

**Carolinas CARE Partnership  
Request for Proposals**

**HOPWA (Housing Opportunities for Persons with AIDS)  
CARES (Coronavirus Aid, Relief, and Economic  
Security) Act Funds  
Program Period October 1, 2020 – June 30, 2022**

**For  
Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan  
and Union (NC), and Chester, Lancaster, and York (SC) Counties**

**Proposals must be received on or before:  
Friday, September 11, 2020  
5:00 PM**

**Claire Butler, City of Charlotte Housing and Neighborhood Services  
600 East Trade Street (Old City Hall)  
Charlotte, NC 28202**

Please note: Submit one electronic copy with all attachments included to  
[Claire.butler@ci.charlotte.nc.us](mailto:Claire.butler@ci.charlotte.nc.us)  
Proposals may be **only** be emailed.

Funding Notifications will be made during September 2020.

**Letter of Intent due  
Friday, August 21, 2020  
5:00 PM**

**Claire Butler, City of Charlotte Housing and Neighborhood Services  
[claire.butler@ci.charlotte.nc.us](mailto:claire.butler@ci.charlotte.nc.us)  
*See page 13 for LOI Form***

## 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 HIV statistics and area incidence from the Centers for Disease Control and Prevention.

**HOPWA CARES Act Funding** is designed to provide additional funding to the HOPWA system in light of the challenges presented by the Covid-19 Pandemic to homeowners and tenants due to the economic downturn resulting from COVID related stay-at-home provisions which affected income, jobs, and people's ability to maintain safety while going about their daily lives.

The federal grantee for this region is the City of Charlotte, which designated Carolinas CARE to be the Project Sponsor for HOPWA CARES services for the region. As of 2019, the MSA includes **Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, and Union Counties (NC) and Chester, Lancaster, and York Counties (SC)**.

### **Client Eligibility**

To meet the financial criteria for most services through this program, individual or family gross income may not exceed 80% of AMI (area median income) for the area as determined by HUD. Persons who determined to be living 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.

***In addition, assistance provided must be to clients who are specifically affected by Covid-19. Documentation of said impact must be maintained in the client's file.***

### **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 **Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, and Union Counties (NC) and Chester, Lancaster, and York Counties (SC)**.

### **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) 496-9581 if you have any questions.

### **Review Process**

All applications will be received by the City of Charlotte and will be screened to ensure they are complete and meet the minimum threshold for review. A panel of City staff and community volunteers will review eligible applications based on the points noted in the "HOPWA Application Procedures" on Pages 6 and 7. All eligible applicants will be reviewed by the panel, and the panel reserves the right to make a site visit to the applicant's place of business. **Application scores; interview scores; site visit scores; and spending, and outcomes for previously funded agencies will all be equally weighted in consideration for funding decisions. Application, interview, and pre-decisional site visit scores will be equally weighted and utilized in funding decisions for new applicants.**

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

**GUIDELINES  
HOPWA Application**

**Specific Activities Funded by HOPWA CARES**

- ***Short-Term Rent, Mortgage, and Utility payments*** to prevent the homelessness of the tenant or mortgagor of a dwelling. (bill for reimbursement of actual cost). (Up to 24 months of assistance allowed)
- ***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. (billed at the rate of **\$20.00 per 15 minute unit of service**)
- ***Food, including Food Pantry, Grocery Store Gift Cards, and Meal Delivery*** - for individuals living with HIV who have food needs related to Covid-19. Billed at actual cost.
- ***Transportation*** – actual costs for clients to attend housing-related or medical appointments. Bus passes, Ride-share, or gas vouchers may be used. (Ride share and gas vouchers may only be used when bus transportation is not available). Billed at actual cost.

**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 CARES Application**

***A complete proposal for the provision of HOPWA services must include the following: (Incomplete proposals will not meet the minimum threshold and will not be considered)***

I. **HOPWA Project Summary – Please use the form included in this packet on Page 10.** When complete, the *HOPWA CARES Act Application* must be signed by the agency’s Executive Officer. **(Original signature please!)**

II. **Narrative**

A. Goals and Objectives/Program Plan

a. Please create a chart that outlines your proposed Outcomes, Indicators, and Strategies (*sample* below).

Outcome	Indicators	Strategies
By June 30, 2020, ABC program will increase housing stability for HIV+ individuals impacted by Covid-19.	<p>Number of HIV+ clients who access services and remain housed each quarter.</p> <p>Number of HIV+ clients who access Permanent Housing Placement.</p> <p>Number of HIV+ clients who access STRMU.</p>	<p>Provide Housing Information Services to 30 HIV+ individuals who are experiencing housing instability.</p> <p>Pay rental and utility deposits for 15 HIV+ individuals.</p> <p>Pay STRMU for 10 HIV+ individuals experiencing financial emergencies.</p> <p>Follow up with all clients served once per quarter to determine housing stability and assess additional needs.</p>
By June 30, 2020, ABC programs will increase 25 HIV+ individuals’ access to medical care and housing services.	Number of HIV+ clients impacted by Covid-19 who successfully attend medical/housing appointments	Provide bus passes, ride-share payments, or gas vouchers to clients for whom transportation is a barrier.

**Outcomes** must be SMART (Specific, Measurable, Attainable, Relevant and Time-Bound), and should have an impact beyond completing activities.

**Indicators** will be used during the year to monitor progress toward the **Outcomes**.

**Strategies** are the specific action steps and activities you plan to use to achieve your **Outcomes**.

**Section B: All Applicants please answer the following questions:**

1. What counties do you propose to serve under this RFP?
2. Please describe how you will recruit clients.
3. How will you market these services?
4. Explain your process for determining client eligibility?
5. How will you determine which eligible clients receive assistance?
6. Explain how you will document how Covid-19 impacted the client and the need for the service(s).
7. Describe how you will maintain client files.
8. How will you keep this funding/billing separate from “regular” HOPWA funding or other assistance funding (if applicable)?
9. Please describe all the ways you will maintain client confidentiality?
10. Please describe the accommodations you will make to provide services while also providing for the safety of staff and clients (re: Covid-19)?

**Section C: Service Specific: Please answer the questions relevant to your proposed service(s) only:**

**STRMU**

1. How will you determine how much funding/how long clients receive funding under STRMU?
2. How will you work with the client to develop a plan to maintain housing once they receive as much assistance as you are able to provide?

## **Transportation**

1. How will you document client attendance at housing/medical appointments (transportation)?
2. How will you determine which form of transportation assistance will be provided?

## **Food**

1. How will you determine and document client need for food?
2. How will you determine how much food/services a client receives and how often the client receives food/services?
3. How will food be provided (i.e. gift card, groceries delivered by staff, meal delivery)?

## **HIS**

1. Please describe the style of progress notes that will be utilized to document HIS services.
2. How will you continue to work with clients after the initial services are provided? Please describe length of time, goals of services, discharge procedures, and how the client can request additional services.

### **D. Organizational Capacity** Describe your agency's ability to implement the

Program you propose in terms of the agency's:

- Mission and experience in serving HIV+ populations affected by Covid-19;
- Staffing capacity to provide proposed services
- Infrastructure to ensure financial, programmatic, and reporting compliance;

- Knowledge base and training of staff on HIV-specific topics such as LGBT housing; needs of Transgender clients; medical needs of people living with HIV and affected by Covid-19;
- Ability to identify and specifically serve HIV+ clients and to advocate on behalf of people living with HIV.

E. Referral Sources and Partnerships Specify the community partners 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. Budget Indicate the amount of HOPWA funds requested to support the project. Indicate how the amount will be billed (units of service, actual cost, etc.) and how that amount was calculated, as well as what other support the agency has to provide services. Please **also** complete the budget page included in this packet.

**III. Attachments -- These items *must* be included with your proposal. *If all listed attachments are not included or are not adequate, your proposal will not meet the minimum threshold and will not be considered.***

- Budget plan for the funds requested. (Please use the *Project Budget* page included, page 11.)
- List of the current Board of Directors of the agency with affiliations and contact information.
- A copy of the agency’s official notice of its 501 (c) 3 status.
- A copy of the agency’s most recent audit.
- Optional Additional Information about your agency or program. No more than one page.
- Signature Page

<u><b>Application Deadline</b></u>
<b>Proposals and attachments must be received on or before:</b>



**Friday, September 11, 2020 by 5:00 PM**  
**Claire Butler, City of Charlotte Housing and Neighborhood Services**  
Via Email **ONLY**  
claire.butler@ci.charlotte.nc.us

**Summary  
Instructions**

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

- I. The **HOPWA Project Summary (Page 10)**
- II. The project **Narrative** which addresses items A through F on the previous page and does not exceed 5 pages in length;
- III. **Attachments:**
  - Project Budget form (Page 11)
  - Agency Board of Directors
  - Copy of 501 (c) 3
  - Copy of most recent audit
  - Other materials relevant to your program – up to one page
  - Signature Page (page 12)

**We are available to answer any questions you may have concerning the HOPWA Program.**  
**For assistance, please call Shannon Farrar at (704) 496-9581 or email**  
**shannonw@carolinascare.org.**

**Carolinas CARE Partnership**

**HOPWA CARES Proposal**

**Project Summary**

**Program Period October 1, 2020 – June 30, 2022**

Agency Name	
Address	
City, State, Zip	
County	
EIN	
Contact Person for application	
Email	
Phone number	

Service Proposed	Amount Requested	Proposed Clients Served
STRMU	\$	Number of clients:
Food	\$	Number of clients:
Transportation	\$	Number of clients:
Housing Information Services (\$20 per 15 minute unit)	\$	Number of clients: Number of Units:
Totals	\$	Number of clients:

**Total number of Unduplicated clients proposed: \_\_\_\_\_**

**BUDGET**

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

<b>Services Provided</b>	<b>Cost Per Unit (or actual cost)</b>	<b>Number of Units of Service to be Provided</b>	<b>Number of Clients to be Served (unduplicated # in parentheses)</b>	<b>HOPWA CARES Funds Requested</b>	<b>Total Additional Funds Committed (please include sources)</b>	<b>Total Funds for Proposed Service</b>
		<b>Totals:</b>	*			

\*Your number in this box should be *the total number of unduplicated clients*. If a client will likely receive more than one service at your agency, you should only count them once.

*Please contact Shannon Farrar, Executive Director, at [shannonw@carolinascare.org](mailto:shannonw@carolinascare.org) for clarification of any aspect of this Request for Proposals.*

***FY2021 HOPWA CARES Application  
Signature Page***

***Approval of Executive Officer:***

***I approve submission of this request for HOPWA funds via the Carolinas CARE Partnership.  
I certify that the applying agency or organization does not discriminate on the basis of race,  
color, age, sex, gender identity, gender expression, religion, sexual orientation, or national  
origin. We understand that the signatures of the individual below certifies approval of the full  
board of directors.***

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***Executive Director (print)***

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***Signature***

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***Date***

**Carolinas CARE Partnership**  
**HOPWA CARES Act Funding**  
**Program Period October 1, 2020 – June 30, 2022**  
**For**  
**Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan,**  
**and Union (NC), and Chester, Lancaster, and York (SC) Counties**



**Letter of Intent**

Non-Mandatory and Non-Binding

**Please complete and return by email to [claire.butler@ci.charlotte.nc.us](mailto:claire.butler@ci.charlotte.nc.us) by  
Friday, August 21, 2020**

**Agency:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**By my signature, I am indicating:**

\_\_\_ We plan to apply for HOPWA CARES funding.

\_\_\_ We acknowledge the process for proposal submission as outlined in the Request for Proposals.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date