

Funding Opportunity

Government of the District of Columbia Department of Health
Hiv/AIDS, Hepatitis, STD, and TB Administration

H A H S T A



Request for Applications (RFA)

RFA# HAHSTA_FBHP070615

Facility-Based Housing and Supportive Services



The Department of Health (DOH) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DOH reserves the right to reject all applications, adjust the total available funds or cancel the RFA in part or whole. Funding levels for the total program and budget amounts of individual awards shall be contingent upon continued receipt of funding by DOH, as well as any reduction, elimination or reallocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or the Department of Health. Any adjustments shall be in accordance with authorizing legislation for the use of funds, all DC municipal regulations for grant-making and the applicable federal and DOH terms of agreement.

DEPARTMENT OF HEALTH (DOH)
HIV/AIDS, HEPATITIS, STD, & TB ADMINISTRATION (HAHSTA)
NOTICE OF FUNDING AVAILABILITY (NOFA)
RFA# HAHSTA FBHP070615
FY2016 HIV Facility Based Housing Programs

The Government of the District of Columbia, Department of Health HIV/AIDS, Hepatitis, STD, & TB Administration (HAHSTA) is soliciting applications from qualified applicants to provide Facility-Based Housing (FBH) programs for HIV-positive individuals and their families that are at risk for continued or chronic homelessness and need assistance to access or maintain permanent housing placement.

Up to \$1,300,000 in Housing Opportunities for Persons with AIDS (HOPWA) funds from the U.S. Department of Housing and Urban Development (HUD) will be made available in FY2016.

HAHSTA intends to grant up to four (4) awards projected to begin October 1, 2015 through September 30, 2016. The awards and the amounts of each are contingent upon availability of funds. Two subsequent option years are dependent upon successful implementation and availability of funds.

The following entities are eligible to apply for grant funds under this RFA: not-for-profit providers operating as housing programs. All awards will be made to organizations located and providing services within the District of Columbia.

HAHSTA seeks applications that will offer comprehensive services for timely transition of participants to either self-supported permanent housing or a permanent supportive housing setting. Successful programs will establish linkages with relevant services (e.g., behavioral health, job preparation, employment placement, treatment adherence support, among others) and transition individuals to self-sufficiency and housing stability or transition to supportive settings.

The release date of RFA# FBHP070615 is Monday, July 6, 2015. The District of Columbia, Department of Health, HIV/AIDS, Hepatitis, STD & TB Administration will have the complete RFA available for pick up at 899 North Capital Street, NE, 4th Floor and on the internet at <http://opgs.dc.gov/page/opgs-district-grants-clearinghouse> on Monday, July 6, 2015.

The Request for Application (RFA) submission deadline is 4:45 PM on Monday, August 3, 2015. The Pre-Application conference will be held in the District of Columbia at 899 North Capital, NE, 4th floor Conference Room, Washington, DC 20002, on July 14, 2015, from 1:00 PM to 3:00 PM. If you have any questions, please contact Minozka.King-Silber@dc.gov via email or by telephone at (202) 741-0893.

District of Columbia Department of Health

RFA Terms and Conditions

v06.2015

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH) and to all awards, if funded under this RFA:

- Funding for a DOH sub award is contingent on DOH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.
- DOH may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- The RFA does not commit DOH to make any award.
- Individual persons are not eligible to apply or receive funding under any DOH RFA.
- DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DOH shall notify the applicant if it rejects that applicant's proposal for review.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).
- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.
- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- DOH shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.
- The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.
- DOH reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DOH electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.

- DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
- DOH shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12 month budget period). The NOGA shall outline conditions of award or restrictions.
- Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.
- DOH shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, such as OMB Circulars 2 CFR 200 (effective December 26, 2014) and as applicable for any funds received and distributed by DOH under OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.
- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: www.opgs.dc.gov (click on Information) or click here: [City-Wide Grants Manual](#).

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442- 9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

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Section I. Background

Purpose of this Request for Applications (RFA)

Since its inception in 1990, the Housing Opportunities for Persons with AIDS (HOPWA) program has aimed to provide participants with tools to achieve self-sufficiency and independence by providing rental subsidy, comprehensive assistance from housing experts, as well as wrap-around services, as needed. The two components of the HOPWA Facility-Based Housing program – Emergency and Transitional – were instituted to provide participants in need with time-limited housing and supportive services targeted specifically to assist residents to make measurable progress towards attaining housing stability. The goal at the end of this transitional period is to have participants successfully move out of the program into stable housing, thereby making room for new participants who could benefit from HOPWA housing and services.

In this RFA, DOH is proposing a programmatic redesign to assure that the development of permanent housing plans, increasing household income through access to benefits and workforce development activities, and successful housing search are the primary activities of residents. As a result of a significant reduction in federal funding, this RFA also envisions contracting with a select number of providers that can closely monitor participant progress to yield successful results. In this redesigned Facility-Based Housing approach, the activities will provide a short-term housing with an invigorated focus on housing independence and transition along the housing continuum. DOH defines the housing continuum as the most appropriate housing setting for a person, which could include self-sufficiency through employment, senior housing for a person 55 years old or older, or VASH for returned veteran's permanent supportive housing if the individual has a co-occurring behavioral health condition or physical disability.

The Facility-Based Housing programs are designed to assist participating households that are seeking to exit or avoid imminent homelessness and move along the continuum to stable permanent housing. The services specifically supported under this RFA are intended to be provided within the context of the full range of housing, medical, behavioral health, education, employment and benefits access, and other supportive services available to low-income persons living with HIV in the District of Columbia.

Eligibility for participation in the **Facility-based Emergency Housing** program will be limited to PLWHA with incomes at or below 30% of area median who also are homeless or at imminent risk of homelessness – as defined by HUD¹ for the homeless Continuum of Care. The main goal of this program is successful exit to permanent housing in the shortest time necessary. All residents will be required to participate in the planning and active implementation of a permanent housing plan, with case manager support, and the two intended program objectives are to either:

¹ http://b.3cdn.net/naeh/579e3b67bd7eeb3fc3_q0m6i6az8.pdf

- Help households get to a point where they can stabilize in shared or independent housing and pay rent independently in a timely manner – up to sixty (60) days in a six-month period; or
- Serve as a bridge to a Permanent Supportive Housing program, for those who meet the level of need defined by the homeless Continuum of Care and are determined to be disabled and requiring that level of services due to a combination of chronic homelessness and severe and persistent mental illness and/or physical disability.

The **Facility-based Transitional Housing** program will be similarly focused on self-sufficiency and progress on the housing continuum with a 12 to 18 month period. In close collaboration with DOES, the program will provide employment-focused services in a temporary housing setting for those who are non-disabled and motivated to increase job skills and complete a self-defined career development program that will result in:

- Marketable job skills and internship/training opportunities, as available,
- Enrollment and ongoing participation in DOES (and/or other community-based) career development training and placement programs,
- Dependable income, and
- Budgeting and money management skills to become self-sufficient.

In order to accomplish this proposed redesign, HAHSTA is searching for prospective applicants with extensive experience in the domains of housing and those supportive services that promote self-sufficiency and housing stability. HAHSTA encourages applications that demonstrate a vast understanding of the navigation of supportive services and ensures that housing clients benefit from an array of services available; including non-HOPWA funds. Navigation of supportive services is intended to provide critically important support for individuals to maximize the likelihood of successful housing service delivery.

Prospective applicants must demonstrate their abilities to assess the needs of clients for housing-related service navigation, to understand the extent to which those needs are met by services supported through other funding sources, to create customized permanent housing plans, as well as to prepare participants for long-term, future housing stability.

Two housing services will be funded through this RFA:

- Facility Based Housing (Emergency) – one (1) provider
- Facility-Based Housing (Transitional) – up to three (3) providers

Both of these housing options will include staffing of navigators for employment and permanent housing settings. In addition, prospective applicants may propose project sponsor administrative

costs for management, oversight, coordination, evaluation, and reporting on HOPWA-eligible activities specifically funded through this RFA.

Measurable Outcomes

There are three primary measurable outcomes for HOPWA Facility-Based Housing programs:

1. Increased housing stability
2. Increased household income
3. Ongoing connection to healthcare and services.

All measurable outcomes must be consistent with the Consolidated Plan for the District of Columbia and HOPWA reporting requirements. All participant-level data, including intake, assessment, ongoing case management notes and referrals, will be entered and managed in the District's homeless management information system (HMIS). Key indicators to be reported by each prospective contractor include, but are not limited to, the following:

- The number of chronically homeless persons with HIV/AIDS who are housed.
- The number of marginally housed persons with HIV/AIDS moved to stable, long-term housing.
- The number of households supported to maintain stable housing.
- The number of persons with HIV/AIDS housed through the HOPWA program effectively transitioned to long-term or permanent housing supported by other sources of funding.
- The amount of leveraged resources (housing assistance and/or supportive services) secured to extend the funding available through this procurement.
- The number of households receiving housing assistance in which one or more individuals receive appropriate HIV primary health care.
- The number of individuals with HIV/AIDS receiving housing assistance able to access ongoing medical assistance support.
- Increases in income from employment or benefits among those receiving housing assistance.
- The number and proportion of people with HIV who receive housing assistance as well as regular primary outpatient medical care and medical case management services.

Available Funding & Period of Funding

Up to \$1,300,000 in HOPWA funds from the U.S. Department of Housing and Urban Development (HUD) will be made available in FY2016. HAHSTA intends to grant up to four (4) awards. The grants supported by funds awarded under this RFA are expected to begin on October 1, 2015, with a period ending September 30, 2016. Pending performance reviews, compliance with reporting requirements and availability of funds, grants may be extended for two option years after September 30, 2016, i.e. through Sept. 30, 2017 and Sept. 30, 2018, respectively.

The table below displays the expected amount of the award and the number of awards expected for each service category.

Services	Expected Funds	Expected Awards
Facility-Based Housing (Emergency)	\$ 190,000	1
Facility Based Housing (Transitional)	\$1,110,000	3
Total	\$1,300,000	

Eligible Applicants/Prospective Applicants

The following organizations/entities are eligible to apply for grant funds under this RFA:

- Not-for-profit organizations with a demonstrated track record in providing housing and/or services to people living with HIV/AIDS and/or experiencing homelessness.
- Not-for-profit organizations with strong fiscal management skills and experience.
- Public housing agencies.

Section II. Program Plan

Two Types of Facility-based Housing Proposed:

This section of the RFA includes information that applies to both the Emergency and Transitional Facility-based Housing programs. A critical component for both is the success of participants in developing and executing individualized Permanent Housing Plans that maximize self-sufficiency by the end of their stay, whether it is for less than sixty days or more than eighteen months. Ensuring that participants can access appropriate housing destinations at program exit will be a key outcome used to determine funding awards.

- 1) The **Facility-based Emergency Housing** program will focus on those participants whose household income is at or below 30% of the area median, i.e. court-ordered notice of eviction (see HUD's definition of homelessness²). This may include, but is not limited to:
 - Low income HIV-positive individuals;
 - Individuals who are currently homeless or have a documented imminent risk of homelessness;
 - Individuals with multiple diagnoses of co-occurring HIV, substance use disorders and severe and persistent mental illnesses;
 - Individuals who have histories of chronic homelessness;
 - Individuals who have been recently released from incarceration or other custody without an appropriate housing destination; and
 - Transgender individuals who can document housing discrimination.
- 2) The **Facility-based Transitional Housing** program provides temporary housing services to DC residents who are HIV-positive, and their families, with household incomes at or below 50% of the area median.

The program will provide employment-focused services with time-limited housing assistance for those who are non-disabled and motivated to increase job skills and complete a self-defined career development program that will result in:

- Marketable job skills and internship/training opportunities, as available,
- Enrollment and ongoing participation in DOES (and/or other community-based) career development training and placement programs,
- Dependable income, and
- Budgeting and money management skills to become self-sufficient within 12-18 months.

Transition Plan and Entry into HOPWA-funded Facility-based Housing Programs

As there will be two distinct Facility-based Housing programs, two different selection models will be utilized: vulnerability-based and success-based.

² http://b.3cdn.net/naeh/579e3b67bd7eeb3fc3_q0m6i6az8.pdf

- Vulnerability-based selection refers to those participants with the most difficulties and the fewest options available to them (Emergency Housing). The Homeless Coordinated Entry System will be the point of entry responsible for ensuring that all participants meet the eligibility requirements of the Facility-based Emergency Housing program.
- Entrance into the employment-oriented Transitional Housing program will be for those participants with the motivation and aptitude to attain self-sufficiency as a result of their own efforts, as supported by targeted housing case management and employment services. Application for the employment-oriented program will be handled exclusively via an online application process managed, at least at the outset, within HAHSTA.

Depending upon the final selection of facility-based housing providers, one or more providers may propose housing both populations, though it must be kept in mind that the two programs are different in terms of the length of stay.

As the Transitional Housing program moves towards the employment and training model in October, the vulnerability model will be implemented solely for the Emergency Housing program. As a result, individuals who are not selected for the employment demonstration program will no longer be eligible for transitional housing. They may apply for Emergency Housing and be screened according to the vulnerability scale, however the limited Emergency Housing resources will be prioritized for those most vulnerable at the time that there are openings in the program. There will be no waiting list for either program.

Applicants will be referred to HOPWA-funded and other homeless Continuum of Care Emergency Housing providers based on the scoring determined through the homeless coordinated entry process. There will no longer be a separate HOPWA emergency housing application, referral process or waiting list. All residents for HOPWA-funded emergency housing will be referred through the coordinated entry system.

Further, Transitional Housing providers will be asked to create an individualized transition plan for all current transitional housing residents. Those who apply for and are accepted into the new program (application will be open to all current residents of HOPWA transitional and emergency housing) will be notified of the details of the program's start up and assisted to make transition plans accordingly. For those residents who either (1) do not apply for the new program or (2) apply but are not accepted, their current housing provider will be asked to develop a personalized transition plan. (Details to be determined based on the outcome of this selection process.)

HOPWA Facility-based Housing

Prospective applicants should include a description of their plan to implement, monitor and maintain organizational linkages to primary health care, medical case management, mental health treatment, permanent housing placement and employment and training services.

In addition, all prospective applicants must demonstrate:

- Capacity to meet all federal, state, and local regulations including those stipulated in the HOPWA regulations (24 CFR part 574).
- That all facilities funded by HOPWA meet Housing Quality Standards and provide documentation upon request of an environmental review as required by the HOPWA regulations (reference 24 CFR Part 574).
- Leveraged funds to support costs not funded through the HOPWA grant. Awards may not cover the entire cost of programming for the facility. Each prospective contractor should show an ability to leverage other funding sources in support of the HOPWA program.
- A quality management plan to ensure the delivery of high quality housing services.
- Capacity to meet data reporting and record keeping requirements as established by HAHSTA and by the U.S. Department of Housing and Urban Development (HUD). Please note that beginning October 1, 2015, HAHSTA will require that all data collection and reporting be conducted through the District of Columbia's Homeless Management Information System (HMIS).
- The ability to provide non-discriminatory and culturally competent services to the target population, including transgender.
- Expertise in providing housing and the identified targeted support services, linkages and referrals to the proposed target population(s).
- A plan to establish and maintain organizational linkages with health care and supportive services including primary health care, medical case management, mental health treatment, long-term substance abuse treatment, permanent housing placement services, and education, employment and training programs and resources.

Required Program Service Elements

The plan for these funds is to support programs that are designed to provide an intensive set of supportive services related to housing stability and self-sufficiency, as needed. All prospective applicants must propose how they will provide all of the following services via direct DOH funding or through leveraged funding support:

- Participant residency or occupancy costs; and
- Navigation of services: Prospective contractors should have staff available to ensure that participants are assessed and re-assessed for supportive service needs, such as involvement in medical care, options for permanent housing placement, and linked as appropriate to a continuum of care to address their individualized needs.

Navigation of services must be available as part of the required program service elements, and those needed by residents that are beyond the above mentioned on-site requirements may be provided on-site, off-site, or through a formal linkage with another organization. For example, the prospective applicant will be expected to work closely with DOES to ensure that participants are enrolled and actively connected to the DOES system. There is no opportunity to fund services independent of the facility-based program, and the amount of funding available for supportive services under this RFA is very limited. Prospective applicants are expected to describe their plan to meet the supportive service needs of participants through any combination of HOPWA funding, alternative funding sources, and documented relationships with partners.

Prospective applicants must demonstrate how the provision of service delivery will improve participant access to long-term housing that maximizes self-sufficiency and maintains ongoing HIV primary care.

Prospective applicants must define the proposed target population by describing the need for services as well as the organization's expertise in addressing those needs. Prospective applicants must further demonstrate how the proposed mix of program service elements will assist the target population in achieving permanent housing placement, self-sufficiency and linkages to medical and behavioral health care. Prospective applicants should emphasize the particular service elements that are most impactful in assisting the target population in overcoming barriers to housing, employment and health care.

Program Data Collection and Reporting Requirements

The prospective applicants shall utilize the web-based District of Columbia Homeless Management Information System (HMIS) to capture participant-level data on all persons served. Utilization shall include the maintenance of sufficient computer equipment for all relevant staff to enter participant-level data into the HMIS. The prospective applicants will ensure that participant-level data is entered into the HMIS in a manner that is accurate, timely, and in accordance with the most recent HUD Data Quality Standards on a regular and ongoing basis. All computers used to access the HMIS must have the ability to connect to the Internet. DOH will utilize HMIS data entered by each prospective contractor to conduct analysis of program activities and outcomes, as well as to complete all reporting required by the District and Federal Governments, including the annual HOPWA CAPER.

Summary of Basic HMIS Data Requirements:

1. Universal Data Elements: HMIS Universal Data Elements are elements required to be collected by all projects participating in HMIS, regardless of funding source.

The Universal Data Elements establish the baseline data collection requirements for all contributing CoC projects. They are the basis for producing unduplicated estimates of the number of people experiencing homelessness, accessing services from homeless assistance

projects, basic demographic characteristics of people experiencing homeless, and patterns of service use, including information on shelter stays and homelessness over time.

The Universal Data Elements are the foundation on which the Annual Homeless Assessment Report (AHAR) is developed. The AHAR provides Congress the national estimates of the current state of homelessness across the United States and the use of homeless assistance programs. It is used locally to inform state and local communities on how their specific homeless information compares nationally.

The AHAR is used by the U.S. Interagency Council on Homelessness to measure progress towards goals specified in *Opening Doors* and by all of the federal partners to inform departmental homelessness policy. Universal Data Elements also helps local communities to better target resources, and position programs to end homelessness.

The following are the HMIS Universal Data Elements:

- 3.1 Name
- 3.2 Social Security Number
- 3.3 Date of Birth
- 3.4 Race
- 3.5 Ethnicity
- 3.6 Gender
- 3.7 Veteran Status
- 3.8 Disabling Condition
- 3.9 Residence Prior to Project Entry
- 3.10 Project Entry Date
- 3.11 Project Exit Date
- 3.12 Destination
- 3.13 Personal ID
- 3.14 Household ID
- 3.15 Relationship to Head of Household
- 3.16 Client Location
- 3.17 Length of Time on Street, in an ES or Safe Haven

Federal Partner Funding Source – All projects that are funded by a federal partner must have each grant associated with the project recorded in the HMIS. The federal funding source information must include: the name of the federal partner program and component the grant is provided for; a grant identifier (grant number or other identification associated with the specific funding source); grant start date; and grant end date.

Method for Tracking Emergency Shelter Utilization – Each emergency shelter project must be associated with one method of tracking residence. Careful selection of the method is critical for outcome reporting.

- The *entry/exit method* should be used for all shelters requiring an entry, a continuous stay, and an exit. The length of stay will be calculated based on the number of nights between project entry and project exit and performance will include changes from project entry and project exit data collection stages. Funder preference for emergency shelter projects is the use of the project entry/exit date method except for projects where participants are permitted to enter and exit on an irregular basis (e.g., mass shelter).
- The *night-by-night method* should be used for shelters that allow participants to enter and exit on an irregular basis and do not require a continuous stay and must instead rely on a method of tracking “bed nights”. In this method: (1) all data required to be collected at project entry is collected; (2) the project records every discrete date or series of dates that the participant utilizes a bed; (3) the system maintains historical data on the nights sheltered; (4) the duration of each stay can be accurately determined and aggregated to calculate each participant’s total length of stay in the project; and (5) the participant may be exited or the system may be designed to automatically generate an exit after an extended absence. Length of stay is calculated on bed nights used in this method.
- Utilization of the night-by-night method does not mean that an HMIS must identify a participant in a specific bed. If the HMIS supports a custom module that identifies participants in a bed that module may continue to be used. However, use of that module does not necessarily equate with the new night-by-night model.

2. Data Collected Specific to the HOPWA Program:

In addition to the universal data elements, the HOPWA program requires reporting on the following elements:

- Housing Status
- Income and Sources
- Non-Cash Benefits
- Health Insurance
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS (see element 4.8 below)
- Mental Health Problem
- Substance Abuse
- Domestic Violence
- Housing Assessment at Exit

4.8 – HIV/AIDS: to be collected at project entry and exit. Update if information changes anytime during project stay.

Data Collection Instructions: Data should be reviewed and updated as necessary any time the information has been known to change. In separate fields, determine (1) if the participant has HIV/AIDS, (2) if the disability is expected to substantially impair the participant's ability to live independently, (3) if there is documentation of the disability on file, and (4) if the participant is currently receiving services or treatment for this condition or received services or treatment prior to exiting the project..

Field Names:

- Information Date
- Is HIV/AIDS expected to substantially impair ability to live independently?
- Is documentation of the disability and severity on file?
- Currently receiving services/treatment for this condition?

3. Additional HOPWA-required fields related to reporting on service delivery:

4.14C – HOPWA Services Provided: to be updated each time services are provided. HOPWA requires that all stayers at the end of the grant operating year, prior to the generation of their Annual Report (CAPER), update services for all participants.

Data Collection Instructions: Services should be recorded for the participant(s) in the household with HIV/AIDS to whom they were provided; a service that benefits the whole household may be recorded solely for the head of household. For each service provided, projects should record the service date and service type.

Field Names:

- Date of Service,
- Type of Service: Adult day care and personal service, Case management, Child care, Criminal justice/legal services, Education, Employment and training services, Food/meals/nutrition services, Health/medical care, Life skills training, Mental health care/counseling, Outreach and/or engagement, Substance abuse services/treatment, Transportation, and Other HOPWA-funded services

4.15A – HOPWA Financial Assistance: to be updated, as required, each time financial assistance is provided. **Used** to track financial assistance provided to participants in Permanent Housing Placement (PHP) or STRMU during project participation.

Data Collection Instructions: Financial Assistance records payments made by the project on behalf of or for the benefit of the participant. For each instance of financial assistance provided, there should be one and only one record created. Records of financial assistance should be attached to the head of household.

Field Names:

- Date of Financial Assistance,
- Financial Assistance Types: Rental Assistance, Security Deposits, Utility Deposits, Utility Payments, Mortgage assistance
- Amount of Financial Assistance

4.39 – Medical Assistance: to be collected at project entry and exit. In addition, data should be updated during their stay, as needed. Medical assistance information is important to determine whether HIV positive participants are accessing medical assistance benefits for which they may be eligible.

Data Collection Instructions: Enter the date on which the information was collected. For each source of medical assistance listed below, determine if the participant is presently receiving the medical assistance specified. Participants may identify multiple sources of medical assistance. If the participant is not receiving medical assistance, enter the reason why such insurance is not being received.

Field Names:

- Information Date,
- Receiving Public HIV/AIDS Medical Assistance,
- Receiving AIDS Drug Assistance Program (ADAP)?

HMIS Data Completion Threshold

The HMIS Data Completion Threshold refers to the level of HMIS data completion required of the prospective contractor. The prospective contractor must maintain HMIS records for each participant served. All HMIS records must be at least 90 percent complete. PLEASE NOTE: The responses Refused and Don't Know/Unknown will not count towards the data completion requirement.

All HMIS data entry requirements and all requirements related to data, reporting, and performance measurements are subject to change at any time, with or without notice. Such changes may not be communicated via the issuance of a new contract; in such cases they will be communicated by DOH to each prospective contractor's designated HMIS Agency Administrator(s). The prospective contractor shall comply with all new and adjusted requirements during the contract term.

The prospective provider(s) will work with participants to develop appropriate case plans that are agreed upon by both the service provider and the participant, consisting of time-specific goals and objectives including but not limited to the following: the attainment or maintenance of permanent housing situations, increasing income and access to benefits, as well as health and wellness. Case plans shall be based on individually assessed needs, desires, strengths, and resources of each participant. Case plans shall be documented in the HMIS for all heads of

household served. Case plans shall reflect all goals that the prospective contractor's case management staff is working with each participant to achieve. Case plans shall include goals, actions steps, and case notes. Each goal in the case plan shall be updated at least once per month. Case plans documented within the HMIS shall be printed from the HMIS, signed by the participant and case manager, and filed in the participant's case file. Additionally, the prospective contractor will ensure that all participants who are TANF recipients are compliant with their TANF plans.

Facility-based Housing (Emergency)

For the purposes of this RFA, Facility-based Housing (Emergency) is a program serving HIV-positive and homeless individuals that might need additional physical support. "Homeless" individuals lack a primary nighttime residence or are sleeping in a place that is not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Not included in this definition are those individuals who are temporarily staying in another emergency shelter or transitional housing program or who have other temporary arrangements for nighttime residence, such as temporarily staying with friends or relatives. For a detailed description of homelessness as implemented in the HEARTH Act Interim Rule, please visit the HUD Exchange website³.

Prospective applicants for Facility-based Housing (Emergency) must demonstrate an ability to serve populations that are literally homeless or at imminent risk of homelessness. These populations may include, but are not limited to, the following:

- Individuals recently released from medical facilities without a discharge plan that includes housing.
- Individuals returning to the community after incarceration without a placement plan that includes housing.
- Individuals who are situationally homeless, that is, without shelter and without resources or prospects for housing.

Prospective applicants must agree to establish linkages with the District's coordinated entry system as the only portal through which applicants will be able to access HOPWA-funded emergency housing and through which shelter guests may be able to access other area emergency, transitional and permanent housing providers for the purposes of referring participants and for ensuring that those who do not have a more permanent housing option at the end of their 60-day maximum stay period are not unnecessarily discharged without another housing option.

³ <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>

A critical component for Facility-based Housing (Emergency) services is supporting participants to develop and execute a plan that assures tenancy in the emergency housing program of no more than 60 days during any six-month period and details a path to self-sufficiency. Transition from the emergency setting to a longer-term subsidized housing program is an acceptable option, and this should be coordinated with homeless Continuum of Care options whenever appropriate.

(Please note that the District's HOPWA-funded facility-based transitional housing program will entail a separate online application process that is outside the HMIS-based homeless continuum of care resources and referral system.)

Facility-based Housing (Transitional)

Facility-based Housing (Transitional) is a program serving HIV-positive individuals through time-limited housing assistance and targeted supported services with the goal of assisting them to access and maintain permanent housing with maximum self-sufficiency. Prospective applicants applying for transitional housing must demonstrate an ability to serve populations that, without programmatic support, would be at-risk for episodic homelessness and continuing difficulties achieving income sufficient to support housing costs in the private market.

Prospective applicants should design service support programs that enable motivated and competent residents to gain independence within 12 to 18 months. Please note that under no circumstances may a transitional program provide assistance to any individual or family for no longer than two years (24 months). Each prospective provider should ensure and be able to demonstrate that the program design promotes permanent housing placement and increases in household income efficiently with the shortest residency time necessary to move participants on to stabilize in independent housing.

Emphasis should be placed on the programmatic elements necessary to address barriers to long-term housing for the identified target population. This should include linkages to services designed to promote skills-building, address needs, and remove barriers. Prospective applicants must demonstrate an ability to provide their identified target population with access to the continuum of services necessary to promote self-sufficiency.

Supportive Services Linked to Attaining Housing Stability and Self-Sufficiency

Generally, to be supported under this RFA, services funded by HOPWA must be intended to improve the housing stability and self-sufficiency of participants served. Core services include:

- Navigation
- Access to Benefits and Services
- Education, employment and training activities
- Transportation assistance
- Meals, food and nutrition

- Counseling for legal issues directly related to accessing housing and employment, such as unresolved rent and utility arrearages, clearing inaccurate prior eviction and arrest records, and handling histories of incarceration

Housing Navigation, Client Self-Advocacy, and Access to Benefits and Services

This supportive service may be proposed for navigation activities specific to the housing stability of participants and will not be awarded for general case management. Activities that are available are as follows:

- Assisting residents to develop, implement and manage a personalized permanent housing plan. The plan should include, as appropriate, elements of the initial psychosocial screening conducted as part of the entry into the Facility-Based Housing program.
- Assisting residents to understand their eligibility for and the process of enrolling themselves (and any associated family members) in such benefits as food stamps, Medicaid, Social Security Income (SSI), and Social Security Disability Income (SSDI).
- Assisting residents to maintain an ongoing connection with an ambulatory outpatient medical care provider and associated medical case management.

Employment services

This supportive service must be proposed to offer employment assistance based on participant needs and interest. Employment (or workforce development) services is a general term that encompasses a range of activities that facilitate employment for individuals. Facility-based housing providers are expected to focus activities on strengthening the capacity of PLWHA to find and maintain employment in order to enter or reenter the workforce.

Employment Navigators are expected to:

- Meet people where they are at regarding their process of pursuing employment.
- Acknowledge the specific challenges that PLWHA face when seeking and maintaining employment.
- Support job seekers in navigating important considerations related to medical, legal, financial, psychosocial, and vocational issues.
- Identify individual interests, values, strengths, barriers and job readiness to assist job seekers in making well-informed decisions about employment.
- Provide information and guidance about employment-related legal protections that cover PLWHA.

- Address concerns and fears regarding benefits such as SSDI/SSI, housing subsidies, and health care through planning efforts.
- Focus not only on job finding, but also on job retention during the crucial first several months of employment

Employment Navigators will work closely with workforce development programs implemented through the DC Department of Employment Services (DOES), the DC Department of Disability Services (DDS) and other community-based workforce, training and education entities.

For additional information related to HOPWA’s workforce development initiative, please visit: <https://www.hudexchange.info/resources/documents/HOPWA-getting-to-work-pamphlet.pdf>

Meals and Nutritional Services

This supportive service must be proposed to provide meals, snacks, and nutritional supplements to participants living in Facility-Based Housing programs.

Transportation Assistance (including Metro Passes)

This supportive service must be proposed to support transportation of new participants to the Facility-based Housing site, or to transport participants from the site to medical and supportive services, or other activities detailed in their permanent housing plans.

The prospective applicants must propose to use licensed, insured vehicles to provide transportation and should propose a methodology to allocate costs for the residents served under the Facility-Based Housing program that is consistent with generally accepted accounting principles (GAAP) and 24 CFR 200 Subpart E – Cost Principles⁴.

Prospective applicants may propose to purchase and distribute fare cards and SmarTrip passes, and will propose a plan to ensure security of the fare cards and passes, as well as a means to ensure that the passes are used for transportation to and from the Facility Based Housing site and the allowable service or activity. Note: Organizations funded in the District of Columbia with CARE Act funds may have a budget to support the transportation of participants for services provided on-site.

Counseling for legal issues directly related to accessing housing and employment

⁴ <https://www.law.cornell.edu/cfr/text/2/part-200/subpart-E>

Prospective applicants must demonstrate navigation capacity to connect participants to relevant legal services to address such as problems as: unresolved rent and utility arrearages, clearing inaccurate prior eviction and arrest records, and handling histories of incarceration.

Substance Abuse and Mental Health Counseling Services

Prospective applicants must demonstrate navigation capacity to connect participants to relevant substance use and/or mental health services.

REMINDER: This RFA proposes two very different types of Facility-based Housing. A critical component for both is participants' success in developing and executing an individualized Permanent Housing Plan that maximizes self-sufficiency by the end of their stay, whether it's for less than sixty days or more than eighteen months. Ensuring that participants can access appropriate housing destinations at exit from the program will be a key outcome used to determine funding awards.

A) The **Facility-based Emergency Housing** program will focus on those whose household income is at or below 30% of the area median and are currently homeless or have a documented imminent risk of homelessness, i.e. court-ordered notice of eviction (see HUD's definition of homelessness⁵):

- With multiple diagnoses of co-occurring HIV, substance use disorders and severe and persistent mental illnesses;
- Who have histories of chronic homelessness;
- Those who have been recently released from incarceration or other custody without an appropriate housing destination; and
- Transgender individuals who can document housing discrimination.

B) The **Facility-based Transitional Housing** program will provide temporary housing services for DC residents who are HIV-positive, and their families, with household incomes at or below 50% of the area median.

The program will provide employment-focused services with time-limited housing assistance for those who are non-disabled and motivated to increase job skills and complete a self-defined career development program that will result in:

- Marketable job skills and internship/training opportunities, as available,
- Enrollment and ongoing participation in DOES (and/or other community-based) career development training and placement programs,
- Dependable income, and
- Budgeting and money management skills to become self-sufficient within 12-18 months.

⁵ http://b.3cdn.net/naeh/579e3b67bd7eeb3fc3_q0m6i6az8.pdf

Section III. Application Preparation and Submission

Application Elements:

1. Attachment A: RFA Checklist
2. Attachment C: Applicant Profile
3. Attachment D: Client Summary
4. Attachment E: Linkages Summary Table
5. Attachment F: Other Sources of Funding
6. Attachment H: Budget and Budget Narrative
7. Table of Contents (One page)
8. Abstract (One page)
9. Population(s) to be Served and Need (Maximum five pages)
10. Organizational Capacity (Maximum seven pages)
11. Program Plan(s) as applicable
 - a. Program Plan : Facility Based Housing (Emergency & Transitional) Maximum ten pages
12. Evaluation, Reporting, Monitoring and Quality Assurance (5 pages)

Applicants should feel free to submit fewer pages than the maximum stated. The maximum number of pages for each section **cannot exceed that stated above.** The review panel shall not review applications that do not conform to these requirements.

Application Element Details

This section provides some additional information on selected application elements. Many of the application elements consist of forms that are not described below, but are required for submission and review.

Each application package is required to contain the following information and shall be divided by labeled index tabs that clearly mark each section. Applications must conform to the page requirements by section detailed below.

2. Attachment C: Applicant Profile

Each application shall have an Attachment C: Applicant Profile affixed to the outside of each envelope, which identifies the applicant, type of organization, project service category and the amount of grant funds requested. Project service categories or funds not included on this profile may not be considered for review.

7. Table of Contents

Lists major sections of the application with quick reference page indexing. Failure to include an accurate Table of Contents may result in the application not being reviewed fully or completely.

8. Abstract

This section of the application should provide a summary overview of the applicant's total grant application including a description of how the proposed service(s) will improve housing stability, promote self-sufficiency, enhance quality of life and engage clients living with HIV into medical care.

The application should provide a narrative description organized in the following sections. Proposals will be evaluated on the basis of the narrative provided. See the “Review Process” section for the scoring criteria and points available.

9. Population(s) to be Served and Need for Services (Maximum five pages)

Provide a description for the population(s) proposed to be served through this RFA. Include in this discussion

- The demographic characteristics of the population to be served, including racial and ethnic distribution, gender, age and family status.
- The geographic area in which the population is found.
- The geographic area in which the population will be served.
- The barriers to service commonly experienced.
- Provide a description of the specific housing-related needs of the population to be served.

10. Organizational Capacity (Maximum seven pages)

Describe the experience and capability of the applicant with regard to providing housing and housing support services. Include in this discussion

- The type of housing and housing supportive services currently provided.
- The other services (that is, other than housing and housing supportive services) provided by the organizations to people with HIV/AIDS, or people with other chronic illness.
- The ability of the organization to expand services in the event that additional funds become available under this category.
- The current capacity of the organization to collect, analyze and report program data. Provide examples of similar services on which the organization now reports, if appropriate.
- The experience of the organization in maintaining partnerships with other organizations, including a discussion of the documentation of these partnerships. Describe in particular any partnerships with providers of ambulatory outpatient medical care.
- Experience with managing a program that requires understanding and knowledge of general housing principles, for example, property management, development, landlord-tenant rights and responsibilities, housing intake, resource and referral management, lease negotiation, mediation.
- Provide a summary of the housing status of each client served during the twelve months that began October 1, 2013. Specifically, provide the unduplicated number of individuals served.
- Provide the number of clients served by either emergency or transitional housing assistance whose term of service (up to six months for Emergency, up to twenty-four months for Transitional) concluded during the twelve month period. The term of service is up to six months for emergency housing assistance, and up to twenty-four months for transitional housing assistance.
- Of these clients, the number and proportion of clients whose housing status at the end of the term of service:
 - i. Changed from Emergency to Transitional Housing assistance
 - ii. Change Emergency Housing provider
 - iii. Changed from Transitional to Permanent housing, including permanent subsidized housing
 - iv. Changed Transitional Housing provider

- v. Continued service beyond the expected term of service
- vi. Unknown
- vii. Other

1. Program Plan: Facility-Based Housing (Emergency & Transitional) Maximum ten pages each)

Provide a description of the services to be provided in this category. Describe

- The plan to respond to the key activities described for this service category. Include a complete description of the proposal to establish or maintain collaborations.
- The set of services that will comprise the Facility-Based Housing Program, including location, capacity and staffing related to the Facility Cost.
- Describe the number of clients served during a recent twelve-month period (beginning no later than October 1, 2011), and provide a summary of the results of the service to the client. In particular, provide a summary listing of the housing status of clients served at the end of a sixty-day emergency housing placement. If available, provide a summary listing of the housing status of clients served six months following the end of a sixty-day emergency housing placement.
- The impact of the services proposed. Provide a specific plan for addressing the barriers most commonly experienced by the clients and potential clients targeted.
- The capacity of the proposing organization to provide the services proposed in ways that are culturally appropriate and linguistically competent for the populations proposed to be served.
- The plan for developing and implementing a housing stability plan for each client during residence in the Facility-Based Housing (Emergency) program.
- The plan for data collection, analysis and reporting. Propose key elements that should comprise the data collected.

Application Format

- Font size: 12-point unrounded
- Spacing: Double-spaced
- Paper size: 8.5 by 11 inches

- Page margin size: 1 inch
- Numbering: Sequentially from page 1 (Application Profile, Attachment B) to the end of the application, including all charts, figures, tables, and appendices.
- Printing: Only on one side of page
- Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way

Application Submission

Applications must be submitted to the appropriate administrative agency by **4:45 p.m. on Friday, August 3, 2015**. Applications delivered after the deadline will not be reviewed or considered for funding. Applicants are required to submit an original hard copy, printed copies of the application and a copy on compact disk (CD) or jump drive. The original hard copy, each copy, and the CD or jump drive (where applicable) must be submitted in separate envelopes. Each of the envelopes must have a copy of the RFA Checklist (Attachment A), Applicant Profile (Attachment C) and Application Receipt (Attachment J) attached.

An electronic copy of the application must be submitted via jump drive inclusive of all application elements and attachments, compiled in separate files labeled with the titles below and organizational initials:

1. Attachment C: Applicant Profile (MS Word)
2. Attachment D: Client Summary (MS Word)
3. Attachment E: Linkages Summary (MS Word)
4. Attachment F: Other Sources of Funding (MS Word)
5. Attachment H: Budget and Budget Narrative (MS Word and MS Excel)
6. Table of Contents (MS Word)
7. Abstract (MS Word)
8. Population(s) to be Served and Need (MS Word)
9. Organizational Capacity (MS Word)
10. Program Plan(s)
 - a. Facility-Based Housing: Emergency & Transitional (MS Word)

11. Attachment N: Medicaid Eligibility Chart (MS word file)

12. Organizational Chart (MS word file)

Files must have clear identifiable titles for all application elements. Each component of the application must be saved in a separate document file on the CD or thumb drive. See Attachment A: Application Checklist for a listing of the files, file types and naming conventions.

Applications that are mailed or delivered by messenger or courier services must be sent in sufficient time to be received by the deadline at the appropriate locations. Applications arriving via messenger or courier services after **4:45 p.m. on Friday, August 3, 2015** will not be accepted.

Submit one printed original, three printed copies one copy on a jump drive of your application package.

Staff of the HIV/AIDS, Hepatitis, STD, TB Administration Care, Housing and Support Service Bureau must accept and provide a written receipt for application(s) and assurance package(s) for them to be considered received.

Applications must be delivered to:

District of Columbia Department of Health

HIV/AIDS, Hepatitis, STD and Tuberculosis Administration

899 North Capitol Street NE Fourth Floor

Washington DC 20002

Note: The location is in a government facility. All individuals entering the building will be required to show a government-issued identification and be screened by security staff. Delays in entering the building or proceeding to the Fourth Floor will not be grounds for accepting applications after the 4:45 pm on Friday, August 3, 2015.

Section IV. Application Procedures

1. Pre-application Conferences

One Pre-Application Conference will be held, on **Tuesday, July 14, 2015 from 1:00 pm to 3:00 pm** at the District of Columbia Department of Health, 899 North Capitol Street NE Fourth Floor, Washington, DC 20002.

2. Internet

Applicants who received this RFA via the Internet shall e-mail Sherita Grant at [Sherita Grant@dc.gov](mailto:Sherita.Grant@dc.gov) with the information listed below. Please be sure to put “RFA Contact Information” in the subject box.

Name of Organization

Key Contact

Mailing Address

Telephone and Fax Number

E-mail Address

This information shall be used to notify applicants re: updates or addenda to this RFA.

3. Letter of Intent

A letter of intent (LOI) is not required, but this information will assist HAHSTA in planning for the review process. Please fax only one LOI per organization to HAHSTA, using the form in Attachment A, no later than 3:00pm on July 14, 2015. Copies of the LOI may be submitted at the Pre-Application Conference.

4. Contact Information of Applicants

In order to ensure consistent access to information about this RFA, HAHSTA asks that all questions or requests for clarification be sent via e-mail to Sherita Grant at Sherita.grant@dc.gov. The last day to submit questions for a response is July, 20th, 2015.

HAHSTA will notify all potential applicants in writing of any updates, addenda and responses to frequently asked questions.

Note: This information can only be received if you have provided HAHSTA with your contact information at either the pre-application conference or via e-mail to the HAHSTA contact.

HAHSTA Contact: Sherita Grant, Program Officer

E-Mail: Sherita.Grant@dc.gov

Phone: (202) 671-5062.

Section V. Review Process and Funding Decisions

Applications will be reviewed by HAHSTA staff and a panel of external reviewers. The applications will be reviewed and scored based on the criteria below. It would be helpful for applicants to review the criteria as that will give guidance on what will be considered a successful application.

Technical Review Panel

All applications will be reviewed initially for completeness, formatting and eligibility requirements by DOH personnel prior to being forwarded to the external review panel. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the external review. Applicants will be notified that their applications did not meet eligibility.

External Review Panel

The external review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, data analysis, health program planning and evaluation, social services planning and implementation.

The panel will review, score and rank each applicant's proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application. No external review panel member will contact the applicant.

Internal Review

DOH program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DOH will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct an DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DOH reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DOH to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective

awardees, funding levels and service/activities to the DOH Director for signature. The DOH Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

In addition to your application’s comprehensive objective review, the following factors may affect the funding decision:

- Considerations will be given to both high and lower prevalence areas: the number of funded organizations may be adjusted based on the burden of infections in the jurisdiction as measured by AIDS reporting.
- Funded applicants are balanced in terms of targeted racial/ethnic minority groups. (The number of funded applicants serving each racial/ethnic minority group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
- Funded applicants are balanced in terms of targeted risk behaviors and HIV serostatus. (The number of funded applicants serving each risk group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
- Funded applicants are balanced in terms of geographic distribution. (The number of funded applicants may be adjusted based on the burden of infection in the jurisdiction as measured by HIV or AIDS reporting.)
- Funded organizations have substantial experience serving the proposed target population.

Award amounts are dependent upon available funds.

Scoring Criteria

All applicants responding to the RFA shall be evaluated by the following selection/scoring criteria, with a total possible score of 100 points. The grant applications will be objectively reviewed against the specific scoring criteria listed below.

Note: The total score for applicants will vary. Each Program Plan is evaluated and scored independently. Review of scores will account for these variations.

Scoring Area 1: Population to be Served and Need

Maximum five pages, maximum score 15 points

In this section, the applicant describes the needs for services and the characteristics of the population or population(s) to be served. Evaluation criteria for this section include

1. Applicant demonstrates a thorough understanding of the need for the service proposed.

2. Applicant describes the need for the service proposed in terms of
 - a. The housing-related needs experienced by clients
 - b. The contribution of the service proposed to improving the housing stability of clients.
 - c. The contribution of the service proposed to the long-term self-sufficiency of clients.
 - d. The gaps in existing service systems that the proposed service will address.
3. Applicant demonstrates a clear understanding of the population or population(s) to be served.

Scoring Area 2: Organizational Capacity

Maximum seven pages, maximum score 35 points.

The applicant demonstrated the knowledge and experience necessary to provide the proposed services to the population or population(s) to be served. Evaluation criteria for this section include:

- Applicant demonstrates its technical competence to provide the services proposed.
- Applicant demonstrates the cultural competence and language capacity to provide the services proposed to the population or population(s) to be served. Applicant demonstrates appropriate and necessary sensitivity to remove barriers created by racial and ethnic diversity, economic status, gender identity, disability, sexual orientation and similar factors.
- Applicant has demonstrated the ability to create or maintain partnerships required for provision of the service.

Scoring Area 3: Program Plan

Maximum ten pages, maximum score 50 points.

In this section, the applicant describes the plan to provide services that meet the needs identified for the population or population(s) to be served. Evaluation criteria for this section include

- Applicant demonstrates a thorough understanding of the barriers to service experienced by the population or population(s) to be served, and has proposed a set of service activities to address those barriers.
- The plan for services includes a clear description of the services to be provided, including a quantifiable set of units of service.

- The plan for services includes a clear description of the number of people with HIV to be served, as well as a clear description of the number of family members of people with HIV to be served.
- The applicant provides detailed information on how the proposed program will be implemented. The applicant presents relevant and realistic objectives and activities. The goals and objective of the activities are clearly defined, measurable and time specific. The applicant describes how services are to be provided (e.g. by the organization or in collaboration with another organization).
- The applicant describes how the program will be effectively managed and demonstrates that the skills and experience of the proposed program staff are adequate to needs of the proposed program.
- The expected impact of the program on the target populations(s) is clearly delineated and justified as to one or more of the following:
 - The number of chronically homeless persons with HIV/AIDS who are housed.
 - The number of marginally housed persons with HIV/AIDS who are moved to stable, long-term housing.
 - The number of households who are supported to maintain stable housing.
 - The number of persons with HIV/AIDS housed who are effectively transitioned to housing supported by other sources of funding.
 - Number of households receiving housing assistance that house one or more individuals receiving appropriate HIV primary health care.
 - The number of persons with HIV/AIDS housed through the program who are effectively transitioned to housing supported by other sources of funding.
 - Increases in income from employment or benefits among those receiving housing assistance.

Scoring Area 4: Budget & Budget Narrative

No Points Awarded

The budget and budget narrative will be reviewed during the selection process, but is not included in the scoring of the proposal. Comments on the budget will be invited from the review panel and HAHSTA, and will help guide the negotiation of the budget with those proposals that are recommended for funding.

In preparing budgets, applicants are advised to

- Maximize the cost efficiency of the services provided
- Provide a clear description of the contribution of each item proposed in the budget towards achieving the goals of the program
- Support – to the extent permitted by the funding source – necessary and appropriate indirect and administrative costs

Section VI. Budget Development and Description

For the purposes of this RFA, three distinct approaches are required for development and description of the budget, discussed below in “Budget Development (Facility Based Housing Rate),” “Budget Development (Supportive Services)” and “Budget Development (Project Sponsor Administration)”.

Budget Development (Supportive Services)

Applicants for one or more supportive service will include a detailed line-item budget and budget justification that describes the costs proposed to implement the proposed supportive service. See Attachment H for the on-line location of an Excel workbook for this budget proposal.

HAHSTA may not approve or fund all proposed activities. Give as much detail as possible to support each budget item. List each cost separately when possible.

Provide a description for each job, including job title, function, general duties, and activities related to this grant: the rate of pay and whether it is hourly or salary; and the level of effort and how much time will be spent on the activities.

Budget Development (Project Sponsor Administration)

Federal legislation imposes a maximum of seven percent (7%) for all administrative or indirect costs activities for Housing Opportunities for Persons Living with HIV/AIDS sub-grants. Organizations with a current and approved local or federal Negotiated Indirect Cost Agreement (NICRA) may propose a rate for administrative and indirect costs, provided that the proposed rate does not exceed seven percent of the proposed budget. Organizations that do not have a current and approved NICRA will propose specific budgets for staff and other costs that comprise the administrative and indirect costs.

HAHSTA may not approve or fund all proposed activities. Give as much detail as possible to support each budget item. List each cost separately when possible.

Provide a description for each job, including job title, function, general duties, and activities related to this grant: the rate of pay and whether it is hourly or salary; and the level of effort and how much time will be spent on the activities.

Section VII. Assurance Submission Requirements

This section describes the requirements for submission of assurances, certifications and other documents required.

Assurances and certifications are of two types: those required to submit applications and those required to sign grant agreements. Failure to submit the required assurance package will make the application ineligible for funding consideration [required to submit assurances] or in-eligible to sign/execute grant agreements [required to sign grant agreements assurances].

A list of current HAHSTA sub-grantees with valid assurance packages on file with HAHSTA will be available for review at the pre-application conference. Current sub-grantees who do not attend the pre-application conference may contact their grant monitor after the conference to review the list of their valid assurance packages on file. Organizations with confirmed valid assurance package on file will not be required to submit additional information. Organizations without a confirmed valid assurance package on file will be required to submit the pre-application assurances listed below.

Assurances Required to Submit Applications (Pre-Application Assurances)

1. Signed Federal Assurances
2. A Current Business license, registration, or certificate to transact business in the relevant jurisdiction
3. 501 (C) (3) Certification. For non-profit organizations
4. Current Certificate of Clean Hands (formerly “Certificate of Clean Hands”)
5. List of Board of Directors
6. All Applicable Medicaid Certifications

It is recommended that the HAHSTA Assurance Packet is submitted to April Richardson at (202) 671-4900 to allow for review and evaluation. She will be available at the pre-application meeting for a review of the status of existing assurances and certifications already on file with HAHSTA. **Proposals from organizations that do not have complete and current “Assurances Required to Submit Applications” will not be considered for funding.** Applicants who submit assurances prior to the July 29th, 2015 deadline should CONFIRM that the HAHSTA Assurance Packet has been listed as complete. For contact and submission information see the “Application Submission” section.

Section VIII. Grant-Issuance Process

Pre-Award Negotiations

Successful applicants will receive a DOH Notice of Intent to Fund from HAHSTA. The notice will outline pre-award requirements and propose any revisions and conditions of awards. The notice will establish deadlines for submissions, pre-award meetings with DOH/HAHSTA personnel or, if applicable, pre-award site visits. This notice is not binding, but outlines requirements for ensuring all eligibility, administrative and programmatic requirements for a DOH award have been met prior to the issuance of the Notice of Grant Award (NOGA).

Successful applicants will be required to engage with assigned staff to review draft grant terms and provisions, outline the scope of work, prepare a final table and schedule of deliverables (also known as “Table A”), workplans, budgets with narrative justification and spending plans. Any conditions of award will be reviewed and negotiated and entered into draft agreements. The applicant organization’s eligibility will be verified again by DOH personnel.

NOGA Issuance

Successful applicants that meet all pre-award requirements will be asked to accept the terms of agreement and will then receive a fully executed Notice of Grant Award (NOGA) from the Department of Health. The NOGA and terms of agreement shall be the only binding, authorizing documents between the recipient and DOH. A copy of the NOGA will be sent electronically to the recipient fiscal officer identified in the application. The grant agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by DOH federal agreements.

Section IX. Grant Administration Requirements

All grants awarded under this program, shall be subject to the following terms and conditions:

1. Audits

At any time or times before final payment and three (3) years thereafter, the Grantee (District of Columbia Department of Health HIV/AIDS, Hepatitis, STD, TB Administration) may have the organization’s expenditure statements audited.

The organization shall retain independent auditors to audit all projects which are funded by a HUD grant award on an annual basis, or at such time as the Federal, State or the County shall determine, in accordance with OMB Circular No. A-133.

2. Insurance

During the term of the grant, all organizations will be required to obtain and keep in force commercial general liability insurance, to include off premises activities when applicable,

covering bodily injury, death, and property damage in the minimum amounts of two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence. All Certificates of Insurance must list the specific applicable dollar amounts as described herein. Organizations may be required to carry additional insurance depending on the service categories provided under the terms of their award, as follows:

- a. The organization shall carry employer's professional liability coverage of at least two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence.
- b. The organization shall require and maintain professional liability coverage on all contracted workers/consultants of at least two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence.
- c. In instances where organization-owned vehicles are utilized in transporting clients served or employees and/or consultants funded by this project, the organization shall carry comprehensive automobile liability insurance covering all automobiles used in connection with the grant. The policy shall provide for bodily injury, death, and property damage liability in the minimum amounts of Two hundred thousand dollars (\$200,000.00) per person and Five hundred thousand dollars (\$500,000.00) per occurrence.
- d. The organization shall carry workers' compensation insurance covering all of its employees employed upon the premises and in connection with its other operations pertaining to the grant agreement, and shall comply at all times with the provisions of the workers' compensation laws of the District of Columbia.
- e. Organization must include original Certificates of Insurance for all insurance requirements as detailed by this section in grant proposals submitted for consideration. All Certificates of Insurance shall set forth District of Columbia as a Certificate Holder and as Additional Insured. All insurance shall be written with responsible companies licensed by the District of Columbia. The policies of insurance shall provide for at least thirty (30) days written notice to the Grantee's Grants Management Division, prior to their termination or material alteration. All certificates must have an original written or stamped signature. Copies are not acceptable.

3. Compliance with Tax Obligations

Prior to execution of a grant agreement as a result of this announcement, a recipient must be in compliance with tax requirements as established in the District of Columbia or eligible jurisdiction and with Federal tax laws and regulations. Nonprofit organizations must register annually to meet tax exemption requirements.

4. Drug-Free Workplace

The organization agreement shall contain a provision requiring the organization to abide by the certifications contained in this announcement (Attachment O).

5. Vendor Assurances

The organization shall submit and comply with all document requirements as determined by the District of Columbia Department of Health, HIV/AIDS, Hepatitis, STD, TB Administration. The following documents will be included for completion with the organization agreement:

- a. Vendor Oath and Certification;
- b. Certification of Assurance of Compliance Regarding Fair Labor Standards Act;
- c. Bidder/Offer or Affidavit and Statement of Ownership; and
- d. Corporate Acknowledgment - Whenever the DOH is contracting with a corporate entity or partnership, an acknowledgment must be executed in order to assure the DOH that the person signing the document on behalf of the entity has the authority to bind the entity to the terms and conditions of the agreement. This Corporate Acknowledgment must be notarized.

6. District of Columbia Regulatory Requirements

- a. Organizations seeking funding for Food Bank and Home Delivered Food (Meals or Groceries) services must include a copy of the current Food Permit issued by the Food Protection Division of District of Columbia or such appropriate designated division of the government with proposal.
- b. Organizations seeking funding for Child Care services are required to comply with the regulations set forth by the Day Care Licensing Division of District of Columbia. Organizations seeking funding in any service categories that include work with children are required to complete Criminal Background Investigations annually (conducted through local law enforcement agency) on all paid or volunteer service providers.
- c. Organizations employing or contracting with Health Care Professionals licensed under Health Occupations Code must include copies of the appropriate jurisdictional licenses with grant proposals.

7. Confidentiality

The applicant must demonstrate that they will protect the identity of those HIV infected persons receiving services. All records and other identifying information will be maintained in a secure place. The purpose of confidentiality is to protect persons by minimizing disclosure of information about them. Any breach of this policy is liable for civil penalty damage.

All Covered Entities and Business Associates (as defined by the HIPAA Privacy Standards) must comply with HIPAA.

8. Quality Improvement

The organization will agree to participate in Quality Improvement activities and record review processes established by the Grantee, the District of Columbia Department of Health.

9. Compliance with the Americans with Disabilities Act

Consistent with the American with Disabilities Act of 1990, all facilities shall be accessible to persons with mobility limitations.

10. Client Satisfaction and Grievance Procedure

The organization will agree to maintain and disseminate information regarding the client grievance process and will provide a mechanism for assessing client satisfaction with services annually.

11. Term

The term of the FY 2016 grant year shall be October 1, 2015 through September 30, 2016.

12. Availability of Funds

The funds listed in this RFA are projections. The actual amount allocated to a given service category are not known at this time.

13. Budget

A complete set of budget forms must be submitted for each service category for which you are requesting funding. Budget forms and instructions are included in Attachment H.

14. Information Systems

During the term of the grant, organizations are required to obtain and maintain all hardware, software and training necessary to collect and report all data via CAREWare or data collection tools provided by or approved by HAHSTA.