

**Carolinas CARE Partnership
Request for Proposals**

**Housing Opportunities for Persons with
AIDS
(HOPWA)**

**Program Year July 1, 2012 – June 30, 2013
For
Anson, Cabarrus, Gaston, Mecklenburg,
Union, and York (S.C.) Counties**

**Proposals must be received on or before:
Friday, February 17, 2012
5:00 p.m.**

**To Attn: Chair
Allocations Committee
Carolinas CARE Partnership
7510 East Independence Blvd., Suite 105
Charlotte, N. C. 28227**

Please note: Submit one original with signatures, one copy, and one electronic copy.
Proposals may be mailed, sent by overnight express, or hand-delivered.
Faxed applications will not be accepted.

**GUIDELINES
HOPWA APPLICATION**

Purpose

The HOPWA Program was established by the Department of Housing of Urban Development (HUD) to address the specific needs of persons living with HIV/AIDS and their families. HUD distributes HOPWA program funds using a statutory formula that relies on AIDS statistics (cumulative AIDS cases and area incidence) from the Centers for Disease Control and Prevention.

The purpose of the HOPWA Program is to provide resources to devise long-term comprehensive strategies for meeting the housing needs of persons living with HIV and AIDS and their families. HOPWA funds may be used to assist all forms of housing designed to prevent homelessness.

In 1998, the six-county Metropolitan Statistical Area (MSA) that included Cabarrus, Gaston, Mecklenburg, Rowan, Union and York (S.C.) Counties reported more than 1,500 cases of AIDS and became a separate HUD entitlement area. The federal grantee for this region is the City of Charlotte, which designated the Carolinas CARE to be the administrator for housing-specific HOPWA services for the region. In 2004 the MSA was changed to include **Anson, Cabarrus, Gaston, Mecklenburg, Union and York Counties**.

Client Eligibility

To meet the financial criteria for most services through this program, individual or family gross income may not exceed 80% of median income for the area as determined by HUD. Persons who are infected with HIV and who are determined to need assistance with housing, or who need support services designed to prevent homelessness, are eligible to receive assistance through the HOPWA Program. Family members and significant others are also eligible under certain circumstances to receive services through the HOPWA Program.

A person who is determined by a health care professional to be infected with HIV is eligible to receive services through the HOPWA Program. There are no other medical eligibility criteria for this program.

Area of Service

Applying agencies or organizations are encouraged to demonstrate program collaboration with other agencies in the region, and to provide services to the greatest number of people possible in **Anson, Cabarrus, Gaston, Mecklenburg, Union and York Counties**

Eligible Agencies and Organizations

HOPWA funds will be made available only to organizations recognized as exempt by the IRS under Section 501 (c) 3 of the federal tax code. Government units, such as health departments, are also eligible. Please contact the Carolinas CARE office (704) 531-2467 x 12 if you have any questions.

Note: HOPWA funds are distributed on a reimbursement-only basis.

Application Deadline

**Applications are to be received in the Carolinas CARE office no later than
Friday, February 17, 2012– 5:00 p.m.
Submit one signed original with signatures, one copy, and one electronic copy.
*No faxed applications will be accepted***

GUIDELINES, Continued HOPWA Application
--

Specific Activities

- ***Housing Information Services*** 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.
- ***Resource Identification*** to establish, coordinate, and develop housing assistance resources for eligible persons (including conducting preliminary research and making expenditures necessary to determine the feasibility of specific housing-related initiatives).
- ***Acquisition, Rehabilitation, Conversion, Lease, and Repair of Facilities*** to provide housing and services for people living with HIV. *
- ***New Construction*** for single room occupancy (SRO) dwellings and community residences only. *
- ***Project- or Tenant-Based Rental Assistance*** for shared housing arrangements. *
- ***Short-Term Rent, Mortgage, and Utility payments*** to prevent the homelessness of the tenant or mortgagor of a dwelling.
- ***Supportive services*** include permanent housing placement, drug and alcohol abuse treatment and counseling (inpatient), adult day care, adult day health care, home mobility aids, hospice services (end-stage care), and housing-related legal services.
- ***Operating Costs*** for housing include maintenance, security, operation, insurance, utilities, furnishings, equipment, supplies, and other incidental costs. *
- ***Technical Assistance*** in establishing and operating a community residence, including planning and other pre-development or pre-construction expenses and including, but not limited to, costs relating to community outreach and educational activities regarding HIV and AIDS for persons residing in proximity to the community residence.

*All housing assisted under these specific activities must meet the applicable housing quality standards outlined on the next page.

GUIDELINES, Continued HOPWA Application
--

- 1) ***State and local requirements.*** Each recipient of assistance under this part must provide safe and sanitary housing that is in compliance with all applicable State and local housing codes, licensing requirements, and any other requirements in the jurisdiction in which the housing is located regarding the condition of the structure and the operation of the housing.

- 2) ***Habitability standards.*** Except for such variations as are proposed by the locality and approved by HUD, recipients must meet the following requirements:
 - (i) ***Structure and materials.*** The structure must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.

 - (ii) ***Access.*** The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.

 - (iii) ***Space and security.*** Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.

 - (iv) ***Interior air quality.*** Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.

 - (v) ***Water supply.*** The water supply must be free from contamination at levels that threaten the health of individuals.

 - (vi) ***Thermal environment.*** The housing must have adequate heating and /or cooling facilities in proper operating condition.

 - (vii) ***Illumination and electricity.*** The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliance while assuring safety from fire.

 - (viii) ***Food preparation and refuse disposal.*** All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.

 - (ix) ***Sanitary condition.*** The housing and any equipment must be maintained in sanitary condition.

Procedures HOPWA Application

A complete proposal for the provision of HOPWA services must include the following:

I. HOPWA Project Summary – Please use the form included in this packet.

When complete, the *HOPWA Project Summary* must be signed by the agency's Board Chair and Executive Officer.

II. Narrative –Use a maximum of three (3) pages to describe your project.

- A. Goals and Objectives Describe (1) *The Outcome(s)* you hope to achieve; (2) *The Indicators* you will use during the year to monitor progress toward the outcomes; and (3) *The Strategies*, or specific steps, you plan to use to achieve your outcomes.
- B. Demonstration of Need Describe the conditions that apply in your community that makes your project necessary.
- C. Organizational Capacity Describe your agency's ability to provide the service you propose in terms of the agency's history, staffing, position in the community, etc.
- D. Geographic Region Specify which counties or communities your project will serve.
- E. Collaboration Specify the agencies, organizations or individuals that will have a role in or be affected by the service you propose. Describe the specific function each will perform, and the nature of the commitment each makes, to ensure that your project will be carried out most effectively.
- F. Target Population If your project will assist a specific segment of the population, please provide descriptive information.
- G. Number of Clients Indicate how many clients the project will serve. (Include those who are *infected* and *affected*, family members, or others as appropriate.)
- H. Evaluation Describe how your agency will measure the project's effectiveness in your community or among the target population, if applicable. Please be specific: Who will conduct your evaluation? What kind of documentation will you provide to demonstrate the project's effectiveness?
- I. Budget Indicate the amount of HOPWA funds required to support the project.

III. Attachments -- These items *must* be included with your proposal.

- Budget plan for the funds requested. (Please use the *Project Budget* page included in this packet.)
- A minimum of three (3) letters of support from agencies or individuals who will be instrumental in your ability to carry out your project. These letters must be specific to the program you are proposing.
- List of the current Board of Directors of the agency.
- Job description or resume of the staff and/or volunteers who will be involved in the project.
- A copy of the agency' official notice of its 501 (c) 3 status.
- A copy of the agency's most recent audit.
- Optional: Other relevant supportive materials.

Application Deadline

**Applications must be received in the Carolinas CARE office no later than
Friday, February 17, 2012, 5:00 p.m.**

Submit one original with signatures, one copy and one electronic copy.

No faxed applications will be accepted.

**Summary
Instructions**

Before you submit your proposal, please make sure it includes the required information.

- I.** The *HOPWA Project Summary*, signed by the appropriate individuals;
- II.** The project *Narrative* which addresses items A through I on the previous page and does not exceed three pages in length;
- III. Attachments:**
 - Project Budget form
 - Letters of support
 - Agency Board of Directors
 - Job descriptions/resumes
 - Copy of 501 (c) 3
 - Copy of most recent audit
 - Other materials relevant to your program

Submit your proposal *no later than 5:00 p.m., Friday, February 17, 2012.*

Mail, overnight-express, or hand-deliver your proposal to:

**To: Chair
Allocations Committee
Carolinas CARE Partnership
7510 East Independence Blvd. Suite 105
Charlotte, N.C. 28227
(Submit one signed original, one copy, and one electronic copy)
No faxed applications will be accepted.**

We are available to answer any questions you may have concerning the HOPWA Program. For assistance, please call Lorie Goble at (704) 531-2467 x 12.

Carolinas CARE Partnership

HOPWA Proposal

Project Summary

Program Year 2012-2013

Agency Name _____

Street or P. O. Box Address _____

City _____, **State** _____ **Zip** _____

Telephone (_____) _____ **Fax** _____

Contact Person _____ **Title** _____

Email _____

1. Name the HOPWA service(s) to be provided through this project (Use the names as they appear on the *Service Descriptions* section of this packet).

2. Briefly describe how the project will address identified community need.

3. Please indicate the geographic area to be served through your proposal.

4. Identify other agencies that will have an active role in your agency's project.

5. Identify the population(s) that will benefit from your project.

6. Budget Information summary:

HOPWA funds requested for this project	\$ _____
Agency funds required for this project	\$ _____
Project Total	\$ _____

7. Name and title of person who completed this application:

Name	Title
-------------	--------------

8. Approval of Board Chair and Executive Officer:

We approve submission of this request for HOPWA funds via the Carolinas CARE Partnership. We certify that the applying agency or organization does not discriminate on the basis of race, color, age, sex or national origin. We understand that the signatures of both individuals certify approval of the full board of directors.

Board Chair	Title	Date
--------------------	--------------	-------------

Executive Director	Title	Date
---------------------------	--------------	-------------

PROJECT BUDGET

For assistance with this section, please refer to the HOPWA *Program Service Descriptions* pages attached to this RFP.

<u><i>Service(s) to be provided</i></u>	<u><i>HOPWA Funds (Proposed)</i></u>	<u><i>Agency Funds Committed</i></u>	<u><i>Total</i></u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total for the Project(s)</i>	<i>\$</i> _____	<i>\$</i> _____	<i>\$</i> _____