

**Carolinas CARE Partnership  
Request for Proposals**

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

**Program Year July 1, 2019 – June 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, March 22, 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](mailto: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 Summer of 2019

**Letter of Intent due**

**Friday, February 1, 2019**

**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*

**Pre-Application Workshop**

**Thursday, February 7, 2019 at 10:30 am**

**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**

**Wednesday, April 24, 2019**

**Carolinas CARE Partnership**

**5855 Executive Center Drive Suite 101**

**Charlotte, NC 28212**

*Invitations will be sent to all eligible applicants by email on April 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)**.

### 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.**

**All services will be assigned a critical needs score as well. Applications for higher critical needs will be prioritized.**

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

<b>GUIDELINES</b> <b>HOPWA Application</b>
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**Specific Activities**

- **Supportive services** include:
  - permanent housing placement (i.e. security deposits) (bill for reimbursement of actual cost)
  - drug and alcohol abuse treatment and counseling (inpatient)\*\*
  - housing case management (**bill at the rate of \$20 per 15 minute unit**)
  - adult day care, adult day health care, home mobility aids (bill for reimbursement of actual costs)
  - hospice services (end-stage care)\*\*
  - housing-related legal services\*\*
  
- **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)
  
- **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**)
  
- **Project- or Tenant-Based Rental Assistance** rental and utility subsidies. \* (If you would like to apply for
- **Operational Expenses for Facility-Based Housing** – actual costs or daily rates for facility-based housing such including shelters, end-of-life care, substance abuse treatment after-care, and mental health housing.\*\*
  
- **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.

\*\*Please explain proposed billing amount and process in section J: Budget.

**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.

<b>Procedures</b> <b>HOPWA Application</b>
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***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. – 10 points**  
 When complete, the *HOPWA Project Summary* must be signed by the agency’s Board Chair and Executive Officer. (Original signatures please)

**II. Narrative**

**A. Goals and Objectives/Program Plan (20 points)**

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.	Number of HIV+ clients who access services and remain housed each quarter.	Provide Housing Information Services to 30 HIV+ individuals who are experiencing housing instability.
	Number of HIV+ clients who access Permanent Housing Placement.	Pay rental and utility deposits for 15 HIV+ individuals.
	Number of HIV+ clients who access STRMU.	Pay STRMU for 10 HIV+ individuals experiencing financial emergencies.
		Follow up with all clients served once per quarter to determine housing stability and assess additional needs.
By June 30, 2020, ABC programs will increase 25 HIV+ individuals’ access to medical care and housing services.	Number of HIV+ clients 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**.

B. Program Implementation Plan (20 points)

- i. Describe the flow of your program. How will clients move through your 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 deposit checks are written, how quickly eligible clients will be able to access substance abuse treatment, etc.)?
- v. What geographic region and target populations will you serve? How many unduplicated clients do you propose to serve?

C. Linkage to Care – (5 points) 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. Demonstration of Need (5 points) Describe the HIV epidemic in your community and the gaps in services that make your specific program necessary. How would your services to eligible clients be impacted if you were not awarded HOPWA funding? What best qualifies your organization to provide this program to people living with HIV?

E. Organizational Capacity (10 points) Describe your agency's ability to implement the Program you propose in terms of the agency's:

- Mission and experience in serving HIV+ populations;
- Staffing levels, experience, ratio, qualifications;
- 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;
- Ability to identify and specifically serve HIV+ clients and to advocate on behalf of people living with HIV.

F. Referral Sources and Partnerships (5 points) 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. All partners included in this section should supply an MOU (Memorandum of Understanding).

G. Previous Outcomes (5 points) *For previously funded agencies* – Please summarize your outcomes from FY 2018 and the first half of FY2019 HOPWA program, including challenges and barriers, resolutions of those challenges, lessons learned, and how this will impact your program in FY2020.

*For Non-Funded Agencies* – Please summarize your agency outcomes from a program in FY18 and the first half of FY19, including challenges and barriers, resolution of those challenges, lessons learned, and how this impacted your program going forward.

H. Evaluation (10 points) How will your agency measure your clients’ satisfaction with the 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?

- I. **Budget (10 points)** 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.)
- MOUs from all community partners who will be instrumental in your ability to carry out your project.
- List of the current Board of Directors of the agency with affiliations and contact information.
- Job description(s) of the key staff who will be involved in the project.
- 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, March 22, 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

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*Faxed applications will not be accepted.*



<b>Summary Instructions</b>
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*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 10 pages in length;
- III. Attachments:**
  - Project Budget form
  - MOUs
  - Agency Board of Directors
  - Job descriptions/resumes
  - Copy of 501 (c) 3
  - Copy of most recent audit
  - Other materials relevant to your program – up to one page

**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 Proposal**

**Project Summary**

**Program Year 2019-2020**

**Agency Name** \_\_\_\_\_

**Street or P. O. Box Address** \_\_\_\_\_

**City** \_\_\_\_\_, **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** (\_\_\_\_\_) \_\_\_\_\_ **Fax** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Title** \_\_\_\_\_

**Email** \_\_\_\_\_ **Amount Requested:** \_\_\_\_\_

**1. Check the HOPWA service(s) to be provided through this project.**

- Permanent housing placement
- Drug and Alcohol abuse treatment and counseling (inpatient)
- Housing case management
- Adult day care, adult day health care, home mobility aids (bill for reimbursement of actual costs)
- Hospice services (end-stage care)
- Housing-related legal services
- Short-Term Rent, Mortgage, and Utility payments
- Housing Information Services
- Project- or Tenant-Based Rental Assistance.
- Operational Expenses for Facility-Based Housing
- Transportation

**2. Briefly describe your program plan and how your approach will address an identified community need specifically for people living with HIV.**

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**3. Please indicate the counties to be served by your program.**

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**4. How many unduplicated clients you plan to serve with each service, and total?**

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**6. Budget Information summary:**

HOPWA funds requested for this project \$ \_\_\_\_\_

Agency funds committed to this project \$ \_\_\_\_\_

**Project Total** \$ \_\_\_\_\_

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

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Name	Title
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**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.

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Board Chair	Title	Date
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Executive Director	Title	Date
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<b>SAMPLE BUDGET</b>
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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
STRMU	\$400		10	\$3,000	\$1,000 - fundraiser	\$4,000
PHP	\$575		25	\$14,375	0	\$14,375
HIS	\$15	300	50 (15 unduplicated)	\$4,500	\$1,000 – county grant	\$5,500
		<b>Totals:</b>	<b>50</b>	<b>21,875</b>	<b>2,000</b>	<b>23,875</b>

**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 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.*

**Carolinas CARE Partnership**  
**Housing Opportunities for Persons with AIDS**  
**(HOPWA)**  
**Program Year July 1, 2019– June 30, 2020**  
**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, February 1, 2019.**

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

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

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

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

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

\_\_\_ We plan to apply for HOPWA funding for 2019-2020.

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

\_\_\_ We DO plan to attend the Pre-Application Workshop on 2/7/19.

\_\_\_ We DO NOT plan to attend the Pre-Application Workshop on 2/7/19.

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

\_\_\_\_\_  
Date