, Article V of the Charlotte City Code, and consents to be bound by the award of any arbitration conducted thereunder.

|  |
| --- |
| **Signature of Authorized Representative (or Designee)** |

|  |
| --- |
| **(Print Name)** |

|  |
| --- |
| **(Title)** |

|  |
| --- |
| **(Date)** |

**FORM 3 – STAFFING**

|  |  |
| --- | --- |
| **COMPANY NAME:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **RFP NAME*:*** | **FY2024 HOPWA** |

List the full names of all **employees** whom you intend to assign to this program. Describe their specific role/responsibility and availability. Add additional pages as necessary.

| **Employee Name & Title** | **Project Role** | **Availability** | **Education / Experience** |
| --- | --- | --- | --- |
| Example: John Smith, Counselor | Program eligibility client services & counseling | Full time staff assigned 50% to this program | MSW |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Form 4 - Application for Housing Opportunities for Persons with AIDS (HOPWA) FY2024

| **Agency:** | Click or tap here to enter text. | |
| --- | --- | --- |
| **Address:** | Click or tap here to enter text. | |
| **Director:** | Click or tap here to enter text. | |
| **Agency Contact Information for Application (Name, Phone #, email):** | Click or tap here to enter text. | |
| **Total Funding being requested from City for upcoming Fiscal Year** | | Click or tap here to enter text. | |

# Eligible Activities

# *(Note: Supportive Services, STRMU, HIS and Administrative activities will bill reimbursement for actual cost. Operating Expenses for Facility-Based Housing will bill reimbursement through daily rate.)*

1. ***Supportive Services*** *include, but not limited to:*
   * Permanent Housing Placement
   * Housing Case Management
   * Mental Health Services
   * Drug and alcohol abuse treatment and counseling (inpatient)\*\*

*(Note: To be eligible to apply for drug and alcohol abuse treatment and counseling (inpatient) funds, no other funds can be available to pay for these services for the HOPWA eligible persons).*

* + Transportation (actual costs for clients to attend housing-related or medical appointments. Bus passes, ride-share, or gas vouchers may be used. Note: Ride-share and gas vouchers may only be used when bus transportation is not available.)

Note: A full list of Supportive Services is available on the budget worksheet, Form 5.

1. ***Short-Term Rent, Mortgage and Utility payment*** ***(STRMU)*** to prevent the homelessness of the tenant or mortgage or of a dwelling. (Bill for reimbursement of actual cost)
2. ***Housing Information Services (HIS)*** include counseling, information, and referral services to assist an eligible person to locate, acquire, finance, and maintain housing. This may also include fair housing counseling for eligible persons who may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status, or handicap. (Bill for reimbursement of actual cost)
3. ***Operational Expenses for Facility-Based Housing*** including maintenance, security,

operation, insurance, utilities, furnishings, equipment, supplies, and other incidental

Costs. *(Note: The standards listed below are not applicable to facility-based housing*  *programs that are not short-term.)*

Note: Short-term supported housing includes facilities to provide temporary shelter to eligible individuals as well as rent, mortgage, and utilities payments to enable eligible individuals to remain in their own dwellings. If grant funds are used to provide such short-term supported housing assistance, the following additional standards apply:

* + A funded facility/program may not provide shelter or housing at any single time for more than 50 families or individuals. This includes HOPWA funded and non-funded assisted households.
  + A funded facility/program may not provide residence to any individual for more than 60 days during any six- month period.

1. **Administrative Expenses** including general management, oversight, coordination, evaluation, and reporting on eligible activities.

Note: Expenses do not include costs directly related to carrying out eligible activities, since those costs are eligible as part of the activity delivery costs of such activities.

More information about all HOPWA activities can be found at <https://www.hudexchange.info/programs/hopwa/>.

# 1.0 Agency and Program Information

Provide description of your agency. If requesting funding for a specific program within your agency, also provide the name and description of the specified program along with your agency’s description:

|  |
| --- |
| **1.1 Agency and Program Description (*Please provide a description of agency’s experience in working with HOPWA funded activities and the target population in which you will serve)*:** |
| Click or tap here to enter text. |

|  |
| --- |
| **1.2 Agency Mission Statement:** |
| Click or tap here to enter text. |

|  |
| --- |
| **1.3 Agency Vision Statement:** |
| Click or tap here to enter text. |

|  |
| --- |
| **1.4 Describe the benefits or results of agency or program activities *(Please describe how activities adequately and appropriately meet anticipated service needs)*** |
| Click or tap here to enter text. |

|  |
| --- |
| **1.5 How does HOPWA program activities fit with your agency’s mission?** |
| Click or tap here to enter text. |

|  |
| --- |
| **1.6 Describe the HIV epidemic in your community and the gaps in services that make your specific program necessary. What best qualifies your organization to provide this program to people living with HIV in your community?** |
| Click or tap here to enter text. |

|  |
| --- |
| **1.7 Describe your agency’s ability to implement the Program you propose in terms of the agency’s experience in serving people living with HIV and staffing levels, experience, ratios, and qualifications.** |
| Click or tap here to enter text. |

|  |
| --- |
| **1.8 Demonstrate your agency’s commitment to serving People Living with HIV and AIDS by describing:**  **(a) Agency’s approach to Cultural humility;**  **(b) Agency’s approach to Trauma Informed Services;**  **(c) Staff’s existing knowledge, lived experience and/or demonstrated expertise in serving this community;**  **(d) Trainings attended (or willingness of agency to provide trainings) on topics related to HIV knowledge and LGBTQ topics (including housing).** |
| Click or tap here to enter text. |

|  |
| --- |
| **1.9 How does your agency collect, monitor, and utilize your clients’ feedback about your program?** |
| Click or tap here to enter text. |

**2.0 Agency Financial & Contract Compliance**

|  |
| --- |
| **2.1 FY2023 (July 2022–June 2023) HOPWA Expenditures (if applicable):**  **1) Are you on track to spend all use all FY2023 allocated funds? If no, provide an explanation**  **and any strategies being used to utilize funding.**  **2) If awarded funds in FY2024 what additional strategies you will utilize to ensure that funds**  **are used in their entirety?** |
|  |

|  |
| --- |
| **2.2 Will your agency leverage HOPWA funds to provide or compliment additional services and/or housing resources. If yes, please describe type of services/resources that will be provided and source of funding.** |
| Click or tap here to enter text. |

|  |
| --- |
| **2.3 Contract Compliance: Describe the process for ensuring all agency staff understand and will meet HOPWA contract requirements around required reporting and submitting invoices.** |
| Click or tap here to enter text. |

|  |
| --- |
| **2.4 How you will determine and document client eligibility? How will you decide which clients get assistance from your HOPWA funding if the need exceeds available funding?** |
| Click or tap here to enter text. |

|  |
| --- |
| **2.5 What is the timeframe in which activities can be completed (such as, how quickly will checks be written once approved, how long will the approval process take)?** |
| Click or tap here to enter text. |

|  |
| --- |
| **2.6 What geographic region and target populations will you serve? How many unduplicated clients do you propose to serve?** |
| Click or tap here to enter text. |

**3.0 Connection to the Community**

|  |
| --- |
| **3.1 How will clients access your program? (Please be specific in detailing the process clients are able utilize to access application such as phone, online etc.)** |
| Click or tap here to enter text. |

|  |
| --- |
| **3.2** **What is the agency’s recruitment strategies/marketing plan to ensure services are known in service area?** |
| Click or tap here to enter text. |

|  |
| --- |
| **3.3** **How does your agency collaborate with other entities in the community?** |
| Click or tap here to enter text. |

|  |
| --- |
| **3.4 Describe agreements your agency/program has for linkages with HIV medical care.** |
| Click or tap here to enter text. |

|  |
| --- |
| **3.5 Specify the community partners that will have a role in the activities you propose, specifically from whom you will receive referrals and to whom you will refer discharged/graduated clients (if applicable). Describe the specific function each partner will perform, and the nature of the commitment each partner makes, to ensure that your project will be assisting people through the continuum towards housing stability. *Note: Funded agencies will be expected to execute an MOU (Memorandum of Understanding) with each partner included in this section within 3 months of funding.*** |
| Click or tap here to enter text. |

**4.0 Agency and Program Capacity and Stability**

| **4.1 Why is your agency seeking HOPWA funds now? (For example, are you looking to expand, add new services, etc.)** |
| --- |
| Click or tap here to enter text. |

| **4.2 HOPWA cannot sustain an entire project. Indicate plans outside of City/CCP funding to ensure a fully funded project.** |
| --- |
| Click or tap here to enter text. |

| **4.3 If funding is denied; describe the impact on project.** |
| --- |
| Click or tap here to enter text. |

| **4.4 If your agency received funding for the current fiscal year and is requesting a change in the funding level for the upcoming fiscal year, provide the reason(s) for requesting a change:** |
| --- |
| Click or tap here to enter text. |

| **4.5 If your agency is applying for Administrative cost, please describe, what activities will be included in this request? How did your agency previous cover these expenses? *Administrative Expenses include cost related to general management, oversight, coordination, evaluation, and reporting on eligible activities.* *(24 CFR § 574.300) (10).*** |
| --- |
| Click or tap here to enter text. |

|  |
| --- |
| **4.6 If your agency is applying for Program delivery cost, please describe, what activities will be included in this request? How did your agency previous cover these expenses? *Program delivery costs are costs for carrying out and delivering eligible program activities, as identified at 24 C.F.R. § 574.300(b).*** |
| Click or tap here to enter text. |

**5.0 Additional Information**

| **5.1 Please provide any additional information about your program or your agency that you would like the committee to consider in reviewing your application. (This can include items you wished we would have asked such as why allowable rates in RFP should be higher, etc.)** |
| --- |
| Click or tap here to enter text. |

|  |
| --- |
| **5.2 If currently funded how does your agency identify, and address duplication of HOPWA funded activities within your agency? (Please be specific in your response. Not scored)** |
| Click or tap here to enter text. |

|  |
| --- |
| **5.3 Are there processes that can be implemented to identify and address duplication of HOPWA funded activities across the service area? (Please be specific in your response. Not scored)** |
| Click or tap here to enter text. |

|  |
| --- |
| **5.4 Please complete the chart to identify the number of unduplicated clients you proposed to serve per eligible activity you are requesting funding.** |

|  |  |  |
| --- | --- | --- |
| ***Activities Proposed*** | ***Number of duplicated Clients to be served*** | ***Number of unduplicated Clients to be served*** |
| Housing Information Services |  |  |
| STRMU |  |  |
| Facility Based Housing Operational Cost |  |  |
| Supportive Service - *Adult daycare and personal assistance* |  |  |
| Supportive Service -*Alcohol and drug abuse services* |  |  |
| Supportive Service -*Case Management* |  |  |
| Supportive Service -*Childcare and other child services* |  |  |
| Supportive Service -*Education* |  |  |
| Supportive Service -*Employment assistance and training* |  |  |
| Supportive Service -*Legal services* |  |  |
| Supportive Service -*Life skills management* |  |  |
| Supportive Service *-Meals/nutritional services* |  |  |
| Supportive Service -*Mental health services* |  |  |
| Supportive Service -*Outreach* |  |  |
| Supportive Service - *Transportation* |  |  |

**6.0 Certifications**

**Please select all that apply to the Agency:**

**(Note: Missing items 4-17 will not affect application review. However, items will be required prior to entering contract or use of funds if awarded funding through this RFP.)**

☐ 1. Agency is a 501c3 or unit of government.

☐ 2. Agency can meet all reporting requirements under HOPWA.

☐ 3. Agency has no overdue tax debts.

☐ 4. Agency will hold minimum insurance requirements.

☐ 5. Agency has Financial Policy and Procurement Standards.

☐ 6. Agency has a current Conflict of Interest Policy that meets HUD requirements.

☐ 7. Agency has an Anti-Discrimination Policy.

☐ 8. Agency has a Drug-Free Workplace Policy.

☐ 9. Agency has an Environmental Tobacco Smoke-Free Policy.

☐ 10. Agency has an Equal Access Policy.

☐ 11. Agency has a Fair Housing Policy.

☐ 12. Agency has a Faith-Based Activities Policy.

☐ 13. Agency has a Termination of Assistance Policy for Program Participants.

☐ 14. Agency has a Confidential and Record Retention Policy.

☐ 15. Agency has Unique Entity ID (UEI) only

☐ 16. Active registration listed in SAM.gov system.

☐ 17. (Current HOPWA funded Agencies Only) Agency has written policies for each HOPWA funded

service currently being provided.

**Please acknowledge each statement and sign.**

To the best of my knowledge and belief, all information in this application is true and correct.

I understand that contracts are for one (1) year and that if funds are awarded to my agency

we will be responsible to spend 100% of the funds within that contract period.

I certify that my agency will complete the grant per the proposal provided and in accordance with

the terms and conditions outlined in the RFP documents.

**Name of Applicant** Click or tap here to enter text.

**Name of Authorized Official** Click or tap here to enter text.

**Title** Click or tap here to enter text.

**Date** Click or tap here to enter text.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**