



**PROJECT PROPOSAL
AND APPLICATION FOR FUNDING FOR
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
*PY22 WV HOPWA***

APPLICANT AGENCY/ORGANIZATION: _____

CONTACT FOR PROJECT PROPOSAL: _____

EMAIL ADDRESS/PHONE NUMBER: _____

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PROJECT PROPOSAL CONTENT CHECKLIST

INSTRUCTIONS: Please review and enclose this checklist to ensure that your project proposal submission is complete. Proposals that do not contain a copy of each of the items below will be considered incomplete and will not have those items reviewed or considered in the scoring process.

NOTE: The inclusion of letters of support and any other requested coordination documentation is strongly suggested, but not required. (These items will not be included in the scoring process.)

PROJECT PROPOSAL CONTENT CHECKLIST

FULLY COMPLETED PROGRAM NARRATIVES

(Content to be included within each narrative is listed below.)

NARRATIVE ONE: Capability of Applicant

- Services/Experience
- Service Population Demographics
- Staff Training/Orientation
- IT Capabilities

NARRATIVE TWO: Target Population

- Experience with PLWHA
- Assessment of Needs
- Gaps/Barriers

NARRATIVE THREE: Service Delivery

- Service Description
- Management/Staffing Plan
(Attach org chart and position descriptions of key HOPWA staff.)
- Referral Process
- Attachment A

NARRATIVE FOUR: Critical Service Delivery Issues

- Financing HIV/AIDS Care
- Cultural/Linguistic Competency
- Access/Maintenance in Care

NARRATIVE FIVE: Collaboration and Coordination

- HIV/AIDS Care Involvement
- Coordination
(Service Integration, Letters of Support, Memorandums of Understanding, Contracts. May be included as attachments, if applicable. Strongly recommended, but not required.)
- Attachment B (No need to include, only reference for examples.)

NARRATIVE SIX: Quality Improvement and Evaluation

- Evaluation Plan
- Attachment C

NARRATIVE SEVEN: HIV IDU Cluster Response

- Plan to identify HIV IDU Clusters
- Education of Cluster Risk to Community
- Connections to Healthcare Providers
- Critical Housing Provisions Plan for Cluster Individuals
- Organization's Plan to Combat Stigma

NARRATIVE EIGHT: Budget and Financial Data**Budget Narrative and Budget**

- Budget Narrative
- Proposed Budget for HOPWA Project Proposal

ADDITIONAL REQUIRED DOCUMENTATION: Attachments

- Organization's Overall Budget
- Contracts, Sources, and Referral MOUs (2022-2023)
- Other Funding Sources
- Listing of Board Members (Name/Board Position)
- Current Financial Reporting
- Proof of 501(c)(3)
- Proof of FEIN (Include #)
- Proof of UEI # from SAM.gov (include #)

WV HOPWA PY22 PROJECT PROPOSAL - NARRATIVES

INSTRUCTIONS: Use the narrative template below to provide answers to all of the following questions within each of the corresponding narratives. The formatting requirements are located in the RFP. Remember, any narratives that are incomplete, fail to address the listed questions/requested information, or unanswered entirely will result in the specific narratives removal from the scoring process, thereby producing zero points for that narrative which may affect the overall total scoring. If the overall score is below 75% the project proposal is not eligible for PY22 WV HOPWA funding. Additionally, any narrative that exceeds the provided text boxes or has information attached to the submission narrative response will have that content redacted which will not be reviewed or scored by the committee, and it will result in a 3-point deduction from that individual narrative's score. (The template to enter responses to the narratives can be found at the end of the project proposal and application packet.)

NARRATIVE ONE: CAPABILITY OF THE APPLICANT (10 Points)

- Describe the agency's overall mission and scope of services, including the program's hours of operation and hours for intake into the program. (These will be verified.) Program descriptions may be appended.
 - Briefly describe experience in providing the type of service requested in the RFP.
 - Briefly describe the numbers, sociodemographic characteristics, and the geographic distribution of the persons served previously in your programs.
 - Describe the organization's process to train/orientate staff and strategies to prevent staff attrition.
 - Describe the agency's capability for collecting and reporting client data through grantee-approved HMIS database.
-

NARRATIVE TWO: TARGET POPULATION (10 Points)

- Describe your organization's experience working with persons living with the HIV/AIDS (PLWHA) population.
 - Describe how your organization will assess housing needs of the PLWHA population.
 - Identify unmet needs and barriers for carrying out this service within your proposed catchment area.
 - Describe how your organization will address unmet needs and barriers.
-

NARRATIVE THREE: SERVICE DELIVERY (20 Points)

- Describe the service(s) to be offered through the funding from this RFP. As part of this response, include how your organization will achieve anticipated deliverables ([see Attachment A](#)). Clearly explain how you will document service delivery as well as ensure proper data collection/management.
- Describe the geographic location of the proposed service(s), days, and hours when service(s) will be provided. Explain how you will provide services to eligible clients throughout the proposed catchment area.
- Describe the management and staffing plan of your organization and how the

requested service fits into your organizational structure. Include how many FTE(s) are requested. Provide a description of staff skills and their experience in providing services to people living with HIV/AIDS. Include an organizational chart and resumes of key staff as attachments.

- Describe the referral process to receive service(s).
- Provide, as an attachment, a flow chart illustrating the service delivery process.
- Successful applicants will include “touch points” demonstrating client/staff interaction, progress updates, and/or outcome assessments from the point of referral to discharge and beyond if post service evaluations are conducted.

NARRATIVE FOUR: CRITICAL SERVICE DELIVERY ISSUES (15 Points)

Your proposal must demonstrate the impact of how your organization has and plans to continue to respond to the following critical issues relative to:

Financing of HIV/AIDS Care

Describe the process for initial and ongoing determination of client eligibility for services. In particular, address how your agency determines that WV HOPWA funds are being used as payer of last resort and that all other payment sources for a client have been applied for, accessed, and/or exhausted.

Cultural and Linguistic Capacity

Describe how service(s) will be culturally and linguistically appropriate. Include what languages your organization is able to provide to non-English speaking individuals. Describe how you will communicate with these clients. In what ways will your organization reduce issues with stigma, phobia, and denial.

Access to and Maintenance in Primary Care

Demonstrate how your organization is in a position to reach clients in need of services. Additionally, how will your organization meet the unique needs of newly-diagnosed individuals and those lost to care who are returning to care. Include strategies to engage and retain clients in the Ryan White continuum of care and its supportive service programs.

NARRATIVE FIVE: COLLABORATION AND COORDINATION (15 Points)

([See Attachment B](#) for definitions of collaboration and coordination to guide your responses on collaborative efforts).

Description of involvement in systems of HIV/AIDS care and support within the proposed catchment area:

- Identify existing HIV/AIDS systems of care and support services in which your organization actively participates. Describe the role of your organization in these systems and methods of participation.

Description of plans to coordinate with other providers:

- Describe your plan to integrate and/or coordinate the delivery of service with other HIV services and providers. If relationships already exist, please explain their benefit in carrying out the services of this RFP.
- Describe the linkage and/or cooperative agreements which place your organization in a position to accept referrals to your program, obtain outcome measures from care providers to document progress in meeting outcome objectives, and the feedback to case management regarding client access to services.

NARRATIVE SIX: IMPROVEMENT AND EVALUATION (10 Points)

- Describe the agency's evaluation/improvement efforts; including plans to evaluate, monitor, and adjust delivery of program services to ensure quality services provided to PLWHA.
- Provide the HOPWA outcome indicators to be used and how they will be assessed ([See Attachment C](#)).
- Describe the staff involved in the evaluation/improvement process.
- Explain how PLWHA will be included in the evaluation and improvement process.

NARRATIVE SEVEN: HIV IDU CLUSTER RESPONSE (10 Points)

We are well aware of the current spread of HIV due to Intravenous Drug Use (IDU) within this sub-population and how transient these individuals tend to be throughout the state. With the restrictions placed on harm reduction centers and preventative measures such as testing individuals considered high-risk within a number of counties, it may not be much longer before clusters begin to emerge in varying areas of the state.

- What can your organization do and what other organizations can you work with to participate in the effort to identify such clusters within your catchment area?
- How will your organization not only educate the population at risk, but also communicate the health risk for local community members? (Community exposure and spread within this group is highly likely and easily a high risk situation.)
- Connections to a healthcare provider and consistent attendance at appointments and checkups are critical, along with taking the daily prescribed medications to remain healthy with the ultimate goal of becoming undetectable. How can your organization participate in these efforts? What can you do to ensure this goal is met?
- Housing is critical in being med compliant and staying healthy. What housing provisions exist or can your organization put in place to move HIV IDU cluster individuals off the street quickly and into safer and more sanitary living conditions?
- How does your organization combat any stigma associated with the HIV IDU cluster and assist these individuals in gaining access to care? (Please address existing stigma among the local government, community members, health providers, and the HIV IDU cluster population itself, if applicable.)

- For those individuals refusing access to healthcare or supportive services through HOPWA or other programs, how will your organization address this?

NARRATIVE EIGHT: BUDGET AND FINANCIAL DATA (10 points)

Develop and submit the service category budget that includes at a minimum the budget lines listed below. A budget narrative for each budget line should be included ensuring the level of detail required by the type of item funded. In developing your budget, keep in mind that administrative charges may not exceed 4% of the total direct service charges to the contract. The components of administrative costs must also be explained in the narrative.

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, their name (if possible), position title, percent full-time equivalency, and annual salary.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, and tuition reimbursement.

Travel: Travel costs should be broken out based on whether they are local or long distance. For local travel, the mileage rate, number of miles, reason for travel (e.g., staff training, client visits, etc), and staff members/others completing the travel should be outlined. Long distance travel is limited to HUD-sponsored meetings.

Equipment: List equipment costs and describe why they are needed to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment.

Supplies: List items the project will use, and be sure to separate office supplies from medical and educational purchases. Office supplies include paper, pens, and the like. Medical supplies include syringes, blood tubes, plastic gloves, etc. Educational supplies would include pamphlets and educational videotapes, for example.

Service Category Specific Cost by Budget Line Item: All costs that do not fit into the previous categories should be here. This includes allowable costs for each service category e.g. Tenant-Based Rental Assistance – Subsidy Payments.

Administrative: Administrative as defined by HOPWA include: "costs for general management, oversight, coordination, evaluation, and reporting on eligible activities" (reference the **HOPWA Grantee Oversight Resource Guide** on pages 184-185 https://www.hudexchange.info/resources/documents/HOPWAOversightGuide_Aug2010.pdf).

NOTE: HOPWA funds cannot pay for operational expenses outside of the project sponsor's own program. This includes the ineligible costs associated with the operation of Continuum of Care duties such as initial intake and referral, assessment, etc.

SUPPLEMENTAL FISCAL AND PROGRAMMATIC INFORMATION (REQUIRED ATTACHMENTS)

Provide the following financial and programmatic documents as part of your overall project proposal submission to assist WVCAD in determining potential grant performance:

- A copy of your overall organizational budget for the most recent fiscal year.
 - A summary of your current 2022-2023 funding sources with award amounts.
 - A list of outside funds and/or additional grant programs applied to provide partial support for the proposed project and those individuals served with the PY22 WV HOPWA award.
 - Listing of governing body members and officers, such as a board of directors.
 - Most recent audited financial report. Report must have been conducted within the previous three years. *(Older reports will NOT be accepted or qualify in meeting this requirement.)*
 - Not for Profit organizations should attach evidence of 501(c)(3) status which includes the IRS Tax Determination Letter.
 - Proof of Federal Employee Identification Number. *(Include this number for reference.)*
 - Proof of UEI# acquired from www.SAM.gov. *(Include this number for reference.)*
 - Provide the organizational chart of all staff members working directly within the HOPWA program with name, title, and a brief summary of duties. This includes program managers, case managers, etc.
 - If your organization is a current HOPWA project sponsor, provide the policies and procedures for those individuals participating in the HOPWA program. If your organization would be new to HOPWA, provide a brief overview of such policies and procedures.
-

ATTACHMENT A:

Anticipated Deliverables by Service Category

INSTRUCTIONS: Quantitative goals are based on full award and subject to change relative to the amount of funds appropriated considering that multiple organizations are selected to provide any given service category. As part of the attachment, the overall number of those households to receive each specific service must be indicated within each service category. *If you do not plan to offer a specific activity, place a 0 as that activity's outcome. (NOTE: Other than facility operations, all other activities must be offered to provide equitable HOPWA activities to all qualifying program participants in every county within the State. Attachment A will be included as part of your full project proposal submission.)*

Facility-Based (Residential/Transitional Housing)

Funds allocated to the Facility-Based service category are limited to the operation of the selected facilities. This includes maintenance (as defined in OMB Circular A-122 and with written approval from Grants Administration as well as appropriate supporting documentation with invoice), security, operation, insurance, utilities, furnishings, equipment, supplies, and other approved incidental costs. Property and equipment purchased under this contract are subject to the approval of WVCAD and must be purchased in accordance with 24 CFR 84.

- Clients' gross household income must be below the 80% area median income guidelines (AMI) as published and updated each year by HUD can be found at: <http://www.huduser.org/DATASETS/il.html>.
- Operating subsidies may include operating costs for on-site staff, including managers, housing maintenance, security, insurance, utilities, communal meals, and other incidental costs.
- Based on HOPWA regulations 574.310(d) households must pay as rent, the higher of 10% of their gross income or 30% of their monthly-adjusted income per HOPWA income guidelines and eligibility standards.
- A client's rent calculation worksheet must be completed and kept in the client's file.

The applicant organization's objective is to serve _____ households with Facility-Based funds for those organizations with dedicated facilities in operation for those qualifying for the activity component (if applicable).

Tenant-Based Rental Assistance (TBRA)

On-going rent subsidies, but not to the extent that such is perceived as permanent assistance, to income-qualifying PLWHA throughout the catchment area.

- Clients' gross household income must be below 80% area median income guidelines (AMI) as published and updated each year by HUD at: <http://www.huduser.org/DATASETS/il.html>
- The rental amount standard shall be no more than the published fair market rent (FMR), Section 8 Housing Choice Voucher Payment Standard, or the HUD-approved

community-wide exception rent for the unit size. Additionally, on a unit by unit basis, the grantee may increase that amount by up to 10% for up to 20% of the total units assisted.

- The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.
- Based on HOPWA regulations 574.310(d) households must pay as rent, the higher of 10% of their gross income or 30% of their monthly-adjusted income per HOPWA income guidelines and eligibility standards.

**The applicant organization's objective is to serve
at least _____ households with TBRA funds.**

Short-Term Rent, Mortgage and Utility Assistance:

Emergency assistance to households residing in rental or mortgaged units, with written documentation verifying their tenancy, and who do not receive another type of rental subsidy.

- STRMU is short-term, emergency homelessness prevention, and needs-based funding that is intended to assist persons with HIV/AIDS who cannot meet their monthly housing expenses due to unexpected situations related to their HIV/AIDS.
- Clients' gross household income must be below 80% area median income guidelines (AMI) as published and updated each year by HUD at: <http://www.huduser.org/DATASETS/il.html>.
- Specific forms of assistance to be allowed under this category are rent, mortgage, and utility payments only.
- Assessment of housing and utility needs and financial circumstances must be conducted with each request.
- STRMU payments may not be more than 21 weeks in any 52 week period.
- Assistance must be connected to individual housing and case management plans to identify solutions to stable housing and improve access to care, benefits, and income.
- Housing plans should be regularly updated to address the on-going needs of the household.
- Supportive services should be provided or connected through referrals by project sponsors to help achieve housing goals.

**The applicant's objective is to serve
_____ households with STRMU funds.**

Supportive Services:

WVCAD expects that program participants will need varying levels of supportive services in order to attain and maintain self sufficiency and receive appropriate levels of care. The applicant is **required** to ensure program participants have access to adequate supportive services, including case management services, as supplied by well qualified service providers/program staff on a continual basis.

Case Management services include client assessment, eligibility determination, and referral to housing and HIV-related services/programs meeting clients' assessed needs. The applicant HOPWA Project Manager and all Case Managers shall adhere to HIV case management meetings held by WVCAD bi-monthly, and submit monthly activity reports to the WVCAD by the 15th of the month for the previous month. This information is currently reported in the Annual Action Plan and as part of the CAPER. If the HMIS data system is not available or not functioning, a written report will be required.

Case management services include, but are not limited to:

- Health, mental health, drug and alcohol abuse treatment and counseling, psycho-social case management, gaining access to state and federal government benefits and services, and referral services to assist an eligible person to locate, acquire, finance and maintain housing.
- Clients' gross household income must be below 80% area median income guidelines (AMI) as published and updated each year by HUD at: <http://www.huduser.org/DATASETS/il.html>.
- Subrecipient should have adequate documentation of supportive service activities to back up reporting and demonstrate the eligibility of clients.
- Records (including participant files) demonstrate which services were provided to whom.
- Shows that eligible services were provided to eligible participants, per grant agreement.
- Backs up data reported to grantee and to HUD.
- Services provided are consistent with participants' needs assessments and housing plans.

The applicant project sponsor must:

- Determine housing needs.
- Identify eligibility for other housing assistance.
- Provide supportive services needs to maintain housing stability.
- Determine eligibility for mainstream assistance.
- Assist clients in setting goals for housing and independence.
- Educate on available housing options.
- Identify skills and support needed to maintain chosen housing options.
- Assist in maintaining housing (budgeting, accessing needed support, apartment upkeep, and complying with requirements).
- Assure that supportive services needs are met.
- Identify any resources, skill deficits, or services needs that could lead to lack of housing stability.
- Mainstream rental assistance opportunities for long term support.
- Develop strategies to avoid perpetual dependence on HOPWA rental assistance.

The supportive services line item is also inclusive of nutritional services, life skills (basic living/hygiene), and transportation assistance. The applicant is **required** to adequately track the provision of supportive service activities, document related expenditures, and request approval for any supportive service funded under the terms of this contract that is not listed herein prior to invoicing WVCAD for the service.

**The applicant's objective is to serve
_____ households with Case Management funds.**

Housing Information and Permanent Housing Placement:

Funds appropriated to this line item are available to provide housing coordination services, information, and referrals to assist program participants in the achievement of housing goals related to locating, acquiring, financing, and maintaining housing. Housing Information/Coordination services relate directly to the attainment of stable housing for program participants and include, but are not limited to, health, mental health, drug and alcohol abuse treatment and counseling, psycho-social case management, gaining access to state and federal government benefits and services, and referral services to assist an eligible person to locate, acquire, finance and maintain housing meeting clients' assessed needs. The applicant HOPWA Project Manager and all Case Managers shall adhere to HIV case management meetings held by WVCAD bi-monthly, and submit monthly activity reports to the WVCAD by the 15th of the month for the previous month. This information is currently reported in the Annual Action Plan and as part of the CAPER. If the HMIS data system is not available or not functioning, a written report will be required.

- Program participants' gross household income must be below 80% area median income guidelines (AMI) as published and updated each year by HUD at: <http://www.huduser.org/DATASETS/il.html>.
- Subrecipient should have adequate documentation of supportive service activities to back up reporting and demonstrate the eligibility of clients.
- Records (including participant files) demonstrate which services were provided to whom.
- Shows that eligible services were provided to eligible participants, per grant agreement.
- Backs up data reported to grantee and to HUD.
- Services provided are consistent with participant needs assessments and housing plans.

The applicant project sponsor must:

- Determine housing needs.
- Identify eligibility for other housing assistance.
- Provide supportive services needs to maintain housing stability.
- Determine eligibility for mainstream assistance.
- Assist clients in setting goals for housing and independence.
- Educate on available housing options.
- Identify skills and support needed to maintain chosen housing options.
- Assist in maintaining housing (budgeting, accessing needed support, apartment upkeep, and complying with requirements).
- Assure that supportive services needs are met.
- Identify any resources, skill deficits, or services needs that could lead to lack of housing stability.
- Mainstream rental assistance opportunities for long term support.
- Develop strategies to avoid perpetual dependence on HOPWA rental assistance.

**The applicant's objective is to serve ____ households
with Housing Information/Permanent Housing Placement funds.**

ATTACHMENT B: The Continuum of Collaboration and Coordination from Networking to Collaborating

(Attachment B will be included as part of your full project proposal submission.)

	Networking	Coordinating	Cooperating	Collaborating
Defined as:	Exchanging information for mutual benefit.	Exchanging information and altering activities for mutual benefit and to achieve a common purpose.	Exchanging information, altering activities, and sharing resources for mutual benefit and to achieve a common purpose.	Exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose.
Description:	The most informal of working together strategies and, as a result, can be used most easily.	Requires more organizational involvement than networking and, given the degree to which activities are poorly coordinated it is a very critical change strategy.	Requires greater organizational commitments than networking or coordinating and in some cases, may involve written (perhaps even legal) agreements. Shared resources can encompass a variety of human, financial, and technical contributions including knowledge, staffing physical property, access to people, and others.	The qualitative difference between collaborating and cooperating is the willingness of organizations (or individuals) to enhance each other's capacity for mutual benefit and a common purpose. In this definition, collaborating is a relationship in which each organization wants to help its partners become better at what they do. This also assumes that when organizations collaborate, they share risks, responsibilities, and rewards.
Characteristics/requirements:	Initial level of trust, limited time availability, and a reluctance to share turf.	Compared to networking, coordinating involves more time, higher levels of trust, and some access to each other's turf.	Cooperating can require a substantial amount of time, high levels of trust, and significant access to each other's turf.	Usually characterized by substantial time commitments, very high levels of trust and extensive areas of common turf.
Example:	A hospital and a community clinic exchange information about prenatal services.	A hospital and a community clinic exchange information about prenatal services and decide to alter service schedules so that they can better meet the needs of common clients.	A hospital and a community clinic exchange information about prenatal services, decide to alter service schedules, and agree to share physical space and funding to prenatal services so that they (the hospital and community clinic) can better meet the needs of common clients.	A hospital and a community clinic exchange information about prenatal services, decide to alter service schedules, agree to share physical space and funding for prenatal services, and provide professional development training for each other's staff in areas of their special expertise so that they (the hospital and community clinic) can better meet the needs of common clients.

ATTACHMENT C: Implementation Plan

INSTRUCTIONS: Please complete the following table for each service category that is included within your project proposal. The outcomes are established by HUD and will not change from service category to service category. State the program related objectives and activities supportive of achieving each outcome (1-3) and state the program goal and how performance will be measured. *(Attachment C will be included as part of your full project proposal submission.)*

NOTE: The selected provider will work with WVCAD and the HOPWA program staff to finalize program outcomes and objectives in accordance with the West Virginia Consolidated Plan and additional considerations regarding existing status and environment of PLWHA within the specified catchment area.

Service Category: Facility-Based Housing			
Outcome 1: Maintain stable housing arrangements			
Objective(s)	Activity	Goal	Measure
Outcome 2: Reduce the risk of chronic homelessness			
Objective(s)	Activity	Goal	Measure
Outcome 3: Improve access to care			
Objective(s)	Activity	Goal	Measure
Provide in full detail the tasks and activities used to accomplish the above goals and objectives:			
TOTAL PROPOSED FUNDING SPENT ON SERVICE CATEGORY: \$ _____			

Service Category: Supportive Services

Outcome 1: Maintain stable housing arrangements

Objective(s)	Activity	Goal	Measure

Outcome 2: Reduce the risk of chronic homelessness

Objective(s)	Activity	Goal	Measure

Outcome 3: Improve access to care

Objective(s)	Activity	Goal	Measure

Provide in full detail the tasks and activities used to accomplish the above goals and objectives:

TOTAL PROPOSED FUNDING SPENT ON SERVICE CATEGORY: \$ _____

Service Category: Housing Information

Outcome 1: Maintain stable housing arrangements

Objective(s)	Activity	Goal	Measure

Outcome 2: Reduce the risk of chronic homelessness

Objective(s)	Activity	Goal	Measure

Outcome 3: Improve access to care

Objective(s)	Activity	Goal	Measure

Provide in full detail the tasks and activities used to accomplish the above goals and objectives:

TOTAL PROPOSED FUNDING SPENT ON SERVICE CATEGORY: \$ _____

Service Category: Permanent Housing Placement

Outcome 1: Maintain stable housing arrangements

Objective(s)	Activity	Goal	Measure

Outcome 2: Reduce the risk of chronic homelessness

Objective(s)	Activity	Goal	Measure

Outcome 3: Improve access to care

Objective(s)	Activity	Goal	Measure

Provide in full detail the tasks and activities used to accomplish the above goals and objectives:

TOTAL PROPOSED FUNDING SPENT ON SERVICE CATEGORY: \$ _____

Service Category: Tenant-Based Rental Assistance (TBRA)

Outcome 1: Maintain stable housing arrangements

Objective(s)	Activity	Goal	Measure

Outcome 2: Reduce the risk of chronic homelessness

Objective(s)	Activity	Goal	Measure

Outcome 3: Improve access to care

Objective(s)	Activity	Goal	Measure

Provide in full detail the tasks and activities used to accomplish the above goals and objectives:

TOTAL PROPOSED FUNDING SPENT ON SERVICE CATEGORY: \$ _____

Service Category: Short-Term Rent, Mortgage, and Utility (STRMU)

Outcome 1: Maintain stable housing arrangements

Objective(s)	Activity	Goal	Measure

Outcome 2: Reduce the risk of chronic homelessness

Objective(s)	Activity	Goal	Measure

Outcome 3: Improve access to care

Objective(s)	Activity	Goal	Measure

Provide in full detail the tasks and activities used to accomplish the above goals and objectives:

TOTAL PROPOSED FUNDING SPENT ON SERVICE CATEGORY: \$ _____

ATTACHMENT D: Programmatic and Fiscal Risk Assessment

INSTRUCTIONS: The Programmatic and Fiscal Risk Assessment Measurement tool contained on the next pages will be utilized in the process of analyzing whether a provider will be able to request a renewal of their agreement with WVCAD. If the risk assessment rating is satisfactory, WVCAD and the provider, upon mutual assent, will proceed with a regular monitoring as usually conducted.

If the ratings are unsatisfactory, WVCAD will provide the project sponsor with an expedited monitoring visit to address any issues. Ratings are conducted by HOPWA Program Staff and feedback will be delivered to the provider that is the subject of this tool to take any appropriate actions.

The applicant must complete all information in blue. (*Attachment D will be included as part of your full project proposal submission.*)

NOTE: Risk Ratings, Action Levels, and Standards are subject to change at the discretion of WVCAD HOPWA Program Staff. Upon change, WVCAD will notify the applicant(s) within ten (10) business days. Contact the WVCAD HOPWA Program Staff for more current information before basing important decisions on information contained in this document.

PROGRAMMATIC AND FISCAL RISK ASSESSMENT

WV HOPWA PROGRAM

WV Community Advancement and Development (WVCAD)

Applicant Organization Name:

Applicant Organization Address:

Contact Information for Risk Assessment

Agency Director/Title:

Phone Number:

Email Address:

Program Contact/Title:

Phone Number:

Email Address:

Risk Assessment completed by: _____ **Date:** _____

STANDARDS		YES	NO	N/A
1.	The applicant has previously been monitored for this grant.			
2.	The applicant submitted a corrective action plan by the due date if required by the previous site visit report.			
3.	The applicant submits program reports and data by the due date.			
4.	The applicant's program reports and data are complete and accurate.			
5.	The applicant meets performance measures as required by the contract.			
6.	The applicant complies with contractual requirements as reflected in site visit tools, policies and procedures, and follows Grant Agreement guidance.			
7.	The applicant performs required oversight activities for HOPWA program staff.			
8.	The applicant has implemented mechanisms for external feedback from stakeholders, including measures of satisfaction and suggestions for applicant improvement.			
9.	The applicant is free from validated complaints for this program attachment within the last twenty-four (24) months (if applicable).			
10.	The applicant has been in compliance with all other submissions required per their agreement with WVCAD.			
CRITICAL STANDARDS		YES	NO	N/A
11.	The applicant implemented its Plan of Action according to the documented approved time line identified in the previous site visit report or subsequent correspondence. Corrective actions and improvements were substantiated during the most recent site visit.			
12.	The applicant has been free from WVCAD and other known state or federal Actions for the last twenty-four (24) months.			
13.	The applicant is on target in implementing the corrective action plan.			
14.	The applicant is free from validated complaints regarding an immediate and/or serious threat to the health and safety of clients since the last review.			
15.	The applicant assures the organization meets the minimum standards for services as contractually required.			

16.	The applicant assures that all staff recipients meet minimum standards for the appropriate service category as contractually required.			
17.	The applicant assures services for HIV/AIDS funded under Ryan White meet WVCAD policies on documenting and reporting.			
18.	The applicant has received less than \$100,000 in funding during the previous fiscal year.			
19.	The applicant has at least three (3) years experience with Ryan White or HOPWA.			
20.	The applicant has not had a new Executive Director, Program Manager, or turnover in key staff within the last twelve (12) months.			
21.	The applicant has not had more than one (1) fiscal monitoring finding in the previous year without a written Corrective Action Plan in place.			
22.	The applicant accomplished at least 85% of objectives in last PY as listed within the outcomes/outputs as part of the program budget submission process.			
23.				
QUALITY MANAGEMENT		YES	NO	N/A
24.	The applicant submitted all reporting as required by WVCAD.			
25.	The applicant developed a quality management plan specific to HIV and has shared such with WVCAD HOPWA Program staff.			
26.	The applicant conducted an annual client satisfaction survey. Results may be/have been shared upon request from WVCAD.			
27.	The applicant attended at minimum one (1) quality management training annually, provided by WVCAD, HUD, CPD, or OHH (virtual options count as well as in-person.)			
FISCAL STANDARDS		YES	NO	N/A
28.	The applicant used WVCAD approved invoices that included a copy of the invoicing detail report.			
29.	The applicant historically fully expends their entire award within PY.			
30.	The applicant submitted invoices on the due date ten (10) or more times during the last fiscal year.			

31. (A-J)	The applicant submitted required documentation, as specified in the grant agreement with each invoice. This includes, but is not limited to, dependent upon the expenditure invoiced for (if applicable):	YES	NO	N/A
	A. Record of clients served, clients' demographics, and service units during the month invoiced;			
	B. Employee time sheets or payroll reports (registers) for all employees paid out of funds under the agreement;			
	C. Copies of invoices or receipts for all appropriate expenditures incurred;			
	D. Proof of payment for appropriate expenditures incurred;			
	E. Mileage reports (if applicable), for local and out-of-town travel not to exceed current mileage reimbursement rate included within invoicing backup;			
	F. Actual expenditures for administrative costs (if applicable);			
	G. Copies of approved indirect cost rate (if applicable) for indirect expenditures;			
	H. Copies of pre-approved training requests;			
	I. Copies of conference agenda(s), if applicable; and			
	J. Copy of budget and expenditure tracking sheet(s).			

THE FOLLOWING QUESTIONS ARE TO BE COMPLETED BY WVCAD ONLY

HOPWA STANDARDS		YES	NO	N/A
32.	Has the applicant's administrative expenses totaled 4% or less of the funding allocation for the most recently completed project year?			
33.	Did the applicant expend at least 95% of the total allocation by WVCAD as a whole for the most recently completed project year?			
34.	Did the applicant's expenditures stay within their total allocation for the most recently completed project year?			
35.	Did they meet at least 95% of their program goals (# households assisted) for TBRA, STRMU, PHP, HI, and Supportive Services combined?			
36.	If applicable, did the applicant effectively manage wait lists for TBRA and STRMU beginning first by notifying WVCAD such was needed for lack of remaining funds?			

YES	NO	Staff member(s) conducting assessment agrees with Risk Rating.		
		If NO, staff member(s) conducting assessment recommends adjusting applicant rating from Risk Rating _____ to Risk Rating _____ based on comments below.		
Justification for change to the Risk Rating:				
ACTIONS (In accordance with measures of non-compliance in the Agreement)				
Recommend Actions for this applicant?		YES		NO
Justification for Actions:				
Date Applied:		Indicate the Level of Actions Recommended:		
Additional staff comments and concerns regarding this applicant (e.g., high staff turnover, other State divisions that consider applicant to be high priority, etc).				
Comments:				
Signature of Commenter:		Date:		
This Risk Assessment has been approved by:				
_____		Date:		
Housing Program Manager				
_____		Date:		
Compliance Monitor of Last Monitoring Visit				
_____		Date:		
Sustainability Unit Manager				

RISK RATING:
ACTION LEVEL:
RISK ASSESSMENT RATING EFFECTIVE DATE: (must be the last date of the most recent review)

WV HOPWA PY22 PROJECT PROPOSAL NARRATIVES

INSTRUCTIONS: Text fields are provided for each project proposal narrative. When one box is filled, proceed to the next available text field to continue data entry. Applicants are required to respond to each of the eight (8) project proposal narratives. The order of answers to the listed questions need not be in any specific order, just that all are addressed within the narrative. Bullet point lists are allowable in your responses, as needed.

The responses to the proposal narratives must not exceed the provided text fields for each and also must also not include any additional content or attachments beyond the narrative itself. Any narrative that exceeds the provided text boxes or has information attached to the submission narrative response will have that content removed and/or redacted which will not be reviewed or scored by the committee, ***and result in a 3-point deduction from that individual narrative's score.***

NARRATIVE ONE: CAPABILITY OF THE APPLICANT

(10 Points)

- Describe the agency's overall mission and scope of services, including the program's hours of operation and hours for intake into the program. (These will be verified.) Program descriptions may be appended.
- Briefly describe experience in providing the type of service requested in the RFP.
- Briefly describe the numbers, sociodemographic characteristics, and the geographic distribution of the persons served previously in your programs.
- Describe the organization's process to train/orientate staff and strategies to prevent staff attrition.
- Describe the agency's capability for collecting and reporting client data through the grantee-approved HMIS database.

(END NARRATIVE ONE)

NARRATIVE TWO: TARGET POPULATION

(10 Points)

- Describe your organization's experience working with persons living with the HIV/AIDS (PLWHA) population.
- Describe how your organization will assess housing needs of the persons living with HIV/AIDS population.
- Identify unmet needs and barriers for carrying out this service within your proposed catchment area.
- Describe how your organization will address unmet needs and barriers.

(END NARRATIVE TWO)

NARRATIVE THREE: SERVICE DELIVERY

(20 Points)

- Describe the service(s) to be offered through the funding from this RFP. As part of this response, include how your organization will achieve anticipated deliverables ([see Attachment A](#)). Clearly explain how you will document service delivery as well as ensure proper data collection/management.
- Describe the geographic location of the proposed service(s), days, and hours when service(s) will be provided. Explain how you will provide services to eligible clients throughout the proposed catchment area.
- Describe the management and staffing plan of your organization and how the requested service fits into your organizational structure. Include how many FTE(s) are requested. Provide a description of staff skills and their experience in providing services to people living with HIV/AIDS. Include an organizational chart and resumes of key staff as attachments.
- Describe the referral process to receive service(s).
- Provide, as an attachment, a flow chart illustrating the service delivery process.
- Successful applicants will include “touch points” demonstrating client/staff interaction, progress updates, and/or outcome assessments from the point of referral to discharge and beyond if post service evaluations are conducted.

(END NARRATIVE THREE)

NARRATIVE FOUR: CRITICAL SERVICE DELIVERY ISSUES

(15 Points)

Your proposal must demonstrate the impact of how your organization has and plans to continue to respond to the following critical issues relative to:

Financing of HIV/AIDS Care **Describe the process for initial and ongoing determination of client eligibility for services.** In particular, address how your agency determines that WV HOPWA funds are being used as payer of last resort and that all other payment sources for a client have been applied for, accessed, and/or exhausted.

Cultural and Linguistic Capacity **Describe how service(s) will be culturally and linguistically appropriate.** Include what languages your organization is able to provide to non-English speaking individuals. In what ways will your organization reduce issues with stigma, phobia, and denial.

Access to and Maintenance in Primary Care **Demonstrate how your organization is in a position to reach clients in need of services.** Additionally, how will your organization meet the unique needs of newly-diagnosed individuals and those lost to care who are returning to care. Include strategies to engage and retain clients in the Ryan White continuum of care and its supportive service programs.

(END NARRATIVE FOUR)

NARRATIVE FIVE: COLLABORATION AND COORDINATION

(15 Points)

([See Attachment B](#) for definitions of collaboration and coordination to guide your responses on collaborative efforts).

Description of involvement in systems of HIV/AIDS care and support within the proposed catchment area: Identify existing HIV/AIDS systems of care and support services in which your organization actively participates. Describe the role of your organization in these systems and methods of participation.

Description of plans to coordinate with other providers: Describe your plan to integrate and/or coordinate the delivery of service with other HIV/AIDS services and providers. If relationships already exist, please explain their benefit in carrying out the services of this RFP.

Describe the linkage and/or cooperative agreements which place your organization in a position to accept referrals to your program, obtain outcome measures from care providers to document progress in meeting outcome objectives, and the feedback to case management regarding client access to services.

(END NARRATIVE FIVE)

NARRATIVE SIX: IMPROVEMENT AND EVALUATION

(10 Points)

- Describe the agency's evaluation/improvement efforts; including plans to evaluate, monitor, and adjust delivery of program services to ensure quality services provided to PLWHA.
- Provide the HOPWA outcome indicators to be used and how they will be assessed ([See Attachment C](#)).
- Describe the staff involved in the evaluation/improvement process.
- Explain how PLWHA will be included in the evaluation and improvement process.

(END NARRATIVE SIX)

NARRATIVE SEVEN: HIV IDU CLUSTER RESPONSE

(10 Points)

We are well aware of the current spread of HIV due to Intravenous Drug Use (IDU) within this sub-population and how transient these individuals tend to be throughout the state. With the restrictions placed on harm reduction centers and preventative measures such as testing individuals considered high-risk within a number of counties, it may not be much longer before clusters begin to emerge in varying areas of the state.

- What can your organization do and what other organizations can you work with to participate in the effort to identify such clusters within your catchment area?
- How will your organization not only educate the population at risk, but also communicate the health risk for local community members? (Community exposure and spread within this group is highly likely and easily a high risk situation.)
- Connections to a healthcare provider and consistent attendance at appointments and checkups are critical, along with taking the daily prescribed medications to remain healthy with the ultimate goal of becoming undetectable. How can your organization participate in these efforts? What can you do to ensure this goal is met?
- Housing is critical in being med compliant and staying healthy. What housing provisions exist or can your organization put in place to move HIV IDU cluster individuals off the street quickly and into safer and cleaner living conditions?
- How does your organization combat any stigma associated with the HIV IDU cluster and assist these individuals in gaining access to care? (Please address existing stigma among the local government, community members, health providers, and the HIV IDU cluster population itself.)
- For those individuals refusing access to healthcare or supportive services through HOPWA or other programs, how will your organization address this?

(END NARRATIVE SEVEN)

NARRATIVE EIGHT: BUDGET AND FINANCIAL DATA

(10 points)

Develop and submit the service category budget that includes at a minimum the budget lines listed below. A budget narrative for each budget line should be included ensuring the level of detail required by the type of item funded. In developing your budget, keep in mind that administrative charges may not exceed 4% of the total direct service charges to the contract. The components of administrative costs must also be explained in the narrative.

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, their name (if possible), position title, percent full-time equivalency, and annual salary.

TOTAL FUNDS ASSIGNED TO SERVICE CATEGORY: _____

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, and tuition reimbursement.

TOTAL FUNDS ASSIGNED TO SERVICE CATEGORY: _____

Travel: Travel costs should be broken out based on whether they are local or long distance. For local travel, the mileage rate, number of miles, reason for travel (e.g., staff training, client visits, etc), and staff members/others completing the travel should be outlined. Long distance travel is limited to HUD-sponsored meetings.

TOTAL FUNDS ASSIGNED TO SERVICE CATEGORY: _____

Equipment: List equipment costs and describe why they are needed to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment.

TOTAL FUNDS ASSIGNED TO SERVICE CATEGORY: _____

Supplies: List items the project will use, and be sure to separate office supplies from medical and educational purchases. Office supplies include paper, pens, and the like. Medical supplies include syringes, blood tubes, plastic gloves, etc. Educational supplies would include pamphlets and educational videotapes, for example.

TOTAL FUNDS ASSIGNED TO SERVICE CATEGORY: _____

Service Category Specific Cost by Budget Line Item: All costs that do not fit into the previous categories should be here. This includes allowable costs for each service category e.g. Tenant-Based Rental Assistance – Subsidy Payments.

TOTAL FUNDS ASSIGNED TO SERVICE CATEGORY: _____

Administrative: Administrative as defined by HOPWA include: “costs for general management, oversight, coordination, evaluation, and reporting on eligible activities” (reference the **HOPWA Grantee Oversight Resource Guide** on pages 184-185:

https://www.hudexchange.info/resources/documents/HOPWAOversightGuide_Aug2010.pdf).

NOTE: *HOPWA funds cannot pay for operational expenses outside of the project sponsor's own program. This includes the ineligible costs associated with the operation of Continuum of Care duties such as initial intake and referral, assessment, HMIS operation for the CoC, etc.*

TOTAL FUNDS ASSIGNED TO ADMINISTRATIVE CATEGORY: _____

(END NARRATIVE EIGHT)

SUPPLEMENTAL FISCAL AND PROGRAMMATIC INFORMATION

(REQUIRED ATTACHMENTS)

Provide the following financial and programmatic documents as part of your overall project proposal submission to assist WVCAD in determining potential grant performance. (These documents should follow this section within your packet in the order listed below.)

- A copy of your overall organizational budget for the most recent fiscal year.
- A summary of your current 2022-2023 funding sources with award amounts.
- A list of outside funds and/or additional grant programs applied to provide partial support for the proposed project and those individuals served with the PY22 WV HOPWA award.
- Listing of governing body members and officers, such as a board of directors.
- Most recent audited financial report. Report must have been conducted within the previous three years. *(Older reports will NOT be accepted or qualify in meeting this requirement.)*
- Not for Profit organizations should attach evidence of 501(c)(3) status which includes the IRS Tax Determination Letter.
- Proof of Federal Employee Identification Number. *(Include this number for reference.)*
- Proof of UEL# acquired from www.SAM.gov. *(Include this number for reference.)*
- Provide the organizational chart of all staff members working directly within the HOPWA program with name, title, and a brief summary of duties. This includes program managers, case managers, etc.
- If your organization is a current HOPWA project sponsor, provide the policies and procedures for those individuals participating in the HOPWA program. If your organization would be new to HOPWA, provide a brief overview of such policies and procedures.

(END PROJECT PROPOSAL SUBMISSION)
