State of Utah

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**Department of
Workforce Services**

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Deputy Director

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Deputy Director

June 4, 2019

State of Utah
Housing & Community Development
Homelessness Programs Office (HPO)

Housing Opportunities for Persons with AIDS Request for Proposal (RFP)

The Homelessness Programs Office (HPO) is accepting applications for the 2019-2020 Housing Opportunities for Persons with AIDS program (HOPWA). Eligible applicants include organizations across the State, whose mission is to provide housing opportunities and/or support to persons living with HIV/AIDS. Applications will be evaluated based upon programs that successfully demonstrate projects in alignment with any or all of the following program goals and objectives:

- Increase inventory of affordable units for people living with HIV/AIDS
- Provide direct client support to obtain or maintain housing and prevent homelessness
- Identify resources for people living with HIV/AIDS

Applications must be submitted by **5:00 PM on June 20, 2019** to HomelessnessGrants@utah.gov cc: jdomenici@utah.gov all requested documents must be attached at the time of submission. Late or incomplete proposals will not be accepted.

Questions regarding the RFP process can be directed to jdomenici@utah.gov

For additional information and to obtain an application, visit:
https://jobs.utah.gov/housing/homelessness/hopwa/

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HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)
GRANT APPLICATION PACKET
2019-2020

APPLICATION DUE:
Thursday, June 20, 2019 at 5:00 p.m.
- Late or incomplete proposals will **NOT** be accepted.

GRANT PERIOD:
July 1, 2019 – June 30, 2020

GRANT APPLICATION DOCUMENTS:
- There are two documents required for the HCD, HOPWA Grant. One (1) PDF form fill document and one (1) Excel document.
- Application forms **must** be typed in the PDF form fill and Excel document provided.
- The application includes the following:
  A. *2019-2020 HOPWA Grant Cover Sheet* – PDF form fill provided, page 2;
  B. *Project Information:*
     - Summary of 2018-2019 – PDF form fill provided, pages 3-5;
     - Project proposal for 2019-2020, pages 6-9;
  C. *Project Budget* – Excel document provided;

FUNDING:
- 2019-2020 renewal application requests for funding must **NOT** exceed the amount awarded for 2018-2019.

PROPOSAL SUBMISSION:
- Documents will be accepted by email **only**. If accommodations need to be made, please contact Jennifer Domenici at jdomenici@utah.gov
- Email the PDF form fill **and** Excel document to:

  homelessnessgrants@utah.gov cc: jdomenici@utah.gov
  Subject: ***Grant Proposal for HOPWA Program***

QUESTIONS:
For questions you may contact: Jennifer Domenici, email jdomenici@utah.gov or phone: (801)468-0116

A. 2019-2020 HOPWA GRANT COVER SHEET

APPLICANT ORGANIZATION

Applicant Agency or Organization_____

Federal Tax ID #: _____ DUNS #: _____

This entity is a: ☐Government Agency   ☐Non-Profit Organization   ☐Other _____

Organization's Signature Authority:

Name:_____Title:_____

Address:_____

Phone:_____Email:_____

Electronic or Original Signature: _____ Date:_____

GRANT CONTRACT ADMINISTRATOR (if different from organization's signature authority)

Name: _____Position:_____

Address:_____

Phone: _____Email:_____

GRANT FINANCE CONTACT

Name: _____Position:_____

Address:_____

Phone: _____Email:_____

COUNTIES SERVED

☐ Beaver County UT	☐ Emery County UT	☐ Morgan County UT	☐ Summit County UT
☐ Box Elder County UT	☐ Garfield County UT	☐ Piute County UT	☐ Tooele County UT
☐ Cache County UT	☐ Grand County UT	☐ Rich County UT	☐ Uintah County UT
☐ Carbon County UT	☐ Iron County UT	☐ Salt Lake County UT	☐ Utah County UT
☐ Daggett County UT	☐ Juab County UT	☐ San Juan County UT	☐ Wasatch County UT
☐ Davis County UT	☐ Kane County UT	☐ Sanpete County UT	☐ Washington County UT
☐ Duchesne County UT	☐ Millard County UT	☐ Sevier County UT	☐ Wayne County UT
			☐ Weber County UT

B. PROJECT INFORMATION

INSTRUCTIONS: Please use the provided space and PDF form fill format for responses. Questions 2-5 apply to 2018-2019 (July 1, 2018 – June 30, 2019). Questions 6-13 apply to upcoming 2019-2020 (July 1, 2019 – June 30, 2020).

1. AGENCY MISSION Describe the agency's mission and how a HOPWA grant supports the mission.

2. 2018-2019 PROJECT SUMMARY
    a. Describe the project funded in 2018-2019 (July 1, 2018 – June 30, 2019);
    b. List the services and activities used to implement the program;
    c. Explain the agency's intake process for current and walk-in clients;
    d. Describe the organizations referral process used to support and expand HOPWA services; and
    e. List the agencies you partnered with for HOPWA referrals.

3. 2018-2019 OUTPUTS
List the measurable results of the program.

4. **2018-2019** **OUTCOMES**
    a. List the benefits of the program to individuals or the community;
    b. Describe how HOPWA clients were enabled to establish and better maintain a stable living environment; and
    c. Explain how the services offered reduced risk of homelessness and improved access to health care and other services.

5. **2018-2019** **GRANT FUNDS** If the organization has unspent grant funds, describe. If not, state "not applicable".

6. **2019-2020 PROJECT DESCRIPTION**
   a. Describe the project for which funding is being requested for 2019-2020 (July 1, 2019 – June 30, 2020);
   b. List the services and activities that will be used to implement the program;
   c. Explain the agency's intake process for current and walk-in clients;
   d. Describe the organizations referral process that will be used to support and expand HOPWA services; and
   e. List the agencies you will partner with for HOPWA referrals.

7. 2019-2020 OUTPUTS

List the measurable results of the program.

8. 2019-2020 OUTCOMES

    a. List the benefits of the program to individuals or the community;

    b. Describe how HOPWA clients will better establish and maintain a stable living environment; and

    c. Explain how the services offered will reduce the risk of homelessness and improve access to health care and other services.

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9. **2019-2020** **COORDINATION**

Describe coordination and linkage with other service providers to avoid duplicating services provided by other HOPWA recipients.

10. 2019-2020 BUDGET NARRATIVE

The request for funding in 2019-2020 must not exceed the amount awarded in 2018-2019.

    a. Justify the agency's financial need and how the need aligns with C. Project Budget, and D. Project Leveraging (Excel document); and

    b. Provide a summary of how the funds will be appropriately used for the purposes of the HOPWA grant.

11. PREVIOUS YEARS ALLOCATIONS

List three previous program year allocations of HOPWA funds in the appropriate box for the source (if applicable).

State HOPWA				Salt Lake City HOPWA		
Program Year	Allocated	Expended		Program Year	Allocated	Expended
2016-2017				2016-2017		
2017-2018				2017-2018		
2018-2019				2018-2019		

12. PREVIOUS YEARS NUMBER OF HOUSEHOLDS

List number of households served with funds listed above in Previous Allocations.

Program Year	
2016-2017	
2017-2018	
2018-2019	

13. 2019-2020 NUMBER OF HOUSEHOLDS

List number of households you expect to serve in 2019-2020.

Households	

14. 2019-2020 Funding Increase

If additional funding is available, is your agency interested in an increase? Please explain

<table>
<tr><td colspan="3">Attachment C:
DWS HCD - Homelessness Funding
HPO Grant Budget Narrative and Itemization Form
July 1, 2019 - June 30, 2020</td></tr>
<tr><td align="right">Organization:</td><td colspan="2"></td></tr>
<tr><td align="right">Funding Source:</td><td colspan="2"></td></tr>
<tr><td colspan="3"><u>All</u> planned expenses must be itemized, detailed and described for each line item.
Cells may be expanded as necessary in order to provide all required information.</td></tr>
</table>

Category I - Indirect Expenses:

a) NICRA - If the organization has a federally approved Negotiated Indirect Cost Rate Agreement (**NICRA**), the NICRA **<u>must</u>** be used in Category I, unless the organization voluntarily chooses to waive indirect costs or charge less than the full indirect cost rate.
Any administrative costs that are not part of the basis of the NICRA and are direct charged can be listed in Category II.

b) De Minimis - If the organization <u>does not</u> have a NICRA and chooses a **de minimis rate**, Category I **<u>must</u>** be used. The de minimis rate can be charged at 10% of Modified Total Direct Costs (MTDC). MTDC is defined as being: **All direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward.
No expenses should be entered into Category II.

Category I *Indirect Expenses	Itemized Details of Grant Funds Requested	Grant Funds Requested
Indirect Costs		$ -

*Cannot exceed the entities federally approved indirect cost rate (NICRA) **- OR -** the entities 10% de minimis rate certificate based upon eligible Category III
**expenses.
***Indirect costs may be modified after funding sources have been determined so not to exceed federal regulations of the federal funds awarded.

Category II - Direct Administrative Expenses:
If the organization <u>DOES NOT</u> have a NICRA and chooses not to use the de minimis rate,
the organization **must** use Category II if charging Direct Administrative Expenses.

Category II Direct Administrative Expenses	Itemized Details of Grant Funds Requested	Grant Funds Requested
Salaries		$ -
Fringe Benefits		$ -
Communications (e.g. Consistent monthly charges including and not limited to: printing, copying, phone, internet, postage)		$ -
Equipment (e.g. computers, laptops, printers, furniture, etc.)		$ -
Insurance		$ -
Space Costs (e.g. rent, lease, etc.)		$ -
Utilities (consistent monthly utility charges - gas, water, etc.)		$ -
Professional Development & Training		$ -
Professional Fees & Contract Services (e.g. consultants, security, etc.)		$ -
Material and Supplies (e.g. consumable goods)		$ -

Travel &Transportation		$ -

***Direct Administrative costs may be modified after funding sources have been determined so not to exceed federal regulations of the federal funds awarded.

Total Category I/Category II Administrative Expenses	$ -

Category III **Facility Based Housing Development and Operations (FHBD) Project Expenses**	**Itemized Details of HPO Grant Funds Requested**	**HPO Grant Funds Requested**
**Salaries		$ -
**Fringe Benefits		$ -
**Staff Travel & Transportation		$ -
**Material and Supplies *(e.g. consumable goods)*		$ -
**Communications *(e.g. Consistent monthly charges including and not limited to: printing, copying, phone,*		$ -
**Utilities *(consistent monthly utility charges - gas, water, etc.)*		$ -
**Staff Development & Training		$ -
**Insurance		$ -
**Professional Fees & Contract Services *(e.g. consultants, security, etc.)*		$ -
***Subawards - limited to the first $25,000 *(e.g. pass-through)*		$ -
Client Services *(e.g. education services, employment & training, legal services, client transportation, etc.)*		$ -
Client Housing Payments *(e.g. rent, utilities, application fees, arrears, deposits, etc.)*		$ -
Hotel/Motel Vouchers		$ -
Equipment *(e.g. computers, laptops, printers, furniture, etc.)*		$ -
Space Costs *(e.g. rent, lease, etc.)*		$ -
Total FHBD Expenses		$ -
Category III **Tenant Based Rental Assistance (TBRA) Project Expenses**	**Itemized Details of HPO Grant Funds Requested**	**HPO Grant Funds Requested**
**Salaries		$ -
**Fringe Benefits		$ -