



**STATE OF ARKANSAS**

**ARKANSAS DEPARTMENT OF HEALTH (ADH)**

**STI/HIV/Hepatitis C/TB Section**

**REQUEST FOR APPLICATIONS**

**RFA-15-0006**

**For**

**Housing Opportunities for Persons with AIDS Program**

**Date Issued:**

**January 9, 2015**

## Schedule of Events

Event	Due Date
RFA Issued	January 9, 2015
Due date for receipt by the Issuing Officer of letters of intent	Jan. 28, 2015, 2:30 P.M.
Due date for receipt by the Issuing Officer of the training Workshop reservation	Feb. 18, 2015, 2:30 P.M.
Questions and Answers Period Deadline	February 20, 2015
Mandatory Training Workshop	Feb. 25, 2015, 12 Noon - 4:00 P.M.
Due date for Receipt of Applications by the Issuing Officer	March 4, 2015 2:30 P.M.
Completion of application reviews, recipient selection and award notices mailed.	To be announced at a later date
Anticipated Start date of sub grant	July 1, 2015

**Maximum Funding Level \$ 517,500 per sub-recipient**

**Table of Acronyms**

<b>ADH</b>	Arkansas Department of Health	<b>OSP</b>	Office of State Procurement
<b>CDC</b>	Centers for Disease Control and Prevention	<b>RFA</b>	Request for Application
<b>HOPWA</b>	Housing Opportunities for Persons with AIDS	<b>HUD</b>	Housing and Urban Development
<b>CPD</b>	Community Planning and Development	<b>TBRA</b>	Tenant-Based Rental Assistance
<b>STRMU</b>	Short-Term Rent, Mortgage and Utilities	<b>PHP</b>	Permanent Housing Placement

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## SECTION I: PROGRAM OVERVIEW

### A. Purpose

The purpose of this Request for Applications is to select a Project Sponsor agency for administering HOPWA activities on behalf of the Arkansas Department of Health HIV Services as a sub grantee.

The ADH HOPWA grant is funded by the Office of Community Planning and Development (CPD), U.S. Department of Housing and Urban Development (HUD). Grant funding is made available to provide direct housing assistance and supportive services to eligible persons residing in Arkansas, except for Crittenden, Faulkner, Grant, Lonoke, Perry, Pulaski, and Saline counties [See **Appendix X: HOPWA Districts Map**]. Eligible persons are of low income (*individual or family whose incomes do not exceed 80% of the area median income as determined by HUD*) who have HIV/AIDS, and their family members. Funding under this RFA is on a pro-rata basis to each HOPWA District based on existing HIV/AIDS cases reported as of June 2013, as documented by the ADH.

### B. Background, Authority, and Goals

The purpose of the HOPWA program is to provide states and localities with resources and incentives to devise long-term strategies for meeting the housing needs of low-income persons living with HIV/AIDS and their families. This focus on providing housing assistance and related support services for HOPWA-eligible clients will reduce the risks of homelessness for this population and increase access to appropriate healthcare and other support.

Homelessness, HIV disease and access to health care are fundamentally interconnected. Stable housing coupled with supportive services responsive to HIV/AIDS client's complex needs, increases the ability of persons living with HIV/AIDS, particularly those who are low income, to access and adhere to life-sustaining HIV/AIDS treatment. Without stable housing, persons with HIV/AIDS cannot access the complex treatment and care vital to survival. Access to clean water, bathrooms, refrigeration and food, and the ability to take medications on a routine schedule can be severely impaired, resulting in declining health. Further, research indicates that stable housing for people living with HIV/AIDS saves Medicaid expenditures ([https://www.health.ny.gov/health\\_care/medicaid/redesign/docs/hill\\_30\\_percent.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/docs/hill_30_percent.pdf)) and is a crucial component of efforts to control rising healthcare costs throughout the nation, while also addressing the goals of the National HIV/AIDS Strategy (NHAS).

Throughout many communities, persons living with HIV or AIDS risk losing their housing due to compounding factors, such as increased medical costs or limited ability to sustain viable employment due to poor health. As with other chronic conditions that prevent people from finding or maintaining gainful employment, HIV/AIDS can be an impoverishing disease, requiring public subsidies for basic needs, including housing. With improvements in drug therapies and medical care reducing the number of deaths

from AIDS, people with HIV/AIDS are living longer and therefore increasing the demand for supportive housing.

The HOPWA Program is administered under the following authority:

- AIDS Housing Opportunity Act – [Publication L 101-625.100 Statute 4375; 42 U.S.C. 12901 *et seq*]
- Title 24 CFR--Housing and Urban Development, Chapter V--Office of Assistant Secretary for Community Planning and Development, Department of Housing and Urban Development, Part 574--Housing Opportunities for Persons with AIDS

HOPWA rules and regulations can be found using the following link: [www.hud.gov/offices/cpd/aidshousing/lawsregs/index.cfm](http://www.hud.gov/offices/cpd/aidshousing/lawsregs/index.cfm)

Arkansas HOPWA Program Goals are:

1. Provide direct housing subsidy assistance to enable low-income, HIV/AIDS-positive individuals to remain in their homes and to reduce their risks of homelessness.
  - Provide tenant-based rental assistance (TBRA).
  - Provide short-term rent, mortgage, and utility assistance (STRMU).
  - Provide permanent housing placement (PHP) assistance.
2. Service Coordination and Case Management: Improve access to health care and other supportive services for HIV-positive individuals and their families.
  - Provide support in conjunction with HOPWA-funded housing assistance for case management, and employment assistance and training.

### C. Available Funding

The maximum award for the initial funding period will be **\$517,500**. For 2015, estimated HOPWA funding per district is shown in the table below.

<b>District</b>	<b>Estimated Total Funding</b>
District 1	\$132,000
District 2	\$33,000
District 3	\$54,000
District 4	\$167,000
District 6	\$131,500
<b>Total:</b>	<b>\$517,500</b>

Note:

- Total Administrative costs may not exceed 7% of Total Funding.
- Estimated Total Funding is based upon the percent of the total state caseload of individuals with HIV/AIDS who live in the district.

Arkansas Department of Health HOPWA service areas are divided according to districts. Applications will be accepted for districts 1, 2, 3, 4, and 6. An applicant may propose to provide services in one or more of these districts but must provide services for all counties within the chosen district(s). Funding under this Request for Application does not allow for providing HOPWA services in Crittenden, Faulkner, Grant, Lonoke, Perry, Pulaski, and Saline counties [See **Appendix X: HOPWA Districts Map**]. The Arkansas Department of Health reserves the right to re-align districts as deemed necessary to meet program goals.

<b>HIV AIDS PREVALENCE, ARKANSAS</b>		
<b>DISTRICT</b>	<b>Estimated Number of PLWH/A*</b>	<b>%**</b>
District 1	1032	19.0
District 2	275	5.1
District 3	754	13.9
District 4	741	13.6
District 5***	2090	18.4
District 6	523	9.6
Unknown	25	.5
<b>TOTAL</b>	<b>5440</b>	<b>100.0</b>

\*As of December 31, 2013, ADH Epidemiology

\*\*Note: Due to rounding, percentages do not equal 100.

\*\*\*Non ADH HOPWA

**Non-Appropriation (Funding-Out) Clause:**

- I. Notwithstanding any other provision of this RFA, all obligations of the Arkansas Department of Health (ADH) and the State of Arkansas under this RFA and subsequent Contracts arising therefrom which require the expenditure of funds are conditioned on the availability of funds appropriated for that purpose by U.S. Department of Housing and Urban Development (HUD).
  
- II. This RFA shall be for a term of one year commencing on **July 1, 2015**, and ending on **June 30, 2016**; provided, however, that either party may terminate this agreement upon thirty (30) days written notice, in which event all reports required by the agreement shall be submitted within thirty (30) days following the effective date of said termination.
  
- III. Project Sponsor agrees that the ADH may at its sole option and with agreement of the Project Sponsor elect to extend the award in additional increments for a maximum of one (1) additional year, not to exceed seven (7) years beyond the initial start date. Additionally, Project Sponsor agrees and understands that the ADH may require supplemental information to be submitted by Project Sponsor prior to any renewal of this Agreement. Extensions will depend on the availability of funds and the program’s success toward meeting established goals.

**D. Schedule of Events - See Page 2**

Applications must be **received** by the Issuing Officer no later than 2:30 P.M., Wednesday, March 4, 2015.

## SECTION II: APPLICANT REQUIREMENTS

### A. Eligible Applicants

In order to be eligible, applicants must meet the following criteria:

1. Applicant must be an Arkansas public or private, non-profit agency. Applicants claiming private, non-profit status must include, with the submission of their application, either certification from the State of Arkansas, Office of Secretary of State, or a letter from the Department of the Treasury, Internal Revenue Service (IRS), classifying the applicant administrative organization as a private, non-profit corporation.
2. Applicants or their principals must not be presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any State or Federal assistance programs. Applicant must be in good standing with the IRS and Federal Excluded Parties List System (EPLS) at <http://epls.arnet.gov>.
3. Applicants must have passed their most recent external fiscal audit and must have been audited within the past twelve months.
4. Organizations are not considered eligible to apply unless the organization meets the eligibility conditions on the date applications are due and continues to meet these conditions throughout the selection and funding process. The Arkansas Department of Health (ADH) expressly reserves the right to review and analyze the documentation submitted and to request additional documentation to determine the applicant's eligibility to compete for the contract award.
5. Applicants must have policies and procedures to assure that no person in the State of Arkansas will, on the grounds of race, color, national origin, gender, sexual orientation, age, handicap or disability, medical condition or religion be excluded from employment with or participation in, be denied the benefit of, or otherwise subjected to discrimination under any program or activity performed as a result of a contract(s) entered into pursuant to this RFA.
6. Applicants must have sufficient resources or funding, independent of this agreement, to ensure the organization's ability to provide services under an actual cost reimbursement method up to sixty (60) days from the date of submission of an invoice. No advance payments will be made.
7. Private non-profit organizations which apply must have a Board of Directors.

Activities eligible under this Program are:

1. **Administration for project sponsors** – administrative costs including costs for general management, oversight, coordination, evaluation and reporting on eligible activities, not to exceed 7%.

2. **Service coordination** – Providing housing case management, site visits and site assessment, and supporting employment assistance and job training.
3. **Tenant-based rental assistance (TBRA)** – A housing subsidy provided for use on the open rental market. The tenant holds a lease with a private landlord for a unit that is rented at or under HUD-standard Fair Market Rent (FMR) or Community-wide Exception Payment Standards (CEPS) where applicable. Only housing units that meet Housing Quality/Habitability Standards are eligible for TBRA subsidy (24 CFR 574.310). Eligible tenants shall receive assistance for a period not more than 36 months.
4. **Short-term rent, mortgage and utility assistance (STRMU)** – A housing subsidy provided to prevent homelessness of mortgagors or renters in their current place of residence. Grantees may provide assistance for rent, mortgage, or utilities for a period of 21 weeks in any 52-week period. Ongoing assessment of need is required and individual service plans must address housing stability.
5. **Permanent Housing Placement (PHP) Assistance** – Permanent housing placement services (CFR 574.300(b)(7)) may be used to help eligible persons establish a new residence where on-going occupancy is expected to continue by paying for credit checks, application fees, up to two months of rent, and (or) a one-time security and (or) utility deposits. It may be used to assist STRMU clients who have exceeded the 21-weeks of allowable assistance.

Limitations on HOPWA activities as per HUD regulations: limitations include but are not limited to:

1. Funds may be used only for activities that are included in the eligible activities described above and listed as eligible for HOPWA-funding in 24 CFR 574.
2. Activities are ineligible if they do not serve low-income persons with HIV/AIDS and their family members.
3. Activities are ineligible if they do not serve persons living in ADH-defined HOPWA Districts.
4. STRMU assistance to prevent homelessness may not be used to make deposits and pay first month's rent and utilities for homeless persons. (However, Permanent Housing Placement funds may be used for costs not to exceed two months' rent.)
5. STRMU assistance may not be provided for costs accruing for a period of more than 21 weeks in any 52-week period.
6. HOPWA funds may not be used to pay rental assistance for housing units that do not meet local housing codes/quality standards (TBRA).

7. HOPWA funds may not be used to provide rental or utility assistance that exceeds HUD's Fair Market Rent (or where exercised, Community-wide Exception Payment Standard) guidelines.
8. HOPWA funds may not be used to pay rents that are not comparable for similar or like apartments on the local market (rent reasonableness). HOPWA funds may be used to pay only reasonable, customary deposits and may not be used to pay extraordinary deposits or fees required by owners because the population is viewed as one with special needs.
9. HOPWA funds may not be awarded to a primarily religious organization unless the organization agrees to provide all services free from religious influences and in accordance with principles spelled out at 24 CFR 574.30 (c) (1).

## **B. Requirements for Funding**

The eligibility of an Applicant for HOPWA funding depends on compliance with basic criteria stated above and the provision of adequate information to properly evaluate an accepted application. Criteria for HOPWA funding include:

1. The applicant must be a HOPWA eligible project sponsor, a nonprofit organization as defined above, and that includes provision of housing services to persons with HIV/AIDS as one of its primary purposes. If a nonprofit organization does not provide documentation as requested, it **is not eligible** to receive ADH HOPWA Grant funding.
2. Proposed activities must include HOPWA-eligible activities as per 24 CFR 574.
3. Proposed activities must serve only HOPWA eligible program participants, who are low-income individuals diagnosed with acquired immunodeficiency syndrome or related diseases (HIV/AIDS) and the person's family members.
4. The HUD's guidelines for short-term rent, mortgage and utility (STRMU) assistance must be followed.
5. **Fees for Services:** The project sponsor may charge no fee of any eligible person for any housing or services provided with amounts from an HOPWA-funded grant.

## **C. Core Requirements for Receiving Funding**

(i) Utilizing consultancy services:

This category is appropriate when hiring an individual who gives professional advice or provides services for a fee and who is not an employee of the grantee organization. All consultants require prior approval from ADH annually. Submit the following required information for consultants:

- Name of Consultant: Identify the name of the consultant and describe his or her qualifications.
- Organizational Affiliation: Identify the organization affiliation of the consultant, if applicable.
- Nature of Services to Be Rendered: Describe in outcome terms the consultation to be provided including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to ADH.
- Relevance of Service to the Project: Describe how the consultant services relate to the accomplishment of specific program objectives.
- Number of Days of Consultation: Specify the total number of days of consultation.
- Expected Rate of Compensation: Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs such as travel, per diem, and supplies.
- Method of Accountability: Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

(ii) Contract Approval:

All contracts require prior approval from ADH. Funds may not be used until the following required information for each contract is submitted to and approved by ADH:

- Name of Contractor: Who is the contractor? Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
- Method of Selection: How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one (1) able to perform contract services.
- Period of Performance: How long is the contract period? Specify the beginning and ending dates of the contract.
- Scope of Work: What will the contractor do? Describe in outcome terms, the specific services/tasks to be performed by the contractor as related to the accomplishment of program objectives. Deliverables should be clearly defined.
- Method of Accountability: How will the contractor be monitored? Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
- Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

**D. Applicant Commitments**– Applicants are strongly advised to attend training workshops/conferences, public hearings, Consolidated Plan Advisory Committee meetings, organized by ADH, State of Arkansas Consolidated Plan Advisory Board, or HUD.

## SECTION III: INSTRUCTIONS FOR COMPLETING AN APPLICATION

### A. Letter of Intent

Interested applicants are required to send a Letter of Intent to the Issuing Officer. A Letter of Intent does not obligate the submission of an application for funds, but it will provide information needed to plan for proposal review. **The Letter of Intent must be received by the Issuing Officer no later than 2:30 P.M., Jan. 28, 2015.** See **Appendix # I Letter of Intent**. Letter of Intent forms should be mailed to the Issuing Officer listed in Section III, D.

### B. Mandatory Grant Application Workshop

To assist applicants interested in applying for these funds, a Mandatory **Grant Application Workshop** will be held on Wednesday, February 25, 2015, from 12 noon to 4:30 P.M. The **Grant Application Workshop** will provide grant application instructions and technical assistance. See **Appendix II: Grant Application Workshop Registration Form**. Registration to attend the Grant Application Workshop must be received by the Issuing Officer listed in Section III-D no later than 2:30 P.M., Wednesday, Feb. 18, 2015. Attendance will be recorded at the workshop.

NOTE: Additional information may be accessed by use of links provided elsewhere on the ADH/Bid Opportunities website.

### C. Submission Deadline

Sealed applications must be received by the Issuing Officer by no later than 2:30 P.M., Wednesday, March 4, 2015. Applications received after this date and time **WILL NOT BE ACCEPTED** and will be returned to the applicant.

### D. Where to Mail or Deliver Applications

Application must be mailed to the following address in time to be received by the Issuing Officer:

Arkansas Department of Health  
Procurement Branch  
Attention: Bob Broughton  
4815 West Markham Street Slot 58  
Little Rock, AR 72205-3867

For applications to be hand delivered use the following address:

Arkansas Department of Health  
Bob Broughton  
Procurement Branch  
4815 West Markham Street, Room L156  
Little Rock, AR 72205

## **E. Number of Copies and Application Format**

Applicants must provide a signed original (marked ORIGINAL) and 5 copies. All signatures must be in **blue** ink. The proposal should be limited to white paper - 8½” x 11”- including:

Abstract (1 page)  
Introduction (2 pages)  
Sustainability (1 page)  
Community Partners List (**Appendix III**)  
Community Partners Plan (**Appendix IV**)  
Evaluation Plan (2 pages)  
Budget (3 pages)

The page limit does not include the cover sheet, appendices, or commitment letters. A 12-point Arial font is recommended for all sections. All pages should be numbered except page 1 (cover page), and printed single-sided.

To ensure that all elements of the Application document are included please follow **Appendix VIII** as a guide.

## **F. Application Content**

Applications **must** include the following sections:

### **ABSTRACT**

The purpose of the abstract is to provide a brief overview of the application. It should be clear, concise and specific. It should describe your organization, the scope of your project (including a description of the service area in which you propose to work, the proposed HOPWA housing and support services to be implemented, and the estimated number of clients you intend to serve), and the amount of funding being requested.

### **INTRODUCTION**

Describe the proposed project including the eligible HOPWA activities for which funding is requested, the type of housing related services proposed (tenant-based rental assistance, permanent housing placement, or short-term rent, mortgage and utility assistance); the number of persons to be served by each activity and the term of the proposed funding. Please remember that the funding cycle is **ONE** year from July 1, 2015 through June 30, 2016.

List and describe the supportive services that the participants will receive including, the type (case management, job training, life skills training) and the scale (frequency and duration of the services).

Describe how you plan to ensure that the participants will be individually assisted to identify, apply for, and obtain other available local, state, or federal programs

providing assistance to low-to-moderate income persons, and persons living with HIV/AIDS.

Describe how the services will increase the participants' access to appropriate healthcare; and

Describe how supportive services will increase the participants' access to employment.

Briefly describe the population to be served by the proposed HOPWA project including: (a) their needs for housing and supportive services; (b) where they will come from; and (c) any outreach activities that will educate them about, and bring them into the program. The introduction must demonstrate that the population meets HUD's criteria for eligibility to receive HOPWA-funded services and housing. Additionally, you should describe the needs of the group that the project will serve indicating the type of housing and supportive services they will need. In the Introduction, show that the project will be coordinated with other local, state, or federal programs providing other forms of assistance for persons with HIV/AIDS.

### **SUSTAINABILITY PLAN**

List and describe how the proposed program will help the program participant establish and maintain stable on-going residency.

List and describe how the proposed program will reduce the risks of homelessness for the proposed population.

List and describe how the proposed program will ensure that the program participant develops an individualized service plan and increases access to health care services.

### **COMMUNITY PARTNERS LIST**

Appendix III

### **COMMUNITY PARTNERS PLAN**

Appendix IV

### **LOCAL PROGRAM WORK PLAN**

Includes Appendices V and V-A

This section provides a comprehensive framework and description for all aspects of the proposed program. It should be concise, self-explanatory and well organized so that reviewers can understand the proposed project.

- Describe your proposed program clearly. Identify which district you propose to cover (coverage area).

- Provide measurable objectives with time frames and describe how state/federal goals and objectives will be met.
- Provide a logical process for documenting outcomes and success of strategies and methods.
- Provide a description of data collection capabilities.

## **EVALUATION PLAN**

Describe proposed program evaluation methods.

## **BUDGET AND NARRATIVE BUDGET JUSTIFICATION**

Include an itemized list of requested purchases, estimated costs and a clear description of how the items will be used. All items must be justified. Include amounts for in-kind (federal and non-federal) contributions as well.

- Allowable items include, but are not limited to, postage, printing, advertising, travel expenses, meeting expenses, general office supplies and educational materials.
- General office supplies include equipment such as a computer with an acquisition cost of less than \$2,500.
- The Department of Health – HIV Services Program Manager must grant approval prior to the purchase of equipment. All equipment purchased with grant funds becomes the property of the ADH upon discontinuation of funding.
- Administrative costs may not exceed seven percent (7%) of the total budget.
- A specific job description must be included for each individual who will receive payment from grant funds and any other source of funding for each position listed on the grant.
- Resume of Program Coordinator or Executive Director.
- The application should show the percentage of time (based on a 40 hour work week) that will be spent on grant activity.

Provide a narrative budget justification that explains the amounts requested for each line item in the budget. The budget justification should specifically describe how each item would support the achievement of proposed objectives. The budget period is for twelve (12) months. The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's objectives/goals.

A sample budget format is included as **Appendix IX**.

Include the following categories in the narrative budget justification:

**Administration:** Administrative costs may not exceed seven percent (7%) of the total budget including indirect costs.

- a. **Personnel Costs:** Personnel costs should be explained by listing each staff member who will be supported from funds, name (if available),

position title, percent full time equivalency, percent funded through other funding sources, annual salary and the exact amount requested.

- b. **Fringe Benefits:** List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans and tuition reimbursement. The fringe benefits should be directly proportional to that portion of the personnel costs allocated for the project.
- c. **Travel:** List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. Travel cannot exceed State per diem; mileage cannot exceed **\$.42** per mile.
- d. **Equipment:** List equipment costs and provide justification for the need of the equipment to carry out the program's goals. All equipment purchased with these funds must be used only for the purposes and intent of the work proposed. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment [a unit cost of \$2,500 and a useful life of more than one (1) year]. Written prior approval from ADH for equipment purchases is required. Purchased equipment must be tagged and maintained on a property inventory. Applicants may be required to return to ADH any assets purchased with these funds if the organization is not funded for additional periods, if they do not re-apply for funding, or if the agreement is terminated.
- e. **Supplies:** List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Educational supplies may be pamphlets and educational videotapes. Microsoft Office Word 2010 software is required.
- f. **Other:** Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category.

**Direct Client Services:** Service coordination, permanent rental assistance, short-term rent and mortgage assistance, as well as short-term utility assistance are required activities. A project sponsor may provide services directly or implement a sub-contract to provide required services. If a project sponsor enters into a sub-contract, a copy of the sub-contract must be provided to the Grantee.

- a. **Service Coordination:** Personnel costs should be explained by listing each staff member who will be supported from funds, name (if available), position title, percent full time equivalency, percent funded through other funding sources, annual salary and the exact amount requested.

- b. **Fringe Benefits:** List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans and tuition reimbursement. The fringe benefits should be directly proportional to that portion of the personnel costs allocated for the project.
- c. **Travel:** List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. Travel cannot exceed State per diem.
- d. **Tenant-Based Rental Assistance (TBRA):** Long-term Rental Assistance is a required activity. A TBRA allocation will be set for each district. **TBRA expenditures may exceed the allocated amount per district with prior approval from Grantee agency.** Grants under this section (Title 42, Chapter 131, Sec. 12908) may be used only for assistance to provide rental assistance for low-income eligible persons. Such assistance may be tenant-based rental assistance with the assurance the housing provided is decent, safe and sanitary.
- e. **Short-Term Rent, Mortgage and Utility Assistance:** Short-term rent, mortgage and utility are required activities. Identify the amount proposed to provide rent assistance payments for rent, utility assistance payments for utility and mortgage to prevent homelessness of the tenant or mortgagor of a dwelling. A program assisted under this section (Title 42, Chapter 131, Sec. 12907) may not provide assistance for rent, utility or mortgage to any individual for costs accruing over a period of more than 21 weeks of any 52-week period.
- f. **Permanent Housing Placement Services:** Permanent housing placement services as defined under 24 CFR 574.300(b)(7) may be used to help eligible persons establish a new residence where on-going occupancy is expected to continue. It may be used to compliment other forms of HOPWA housing assistance. For example, it may be used to assist STRMU clients who have exceeded the 21 weeks of allowable assistance.
- g. **Other:** This budget category is optional. Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category.

## G. APPLICATION DEADLINE

**Sealed applications must be received by the Issuing Officer no later than 2:30 P.M., Wednesday, March 4, 2015.** Applications received after this date and time will NOT be reviewed and will be returned to the applicant. Original and 5 copies including the following items must be submitted for a complete application:

- Applicant Cover Sheet (**Appendix VI**)
  - Declaration of Funding Sources (**Appendix VII**)
  - Table of Contents
  - Abstract
  - Introduction
  - Sustainability
  - Community Partners (**Appendix III**)
  - Community Partners Plan (**Appendix IV**)
  - Local Program Work Plan (**Appendix V**)
  - Evaluation Plan
  - Letters of Commitment
  - Certification of Non-Profit Organization
  - Attachments, if appropriate
  - Budget (Completed Budget – See Spreadsheet Attachment to RFA)

## **SECTION IV: REVIEW OF APPLICATIONS & AWARD NOTIFICATIONS**

### **A. Review for Compliance with RFA Requirements**

Applications will be date and time stamped upon receipt, and must be received by or before the deadline. Omission of any required document or form, or failure to respond to any requirement may lead to rejection of the application prior to the review.

### **B. Evaluation and Scoring**

Each application will be evaluated and scored by a review committee on a scale of 0 to 100 total possible points.

### **C. Points Assignments**

CRITERIA	POSSIBLE POINTS
Project Plan	35
Budget and Narrative Budget Justification	20
Organizational Capacity	15
Applicant's Experience	15
Collaborative Relationships	15
<b>Total Possible Points</b>	<b>100</b>

**D. Award Notifications**

Award notifications will be processed at a later time yet to be announced.

## **SECTION V: GENERAL INFORMATION**

### **A. Reimbursement Guidelines**

The recipient will be reimbursed monthly on an “Actual Cost” method of reimbursement. Actual cost reimbursement is based on a complete itemized listing of allowable program expenses. These expenses must be within the approved budget’s itemized listing of allowable program cost. No advance payments are allowed.

### **B. Program and Financial Monitoring**

**Program Monitoring** – The STI/HIV/Hepatitis C/TB Section has a team consisting of the HIV Program Manager and the HOPWA Coordinator that has authority to monitor the contract activities of the Project Sponsors. Program on-site and remote monitoring involves:

- Periodic site and technical assistance visits;
- Participating in and providing quarterly progress reports during scheduled conference calls, and
- Submission of an annual performance and evaluation report by the Project Sponsors.

Project Sponsors are required to comply with HUD regulations, the ADH HOPWA Program Manual, and their contractual stipulations and commitments.

**Financial Monitoring** – ADH program will conduct a financial review of all grant recipients by either a desk review or onsite visit. Recipients/Fiscal Agents will be required to submit any requested financial documents for compliance with the grant requirements and adherence to GAAP (Generally Accepted Accounting Practices).

### **C. Past Performance**

In accordance with provisions of The State Procurement Law, R2:19-11-230 Competitive Sealed Proposals – Bid Evaluation paragraph (B): a vendor’s past performance with the state may be used in the evaluation of any offer made in response to this solicitation. The past performance should not be greater than three years old and must be supported by written documentation on file in the Office of State Procurement at the time of the bid opening. Documentation may be in the form of a written or electronic report, VPR, memo, file or any other appropriate authenticated notation of performance to the vendor file.

### **D. References**

Applicants must submit with the application a minimum of three (3) references for business accounts that have been provided services of a similar nature in the last five (5) years by the applicant. Each reference listed must include name of business, contact person, telephone number, and email address. The Department reserves the right to

contact any and all customers of the applicant, even if they were not provided by the applicant.

**Note: the applicant may not use a representative from the ADH HOPWA Program or staff from ADH HIV Services for this list of references.**

## **APPENDICES**

- I Letter of Intent
- II Grant Application Workshop Registration Form
- III Community Partners List
- IV Community Partners Plan
- V Work Plan
- V-A Work Plan Instructions
- VI Application Cover Sheet
- VII Declaration of Funding Sources
- VIII Required Elements Check List
- IX Budget Example
- X ADH HOPWA Districts Map

**Letter of Intent for RFA-15-0006**

Please complete and return this form if you intend to apply for funding from the ADH to support HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA).

Completion does not obligate the submission of an application for funds. It does, however, provide ADH with information to plan application training and proposal review.

*Please submit this form to the Issuing Officer:*

Arkansas Department of Health  
Procurement Branch  
Attention: Bob Broughton  
4815 West Markham Street Slot 58  
Little Rock, AR 72205-3867

Or, a signed copy may be emailed to: [bob.broughton@arkansas.gov](mailto:bob.broughton@arkansas.gov)

*Intent to Apply for funding:*

*Applicant:*

---

*Address:*

---

*Street Address*

*City*

*County*

*Contact*

*Person*

*Title*

*E-mail*

*Address*

---

*Phone*

*#*

*Fax#*

---

**GRANT APPLICATION Workshop**  
**REGISTRATION FORM**  
**For RFA-15-0006**  
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please return this form to the Issuing Officer:

Arkansas Department of Health  
Procurement Branch  
Attention: Bob Broughton  
4815 West Markham Street Slot 58  
Little Rock, AR 72205-3867

Or, a signed copy may be emailed to: [bob.broughton@arkansas.gov](mailto:bob.broughton@arkansas.gov)

Location for the Workshop will be as follows:

Arkansas Department of Health Auditorium  
4815 West Markham Street  
Little Rock, AR 72205  
February 25, 2015  
12 Noon - 4:00 P.M.

### Community Partners List

Provide a list of Community Partners and identify those that will be providing a key role in the development and implementation of your Local Program Work Plan Goals and Activities. Key community partners must provide a letter of commitment that describes, in detail, their role in the proposed Local Program Work Plan and that indicates their overall support for the objectives and planned activities described in the Local Program Work Plan.

Name of Organization	Name of Contact	Phone number and address of contact person	Role of Organization

***Community Partners Plan***

Describe your plan for maintaining existing partnerships and developing new partnerships. Include partners that will be recruited for general HIV/AIDS support and Homelessness Prevention, and specific objectives.

Agreement #:  
 Attachment #:  
 Action:  
 Page: of

**WORK PLAN**

**Appendix V**

**Intervention Area**

- Tenant-Based Rental Assistance (TBRA)
- Short-Term Rent, Mortgage, and Utility (STRMU)

- Supportive Services
- Permanent Housing Placement (PHP)

**Long Term Objective and Estimated Completion Date:**

**Current Year Objective:**

Planned Activities	Completion Date	Responsible Persons	Performance Outcome & Key Outcome Indicators (Indicator that will be used to evaluate the activity)
Assessment & Ongoing Surveillance			
Action Based on Assessment Results			
Voluntary Policy			
Enforcement			

## Work Plan Instructions

Complete the current year work plan using the template provided.

**Intervention Areas:** Mark the intervention area that will be addressed with the activities planned.

**Objectives:** Each annual work plan **must contain** at least **one long-term objective** and **two short-term (current year) objectives per intervention area**, not exceeding ten overall current year objectives. The long-term objectives should describe what the program intends to accomplish within the next two years. The short-term objectives should describe what the program intends to accomplish during the current year. **Both long-term and short-term objectives must contain all the elements of a S.M.A.R.T. objective.** S.M.A.R.T. objectives state where you started, where you are going, when you plan to arrive, and how you will know you have arrived.

S.M.A.R.T. objectives are:

**Specific** – Who or what is expected to change or benefit? What change or benefit is expected? How much of a change or benefit is expected? Where will the change or benefit occur? When will the change or benefit be completed (date)?

**Measurable** – How will the results of the efforts be measured? Establish a baseline from which the change will occur and quantify the amount of change to be achieved. Changes should be linked to rate, number, percentage or frequency.

**Achievable** – Is the objective realistic given available resources and yet challenging enough to accelerate program efforts? What are the limitations and constraints? Is it achievable within the proposed timeframe?

**Relevant** – Will the objective lead to the desired results? This means that the outcome or results of the objective directly supports the goal of the program.

**Time-bound** – When will the objective be accomplished?

Example of a S.M.A.R.T. Long-term Objective: Decrease the percentage or number of persons living with HIV/AIDS in HUD County who report being homeless or at risk for homelessness in the prior two weeks from 65% in July 1, 2015 to 40%, by June 30, 2017.

Example of a S.M.A.R.T. Short-term Objective: By June 30, 2016, increase from 10 to 15 the number of HOPWA-supported clients in District 1 who enrolled into a skills training program.

**Activities:** List the major activities that will be conducted. Activities should work together to accomplish the objective. For each major activity, describe what the activity is, the completion date of each activity, and who will be responsible for completing the activity. Major activities work together, much like stepping stones, forming a pathway to achieve the objective. **DO NOT** list supporting activities, such as networking, planning meetings, creating a task force, attending coalition meetings, attending trainings, ordering or purchasing, handing out promotional items, or working on monthly briefings or other reports.

Examples:

1. Identify local job training opportunities and resources through the DOD County's Jobscorp's website and the local Chamber Of Commerce website.
2. Establish and maintain contacts with local property management agencies and apartment complexes.

**Completion Date:** Identify the date each major activity will be completed.

**Responsible Persons:** Record the lead person(s) and the entity they represent who is responsible for completing each major activity. If collaborators are involved, record them also. Collaborative partnerships are defined as diverse groups working together to create a shared vision and to engage in joint strategies to address problems.

**Performance Outcomes and Key Outcome Indicators:** Performance Outcomes are the intended results of program activities and often focus on the knowledge, attitudes, and skills gained by a target audience. The following are some examples:

- Increased public exposure to information about HIV screening.
- Increased knowledge among HIV positive population about forms of assistance available to manage homelessness.
- An increase in the percentage of HOPWA clients enrolled in skills training.

Key Outcome Indicators are the measures to determine if change has occurred as a result of the program activity/intervention.

What is measured must be tied directly to the objective that was established for the program. Growth of knowledge, attitudes, and skills (support) should lead to changes. For example increased awareness of the danger of homelessness for a person with HIV, may lead to increases in the number of HIV-positive individuals declaring an existing homeless status to their medical case manager, or their risk for becoming homeless.

Following are some key outcome indicators:

- Proportion of the HIV population in the county willing to ask for assistance in addressing impending risk for having their utilities cut off for past due bills.
- Proportion of the HIV population that thinks skills training is beneficial.
- Proportion of HOPWA clients successfully completing jobs training and getting hired.

**Applications for HOPWA Programs  
Application Cover Sheet for RFA-15-0006**

**Proposer Information**

Agency Name: \_\_\_\_\_

Agency Contact Person and Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

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

Maximum funding requested: \$ \_\_\_\_\_

***I acknowledge the obligations of any grant awarded in connection with this proposal and affirm that the Proposer Agency is a legal entity that will meet the specifications set forth in the RFA. Individual authorized to legally bind the proposer will sign below:***

---

***(Signature)***

-

***(Title)***



**Required Elements Checklist**

- Original application and 5 copies
- Applicant Cover Sheet
  
- Declaration of Funding Sources
- Table of Contents
- Abstract
- Introduction
- Sustainability Plan
- Local Program Work Plan
- Evaluation Plan
- Budget
- Community Partners
  
- Letters of Commitment
- Certification of Non-Profit Organization

**Appendix VIII**

**Appendix VI**

**Appendix III**

**INTRODUCTION**

**Guidance is offered for the preparation of a budget request. Following this guidance will facilitate the review and approval of a requested budget by insuring that the required or needed information is provided.**

**A. Salaries and Wages**

For each requested position, provide the following information: name of staff member occupying the position (if available); annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

**Sample budget (MUST BE DONE IN EXCEL)**

Personnel				Total <b><u>\$86,250</u></b>
Position Title and Name	Annual	Time	Months	Amount Requested
Program Coordinator Susan Taylor	\$45,000	100%	12 months	\$45,000
Finance Administrator John Johnson	\$28,500	50%	12 months	\$14,250
Outreach Supervisor (Vacant*)	\$27,000	100%	12 months	\$27,000

**Sample Justification**

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Program Coordinator - (Name)

This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to ADH. This position relates to all program objectives.

**B. Fringe Benefits**

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.

## Sample Budget

Fringe Benefits

Total **\$21,562**

25% of Total salaries = Fringe Benefits

If fringe benefits are not computed by using a percentage of salaries, itemize how the amount is determined.

Example: Total Salary     \$86,250

Retirement 5% of \$86,250	= \$4,312
FICA 7.65% of \$86,250	= \$6,598
Insurance 12.35% of \$86,250	= \$10,651
Workers Compensation	= _____

### C. Consultant Costs

This category is appropriate when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee but not as an employee of the grantee organization. Written approval must be obtained from ADH prior to establishing a written agreement for consultant services. Approval to initiate program activities through the services of a consultant requires submission of the following information to ADH (**see Page 11**).

1. Name of Consultant;
2. Organizational Affiliation (if applicable);
3. Nature of Services to Be Rendered;
4. Relevance of Service to the Project;
5. The Number of Days of Consultation (basis for fee); and
6. The Expected Rate of Compensation (travel, per diem, other related expenses) - list a subtotal for each consultant in this category.

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

### D. Supplies

Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

## Sample Budget

**Total: \$24,300**

### **Computer & Accessories**

**\$17,000**

<u>Item Requested</u>	<u>How Many</u>	<u>Unit Cost</u>	<u>Amount</u>
Computer Workstation	2 each		\$5,500 = \$11,000
Computer	1 each		\$6,000 = <u>\$6,000</u>

### **Supplies**

**\$7,300**

General office supplies (pens, pencils, paper, etc.)

\$240/year x 10 staff = \$2,400

Educational Pamphlets (3,000 copies @) \$1 each = \$3,000

Educational Videos (10 copies @ \$150 each) = \$1,500

Word Processing Software @ \$400 (specify type) = \$400

## **Sample Justification**

Provide complete justification for all requested supplies, including a description of how it will be used in the program. General office supplies, computer and computer accessories will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc. Any printing must follow Amendment 54 for state agencies. **Note: All printing must be awarded, under contract, to the lowest responsible bidder. Contractor must provide evidence that they have solicited bids on any printing work.**

## **E. Travel**

Dollars requested in the travel category should be for **staff travel only**. Travel for consultants should be shown in the consultant category. Travel for other participants, advisory committees, review panel, etc. should be itemized in the same way specified below and placed in the 'Other' category.

In-State and Out-of-State Travels - Provide narrative justifications describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile (**mileage reimbursement cannot exceed \$0.42 cent per mile**). If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation when applicable. All charges cannot exceed the federal rates. See link: [http://www.gsa.gov/portal/content/104877?utm\\_source=OGP&utm\\_medium=print-radio&utm\\_term=perdiem&utm\\_campaign=shortcuts](http://www.gsa.gov/portal/content/104877?utm_source=OGP&utm_medium=print-radio&utm_term=perdiem&utm_campaign=shortcuts)

**Sample Budget**

Travel (in-State and out-of-State)

**Total \$4,533**

In-State Travel:

1 trip x 2 people x 500 miles r/t x .42/mile	= \$ 420
2 days per diem x \$37/day x 2 people	= \$ 148
1 night's lodging x \$67/night x 2 people	= \$ 134
25 trips x 1 person x 300 miles x .42/mile	= <u>\$3,150</u>

**Sample Justification**

The Project Coordinator and the Outreach Supervisor will travel to (location in-state) to attend Consolidated Plan Annual Update public hearing. The housing case manager will make an estimated 25 site visit trips for client's housing quality standard inspections.

Out-of-State Travel:

1 trip x 1 person x \$500 r/t airfare	= \$500
1 day per diem x \$40/day x 1 person	= \$40
1 night lodging x \$80/night x 1 person	= \$80
1 night tax on lodging \$80 x 14% x 1 person	= \$11
Ground transportation 1 person	= \$ 50

Reimbursements for meals only apply when travel requires overnight stay, with the maximum allowable lodging and meal and incidental expense per diem set by the U.S. General Services Administration (<http://www.gsa.gov/portal/content/104877>).

First and last days of travel will be reimbursed at 75% of per diem.  
Example: daily per diem is \$51; reimbursement will be \$38.25 (i.e. \$51 x 0.75).

**Sample Justification**

Project Coordinator will travel to (location out-of-state) to attend HUD-scheduled one-day in-person training for HOPWA grantees and project sponsors in October.

**F. Other**

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

**Sample Budget**

Other

Total \$\_\_\_\_\_

Telephone (Cell phone)

(\$ \_\_\_ per month x \_\_\_ months) = \$ Subtotal

Postage

(\$ \_\_\_ per month x \_\_\_ months) = \$ Subtotal

Equipment Rental (describe)

(\$ \_\_\_ per month x \_\_\_ months) = \$ Subtotal

Internet Provider Service

(\$ \_\_\_ per month x \_\_\_ months) = \$ Subtotal

### **Sample Justification**

Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If not, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

### **Contractual Costs**

Recipients must obtain written approval from ADH prior to establishing a third-party contract to perform program activities. Approval to initiate program activities through the services of a contractor requires submission of the following information to ADH (**see Page 11-12**):

1. Name of Contractor;
2. Method of Selection;
3. Period of Performance;
4. Scope of Work;
5. Method of Accountability; and
6. Itemized Budget and Justification.

If the above information is unknown for any contractor at the time the application is submitted, the information may be submitted at a later date as a revision to the budget.

Copies of the actual contracts should not be sent to ADH, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

### **Total Direct Costs**

\$\_\_\_\_\_

Reimbursement request must include copies of time sheets, travel receipts, cash journal and bank statements that coincide with the agency reimbursement form (issued with the subgrant if awarded).

