

---

# **HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)**

**US Department of Housing and Urban Development Grant Program**

---

## **REQUEST FOR PROPOSALS (RFP) FY 2017-2018**

---

**RIVERSIDE COUNTY, CA**

**June 07, 2017**

**HOUSING AUTHORITY OF THE COUNTY OF RIVERSIDE  
5555 Arlington Avenue  
Riverside, California 92504  
Telephone: (951) 343-5605  
Fax: (951) 354-6324**

**E-Mail: [lsisti@rivco.org](mailto:lsisti@rivco.org)**

# Table of Contents

|   |    |
|---|----|
| I. BACKGROUND.....  | 1  |
| II. AVAILABLE FUNDING AND PROJECT PERIODS .....   | 1  |
| III. SERVICE CATEGORIES .....   | 2  |
| 1. Short-Term Housing .....   | 2  |
| 2. Supportive Services/Permanent Housing Placement .....  | 2  |
| 3. Tenant-Based Housing Assistance .....  | 2  |
| 4. Housing Acquisition, Rehabilitation, Conversion, Lease and Repair<br>of Facilities to Provide Housing and Services. .... | 3  |
| 5. Project-Based Assistance. ....   | 3  |
| IV ELIGIBLE APPLICANTS .....  | 3  |
| V. TIMETABLE.....   | 3  |
| VI. EVALUATION PROCESS.....   | 4  |
| VII. APPLICATION REQUIREMENTS .....   | 5  |
| A. Application Deadline and Instructions for Submission .....   | 5  |
| B. General Information and Organization of the Application .....  | 6  |
| C. Application Sections.....  | 6  |
| Section 1: Agency Information, Agreement, and Certification.....  | 6  |
| Section 2: Agency Description and Capability: .....   | 6  |
| a. General Agency Description: .....  | 6  |
| b. Administrative Capability .....  | 7  |
| c. Collaboration and Linkages .....   | 7  |
| d. Summary of Agency Funding Sources.....   | 7  |
| e. Quality Assurance .....  | 7  |
| Section 3: Description of Local Need.....   | 8  |
| a. Service Needs.....   | 8  |
| b. Needs Assessment Activities .....  | 8  |
| c. Population In Need.....  | 8  |
| d. Barriers/Access Problems .....   | 8  |
| Section 4: Categorical Services To Be Provided:.....  | 8  |
| a. Description of Proposed Services: .....  | 9  |
| b. Target Population(s).....  | 9  |
| c. Geographic Service Area.....   | 9  |
| d. Experience and Qualifications .....  | 10 |
| e. Scope of Work.....   | 10 |
| f. Monitoring and Evaluation of Services .....  | 11 |
| g. Line Item Service Budget and Narrative Budget Justification.....   | 11 |

|  |    |
|--|----|
| VIII. GRIEVANCE PROCEDURES .....                         | 12 |
| APPENDIX .....   | 13 |
| A. Administrative Reporting Requirements .....           | 14 |
| B. Client Eligibility.....                               | 14 |
| C. Standard Contract Provisions.....                     | 14 |
| D. Funding Restrictions .....                            | 18 |
| FORMS AND TABLES.....                                    | 19 |
| FORM A: AGENCY INFORMATION.....                          | 20 |
| FORM B: AGREEMENT AND CERTIFICATION .....                | 21 |
| FORM C: APPLICATION CHECKLIST.....                       | 22 |
| TABLE 1  |    |
| SUMMARY OF AGENCY FUNDING SOURCES .....                  | 23 |
| TABLE 1  |    |
| SUMMARY OF AGENCY FUNDING SOURCES ( <i>Sample</i> )..... | 24 |
| TABLE 2  |    |
| SCOPE OF WORK.....                                       | 25 |
| TABLE 3  |    |
| LINE ITEM BUDGET/NARRATIVE JUSTIFICATION.....            | 26 |

## I. BACKGROUND

Riverside and San Bernardino counties became eligible for United States Department of Housing and Urban Development's (HUD), Housing Opportunities for Persons with AIDS (HOPWA) funds in 1993. The City of Riverside was named Grantee by HUD because it had the largest population of any city within the two county Eligible Metropolitan Areas (EMA). The Housing Authority of the County of Riverside (HACR) agreed to serve as Project Sponsor for the County of Riverside and is therefore responsible for procuring services and disbursing HOPWA funds consistent with the City of Riverside's plan as approved by HUD.

The Regulations governing HOPWA funds are found in Chapter 24 of the Code of Federal Regulations, Part 574. Please refer to Section 574.300 which identifies the eligible activities utilizing these funds. It states, in part,

*The following activities may be carried out with HOPWA funds:*

- 1) Housing information services including, but not limited to, 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;*
- 2) 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);*
- 3) Acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing and services;*
- 4) New construction (for single room occupancy (SRO) dwellings and community residences only).*
- 5) Project- or tenant-based rental assistance, including assistance for shared housing arrangements;*
- 6) Short-term rental, mortgage, and utility payments to prevent the homelessness of the tenant or mortgage of a dwelling;*
- 7) Supportive services . . . ;*
- 8) Operating costs for housing . . . ;*
- 9) Technical assistance. . . ;*

Contracts awarded will be on cost reimbursement basis for a one-year period beginning **July 1, 2017** through **June 30, 2018** contingent on the availability of funds and Contractor performance. An amount not to exceed **\$380,000\*\*** has been allocated for these services for the period indicated. The number of contracts to be awarded will be based on the number of top-rated responsive and responsible proposals received.

While considering the need to continue funding projects for 2017-18, the HOPWA Review Panel will review the information that was noted during the 2016-17 HOPWA Agreement between the Housing Authority of the County of Riverside and the City of Riverside. **\*\*Actual contract awards are contingent upon funds available from HUD for FY 17-18.**

## II. AVAILABLE FUNDING AND PROJECT PERIODS

Funds to provide one or more of the nine (9) service priorities listed above are available as follows:

| <u>YEAR</u> | <u>AMOUNT</u> | <u>PROJECT PERIOD</u>          |
|-------------|---------------|--------------------------------|
| FY 2017-18  | \$380,000**   | July 01, 2017 to June 30, 2018 |

### III. SERVICE CATEGORIES

The following categories of services are eligible for funding. The populations of concern for all categories of service, except for category 2, are persons living with Acquired Immunodeficiency Syndrome (AIDS) or related diseases, who are low income, and their families. Special populations of concern are identified where applicable.

#### 1. SHORT-TERM HOUSING

**Definition:** Includes facilities to provide temporary shelter to individuals as well as rent, mortgage and utility payments to enable individuals to remain in their own dwellings.

**Unit of Service:** One unit of service consists of a week of tenant-based assistance or one week of rent and/or utility assistance. Facilitation of hotel/motel vouchers shall be reported in terms of days of service.

**The service provider must comply with other terms and limitations described in 24 CFR 574.330 (updated annually). Refer to the Appendix for Client Eligibility financial assistance criteria.**

#### 2. SUPPORTIVE SERVICES/PERMANENT HOUSING PLACEMENT

**Definition:** Provision of services included, but not limited to: health, mental health, assessment, permanent housing placement, drug and alcohol treatment and counseling, day care, personal assistance and assistance in gaining access to local, state and federal government benefits and services, except that health benefits may only be provided to individuals with acquired immunodeficiency syndrome or related diseases and not to family members of these individuals.

**Unit of Service:** One unit of service consists of a service provider appointment, appropriately documented, where the consumer received one of the services listed above.

**The service provider must comply with other terms and limitations described in 24 CFR 574.330 (updated annually).**

#### 3. TENANT-BASED HOUSING ASSISTANCE

**Definition:** An eligible tenant pays a portion of his/her income toward his/her rent, including utilities, and a local Housing Authority pays the balance to the landlord.

**Unit of Service:** One unit of service consists of a month of tenant-based assistance.

**The service provider must comply with other terms and limitations described in 24 CFR 574.330 (updated annually).**

#### **4. HOUSING ACQUISITION, REHABILITATION, CONVERSION, LEASE AND REPAIR OF FACILITIES TO PROVIDE HOUSING AND SERVICES**

**Definition:** All housing purchased with HOPWA funds must meet HUD specifications listed in 24 CFR 574. Applicants may request funds to fully fund or partially fund a given project. Should partial funding be requested, applicants must demonstrate the capacity to continue to fund the project.

#### **5. PROJECT-BASED RENTAL ASSISTANCE**

**Definition:** A PHA enters into an assistance contract with the owner for specified units and for a specified term. The PHA refers families from its waiting list to the project owner to fill vacancies. Because the assistance is tied to the unit, a family who moves from the project-based unit does not have any right to continued housing assistance.

**Unit of Service:** One unit of service consists of a month of project-based assistance.

### **IV. ELIGIBLE APPLICANTS**

Pursuant to HOPWA regulations, entities eligible for direct financial assistance through this RFP are public agencies, private nonprofit entities, including community-based organizations, hospices, and homeless health centers. Private for-profit entities are also eligible to receive funding if such entities are the only available provider of quality housing or support services in the area.

Each applicant must have the capacity to enter into a contract with the Housing Authority of the County of Riverside and shall be appropriately licensed by the State of California (if required based on the services that the applicant proposes to provide). The applicant shall be able to demonstrate the capability to perform all elements of the proposed work, including both direct services and administrative ability.

### **V. TIMETABLE**

The following timetable will be used for the **FY 2017-2018** funding process. Please keep in mind the timetable below may need to be adjusted contingent upon funds available from HUD for FY 17-18.

|                         |                                  |
|-------------------------|----------------------------------|
| Release of RFP          | June 7, 2017                     |
| Applications Due Date   | <b>July 7, 2017 at 5:00 p.m.</b> |
| Review Process          | July 7 – July 14, 2017           |
| Award Announcements     | July 17, 2017                    |
| Contract Effective Date | July 1, 2017                     |

## VI. EVALUATION PROCESS

Applications are reviewed and scored based upon evaluation criteria. A panel of reviewers will review all complete applications submitted. Scores assigned by reviewers will significantly affect the level of an applicant's grant award. Based upon federal requirements, persons with an apparent or actual conflict of interest are prohibited from participation as panel reviewers. This prohibits employees or agents of agencies or programs from reviewing applications in any service category for which the agency has submitted an application for funding.

To be considered, all proposals must be submitted in the manner set forth in this proposal. **It is the Proposer's responsibility to ensure that its proposal arrives on or before the specified time.** No late applications will be considered. **Complete and timely** applications will be reviewed by the service review panel and scored based on the degree to which each proposal meets the following criteria:

### **Agency Description and Capability**

|   |                |
|---|----------------|
| General Agency Description.....         | 5 points       |
| Administrative Capability .....         | 5 points       |
| Collaboration and Linkages.....         | 5 points       |
| Past Performance .....                  | 5 points       |
| Summary of Agency Funding Sources ..... | 4 points       |
| Quality Assurance.....                  | <u>1 point</u> |
|   | 25 points      |

### **Description of Local Needs**

|                                  |                 |
|----------------------------------|-----------------|
| Service Needs .....              | 15 points       |
| Needs Assessment Activities..... | 10 points       |
| Population in Need .....         | 5 points        |
| Barriers/Access Problems.....    | <u>5 points</u> |
|                                  | 35 points       |

### **Categorical Services to be provided**

|                                       |           |
|---------------------------------------|-----------|
| Description of Proposed Services..... | 10 points |
| Target Population .....               | 5 points  |
| Geographic Service Area.....          | 5 points  |
| Experience and Qualifications.....    | 5 points  |
| Scope of Work.....                    | 5 points  |
| Monitoring and Evaluation.....        | 5 points  |
| Budget.....                           | 5 points  |
|                                       | 40 points |

**Total** **100 points**



The amount of the HOPWA award will be determined by the Project Sponsor through a **committee of funding reviewers**. No employee of an agency or program submitting an application for funding will participate on the funding review group.

The amount of the HOPWA award will depend upon the applicant's average numerical score on its application as determined by the objective review panel. **Additionally, HACR may exercise discretion in approving the final amounts awarded to agencies, based upon additional factors, including the agency's fiscal performance and compliance with previous contract awards.** The HACR reserves the right to make adjustments to agency awards based upon any grievance adjudication.

The award of a contract and full implementation of services will be solely at the discretion of the HACR. It will be contingent upon a successful applicant meeting all requirements expressly or implicitly specified in this RFP.

## **VII. APPLICATION REQUIREMENTS**

### **A. Application Deadline and Instructions for Submission**

The deadline for submitting the FY 2016-2017 HOPWA application is **Friday, July 7th, 2017. Applications must be received by the HACR by 5:00 p.m.** Applicants must provide **one complete signed original and three additional signed copy** of their grant application. Failure to submit all required copies will result in a disqualification of the application for review and award purposes. Facsimile or electronically transmitted proposals will not be accepted since they do not contain original signatures. Postmarks will not be accepted in lieu of actual receipt. Late proposals will not be considered.

#### **Send or deliver applications to:**

HOPWA Program  
Housing Authority of the County of Riverside  
5555 Arlington Avenue  
Riverside, CA 92504  
Attn: Lindsay Sisti

**Note the contents on the outside of the envelope as "HOPWA Grant Application".**

### **B. General Information and Organization of the Application**

When preparing your application, please adhere to the following:

- All copies of the application must be unbound.
- The font and point size (at least 12 per inch) of the print must be readable.
- The application must contain a Table of Contents.
- The application must contain the Application Checklist (Form C).
- The application must utilize the headings and sub-headings specified in this RFP.

- Application sections must be completed in the order requested in this RFP.
- The pages of the application must be numbered consecutively.

The requirements in Part VII are **mandatory** for every agency application. Failure to submit all required information will result in a disqualification of the application for review and award purposes. Utilize the enclosed checklist (Form C) to assist in submitting a complete application.

The HOPWA application is modular in nature. Applicant agencies must submit three complete applications, one original and two copies. The application consists of four general sections: Agency Information and Certifications (Section 1), Narrative Agency Description and Capability (Section 2), Description of Local Need (Section 3), and Program Service Narrative and Budget (Section 4). Sections 1 and 2 are submitted once only. **Separate Sections 3 and 4 must be submitted for each unique service category. Section 4 must respond to the issues described in Section 3.**

### C. Application Sections

#### **Section 1: Agency Information, Agreement, and Certification:**

Complete Form A: Agency Information.

#### **Section 2: Agency Description and Capability:**

Please **limit this section to six (6) pages total**, excluding Table 1 (Summary of Agency Funding Sources).

- a. General Agency Description: 5 Points

The purpose of this section is to briefly describe your agency or program's organizational status, purpose, total operating budget, and aggregate staffing and volunteers.

Describe your agency's organization and current services being delivered to persons and families living with HIV and AIDS.

Describe your local agency's history of providing HIV-related services, the types of services and levels of service currently being provided, and the general geographic area(s) served.

- b. Administrative Capability: 5 Points

The HACR requires that agencies/contractors receiving HOPWA funding provide routine fiscal, programmatic, and client-related data. These requirements are described in Appendix A. Provide a description of how the agency currently meets or plans to meet these requirements. Address the following sections separately: Administrative Reporting Requirements and Client Eligibility.

- c. Collaboration and Linkages: 5 Points

The provision of housing and support services occurs within a community planning context that encompasses other sources of HIV care funding, consumer, service providers, and private and public agencies. Describe how your agency or program collaborates with local, state, or federal planning bodies, consumer groups, and other service providers (Don't just submit a list of "Collaborating Agencies.") This description **must** include linkages within the County of Riverside and services available to Riverside County residents.

- d. Past Performance: 5 Points

Describe your agency or program's experience in providing HOPWA related services or other similar services in the past. Please make sure to include the amount of time your agency or program provided these services and a summary of the scope of services provided.

- e. Summary of Agency Funding Sources: 4 Points

Use Table 1, Summary of Agency Funding Sources, to identify all sources of funds (federal and non-federal) used by your agency in support of any HIV/AIDS services delivered by the organization. If provision of this service is contingent upon receipt of other proposed funding sources, describe those sources and the process used to receive those funds. Explain how the proposed services, as described in this application, will change if the other funding does not become available.

- f. Quality Assurance: 1 Point

Assuring the quality of care provided to eligible clients under HOPWA is a priority of the federal funding agency and the Grantee. Provide a description of the general quality of care and other quality assurance activities that are a routine part of your agency's service delivery system. Specify any quality of care assessment activities routinely conducted, their frequency, and use of information.

### **Section 3: Description of Local Need:**

A separate (modular) Section 3, containing all information requested below, must be submitted for each category of service. For example, an agency proposing to deliver HOPWA funded housing and utilities assistance and supportive services to eligible clients must submit two (2) Section 3s.

The purpose of this section is to describe the current local need for the specific HIV-related service in your agency or program's service area for which you are seeking funds. Please limit this section to five (5) pages total.

- a. Service Needs: 15 Points

Why does the population need the service you are proposing to provide? Describe the types of services needed in Riverside County by persons and families living with HIV. A proposed service may not be funded if the need for the service cannot be communicated effectively.

- b. Needs Assessment Activities: 10 Points

How do you know this is a need in the service area? Describe any needs assessment activities conducted by your agency or by groups with which the agency collaborates. How do you know that the population will utilize the service?

- c. Population In Need: 5 Points

Who needs this service? Describe the population in need of the proposed HIV-related services in service area. This may include age, gender, race/ethnicity and HIV risk factor data or estimates. If possible, provide an estimate of the number of persons living with HIV in need of this service in your service area(s).

- d. Barriers/Access Problems: 5 Points

If another agency already provides this service, why is it insufficient? Why might an intended participant not be able to receive services from another agency or from your agency? Describe any general barriers (language, hours of operation, transportation, agency location, etc) to receipt of services or any special access problems for your agency's area(s).

**Section 4: Categorical Services To Be Provided:**

A separate (modular) Section 4, containing all information requested below, must be submitted for each category of service. For example, an agency proposing to deliver HOPWA funded housing and utilities assistance and supportive services to eligible clients must submit two (2) unique Section 4s. Please limit each separate Section 4 to four (4) pages, excluding Table 2 (Scope of Work) and Budget Detail Information (Line Item Budget and Narrative Justification format).

Label each Section 4 in the center of the page as follows:

Applicant Agency:

County:

Service Category:

- a. Description of Proposed Services: 10 Points

Using the categories of service described in Part III; provide a description of the service

your agency proposes to deliver. The proposed service must respond to the identified needs as described in Part III. Describe the proposed method and/or frequency of service, indicators for service need, and any special or unique characteristics or plans for your proposed delivery of care.

If client eligibility for the service your agency proposes to deliver is different from the standard in Appendix A, describe your agency's criteria and the reason for variance from the standard.

**Services provided using vouchers.** Agencies proposing to provide vouchers for services (e.g., hotels/motels) must describe how vouchers will be provided and used, any specific prohibitions on use of the vouchers (e.g., no cash trade-in), and the means by which the agency plans to ensure appropriate use and control of the vouchers. Voucher programs must be administered in a manner which assures that vouchers cannot be readily converted to cash.

**Examples of administrative controls:** Provider agencies may have recipients sign an agreement stating that they will use vouchers only for approved items, or providers may preprint vouchers with required control language.

- b. Target Population(s): 5 Points

Describe any special characteristics of the population targeted for the proposed services and plans to address any known or suspected special needs of the group as it relates to effective utilization of care.

- c. Geographic Service Area: 5 Points

Describe the geographic area to be covered by the proposed service. Relate this to the service needs identified in Section 3 Description of Local Need. Describe any centralized sites of service delivery, any access barriers that may be encountered, and plans to address same. Please list all Riverside County office locations.

The reports to the United States Department of Housing and Urban Development (HUD) require client specific data (i.e., age, gender, race/ethnicity, annual income, number living in home). Describe how sociodemographic data on clients served will be collected and reported to the Project Sponsor to assure EMA compliance with the federal service delivery requirement.

- d. Experience and Qualifications: 5 Points

If this is a new service for the agency or if the agency has not previously received HOPWA funding support for this service, describe what activities the agency will undertake to develop and implement service capacity. This may include the acquisition of staff, facility, etc.

If the agency has provided HOPWA funded service in this category, describe the agency's history of service delivery, including length of time, number of clients, locations, success, or proposed programmatic changes which will increase success, etc. Previous contract performance will be reviewed in awarding points under this category for current and past Riverside County HOPWA providers.

Describe your agency's current or proposed standards for care in the service area and any participation in planning activities related to the service.

Describe the agency's general and unique qualifications to deliver service and enhance utilization.

e. Scope of Work: 5 Points

The scope of work defines service objectives, implementation activities, and progress reporting for the service category.

Complete Table 2, Scope of Work. The Objectives column of Table 2 is to include units of service and number of clients to be served. Unit of service definitions are included with each service category in Part III. Using *only* these definitions, specify service delivery objectives for Table 2 as follows:

By June 30, 2018, provide \_\_\_\_\_ units of \_\_\_\_\_ to \_\_\_\_\_ unique clients.

*Example:* By June 30, 2018, a minimum of 400 units of housing assistance will be provided to 80 Riverside County residents living with HIV (In this example, the applicant must define a "unit of housing assistance").

This format will be used in final agency contracts for HOPWA funded services.

f. Monitoring and Evaluation of Services: 5 Points

Describe planned activities to monitor the provision of services, including reporting of service units, and unduplicated client data. Describe the methods planned for assessing quality of care, including any current or planned performance standards, monitoring of client access to care, and use of data in identifying and correcting problems and/or improving service delivery. These activities should be specific to the proposed service, in addition to any general quality assurance activities used by the agency or program (described in Section 2). Describe your agency's current or planned use of required client surveys to address quality of care for the proposed service category.

g. Line Item Service Budget and Narrative Budget Justification: 5 Points

Line Item Budget:

Using Table 3 as a standard format, provide a line item budget with narrative justification for the funds requested to support the proposed service delivery. Each budget must use the following object class categories, consistent with current federal

requirements. All charges to the contract must be in accordance with applicable Federal Office of Management and Budget cost principles (Appendix D, Funding Restrictions).

Narrative Budget Justification:

Provide a written description of and justification for all budget lines as follows:

1. Personnel: List all personnel whose salaries are to be paid in whole or in part with HOPWA funds. The personnel listed should be crucial to the daily operation of the HOPWA-funded service. For each position, provide the job title, a brief description of the duties and responsibilities as they relate to the HOPWA funded work (job descriptions or the qualifications for the position are not acceptable); annual salary, percentage of time to be devoted to and paid for by this grant; the amount to be charged to the grant; (if the position is vacant, so indicate and provide an estimated date when the position will be filled). HACR will reimburse for staffing costs based on actual time incurred in providing HOPWA services. Describe how this data is to be collected.
2. Fringe Benefits: Provide the aggregate amount of fringe benefits. It is not necessary to provide the calculations for arriving at the specific amount.
3. Travel: Eligible travel must involve direct provision of client services (i.e. home visits, client transport, etc.). List all travel anticipated to occur during the budget/contract period; be specific about who will travel, and where, when, and why the travel is necessary. Travel related to meetings, conferences, special events, etc. is not eligible for reimbursement.
4. Equipment: List only equipment that is to be purchased using grant funds. Describe who will use the equipment and why it is necessary to purchase the equipment. Purchases in excess of \$2,000 will be procured in compliance with the HACR's "Procurement Policy." Cost sharing must be applied when equipment will be used by other than HOPWA activities.
5. Supplies: Provide a general description of the types of items classified as supplies. Computer software should be included in this category. Supplies must be related to the provision of STRMU, Supportive Services, Permanent Housing Placement, etc.
6. Eligible HOPWA Services: This category should include client related services as described in detail on page one.

## **VIII. GRIEVANCE PROCEDURES**

Providers eligible to receive HOPWA funding that submit an application for funding have the right to file a grievance against the Project Sponsor. The Grievant must submit a written protest to the Project Sponsor within five (5) days of receipt of a letter indicating the funding status of the proposal. Such protests shall clearly state the ground for the protest and the relief sought. The grievance shall be decided by a Housing Authority Representative who shall furnish the decision to

the Grievant in writing. The decision of the Housing Authority Representative shall be final and conclusive unless determined by the court of competent jurisdiction to have been fraudulent or capricious, or arbitrary, or so grossly erroneous as necessarily to imply bad faith.



# **APPENDIX**

**A. Administrative Reporting Requirements**

**B. Client Eligibility**

**C. Standard Contract Provisions**

**D. Funding Restrictions**

## **A. Administrative Reporting Requirements**

### 1. Invoicing

Contractors are required to submit a monthly invoice. The format for invoicing shall follow that of the budget(s) contained within the agency's proposal and final contract. All invoices must be based on *reimbursement for actual costs incurred during the period of reporting*. Invoices are to be submitted no later than **5** days after the close of the period for which the report is being submitted. Failure to report expenditures in a timely manner jeopardizes grantee compliance with federal requirements related to EMA financial reporting. Agencies must include these requirements in all subcontracts.

### 2. Participant Profile

**Each invoice shall be accompanied by a participant profile.** Failure to provide data describing those receiving assistance through HOPWA in a timely manner jeopardizes grantee compliance with federal requirements related to EMA performance reporting. Agencies must include these requirements in all subcontracts.

## **B. Client Eligibility**

People living with HIV/AIDS and their families are eligible for up to 21 weeks of short-term rental, mortgage, and utility payments if they meet specific income criteria (please refer to Chapter 24 of the Code of Federal Regulations, Part 574).

Contractors must document and maintain records verifying the eligibility of clients receiving HOPWA funded services.

## **C. Standard Contract Provisions**

The following selected contract provisions are applicable to contracts that will be developed with successful applicant agencies. Agencies should review this information in preparation for a possible contract.

1. Indemnification and Insurance:

Contractor shall comply with all applicable laws, rules and regulations. Contractor shall indemnify, save and hold harmless the HACR, its members and their respective agents, servants and employees of and from any and all liabilities, claims, debts, damages, demands, suits, actions, and causes of action of whatsoever kind, nature or sort including, but not by way of limitation, wrongful death, expense of the defense of said parties, and the payment of attorney's fees, arising out of or in any manner connected with the performance by Contractor under this Contract.

Contractor must provide verification that they have a minimum of \$1,000,000 general liability with the City of Riverside and the HACR named as additional insured. Documentation to this effect must be provided to the HACR prior to the disbursement of funds and will be included in the final contract.

Prior to any individual contract award (but not as a part of the proposal submission) the Successful Proposer will be required to provide the following:

1.1 Insurance: Without limiting or diminishing the Proposer's obligation to indemnify or hold the HACR harmless, Proposer shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverages during the term of the Contract. As respects to the insurance section only, the HACR herein refers to the Housing Authority of the County of Riverside, the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

1.2 Workers' Compensation: If the Proposer has employees as defined by the State of California, the Proposer shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. The policy shall be endorsed to waive subrogation in favor of the HACR.

1.3 Commercial General Liability: Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, employment practices liability, and cross liability coverage, covering claims which may arise from or out of Proposer's performance of its obligations hereunder. Policy shall name the HACR, the County, its Agencies, Districts, Special Districts, Consultants, Departments, their Directors, Officers, Board of Commissioners, employees, elected or appointed officials, agents or representatives as Additional Insureds. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to the Contract or be no less than two (2) times the occurrence limit.

1.4 Vehicle Liability: If vehicles or mobile equipment are used in the performance of the obligations under the Contract, then Proposer shall maintain liability insurance for all owned,

non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to the Contract or be no less than two (2) times the occurrence limit. Policy shall name the HACR, the County of Riverside, its Agencies, Districts, Special Districts, Consultants, Departments, their Directors, Officers, Board of Commissioners, employees, elected or appointed officials, agents or representatives as Additional Insureds.

#### 1.5 General Insurance Provisions - All Lines:

a. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A M BEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.

b. The Successful Proposer must declare its insurance self-insured retention for each coverage required herein. If any such self-insured retention exceeds \$500,000 per occurrence each such retention shall have the prior written consent of the County Risk Manager before the commencement of operations under the Contract. Upon notification of self-insured retention unacceptable to the HACR, and at the election of the County's Risk Manager, Proposer's carriers shall either; 1) reduce or eliminate such self-insured retention as respects the Contract with the HACR, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.

c. Proposer shall cause Proposer's insurance carrier(s) to furnish the HACR with either 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein, and 2) if requested to do so orally or in writing by the County Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days written notice shall be given to the HACR prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, the Contract shall terminate forthwith, unless the HACR receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverage's set forth herein and the insurance required herein is in full force and effect. Proposer shall not commence operations until the HACR has been furnished original Certificate (s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section, showing that such insurance is in full force and effect. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.

d. It is understood and agreed to by the parties hereto that the Proposer's insurance shall be construed as primary insurance, and the HACR's insurance and/or deductibles and/or self-insured retention's or self-insured programs shall not be construed as contributory.

e. If, during the term of the Contract or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work; or, the term of the Contract, including any extensions thereof, exceeds five (5) years; the HACR reserves the right to adjust the types of insurance and the monetary limits of liability required under the Contract, if in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the Proposer has become inadequate.

f. Proposer shall pass down the insurance obligations contained herein to all tiers of subcontractors working under the Contract.

g. The insurance requirements contained in the Contract may be met with a program(s) of self-insurance acceptable to the HACR.

h. Proposer agrees to notify HACR of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of the Contract.

## 2. Confidentiality:

Contractors shall protect the right of privacy of persons receiving services and shall protect medical and personal records of clients consistent with the Confidentiality of Medical Information Act (Civil Code Section 56 et seq.) and other State HIV/AIDS confidentiality laws.

## 3. Publicity:

Contractor agrees to submit to the HACR, prior to release, copies of any proposed publicity pertaining to HOPWA. The HACR reserves the right to modify or withdraw said publicity. The HACR will respond within five (5) working days of receipt of the proposed publicity.

## 4. Department Audit:

Contractors may be subject to periodic audits by the HACR to determine whether internal accounting and other control systems provide reasonable assurance that: (1) financial operations are properly conducted; (2) financial reports are presented fairly and accurately; (3) applicable laws, regulations, and other grant terms have been complied with; (4) resources are managed and used in an economical and efficient manner; and (5) objectives are being achieved in an effective manner. Any or all of these elements may be reviewed at the discretion of the HACR.

## 5. Quality Assurance/Client Satisfaction:

Contractors will be required to demonstrate how they are complying with minimum quality standards when delivering HOPWA services. Methods for evaluating quality assurance include, but are not limited to, client satisfaction surveys, peer review, and chart review. All methods or processes used to evaluate quality assurance shall describe how the agency will

collect data, summarize findings and results, and create a plan of action in response to those findings. Contractors shall evaluate quality assurance in service delivery not less than once per year.

6. Independent Audit:

Nonprofit institutions receiving federal funding of:

1. \$300,000 or more a year shall have a single or program-specific audit conducted for that year in accordance with OMB Circular A-133.
2. Less than \$300,000 a year is exempt from federal audits but must have their records available for review by Federal agencies.

7. Standards of Conduct for Employees:

Recipient organizations must establish safeguards to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others, such as those with whom they have family, business, or other ties. Therefore, each institution receiving financial support must have written policy guidelines on conflict of interest and the avoidance thereof. These guidelines should reflect State and local laws and must cover financial interests, gifts, gratuities and favors, nepotism, and bribery.

**D. Funding Restrictions**

1. Funds may not be used to make payments to recipients of services.
2. Funds may not be used to provide items or services for which payment already has been made, or reasonably can be expected to be made, by third party payers including Medicaid, Medicare, and/or other State or local entitlement programs, prepaid health plans, or private insurance. This is subject to federal audit.
3. Equipment must be purchased in accordance with the HACR's Procurement Policy. In the event contractor is dissolved, either voluntarily or involuntarily, or otherwise ceases to carry out the activities for which the contract was made, all supplies and equipment purchased with the contract shall be transferred to the HACR and shall become property of the HACR in its sole and absolute discretion.

# FORMS AND TABLES





**FORM B: AGREEMENT AND CERTIFICATION**

1. Agreement: To be completed by all applicants

The undersigned hereby affirms that the statements contained in the application package are true and complete to the best of the applicant’s knowledge, and further realizes this is a public document which is open to public inspection.

|                      |       |
|----------------------|-------|
| _____                | _____ |
| Original Signature   | Title |
| _____                | _____ |
| Name (Type or Print) | Date  |

2. Certification Statement: To be completed by all applicants

I certify that this HOPWA service program will comply with all federal and local requirements pertaining to the program. I understand that the Housing Authority of the County of Riverside will use the materials submitted by this agency as a guideline for program consultation and assessment.

|                      |       |
|----------------------|-------|
| _____                | _____ |
| Original Signature   | Title |
| _____                | _____ |
| Name (Type or Print) | Date  |

## FORM C: APPLICATION CHECKLIST

The following documents are required to complete a funding application. This list is provided to ensure that all documents have been included in your application package.

**Please submit this checklist with the application.**

Copies of proposal submitted \_\_\_\_\_  
(one signed original and three additional signed copies are required)

**Section 1:** Agency Tables and Certifications

Form A: Agency Information \_\_\_\_\_  
Form B: Agreement and Certification \_\_\_\_\_

**Section 2:** Agency Description and Capability

- a. General Agency Description \_\_\_\_\_
- b. Administrative Capability \_\_\_\_\_
- c. Collaboration and Linkages \_\_\_\_\_
- d. Table 1: Summary of Agency Funding Sources \_\_\_\_\_
- e. Quality Assurance \_\_\_\_\_

**Section 3:** Description of Local Needs

- a. Service Needs \_\_\_\_\_
- b. Needs Assessment Activities \_\_\_\_\_
- c. Population in Need \_\_\_\_\_
- d. Barriers/Access Problems \_\_\_\_\_

**Section 4:** Categorical Services to be Provided

- a. Description of Proposed Services \_\_\_\_\_
- b. Target Population(s) \_\_\_\_\_
- c. Geographic Service Area \_\_\_\_\_
- d. Experience and Qualifications \_\_\_\_\_
- e. Table 2: Scope of Work \_\_\_\_\_
- f. Monitoring and Evaluation \_\_\_\_\_
- g. Table 3: Line-item Budget and Narrative Justification \_\_\_\_\_

**Section 5:** Additional Documents

- a. Most Recent Audited Financials \_\_\_\_\_
- b. Board of Directors (Roster) \_\_\_\_\_
- c. Verification of 501 (c) 3 status (if applicable) \_\_\_\_\_

**TABLE 1**  
**SUMMARY OF AGENCY FUNDING SOURCES**

| Service Category | Total Estimated Budget | HOPWA Funds | Other Federal Funds | State or Local Funds | Other Funds (3rd Party, Private, Client Payments) |
|------------------|------------------------|-------------|---------------------|----------------------|---|
|                  |                        |             |                     |                      |   |

**TABLE 1**  
**SUMMARY OF AGENCY FUNDING SOURCES (SAMPLE)**

| Service Category     | Total Estimated Budget | HOPWA Funds | Other Federal Funds | State or Local Funds | Other Funds (3rd Party, Private, Client Payments) |
|----------------------|------------------------|-------------|---------------------|----------------------|---|
| Case Management      | 300,000                |             | 200,000             | 100,000              |   |
| Housing Assistance   | 200,000                | 150,000     | 50,000              |                      |   |
| Primary Medical Care | 1,200,000              |             | 900,000             | 300,000              |   |

**TABLE 2**  
**FY 2017-2018 HOPWA SERVICES**

**SCOPE OF WORK**

The contractor shall accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/or outcome.

SERVICE CATEGORY: \_\_\_\_\_ AGENCY: \_\_\_\_\_

| MEASURABLE OBJECTIVES | IMPLEMENTATION ACTIVITIES | TIMELINE | PROGRESS REPORT |
|-----------------------|---------------------------|----------|-----------------|
|                       |                           |          |                 |

**TABLE 3**  
**LINE ITEM BUDGET/NARRATIVE JUSTIFICATION**

| <b>FUNDING CATEGORY</b>   | <b>AMOUNT</b> |
|---|---------------|
| <b>PERSONNEL</b>  |               |
| Position:<br>____.____ FTE X ____ months X annual salary  | \$            |
| Position:<br>____.____ FTE X ____ months X annual salary  | \$            |
| Fringe Benefits   | \$            |
| <b>EQUIPMENT</b><br>Describe in detail equipment that will be purchased in HOPWA funds.   | \$            |
| <b>SUPPLIES</b><br>Describe in detail supplies needs to operate the HOPWA program.  |               |
| <b>Total Personnel Costs</b>  | \$            |
| <b>DIRECT SERVICES</b>  |               |
| <b>Short Term Rent, Mortgage, and Utility Assistance (STRMU)</b><br>Please specify the projected number of clients to be served and the average amount of STRMU assistance per household.<br><br>_____ # of clients X _____ (average STRMU request) | \$            |
| <b>Permanent Housing Placement</b><br>Please specify the projected number of clients to be served and the average amount of move-in assistance to be provided to each household.<br><br>_____ # of clients X _____ (average move-in costs)          | \$            |
| <b>Project Based Rental Assistance</b><br>Please specify the number of units to be assisted and the average subsidy request.<br><br>_____ # of units X _____ subsidy amount X 12 months   | \$            |
| <b>Total Direct Services</b>  | \$            |
| <b>TOTAL REQUEST</b>  | \$            |