

RFA #002 Housing Opportunities for Persons With AIDS (HOPWA) 2021

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HOPWA Summary

- The Housing Opportunities for Persons With AIDS (HOPWA) Program is the only Federal program dedicated to the housing needs of people living with HIV/AIDS. Under the HOPWA Program, HUD makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income persons living with HIV/AIDS and their families.
- <http://austintexas.gov/page/reports-publications>
- <https://www.hudexchange.info/programs/hopwa/>



Funding & Timeline

Funding & Timeline

- **Department:** Austin Public Health
- **Services Solicited:** Housing services for low-income people living with HIV
- **Available Funding:** \$2,100,000 total
- Applicants may apply for up to a total of \$1,300,000 for ongoing 12 months of service
- Anticipated Number of Awarded Agreements: Austin Public Health anticipates awarding up to 4 Agreements.
- **Contract Term:** The Agreements will have an effective start date of October 1st, 2022, for an initial 12-month period, and 3 12-month extension options. All extension options are conditional upon City Council approval of the Budget.
- Awarded programs may be structured as a reimbursable-based agreement only, as defined below:
 - Reimbursable Agreement- An Agreement where an agency is reimbursed for expenses incurred and paid through the provision of adequate supporting documentation that verifies the expenses.
- **Application Due Date:** Thursday, September 16th, 2021, 12:00pm CST



Solicited Services

Program Services

Applicants must propose to provide at least one or a combination of the following program services (please see Form E - Scope of Work for service descriptions):

- Tenant-Based Rental Assistance
- Project-Based Rental Assistance
- Supportive Services
- Master Leasing
- Permanent Housing Placement
- Short-Term Rental, Mortgage, and Utility Assistance
- Facility-Based Housing
- Hotel/Motel Assistance
- Short-Term Supported Housing
- Housing Information Services
- Resource Identification



HOPWA Service Category Resources

- [HOPWA Rental Assistance Guidebook](#)
- [24 CFR Part 574 HOPWA](#)
- [HOPWA Program Administration Toolkit](#)
- [The HOPWA Institute](#)
- [HOPWA STRMU Assistance](#)
- Form L – HOPWA Program Guidelines
- Form F – RFA Application



How to Apply

- <https://www.austintexas.gov/article/rfa-002-hopwa-2021>

Interested Applicants Must:

1. Confirm that your organization is a registered vendor with the City of Austin:

- To find the City of Austin Vendor Number please visit [Austin Finance Online Vendor Search](#) and search for the organization's legal name. To register to become a potential City of Austin vendor, go to [Austin Finance Online Basic User Information](#).

2. Be a registered user in the PartnerGrants system, go to the [PartnerGrants](#) website and click on "Register Here."

- Note that the organization's City of Austin Vendor Number is required to complete registration in PartnerGrants.

If you would like to receive notification of future APH funding opportunities, send your contact information to Natasha Ponczek Shoemake at APHCompetitions@AustinTexas.gov.

RFA Documents

Form	TITLE	Requires Applicant Response (X)
A	Offer Sheet	X
B	Standard Purchase & Social Services Definitions	*
C	RFA Standard Solicitation Instructions	*
D	Supplemental Purchasing Provisions	*
E	RFA Scope of Work	*
F	RFA Application	X
G	RFA App Threshold Checklist	*
H	Program Budget Justification	X
I	APH Standard HOPWA Agreement	*
J	COA Certifications and Disclosures	X
K	Applying for APH Funded Opportunity – PartnerGrants Instructions	*
L	HOPWA Program Guidelines	*



Form I – Standard HOPWA Agreement

- 7.2.2 Grantee and any subgrantees are required to comply with all applicable Federal and local standards for delivery of HOPWA client services as outlined through the HUD Exchange, in the HOPWA Grantee Oversight Resource Guide HOPWA Confidentiality Guide, Rental Assistance Guidebook, and STRMU Guidebook. Grantee warrants that all staff working on a HOPWA project will complete the HUD HOPWA Oversight Training at least annually, with new staff required to complete the training within 30 days of hire. Documentation of the completion of training for all staff must be maintained and provided to the City upon request.



HOPWA Required Resources

- [HOPWA Grantee Oversight Resource Guide](#)
- [HOPWA Confidentiality User Guide](#)
- [HOPWA Rental Assistance Guidebook](#)
- [HOPWA STRMU Assistance](#)
- [HOPWA Financial Management Online Training Course](#)

Required Documents



Required APH Documents:

The following must be completed and submitted in PartnerGrants.

Form	TITLE	Requires Applicant Response
A	OFFER SHEET	X
F	RFA APPLICATION	X
H	PROGRAM BUDGET JUSTIFICATION	X
J	COA CERTIFICATIONS AND DISCLOSURES	X
PartnerGrants	PROGRAM WORK STATEMENT	X
PartnerGrants	PROGRAM BUDGET AND NARRATIVE	X
PartnerGrants	THRESHOLD REVIEW	X



F – RFA Application

APPLICATION INSTRUCTIONS: Fill out this document and upload the document into PartnerGrants. All questions are highlighted in green. Click or tap on the sections below the Questions and type in your answers. Any required attachments are indicated by a  symbol, and drop-down menus are indicated by a  symbol.

Please note: If any document is uploaded, the name of the document must not include any characters other than letters and numbers, or the database will not allow it to be uploaded.

The total word count limit is 15,000 for the entire word document (including questions and your answers). The word count is indicated below left on your screen or if you go to the top of the screen to Search “word count”.

- 37 questions plus 4 additional bonus questions
- Questions 17 and 31 will be answered in PartnerGrants

Form F – Question 21 Part A

A. OUTPUT MEASURES

Provide a proposed a 12-month goal for the number of unduplicated households served by the total program as well as any additional context. The goal should be based on past performance experience, budgeted program costs, and best estimates. The contract goal for unduplicated households served should be for the total program including City funding and all other funding sources.

Applications must include the following outputs for each service category applied for:

Type of Output	Total 12-month Goal #
Tenant-Based Rental Assistance	Click or tap here to enter goal #.
Project-Based Rental Assistance	Click or tap here to enter goal #.
Supportive Services	Click or tap here to enter goal #.
Master Leasing	Click or tap here to enter goal #.
Permanent Housing Placement	Click or tap here to enter goal #.
Short-Term Rent, Mortgage and Utility Assistance	Click or tap here to enter goal #.
Facility-Based Housing	Click or tap here to enter goal #.
Hotel/Motel Assistance	Click or tap here to enter goal #.
Short-Term Supported Housing	Click or tap here to enter goal #.
Housing Information Services	Click or tap here to enter goal #.
Resource Identification	Click or tap here to enter goal #.
Total Unduplicated Households Served	Click or tap here to enter goal #.

Form F – Question 21 Part B

Proposed Outcome: Provide an outcome measure that will allow the program to evaluate the intention of the services offered and include proposed numeric goals.

OUTCOME Measure	Total Program Annual Goal #
Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the subsequent 6-month period.	18
Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6-months of the 24-month measurement period.	20
Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits. Patient Exclusions: Patients who died at any time during the 24-month measurement period	90%



Form H – Program Budget Justification

Enter the requested information for each service that you are applying for.

Break out your costs between direct service and administrative costs.

[For more information on the difference between these two cost types, please see the Understanding Indirect Costs session from the HOPWA Institute](#)

Total Budget

Enter your Agency Name in the green box at the top of the page

This page will automatically update with information that you enter on the service category pages

The total budget should match the amount requested in your application and in the Program Budget and Narrative in PartnerGrants

Service Category Pages

Complete the entire page for each service category for which you are applying

Enter direct and administrative costs for each section, the total column will automatically sum the two amounts

Once finished, upload this form into PartnerGrants under the Service Category Cost Allocation section of the Program Budget and Narrative form



Questions & Answers

Solicitation Questions & Answers: Questions must be submitted via email to the Authorized Contact Person **by 5:00pm CST on Monday, September 13, 2021**

- **Authorized Contact Person:**
 - William Thomas
 - Grant Coordinator
 - E-Mail: william.thomas@austintexas.gov
- **Questions & Answers:** TBA

12044 - RFA 002 HOPWA 2021 WT	
Status: Test	
Program Area: HIV Resources Admin	
Final Application Deadline: 09/16/2021 12:00 PM	
Post Question	
<i>Questions that you post will appear at the bottom of the Funding Opportunity details page. Answers will be posted along side your questions. Anyone applying to this Funding Opportunity can see your question and the answer. BE CAREFUL WHAT YOU POST!</i>	
Question:	<input type="text"/>

Questions

Submitted Date Question

08/12/2021 Test Question

Answer






Test Answer

Forms in PartnerGrants

<https://partnergrants.austintexas.gov/index.do>

Main Menu

Click Help above to view instructions. Go to "My Profile" to reset password.

-  [Instructions](#)
-  [My Profile](#)
-  [Opportunity](#)
-  [My Applications](#)
-  [My Grants](#)

Current Applications

Any previously created applications, for this opportunity, appear below. To start a new application for this opportunity, Click the Start a New Application link or to copy data from an old application, click on the Copy Existing Application link.

ID	Application Title	Status
No existing applications		

Opportunity Details

[Copy Existing Application](#) | [Start a New Application](#) | [Ask A Question](#)

12044-RFA 002 HOPWA 2021 WT

HIV Resources Admin

Application Deadline: 09/16/2021 12:00 PM

Award Amount Range: \$0.00 - \$1,300,000.00

Project Start Date: 10/01/2022

Project End Date: 09/30/2023

Award Announcement Date: 09/30/2021

Program Officer: Will Thomas

Phone: 512-972-5079 x

Email: William.Thomas@austintexas.gov

Description

Description

The HOPWA program was established by the AIDS Housing Opportunity Act and remains the only federal housing program solely dedicated to providing rental housing assistance for persons and their families living with HIV/AIDS. HOPWA housing support enables eligible households to establish or maintain stable housing, reduce their risks of homelessness, and improve their access to healthcare and other support. Housing assistance provides the foundation from which these individuals and their families may participate in advances in HIV treatment and related care.

Attachments

Click on the File Name to open attachment










Description	File Name	File Size
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Website Links

Click on the URL to go to website

URL	Description
https://www.hudexchange.info/resource/2818/hopwa-rental-assistance-guidebook/	HOPWA Rental Assistance Guidebook
https://www.hudexchange.info/resource/2936/24-cfr-part-574-housing-opportunities-for-persons-with-aids/	HOPWA Regulations 24 CFR Part 574

Application Forms

 [Menu](#) |  [Help](#) |  [Log Out](#)  [Back](#) |  [Print](#) |  [Add](#) |  [Delete](#) |  [Edit](#) |  [Save](#)

 **Application**

Application: 12808 - HOPWA Test App 2021

Program Area: HIV Resources Admin

Opportunity: 12044 - RFA 002 HOPWA 2021 WT

Application Deadline: 09/16/2021

Instructions

The required application forms appear below. Please note: Clicking "Mark as Complete" does not submit the application component or prevent further editing. The check mark beside the form is only an indicator that the form has been completed. All application components must be marked as complete in order to submit. To submit the application click the Submit button.

Application Forms	Application Details Submit Withdraw	
Form Name	Complete?	Last Edited
General Information	✓	08/10/2021
Program Budget and Narrative	✓	08/10/2021
Pre-Application Threshold Checklist	✓	08/10/2021
Program Work Statement	✓	08/10/2021
HRAU RFA Required Applicant Documents	✓	08/10/2021

HRAU RFA Required Applicant Documents

Application: 12808 - HOPWA Test App 2021











Program Area: HIV Resources Admin

Opportunity: 12044 - RFA 002 HOPWA 2021 WT

Application Deadline: 09/16/2021

HRAU RFA Required Applicant Documents

[Go to Application Forms](#)

Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?
A - Offer Sheet	Offer Sheet	A - Offer Sheet.pdf	pdf	161 KB	08/10/2021	
F - RFA Application	RFA Application	F - RFA Application.docx	docx	146 KB	08/10/2021	
J - COA Certifications	COA Certifications	J- COA Certifications and Disclosures - signature required.pdf	pdf	121 KB	08/10/2021	
ASD1 - Additional Supporting Documentation-pdf, If Applicable	Question 9: Experience Serving Diverse Communities	Question 9 Experience Serving Diverse Communities.pdf	pdf	41 KB	08/12/2021	
ASD2 - Additional Supporting Documentation-pdf, If Applicable	Question 10: Past Performance	Question 10 Past Performance.pdf	pdf	41 KB	08/12/2021	
ASD3 - Additional Supporting Documentation-pdf, If Applicable	Question 11: Monitoring Reports	Question 11 Monitoring Reports.pdf	pdf	41 KB	08/12/2021	
ASD4 - Additional Supporting Documentation-pdf, If Applicable	CLAS Standards	Question 15 CLAS Standards.pdf	pdf	41 KB	08/12/2021	
ASD5 - Additional Supporting Documentation-pdf, If Applicable	Resumes or Job Descriptions	Question 29 Resumes or Job Descriptions.pdf	pdf	41 KB	08/12/2021	
ASD6 - Additional Supporting Documentation-pdf, If Applicable	Bonus Questions	Bonus Questions.pdf	pdf	41 KB	08/12/2021	
ASD7 - Additional Supporting Documentation-pdf, If Applicable				41 KB		

Application Threshold Checklist

Application: 12808 - HOPWA Test App 2021

Program Area: HIV Resources Admin

Opportunity: 12044 - RFA 002 HOPWA 2021 WT

Application Deadline: 09/16/2021

Instructions

To enter your data in this form, select "Edit". When you have completed your entry for each open field, select "Save".

When you have completed the entire form, be sure to "Mark as Complete".

Please answer each of the following questions. If you answer 'No' to any question, you are required to leave an explanation in the comment box. All uploads are required.

Board of Directors

[Go to Application Forms](#)

The Board meets regularly (at least four times per year). * Yes

Documentation Required for this section

Current Board of Directors Bylaws * [Board of Director Bylaws.pdf](#)

List of Board Members, their positions, and term dates to support the composition stated in the by-laws.* [List of Board Members.pdf](#)

Board of Directors Explanation if Any

This field is limited to 2000 characters.

Agency Administration

Agency has submitted all applicable tax returns to the IRS and the State of Texas (e.g. Form 990 or 900-EZ and state and federal payroll tax filings)* Yes

Agency is eligible to contract and not debarred from contracting, according to SAM.gov and City Debarment information* Yes

Agency is a non-profit organization able to conduct business in the state of Texas* Yes
See https://www.sos.state.tx.us/corp/nonprofit_org.shtml

Documentation Required for this section

Copy of the most recently filed IRS Form 990 or 990 EZ (no older than 2018), if applicable* [990 or 990 EZ.pdf](#)

Proof of agency non-profit status(ex. By-laws, Articles of Incorporation, IRS Tax Exempt Designation, Texas Department of State letter)* [Proof of Agency Non-Profit Status.pdf](#)

Agency Administration Section Explanation if Any

This field is limited to 2000 characters.

Application Threshold Checklist

Agency Certification

Agency is current in its payment of Federal and State payroll taxes* Yes

Agency does not owe past due taxes to the City* Yes

Within the last two years, Agency has required experience outlined in the scope of work?* Yes

If agencies have been funded by other entities (including but not limited to City of Austin, Travis County, St. David's Foundation or other foundations, State of Texas or federal government), the agency has received monitoring reports without findings.* Yes

Any agency monitoring/evaluation/site visit reports from a funder within the last five years.*

[Monitoring, Evaluation, Site Visit Reports.pdf](#)

Threshold Confirmation

By selecting Confirm, applicant certifies that board chair and executive director approves all responses and attachments provided.

Certify Threshold* Confirm

Agency Certification Explanation if Any

This field is limited to 2000 characters.

Application: 12808 - HOPWA Test App 2021**Program Area:** HIV Resources Admin**Opportunity:** 12044 - RFA 002 HOPWA 2021 WT**Application Deadline:** 09/16/2021**Program Work Statement**[Go to Application Forms](#)**Program Work Statement for HIV Contract***This section is for the entire HIV services program as described in this contract, although references can be made to specific service categories.***Client Access Description***Client Access Describe how clients will be located and directed to the HIV services program. Describe barriers that hinder or prevent clients from accessing services, and actions that will be taken to reduce or eliminate identified barriers to service delivery.*

Clients will call the intake line.

Field limited to 12000 characters.

Cultural Competency**Service Linkage, Referral, and Collaboration Description***Service Linkage, Referral, and Collaboration Describe how service activities link clients to primary medical care, including initial access to care and ongoing retention in care. Describe how clients are referred to other agencies for medical care and/or support services. Describe how referrals are documented in client records, including follow-up documentation on results of referrals. Briefly describe external collaborative activities related to services delivery.*

Clients will be linked to support services as appropriate

Field limited to 12000 characters.

Client Input and Involvement Description*Client Input and Involvement Describe how clients will have input in the delivery of services, including the service/care plan. Describe all mechanisms for client involvement in the evaluation of services.*

Clients will have input in their housing plan

Field limited to 12000 characters.

Cultural Competency Description*Cultural Competency Describe how services will be delivered so that cultural and language differences do not present a barrier to services. Describe compliance with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) at: <https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedNationalCLASStandards.pdf>. If you are not fully in compliance with all CLAS Standards, identify the non-compliant Standard(s) and list specific measurable steps that will be taken to ensure compliance by the beginning of the third quarter of the contract term.*

Staff adhere to CLAS Standards

Field limited to 12000 characters.

Program Work Statement for HIV Service Category[Add](#)*Program Work Statement for HIV Service Category*

Service Category Name	Client Eligibility Description	Target Populations Description	Service Activities Description	Frequency Description	Location Description	Staffing Description	Quality Management Description	Part A Responsibilities, If Applicable
HOPWA-Tenant Based Rental Assistance	Clients will be living within the 5 county EMSA, be at or below 80% of the average median income, and provide documentation of HIV seropositivity.	Persons who are living with HIV and experiencing housing instability are the primary population for this service.	Paying for rent	Rents will be paid on a monthly basis.	Clients will be located throughout the community in housing that they have selected.	Case manager Program Director	Quality management	Not Applicable (Overwrite if Applies)

Program Budget and Narrative

Application: 12808 - HOPWA Test App 2021

Program Area: HIV Resources Admin

Opportunity: 12044 - RFA 002 HOPWA 2021 WT

Application Deadline: 09/16/2021

Instructions

To enter your data in this form, select the blue "Add" link, located on the right side of the section. When you have completed an entry for all the fields, select "Save". Repeat this process for each line item in the section until all data has been entered into the section.

Continue this same process for each section

When you have completed the entire form, be sure to "Mark as Complete".

DIRECT SERVICES COSTS

[Go to Application Forms](#) | [Add](#)

Service Category Type	Service Category	Salaries Direct	Fringe Direct	Travel Direct	Equipment Direct	Supplies Direct	Contractuals Direct	Other Direct	Direct Total
Housing Opportunities for Persons With AIDS	HOPWA-Tenant Based Rental Assistance	\$10,000.00	\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,000.00	\$63,000.00
		\$10,000.00	\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,000.00	\$63,000.00
		\$10,000.00	\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,000.00	\$63,000.00

ADMINISTRATIVE COSTS

[Add](#)

Service Category Type	Service Category	Salaries Admin	Fringe Admin	Travel Admin	Equipment Admin	Supplies Admin	Contractuals Admin	Other Admin	Admin Total
Housing Opportunities for Persons With AIDS	HOPWA-Tenant Based Rental Assistance	\$5,000.00	\$1,000.00	\$0.00	\$0.00	\$500.00	\$0.00	\$0.00	\$6,500.00
		\$5,000.00	\$1,000.00	\$0.00	\$0.00	\$500.00	\$0.00	\$0.00	\$6,500.00
		\$5,000.00	\$1,000.00	\$0.00	\$0.00	\$500.00	\$0.00	\$0.00	\$6,500.00

Service Category Budget Narrative

[Add](#)

For each service category budgeted above, provide a concise narrative of included costs.

Note: Each narrative field is limited to 5000 characters.

Service Category Type	Service Category	Salaries	Fringe	Travel	Equipment	Supplies	Contractuals	Other
Housing Opportunities for Persons With AIDS	HOPWA-Tenant Based Rental Assistance	Salaries for case managers	Fringe benefits					Rental assistance

Service Category Cost Allocation

[Add](#)

For each service budgeted above, attach its corresponding cost allocation plan

Service Category Type	Service Category	Upload Service Category Cost Allocation
Housing Opportunities for Persons With AIDS	HOPWA-Tenant Based Rental Assistance	H - Program Budget Justification.xlsx

Questions?

- Thank you for attending