

REQUEST FOR PROPOSALS

NEEDS ASSESSMENT

OF

HOUSING OPPORTUNITIES FOR PERSONS

WITH AIDS

US Department of Housing and Urban Development Grant Program

RIVERSIDE COUNTY, CA

RFP Release Date: January 11, 2018
Proposal Submission Deadline: February 12, 2018

Issued by:

HOUSING AUTHORITY OF THE COUNTY OF RIVERSIDE

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Funded with Housing Opportunities for Persons with AIDS (HOPWA) FY 17/18 Funds

TABLE OF CONTENTS

SECTION 1 (PURPOSE AND BACKGROUND OF RFP)

| | |
|--|--------|
| PURPOSE AND BACKGROUND | Page 3 |
| AVAILABLE FUNDING AND PROJECT PERIOD | Page 3 |
| ELIGIBLE APPLICANTS | Page 3 |
| PROPOSED TIMETABLE | Page 3 |
| ELIGIBLE POPULATION TO BE SERVED | Page 4 |
| REPORTING RELATIONSHIPS..... | Page 4 |

SECTION 2 (APPLICATION REQUIREMENTS)

| | |
|--|--------|
| APPLICATION DEADLINE AND INSTRUCTIONS FOR SUBMISSION..... | Page 4 |
| GENERAL PROPOSAL REQUIREMENTS | Page 5 |
| SPECIFIC PROPOSAL REQUIREMENTS..... | Page 5 |
| A. COVER SHEET | Page 6 |
| B. TABLE OF CONTENTS | Page 6 |
| C. PROPOSAL NARRATIVE..... | Page 6 |
| C-1 APPLICATION ORGANIZATION AND CAPACITY | Page 6 |
| C-2 APPLICANT EXPERIENCE..... | Page 6 |
| C-3 APPLICANT KNOWLEDGE OF RELEVANT STUDY SPECIFIC INFORMATION | Page 7 |
| C-4 COST..... | Page 9 |

SECTION 3 (PROPOSAL EVALUATION AND AWARD CRITERIA)

| | |
|--------------------------|---------|
| EVALUATION PROCESS | Page 9 |
| PROPOSAL SELECTION..... | Page 11 |

APPENDICES:

| | |
|---|---------|
| <i>Appendix A: Cover Sheet.....</i> | Page 12 |
| <i>Appendix B: Application Checklist.....</i> | Page 13 |
| <i>Appendix C: Budget Form and Narrative Justification.....</i> | Page 14 |
| <i>Appendix D: Scope of Work.....</i> | Page 20 |

SECTION 1 – PURPOSE AND BACKGROUND OF RFP

PURPOSE AND BACKGROUND: The U. S. Department of Housing and Urban Development (HUD) developed the Housing Opportunities for Persons with AIDS (HOPWA) program to provide funding for housing and other services needed by low-income persons with acquired immunodeficiency syndrome or related diseases and the person's family. Riverside and San Bernardino counties began receiving 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 Area (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. For the current grant period, using funds approved during federal fiscal year FY 2017-2018, the counties of Riverside and San Bernardino are seeking proposals from qualified applicants to conduct a formal study to determine the housing needs of HOPWA-eligible persons and the most effective use of HOPWA funding in the region.

AVAILABLE FUNDING AND PROJECT PERIOD: Funds to conduct the needs assessment study are available as follows:

| Year | Amount | Project Period |
|-------------|---------------|-----------------------------------|
| FY 2017/18 | \$60,000 | March 1, 2018 – December 31, 2018 |

ELIGIBLE APPLICANTS: Pursuant to HOPWA regulations, entities eligible for direct financial assistance through this RFP include independent consultants, consulting firms, planning district commissions, local housing offices, housing coalitions, and other non-profit, for-profit, community-based, and governmental entities. Funding priority will be given to individuals or organizations that have a thorough understanding of federal, state, and local housing programs; housing development and finance issues; and the special housing needs of low-income persons living with AIDS.

PROPOSED TIMETABLE: The following timetable will be used for the RFP process.

| | |
|--------------------|--------------|
| Release of RFP | Nov 6, 2017 |
| Proposals Due Date | Dec 5, 2017 |
| Review Process | Dec 11, 2017 |
| Award Announcement | Jan 1, 2017 |

ELIGIBLE POPULATION TO BE SERVED: The focus of the study is to identify the needs and the most appropriate services to meet identified housing and related needs among: (1) persons with acquired immunodeficiency syndrome or related diseases and the person’s family who live in the Riverside and San Bernardino counties region; and (2) who meet HUD income criteria. HUD has established the following as financial eligibility criteria for receipt of HOPWA assistance for 2017-18.

| | Number of Family Members Living in Household | | | | | | | |
|---------------|--|--------|--------|--------|--------|--------|--------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Annual Income | 36,150 | 41,300 | 46,450 | 51,600 | 55,750 | 59,900 | 64,000 | 68,150 |

REPORTING RELATIONSHIPS: The HACR will negotiate a contract with the successful applicant and provide routine oversight and project monitoring. The HACR will receive regular reports from the applicant and make decisions about study direction and composition at critical junctures, as well as receive and approve the final report. The HOPWA Advisory Board will receive a briefing on the final report.

SECTION 2 - APPLICATION REQUIREMENTS

APPLICATION DEADLINE AND INSTRUCTIONS FOR SUBMISSION: The deadline for submitting the proposal is **Tuesday**, December 5, 2017. Applications must be received by the HACR by 5:00 p.m. Proposals received after that time and date shall not be considered for a contract award.

Applicants must provide one complete signed original and three additional signed copies of their application. Faxed copies of the application are not acceptable.

Send or deliver applications to:
 Lindsay Sisti
 Housing Authority of the County of Riverside
 5555 Arlington Avenue
 Riverside, CA 92504

Please note the contents on the outside of the envelope as “HOPWA Needs Assessment Application.”

GENERAL PROPOSAL REQUIREMENTS: When preparing your application, please adhere to the following:

- All copies of the application must be unbound.
- The proposal must be double spaced and submitted on 8 1/2 x 11 inch paper.
- 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 an Application Checklist (included as **Appendix B**).
- The application must contain a Scope of Work plan (included as **Appendix D**).
- 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 in the application must be numbered consecutively.
- Additional materials should be inserted as attachments at the end of the proposal in the order in which they are referenced in the proposal.

The requirements in this Section are **mandatory** for every application. Failure to comply will result in a disqualification of the application for review and award purposes. Utilize the enclosed checklist to assist in submitting a complete application. See **Appendix B: Application Checklist** for complete information.

Each applicant is directed to fully explain and describe how their professional expertise, organizational capabilities, and/or proposed approach qualify their organization to perform this study. Conciseness and clarity are emphasized and expected. Vague and general language will be considered non-responsive and may result in disqualification. By submitting a proposal, the applicant acknowledges that he/she has read the RFP, understands it, and agrees to be bound by its terms and conditions. The applicant responsibilities and proposal submission requirements set forth in this RFP are not intended to release the applicant in any way from the responsibilities and performance standards that will be set forth in the contract that may be offered to the applicant. The proposal is intended to assure the HACR that the applicant is qualified to and capable of performing all of the responsibilities and complying with all of the terms that will be set forth in the contract.

SPECIFIC PROPOSAL REQUIREMENTS: Each proposal must be organized by the following major sections:

- A. Cover Sheet
- B. Table of Contents
- C. Proposal Narrative
- D. Budget Form & Narrative Justification (Appendix C)
- E. Attachments, if any

A. COVER SHEET. The Cover Sheet describes the applicant and the proposed program generally. Please complete and attach a Cover Sheet as the front page of the proposal. The Cover Sheet must be signed by an individual authorized to legally bind the applicant to perform the proposed services. See **Appendix A: Cover Sheet** for this form.

B. TABLE OF CONTENTS. The Table of Contents will assist proposal evaluators to find the sections of the proposal that address the requirements of the corresponding sections of the RFP. Please reference Appendices and Attachments in the Table of Contents.

C. PROPOSAL NARRATIVE. The Proposal Narrative consists of four sections:

- C-1: Applicant Organization and Capacity
- C-2: Applicant Experience
- C-3: Applicant Knowledge of Relevant Study Specific Information
- C-4: Cost

C-1: Applicant Organization and Capacity (limit 2 pages)

1. Please briefly describe your agency's organizational status, purpose, total operating budget, and aggregate staffing and volunteers. Please describe how the needs assessment study that is the subject of this RFP relates to your agency's mission.
2. The December 5, 2017 deadline establishes an ambitious schedule for this study. Please describe the aspects of your program or organization that contribute to your ability to begin work promptly after award, and to meet the project deadline. To this end, please complete a Scope of Work plan (included as **Appendix D**). The Scope of Work defines the project's implementation activities and anticipated dates of completion. Please use this space to describe the activities you are proposing to accomplish the study's objectives. *Example:* 50 individuals will be surveyed. Activity is to start August 1, 2017 and end by September 30, 2017.

C-2: Applicant Experience (limit 2 pages)

1. Please describe recent examples of your experience (1) conducting similar studies, (2) in the housing arena and (3) working on behalf of persons living with HIV.
2. How many years of relevant experience do you have in providing the services?

C-3: Applicant Knowledge of Relevant Study Specific Information (limit 3 pages)

The HOPWA Needs Assessment's primary goals are as follows:

1. To document housing available to persons with AIDS and inform the HOPWA Advisory Board members and all interested parties about the AIDS housing situation in the EMA.
2. To document unmet housing needs and the appropriate services to fill those needs.
3. To evaluate services currently funded for appropriateness to client needs.
4. To develop a mechanism for targeting HOPWA services to the neediest.
5. To present options for future use of HOPWA funds that can work in the EMA.

To address the goals identified above, the following issues or questions should be addressed in the proposed study.

- Given the current characteristics of the EMA's housing market, what are the most readily available and appropriate housing services to provide through HOPWA?
- Are changes necessary to the services currently funded by HOPWA to make them work better for consumers? What are they?
- Are currently available AIDS housing services sufficient to meet the need? If not, how might more funds for such services be leveraged?
- Does the linkage between housing and supportive services for HOPWA consumers need to be strengthened? Should more HOPWA funding be targeted to supportive services?
- What would be involved in achieving uniformity of administration of similar HOPWA programs across jurisdictions/vendors?
- What legislative/regulatory barriers do we need to try to change to make the program work better?

To further demonstrate your suitability to perform this study and to address issues highlighted, please provide short narrative responses to the following questions.

- What sources of information might provide answers to some of the questions posed above?
- Generally, what information gathering mechanisms would you use in such a study?
- Describe how you would go about gathering data specific to the characteristics of the HIV/AIDS epidemic in the counties of Riverside and San Bernardino.
- Describe how you would determine the most pressing housing problems that currently face low-income individuals in the EMA.
- What types of complementary services might be paired with housing to ensure quality of life for persons living with AIDS?

C-4: Cost

Appendix C: HOPWA Budget Form and Narrative Justification provides a standard format for proposal evaluators to use in comparing study costs proposed by various applicants. Since the HOPWA budget form provides little detail about how funds will be spent, a budget Narrative Justification is also required. The Narrative Justification describes how you plan to spend the funds and must follow the format presented in **Appendix C: HOPWA Budget Form and Narrative Justification**. Please be specific. Reviewers must understand your program costs thoroughly before they can recommend funding.

The HOPWA Budget Form does not include a line item for administrative costs. Reasonable compensation for administrative expenses such as oversight of project personnel, rent, and telephone should be included in the amounts quoted for the various HOPWA “direct” line items.

SECTION 3 - PROPOSAL EVALUATION and AWARD CRITERIA

EVALUATION PROCESS: The purpose of this section is to describe the process the HACR will use to evaluate proposals in response to this RFP. Applications are reviewed and scored based upon evaluation criteria. A panel of reviewers will evaluate all complete applications submitted. Scores assigned by reviewers will significantly affect the level of an applicant’s grant award. Based upon federal regulations, 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 applying for funding from reviewing applications. Proposals will be evaluated in two steps. Proposals that fail to contain all the required elements will be rejected. Complete proposals will go on to be evaluated on the basis of content, using criteria including, but not limited to the following:

- project management capacity
- recent relevant experience
- study specific expertise, i.e., knowledge of AIDS and housing issues and conventional methodologies for assessing needs
- cost and adequate fiscal control
- responsiveness to the requirements spelled out in the RFP
- overall feasibility of proposed project.

Complete and timely applications will be evaluated by the review panel and scored based on the degree to which the proposal meets the following criteria:

| | |
|--|------------|
| <i>Applicant's Capacity to Manage and Complete the Project</i> | 30 points |
| <i>Applicant's Recent Relevant Experience</i> | 20 points |
| <i>Applicant's Study Specific Expertise</i> | 30 points |
| <i>Cost of Conducting Study</i> | 20 points |
| TOTAL | 100 POINTS |

Evaluation Factor 1. Applicant's Capacity to Manage and Complete the Project (Scope of Work) - (30 points)

The applicant's staffing, qualifications, organization, and management are sufficient to carry out the proposed activities.

STAFFING - Key program staff has reasonable qualifications and experience – **or** – the applicant describes a hiring plan that is sufficiently detailed to result in hiring appropriate staff.

MISSION – the proposed services are consistent with the applicant's mission.

TIMELINESS – the applicant appears to be able to deliver study activities by the spending deadline.

Evaluation Factor 2. Applicant's Recent Relevant Experience -- (20 points)

The applicant describes a sufficient amount of recent relevant experience providing the proposed or similar services.

The applicant shows evidence of successful delivery of previous studies.

Evaluation Factor 3. Applicant's Study Specific Expertise (30 points)

The applicant describes data gathering activities typical of those found in needs assessment work.

The applicant demonstrates familiarity with available sources of data on persons living with AIDS, housing, and related issues.

The applicant shows an appreciation for: (1) the composition of the HIV-positive population in the EMA, (2) the specific types of housing and services that might be needed by low-income persons living with AIDS, and (3) critical issues in affordable housing, in general.

Evaluation Factor 4. Cost (20 points)

- The cost per study component is competitive/reasonable.
- The cost per study component is defensible based on the documentation submitted with the proposal.

PROPOSAL SELECTION: The Housing Authority of the County of Riverside intends to award one contract to fulfill the study requirements. Following the proposal evaluation process, the applicant who received the highest score among those submitting proposals will enter into the next level of the procurement process, which is contract negotiation. The award of a contract and full implementation of the project 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.

The decision of the HACR to make an award to one applicant shall be final. At any time during the negotiations the HACR may terminate all activities and cancel or re-advertise this procurement.

Appendix A: Cover Sheet

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact person: _____ Title: _____

Telephone: _____

Fax: _____

Email: _____

SUMMARY OF PROJECT (50 words or less)

Amount Requested for Study: \$ _____

Authorized Signature: _____

Printed Name: _____ Title: _____

Appendix B: 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.

Place (√) if completed.

| | |
|---|--|
| Cover Sheet | |
| Table of Contents | |
| Proposal Narrative Applicant Organization and Capacity (Scope of Work) Applicant Experience Applicant Knowledge of Relevant Study-Specific Information Cost | |
| Budget Form and Narrative Justification | |

Appendix C: Budget Form and Narrative Justification

Applicant Name: _____

Service Area: Needs Assessment of Housing Opportunities for Persons with AIDS

| LINE ITEM | TOTAL | NARRATIVE JUSTIFICATION |
|--------------------------------------|-------|-------------------------|
| Salary by Position | | |
| | | |
| | | |
| Total Salary | \$ | |
| Fringe Benefits | \$ | |
| Consultants | \$ | |
| Occupancy | \$ | |
| Travel/ Transportation | \$ | |
| Supplies/ Minor Equipment | \$ | |
| Capital Equipment | \$ | |
| Client Cost | \$ | |
| Communication | \$ | |
| Other Direct Costs | \$ | |
| TOTAL | \$ | |

Appendix C: HOPWA Budget Form and Narrative Justification

Continued

Instructions for Completing the Budget Form and Narrative Justification

A line-item budget with narrative justification must be submitted for the study supported with HOPWA grant funds. The following line items must be used, with amounts indicated in whole dollars (do not include cents) and must be justified in a budget narrative.

The narrative budget justification must include, at a minimum, the following:

SALARY AND WAGES and JUSTIFICATION

This section records actual salaries or wages to be paid to each employee who will be assigned to work on the project, representing the monetary value of the time they will spend on this project. List each employee separately. Consultant compensation to be reimbursed by HOPWA is capped by federal regulation. Attempts will be made to renegotiate costs with applicants who exceed the maximum approved rate.

After totaling the costs for each employee (and double-checking all calculations), total salary/wage costs for all employees and enter the sum in the box labeled "TOTAL Salary."

In the Justification Column, provide the title of positions, a brief description of the duties and responsibilities, and the percentage of time to be devoted to and paid for by this grant. If the position is filled, provide the name of the employee. If the position is vacant, indicate such and provide an estimated date when the position will be filled.

FRINGE BENEFITS and JUSTIFICATION

This section records the actual amounts of fringe benefits paid by the organization to employees that will be billed to the project. Fringe benefits usually can include:

Social Security (FICA) – Indicate the amount to be paid by the employer. Contributions are made at a rate fixed by Federal law.

Health/Disability/Life Insurance -- This is the amount contributed by the employer for health, hospitalization, dental, accident, disability, or life insurance.

Worker's Compensation -- This is the amount paid by the employer for mandatory worker's compensation insurance under Federal and California law.

Unemployment Insurance -- This is the amount paid by the employer for mandatory unemployment insurance under Federal and California law. The rate of employer contribution is experience rated.

Other Benefits -- This category is for other employer-paid benefits. Describe any additional fringe benefits offered to employees.

Total all benefits and enter on the line labeled "FRINGE BENEFITS."

In the Justification section, enter specific information for which Fringe Benefits would be reimbursed under the project.

CONSULTANTS/EXPERTS and JUSTIFICATION

The purpose of this line is to record the anticipated costs to the applicant for hiring consultants, specialists, experts and other contract employees who are paid no fringe benefits by the applicant.

This line is completed by filling out summary information on the amounts to be paid to each consultant or expert with a narrative justification that includes the title of each position to be filled by a consultant or expert (e.g., Consulting Pediatrician, Social Worker, etc.) and the name of the person that will fill each position. If an individual has not yet been hired, enter "TBF" to stand for "To Be Filled," and enter the date on which the position is to be filled, the basic rate at which the consultant or expert will be paid for each hour worked. If the payment basis is to be other than hourly (e.g., daily, monthly, etc.) convert to hourly rate.

OCCUPANCY COST and JUSTIFICATION

The purpose of this line is to record the amount of reimbursement to be requested by the applicant for occupying space necessary to carry out the project.

Record the sum of all "Occupancy Costs" in the Total column and provide per cost (e.g., rent, trash, insurance) breakout figures under the Justification column.

Allowable costs may include:

Rent -- This category is for rental or lease payments for space used in delivering the services.

Gas/Electric/Oil/Water -- This category is for utilities necessary to carry out the service.

Trash -- This category is for separately-contracted trash and solid-waste removal, not provided as part of the rent or as a free municipal service.

Insurance -- This category is for separately-paid fire, liability, or accident insurance associated with specific space. If no special arrangements are necessary (i.e., provided under a master policy for all sites or included in the rent) do not include these costs.

After totaling the costs for which the organization is requesting reimbursement enter the amount in the appropriate "TOTAL" Column.

TRAVEL AND TRANSPORTATION COST and JUSTIFICATION

The purpose of this line is to record the actual amounts to be paid by the applicant for travel and transportation necessary to carry out the project.

Enter summary information on the amounts budgeted for various categories of travel and transportation cost in the Total column, with breakout of specific expenses under the Justification Column. Allowable costs may include:

Mileage/Fares -- This category is for mileage reimbursement and taxi/subway/bus fares related to travel and transportation required to produce the study. (Include your rate for mileage reimbursement.)

SUPPLIES AND MINOR EQUIPMENT COST and JUSTIFICATION

This line records the expected amounts to be spent by the applicant for various supplies and minor equipment necessary to carry out the project.

Enter summary information on the amounts budgeted for various categories of supplies/equipment costs in the Total column, with breakout of specific expenses under the Justification Column.

Allowable costs may include:

Office Supplies -- This category includes anticipated costs for paper, pencils, and other consumable supplies used in completing the project.

Other Supplies -- This category includes all other supplies required for the purpose of completing the project.

CAPITAL EQUIPMENT OUTLAYS and JUSTIFICATION

NO CAPITAL EQUIPMENT OUTLAYS are allowed under this RFP. LEAVE BLANK.

CLIENT EXPENSE COST and JUSTIFICATION

NO CLIENT COSTS are allowed under this RFP. LEAVE BLANK.

COMMUNICATIONS COST and JUSTIFICATION

This line records the anticipated amounts to be paid by the applicant for communications necessary to carry out the planned service.

Enter summary information on the amounts budgeted for various categories of Communications costs in the Total column, with breakout of specific expenses under the Justification Column.

Allowable costs may include:

Telephone -- This category includes costs of local and long-distance telephone service required to support the project.

Postage -- This category includes anticipated costs for items mailed on behalf of the project.

Delivery -- This category includes anticipated costs is for delivery of materials and documents that cannot be distributed by other means.

Copying -- This category of anticipated costs includes duplication and reproduction expenses associated with completing the project.

Other -- This category includes any other anticipated costs related to communications that are not covered by one of the above categories.

OTHER DIRECT COST and JUSTIFICATION

The purpose of this schedule is to record the anticipated costs incurred by the applicant for other costs necessary to complete the project.

Enter summary information on the amounts budgeted for various categories of Other Direct costs in the Total column, with breakout of specific expenses under the Justification Column.

Stipends paid to low-income persons with AIDS participating in focus groups to offset transportation and child care costs, would be one type of Other Direct Cost. The applicant is strongly encouraged to include such stipend payments as part of this budget.

Appendix C: HOPWA Budget Form and Narrative Justification

Continued

SAMPLE SAMPLE SAMPLE

Organization: The Agency

Service Area: Needs Assessment

| LINE ITEM | TOTAL | NARRATIVE JUSTIFICATION |
|---|-----------------|--|
| <i>Salary by position</i> J. Doe, Project Director | \$15,360 | Project Director (J. Doe) 384 hours @ \$40/hr. or \$15,360 total. Designs needs assessment; constructs questionnaires, writes reports, makes presentations to oversight bodies. |
| D. Smith, Research Asst | \$7,200 | Research Assistant (D. Smith) 360 hours @\$20/hr or \$7,200 totals. Tabulates, analyzes and reports information |
| B. Jones, Admin. Asst | \$2,700 | Administrative Assistant (B. Jones) 180 hours @ \$15/hr or \$2,700 total. |
| Total Salary | \$25,260 | |
| Fringe Benefits | \$3,789 | 15% of Total Salary and Wages: Includes life and health insurance, unemployment, Social Security, Retirement and worker's compensation. |
| Consultants | -0- | No Expenses |
| Occupancy | \$2,000 | Pro rated share of annual office lease. |
| Travel/ Transportation | \$464 | 400 miles/mo. x 4 mo @ \$.29/mi Research Asst. and Project Director travel to meetings, focus groups, etc. |
| Supplies/Minor Equipment | \$800 | Gen. Office supplies = \$800 |
| Capital Equipment | -0- | No Expenses |
| Client Cost | -0- | No Expenses |
| Communication | \$1,910 | Telephone - \$80 per month (local and long-distance service) x 3 staff x 4 months = \$960 Photocopying 15,000 pages @.03 each = \$450 Postage = \$500 |
| Other Direct Cost | \$2,500 | Consumer Stipend payments – 50 payments @\$50 each = \$2,500 |
| TOTAL | \$36,723 | |

Appendix D: Scope of Work

| IMPLEMENTATION ACTIVITIES | ACTIVITY START/END DATE |
|---------------------------|-------------------------|
| | |

Appendix D: Scope of Work

(SAMPLE)

| IMPLEMENTATION ACTIVITIES | ACTIVITY START/END DATE |
|--|--------------------------|
| 1. <i>gather and analyze demographic data</i> | 1. 07/01/18 to 07/31/18 |
| 2. <i>gather and analyze homelessness data</i> | 2. 07/01/18 to 07/31/18 |
| 3. <i>gather and analyze aids epidemiology and services data</i> | 3. 07/01/18 to 07/31/18 |
| 4. <i>gather and analyze housing data</i> | 4. 07/01/18 to 07/31/018 |
| 5. <i>gather and analyze aids housing data</i> | 5. 07/01/18 to 07/31/18 |
| 6. <i>conduct consumer surveys</i> | 6. 08/01/18 to 09/30/18 |
| 7. <i>conduct consumer focus groups</i> | 7. 10/01/18 to 10/31/18 |
| 8. <i>seek provider input</i> | 8. 07/01/18 to 10/31/18 |
| 9. <i>conduct key informant interviews</i> | 9. 07/01/18 to 07/31/18 |
| 10. <i>coordinate public meetings</i> | 10. 10/01/18 to 10/31/18 |
| 11. <i>synthesize study findings</i> | 11. 11/01/18 to 11/30/18 |
| 12. <i>draft final study</i> | 12. 12/01/18 to 12/31/18 |