



Carolinas CARE Partnership Request for Proposals Housing Opportunities for Persons with AIDS (HOPWA)

FY July 1, 2021 – June 30, 2022

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

**Proposals must be received on or before:
Friday, April 16, 2021 at 5:00pm**

Claire Butler, City of Charlotte Housing and Neighborhood Services

- Please note: Submit one electronic copy (including attachments) to **claire.butler@charlottenc.gov**
- Proposals **MUST** be emailed. *Faxed applications will not be accepted.*
- Funding Notifications will be made during the summer of 2021

**Letter of Intent due:
Monday, March 15, 2021 by 5:00pm**

Claire Butler, City of Charlotte Housing and Neighborhood Services:

claire.butler@charlottenc.gov

See page 14 for Letter Of Intent Form

Grant Writing and Pre-Application Workshop:

Wednesday, March 17, 2021 at 2:00 pm

Via Zoom

Meeting ID: 314 607 5205

Passcode: 118539

- This meeting is not mandatory, but applicants are strongly encouraged to attend.
- Contact **shannonw@carolinascare.org** for the call in number if you cannot join online

Applicant Interviews:

Week of May 17, 2021

Via Zoom

- *Invitations will be sent to all eligible applicants by email on or before May 7, 2021*

GUIDELINES HOPWA APPLICATION

Purpose

The HOPWA Program was established by the U. S. Department of Housing and 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 obtain and maintain housing.

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. As of 2019, the Metropolitan Statistical Area (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 are living with HIV and who are determined to need assistance obtaining or maintaining housing 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 Partnership Executive Director, Shannon Farrar, at shannonw@carolinascare.org 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 with the assistance of key Carolina's CARE Partnership staff. All eligible applicants will be reviewed by the panel. The panel reserves the right to make a site visit to the applicant's place of business prior to awarding funds to the applicant. **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. See attached RFP Scoring Rubric for guidelines the Programs Committee members will utilize in scoring the proposals. Additionally, the following will be reviewed for currently funded agencies:**

- Annual monitoring site visit score
- Combined Spending vs. Award and Goal vs. Actual Percentages, as of March 1, 2021)

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

- **Supportive Services** include:
 - Permanent Housing Placement (i.e. security deposits) (bill for reimbursement of actual cost)
 - Housing Case Management (**bill at the rate of \$20 per 15 minute unit**)
 - Mental Health Services (**bill at the rate of \$60 per 15 minute unit**)
 - 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).
- **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**)
- **Tenant-Based Rental Assistance (TBRA)** tenant-based (as opposed to project-based) rental and utility subsidies.* (If you would like to apply for TBRA contact Shannon Farrar at shannonw@carolinascare.org prior to submitting the application for funds).
- **Operational Expenses for Facility-Based Housing** – actual costs or daily rates for facility-based housing.**

The following conditions must be met to be eligible to apply for this activity:

 - 1) 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.
 - 2) A funded facility/program may not provide residence to any individual for more than 60 days during any six-month period.
- **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. Your daily rate must be justified with actual costs.**

<p style="text-align: center;">GUIDELINES CONTINUED HOPWA APPLICATION</p>

- 1) ***State and local requirements.*** Each subgrantee under this program must ensure that the housing assistance provided funds 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 appliances 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 a sanitary condition.

PROCEDURES HOPWA APPLICATION

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

I. Introduction/Cover Letter must include the following components:

- A. A list of services you're proposing (see page 3 for eligible services).
- B. The Name of the agency; the name, title, phone number, and email address of contact person(s) about this application. **This is the person who will be contacted to schedule any follow-up.**

II. Narrative

A. Outcomes, Indicators, and Strategies (Up to 10 points)

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

<i>Outcomes</i>	<i>Indicators</i>	<i>Strategies</i>
<i>By June 30, 2021, 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 just 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 (Up to 10 points)

- i. How will clients learn about and access your program? What process will clients complete 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 will you decide which clients get assistance from your HOPWA funding if the need exceeds available 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 – (Up to 10 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. Organizational Qualifications (Up to 10 points): 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 (Up to 20 points): Describe your agency's ability to implement the Program you propose in terms of the agency's:
- Mission and experience in serving people living with HIV
 - Staffing levels, experience, ratios, qualifications
 - Infrastructure to ensure financial, programmatic, and reporting compliance
- Demonstrate your agency's commitment to serving People Living with HIV (PLWH) by describing your approach to:
- Cultural humility
 - Trauma Informed Services
 - Your staff's existing knowledge, lived experience, demonstrated expertise, and trainings attended (or willingness of agency to provide trainings) on topics related to HIV knowledge and LGBTQ topics (including housing)

- Ability to identify and specifically serve HIV+ clients

Describe all the steps your agency has taken to maintain the safety of staff and clients during the COVID-19 pandemic.

- How has COVID-19 changed the way you offer services?
- How has COVID-19 changed the needs of your clients and community?

F. Referral Sources and Partnerships (Up to 10 points)

- Specify the community partners that will have a role in the services 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. Funded agencies will be expected to execute an MOU (Memorandum of Understanding) with each partner included in this section within 3 months of funding. Please indicate your commitment to fulfilling this requirement.

G. Outcomes (Up to 10 Points)

- ***For currently funded agencies*** – Please create and complete a chart including the proposed and actual outcomes from your FY2020 and FY2021 HOPWA contracts.

Outcomes Proposed	Outcomes Achieved/ On target?	Challenges/Barriers	Additional Notes
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Please discuss how this information impacted your FY2022 application.

- **For Non-Funded Agencies** – Please discuss specifics about your agency's outcomes from a program in FY2020. Please include:
 - Proposed outcomes
 - Outcomes achieved
 - Challenges and barriers along with resolution of those challenges
 - Lessons learned

- How this experience informed your development of this particular application

H. Evaluation: (Up to 10 Points): How will your agency collect, monitor, and utilize your clients' feedback about 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? What percentage of HOPWA clients will complete the survey? How will this information be used within your organization? **Please include a copy of your agency's Client Feedback instrument. Please note that we will be asking to review these surveys at FY2022 site visits.**

I. Budget Narrative (Up to 10 points): Indicate the amount of HOPWA funding requested to support the project and the justification for the number of clients proposed to be served. Indicate how the amount will be billed (units of service, actual cost, etc.) and how that amount was calculated, as well as what other funding the agency will leverage in order to provide services. You must **also** complete the Project Budget page included in this packet.

J. Additional Information (not scored): Please provide any additional information about your program or your agency that you would like the committee to consider in reviewing your application. What do you wish we had asked that we didn't that would show your agency's strengths and contributions to housing people living with HIV? Do you have justification for why the rates allowed in this proposal should be higher for your organization? Include this for *consideration* by the Programs Committee.

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).
- A copy of the Client Feedback Form the Organization will use in FY22.
- 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.

Please note: Incomplete or late proposals will not meet the minimum threshold and will not be considered.

FY2022 HOPWA Application

Signature Page

Please initial by 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 expected to spend 100% of the funds within that contract period.

_____ I understand 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.

_____ I certify that the applying agency or organization does not discriminate against anyone, including potential clients, employees, or volunteers, on the basis of race, color, age, sex, gender identity, gender expression, religion, sexual orientation, or national origin.

_____ I understand that the signature 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 contact Executive Director Shannon Farrar at shannonw@carolinascare.org.

<i>Services Proposed</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 Services</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>

PROJECT BUDGET

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.

FY 2021-2022 HOPWA RFP Scoring Rubric

Each section will be scored based on the points indicated in the RFP. Below are the standards that the Programs Committee members will utilize in scoring the proposals.

100% of points	The applicant fully answered all components of the question, indicated mastery of topic(s), knowledge and application of best practices, innovation, and/or cutting edge approach or information.
90% of points	The applicant provided a complete answer to the question, addressed all question components, and depicts a robust understanding of topic(s) and application of best practices.
80% of points	The applicant provided a thorough response to all question components and demonstrated deep understanding of the topic and/or commitment to best practices.
70% of points	The applicant provided a response and answered all question components and reflects a general understanding of the topic.
60% of points	The applicant presented a cursory answer to all components of the question but did not provide sufficient detail.
50% of points	The applicant answered the question with little detail and answered a majority of question components.
40% of points	The applicant provided little detail and answered less than half of question components.
30% of points	The applicant provided very little detail and left the reviewer with significant follow-up questions.
20% of points	The applicant did not answer the basic components of the question or did not answer with enough detail to compare to other responses, or is confusing or misleading, leaving the reviewer with significant follow up questions.
10% of points	The applicant made a minimal attempt to answer the question presented, leaving the reviewer asking multiple material follow up questions.
0 points	The applicant did not provide an answer to the question.

Carolinas CARE Partnership

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

Program Year July 1, 2021 – 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@charlottenc.gov
By 5pm Monday, March 15, 2021.**

Agency: _____

Contact person: _____

Phone: _____

Email: _____

By my signature, I am indicating:

___ We plan to apply for HOPWA funding for FY2022.

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

___ We DO plan to attend the Pre-Application Workshop on Wednesday, March 17, 2021 via Zoom.

___ We DO NOT plan to attend the Pre-Application Workshop.

Please complete this chart to the best of your ability:

Services proposed	# people to serve	Amount Requested	Counties proposed

***LOI and Chart above are non-binding and not required but encouraged.**

Authorized Signature

Printed Name

Date