

**Carolinas CARE Partnership
Request for Proposals Round 2**

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

Program Year December 1, 2019 – November 30, 2020

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 6, 2019

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 original with signatures, one copy, and one electronic copy sent to

Claire.butler@ci.charlotte.nc.us

Proposals may be mailed, sent by overnight express, or hand-delivered.

Faxed applications will not be accepted.

Funding Notifications will be made during the Fall of 2019

Letter of Intent due

Friday, August 2, 2019

5:00 PM

Claire Butler, City of Charlotte Housing and Neighborhood Services

claire.butler@ci.charlotte.nc.us

See page 12 for LOI Form

Pre-Application Workshop

Friday, August 9, 2019 from 10 am – 12 noon

Wilmore Conference Room

600 East Trade Street (Old City Hall)

Charlotte, NC 28202

This meeting is not mandatory, but it is offered for your convenience.

Applicant Interviews

DATE TBD

Carolinas CARE Partnership

5855 Executive Center Drive Suite 101

Charlotte, NC 28212

Invitations will be sent to all eligible applicants by email on September 1, 2019

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.

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.

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

Please note: all counties are eligible for funding, but preference will be given to agencies located in and serving Cabarrus, Gaston, Iredell, Lincoln, Rowan, and Union counties (NC) and Chester, Lancaster, and York (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. 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. **Applications will be reviewed based on individual merit, agency capacity, ability to operate on a reimbursement basis, and ability to produce outcomes related to housing.**

Note: HOPWA funds are distributed on a reimbursement-only basis, with reimbursement being provided around 90 days after service provision (see example on page 6, Section E).

GUIDELINES
HOPWA Application

Specific Activities – ONLY these activities will be funded for this RFP

- **Supportive services:**
 - **Permanent Housing Placement** (i.e. security deposits) (bill for reimbursement of actual cost) – up to double 1 month’s rent; can also be used for utility deposits and application fees
 - **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 21 weeks of assistance)
 - **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, sexual orientation, gender identity, gender expression, or handicap. (billed at the rate of **\$20.00 per 15 minute unit of service**)
 - **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).

*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: (Incomplete proposals will not meet the minimum threshold and will not be considered)

I. Introduction

- A. Provide a list of services you’re proposing (see page 3 for this round’s eligible services).
- B. Give the agency, name, title, phone number, and email address of contact person about this application

II. Narrative

A. Goals and Objectives/Program Plan

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

<i>Outcome</i>	<i>Indicators</i>	<i>Strategies</i>
<i>By June 30, 2020, ABC program will increase housing stability for HIV+ individuals.</i>	<i>Number of HIV+ clients who access services and remain housed each quarter.</i>	<i>Provide Housing Information Services to 30 HIV+ individuals who are experiencing housing instability.</i>

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**.

B. Program Implementation Plan

- i. How will clients learn about and access your program (referrals, advertising in lobby, something else?) What process will clients participate in to receive services?
- ii. What specific recruitment strategies and marketing plan will your program use to ensure service utilization?

- iii. How you will determine and document client eligibility? How you will decide which clients get assistance from your HOPWA funding?
- iv. What is the timeframe in which services can be completed (such as, how quickly will checks be written once approved, how long will the approval process take)?
- v. What geographic region and target populations will you serve? How many unduplicated clients do you propose to serve?

C. Linkage to Care – As engagement in medical care is essential to a successful and holistic approach to working with people living with HIV, please explain how you will determine if clients are linked to HIV medical care, and how you will assist clients who are not in HIV medical care.

D. Organizational Qualifications: 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?

E. Organizational Capacity Describe your agency's ability to implement the Program you propose in terms of the agency's:

- Financial resources, understanding that this program is on a reimbursement basis (for example – you provide a service in January; you bill CCP in February; we typically reimburse in late March/early April);
- Capacity of staff to ensure financial, programmatic, and reporting compliance
- Training of staff (or willingness to train staff) on topics such as HIV; LGBT housing; needs of Transgender clients; and medical needs of people living with HIV.
- Ability to identify and specifically serve HIV+ clients and to advocate on behalf of people living with HIV.

F. 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. Funded agencies will be expected to execute an MOU (Memorandum of Understanding) with each partner included in this section within 6 months of funding.

G. Previous Outcomes

Please summarize your agency's outcomes from a previous program that your agency conducted, including challenges and barriers, resolution of those challenges, lessons learned, and how this impacted your program going forward.

H. Evaluation How will your agency measure your clients' satisfaction with the program and incorporate this feedback into your program? How will your agency track and report progress towards outcomes? Please be specific: Who will be responsible for these tasks? What kind of documentation will you provide? How will this information be used within your organization?

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.) Please be sure to include any funds that the agency is leveraging with HOPWA funds.
- Signature Page – original signature by your Executive Director
- MOUs from community partners who will be instrumental in your ability to carry out your project (if available –see section F for more information).
- List of the current Board of Directors of the agency with affiliations and contact information.
- Your agency's non-discrimination policy
- Chart detailing the following:
 - Staff name/position

- Role in HOPWA program
- % of time in HOPWA program
- Years of experience providing similar services
- 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.

Application Deadline

**Proposals must be received on or before:
Friday, September 6, 2019
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 original with signatures, one copy, and one electronic copy sent to
claire.butler@ci.charlotte.nc.us

Proposals may be mailed, sent by overnight express, or hand-delivered.
Faxed applications will not be accepted.

FY2020 Round Two HOPWA 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.

Executive Director (print)

Signature

Date

SAMPLE BUDGET

For assistance with this section, please refer to the HOPWA *Program Service Descriptions* pages attached to this RFP or email shannonw@carolinascare.org.

<i>Services Provided</i>	<i>Cost Per Unit (or actual cost)</i>	<i>Number of Units of Service to be Provided</i>	<i>Number of Clients to be Served (unduplicated # in parentheses)</i>	<i>HOPWA Funds Requested</i>	<i>Total Additional Funds Committed (please include sources)</i>	<i>Total Funds for Proposed Service</i>
<i>STRMU</i>	<i>\$400</i>	<i>10</i>	<i>10</i>	<i>\$3,000</i>	<i>\$1,000 - fundraiser</i>	<i>\$4,000</i>
<i>PHP</i>	<i>\$575</i>	<i>10</i>	<i>10</i>	<i>\$5,750</i>	<i>0</i>	<i>\$5,750</i>
<i>HIS</i>	<i>\$15</i>	<i>60</i>	<i>20 (0)</i>	<i>\$1,200</i>	<i>\$5,000 – county grant</i>	<i>\$6,250</i>
		<i>Totals:</i>	<i>20 unduplicated total</i>	<i>\$9,950</i>	<i>\$6,000</i>	<i>\$16,000</i>

BUDGET

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

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

*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 for clarification of any aspect of this Request for Proposals.

